The Unwanted Pair: Bilateral Iliac Tumoral Calcinosis

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INTRODUCTION

The phrase tumoral calcinosis was originally described in 1943 by Inclan. The original condition was described in 1899, when Duret described the process in siblings with multiple calcifications in the hips and elbows¹. It is an uncommon lesion, composed of ectopic calcified tissue. Patients will often present with localized swelling and reduced mobility around the involved joints and may interfere with daily activities.

REPORT:

A 58 years old lady post menopause 8 years ago with no known medical illness presented to our clinic with chief complaints of sudden pain over right hip since August 2017. She had underwent proximal femoral nailing for proximal femur fracture 9 years ago. She didn't seek any medical attention until she was referred by her community doctor for unresolving pain. Our assessment revealed palpable mass over her right iliac region, minimal pain upon palpation. Proceeding with pelvic X-ray, to our surprise there was presence of calcified mass was noted at bilateral iliac region.



Latest Pelvic X Ray Of The Patient

As patient was not keen for surgical intervention, she was regularly followed up. Fortunately subsequent follow up x rays did not show any increase in bilateral mass size. Patient's complaint of pain has also ceased as expressed during her latest follow up in March.

DISCUSSION

As originally described, tumoral calcinosis is a heredity condition or familial type. The term is now routinely and erroneously used to describe any soft-tissue periarticular calcification. Histologically, these lesions appear the same, which explains why periarticular calcifications are often called tumoral calcinosis, regardless of the aetiology. Fortunately, the treatment is the same for all conditions. Complete surgical clearance is required, with inadequate removal will inevitably cause recurrence.

CONCLUSION

It is vital for early recognition of the signs for this condition, as otherwise differentials such as malignant variant of mass may be missed. Awareness of probable causes for both the treating medical personnel and the patient themselves is vital for the management for tumoral calcinosis.

REFERENCE

1.Duret MH. Tumeurs multiples et singulaires des bourses seruses. Bull. Soc. Anat. Paris. 1899;74:725.