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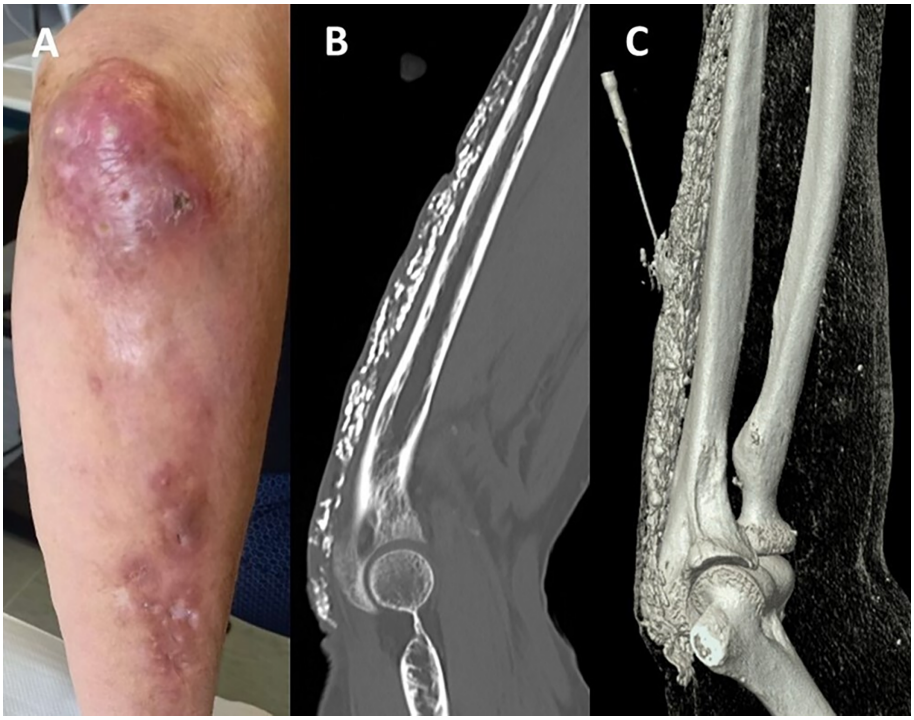
Clinical Image: Extensive subcutaneous calcinosis cutis with fistulization in refractory dermatomyositis



Here we present a case of severe calcinosis cutis (CC) in a 63-year-old patient affected by multirefractory dermatomyositis. In 2014, the patient was diagnosed with dermatomyositis complicated by skin, articular, and muscle involvement combined with CC of the upper limbs. After several unsuccessful therapeutic attempts, including high-dose glucocorticoids, methotrexate, azathioprine, hydroxychloroquine, cyclosporine and intravenous immunoglobulins, baricitinib 4 mg/day was started, with significant improvement of skin lesions and myopathy,[1] without, however, any modification of CC. Because of progressive ulceration and leakage of serum-calcific material at the right elbow (Figure 1A), a computed tomography scan with 3D rendering was performed in the suspicion of fistulized CC (Figure 1B and C). The procedure allowed the fistula to be cannulated for a few millimeters, without, however, carrying out a complete fistulography, probably because of fibroinflammatory phenomena linked to CC (Figure 1C). CC is a difficult-to-treat and poorly understood manifestation of connective tissue disorders, characterized by deposition of insoluble calcium compounds in skin and soft tissues. Evidence supporting pharmacological treatment options for CC secondary to dermatomyositis is limited. In our case, the improvement in dermatomyositis-related skin and muscle domains obtained following the employment of baricitinib was not accompanied by an overt benefit in terms of CC. In selected cases, surgical removal of calcinotic material may improve pain and motility.[2] Written informed consent for the use of clinical and radiological data was signed by the patient.

1. Delvino P, Bartoletti A, Monti S, et al. Successful treatment with baricitinib in a patient with refractory cutaneous dermatomyositis. Rheumatology (Oxford) 2020;59:e125–e127.
2. Davuluri S, Duvvuri B, Lood C, Faghihi-Kashani S, Chung L. Calcinosis in dermatomyositis: origins and possible therapeutic avenues. Best Pract Res Clin Rheumatol 2022;36:101768.

Paolo Delvino, MD, PhD
paolo.delvino@unimib.it
University of Milano-Bicocca
Milan, Italy
IRCCS San Gerdardo dei Tintori
Monza, Italy
Laura Strada, MD
Mauro Carducci, MD
Giorgio Ripamonti, MD
Stefano Dal Cin, MD
Madonna del Popolo Hospital
Omegna, Italy