

Extensive Idiopathic Calcinosis

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A 60-year-old Indian male with a 2 year history of diabetes mellitus on insulin therapy and a past history of right sided hemiparesis due to cerebrovascular accident (CVA) presented with fracture of the neck of the left femur after a fall. X-ray showed extensive vascular calcifications, scrotal calcification and severe osteoporosis. Investigations revealed normal serum calcium, phosphorus alkaline

phosphatase, vitamin D, 24-hour urinary calcium and a normal intact parathyroid hormone level. No pancreatic calcification was found on imaging of the pancreas. Bone mineral density by DXA scan revealed osteoporosis, but the cause for calcifications could not be ascertained. There were no scrotal nodules, autoimmune markers were negative and there were no other clinical or biochemical clues to suggest other diagnosis.^{2,3} Hence a diagnosis of idiopathic calcifications was made.



Figure 1. Extensive scrotal and vascular calcifications, fractured neck of left femur, and osteoporosis.

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