

Esophageal Obstruction Secondary to Massive Tumoral Calcinosis

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So here we presented an 80-year-old female with Raynaud's phenomenon, who presented with dysphagia resulting in weight loss of 20 pounds over 1 month. Examination revealed a very large anterior neck protrusion, extensive calcinosis over both hands, scattered telangiectasias, dilated nailfold capillary loops, and soft skin. Bloodwork showed normal cell counts, creatinine, calcium, and phosphate. Antinuclear antibody (ANA) and rheumatoid factor were negative.

X-rays of both of her hands showed extensive tumoral calcification in the hands and wrists. In addition, CT scan of her lungs demonstrated particular changes in the peripheral bases in both lungs. In addition, there were large multifocal calcific masses in the cervical spine, as seen on these slices and the posterior trachea that is compressing the esophagus. This is also seen on the neck X-rays here.

Based on our clinical findings and the history of never having had sclerodactyly, she was diagnosed with systemic sclerosis (SSc) sine scleroderma.

Calcinosis is a well-known manifestation of SSc and is hypothesized to arise from sites have chronic inflammation and tissue hypoxia. Calcinosis associated with connective tissue disease has been treated with calcium channel blockers, colchicine, bisphosphonates, IVIG, warfarin, and sodium thiosulfate, although no consistent benefit has been shown in studies. Palliative cases have also been treated with carbon dioxide laser and shockwave lithotripsy, although with very mild symptomatic relief.

Our patient's dysphagia and weight loss [were] ultimately managed with a gastrostomy tube. Her calcinosis was treated with amlodipine and colchicine, although she exhibited only a very minimal response.

Surgery was not performed in this case, due to her advanced age, comorbidities, and patient preference.

Although dysphagia is a common presentation in SSc, largely due to muscle fibrosis, this is, to our knowledge, the first report of esophageal obstruction secondary to massive tumoral calcinosis in the setting of SSc.