



## Penile Calciphylaxis

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### ► 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

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## **Title : Penile calciphylaxis**

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**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:**

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**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