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Images in medicine

CREST syndrome

Síndrome CREST

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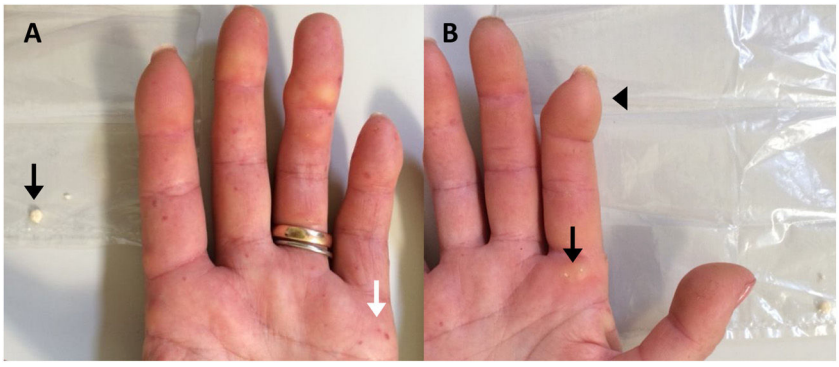

Fig. 1.

A 64-year old woman presented to the ER with multiple nodules in both hands, which first appeared 2 years before. Some nodules spontaneously drained a whitish and chalky-looking material (Fig. 1A, black arrow). In addition, she complained of dysphagia. The patient had a personal history of Raynaud's phenomenon, with events usually associated with cold temperatures.

On physical examination, the patient presented flexion-like shape deformation of the fingers (Fig. 1B, arrowhead), thickening skin, round hyperkeratotic lesions (Fig. 1B, arrow), and scars of small stones secretion and suppuration. Moreover, she had multiple telangiectasis in face region and in the hands (Fig. 1A, white arrow).

Routine chemistry tests showed normal serum levels of calcium, phosphorus and uric acid. Serologic testing revealed a positive antinuclear and anti-centromere antibodies. The patient was therefore diagnosed with CREST syndrome, given the clinical history and serologic findings. It was recommended she begin low dose of glucocorticoids with outpatient rheumatology follow up.

Calcinosis cutis is a clinical condition in which calcium salts are deposited in the subcutaneous tissue. It is classified according to aetiology, being dystrophic calcification the most common cause. It typically occurs in patients with CREST syndrome, a limited form of systemic sclerosis.[1] It is important to recognize cutaneous findings and consider it amongst the differential diagnoses to avoid delayed treatment.[2,3]

Informed consent

Verbal informed consent was obtained from the patient who participated in this case report.

References

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