



HAL
open science

Penile Calciphylaxis

Antoine Gaillet, Yosu Luque

► **To cite this version:**

Antoine Gaillet, Yosu Luque. Penile Calciphylaxis. Urology, 2020, 140, pp.e8 - e9.
10.1016/j.urology.2020.03.003 . hal-03490286

HAL Id: hal-03490286

<https://hal.science/hal-03490286>

Submitted on 3 Jun 2022

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial 4.0 International License

Title : Penile calciphylaxis

Antoine GAILLET, MD¹
Yosu LUQUE, MD, PhD^{1,2,3}

¹ Urgences Néphrologiques et Transplantation Rénale. Hôpital Tenon. Assistance Publique -

Hôpitaux de Paris. 4 rue de la Chine. Paris, FR75020

² Sorbonne Université. Paris, Île-de-France, FR 75005

³ Inserm, UMRS_1155. Paris, Île-de-France, FR 75654

Corresponding author:

Dr. Antoine Gaillet M.D.

Urgences Néphrologiques et Transplantation Rénale. Hôpital Tenon. Assistance Publique -

Hôpitaux de Paris. 4 rue de la Chine. Paris, FR75020

Email: gaillet.antoine75@gmail.com

Phone: +33608834800

Key words: calciphylaxis; penile calciphylaxis; chronic renal failure; circumcision

A 70-year-old patient was admitted for subacute penile pain. He was on chronic dialysis for a diabetic nephropathy, but therapeutically non-adherent. He was not taking vitamin K antagonist or any supplements. The initial physical examination found phimosis and a white, indurated and painful glans. The patient was afebrile and normotensive. The rest of the dermatological examination found only scratching lesions. Serum level of calcium was normal; however, phosphate was 2.96 mM and parathyroid hormone was 2 times the upper limit of normal. Despite initial treatment with local antiseptics and antifungals, symptoms worsened with complete phimosis requiring circumcision (panel A).

The diagnosis is essentially clinical even if the penile ultrasound examination showed diffuse penile calcifications with normal macrovascular perfusion (panel B). The glans was not biopsied to optimize healing. Despite the introduction of thiosulfate, progressive necrosis of the glans was observed and the patient died 2 months later.

The interest of this case lies in the potential delay in treatment due to the misleading initial suspicion of balanitis, with possible aggravation by the introduction of dermocorticoids.

Word count: 175

References:

[1] Nigwekar SU, Thadhani R, Brandenburg VM. Calciphylaxis. N Engl J Med. 2018 May 3;378(18):1704-1714.

[2] Yang TY, Wang TY, Chen M, Sun FJ, Chiu AW, Chen YH. Penile Calciphylaxis in a Patient with End-stage Renal Disease: A Case Report and Review of the Literature. Open Med (Wars). 2018 May 9;13:158-163.

Legends:

Figure 1: penile calciphylaxis after circumcision

Figure 2: penile ultrasound examination showed diffuse penile calcifications with normal macrovascular perfusion



Figure 1: penile calciphylaxis after circumcision



Figure 2: penile ultrasound examination showed diffuse penile calcifications with normal macrovascular perfusion