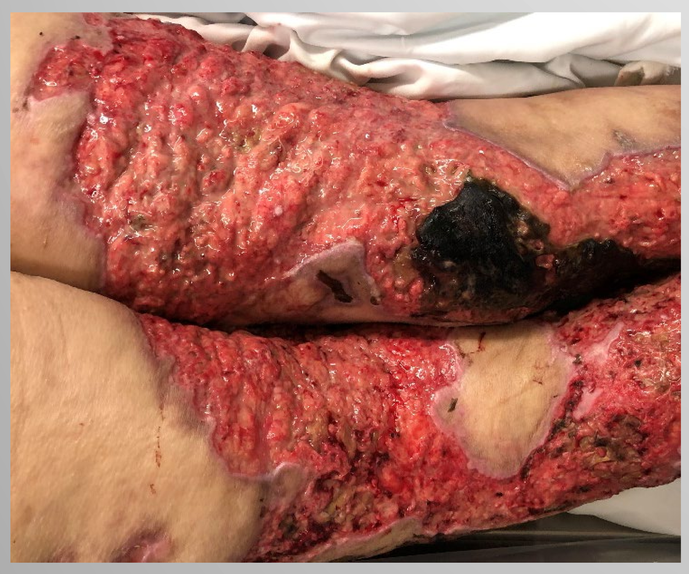
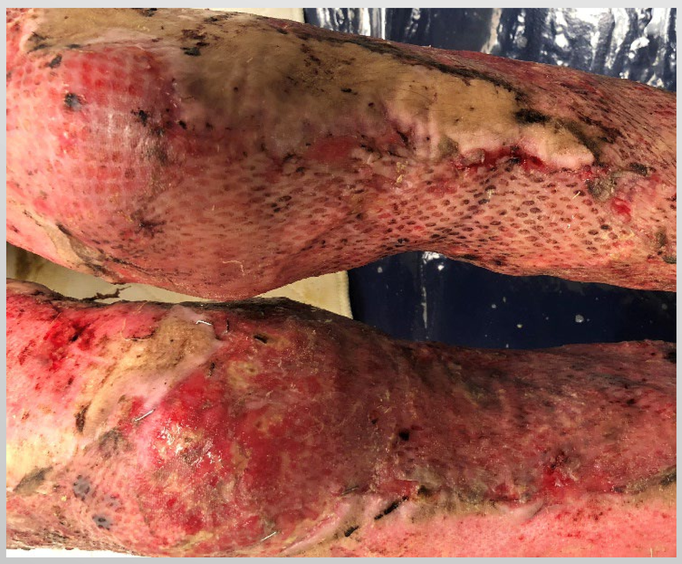
Successful Wound Closure in Patients with Large Total Body Surface Area (TBSA) Calciphylaxis with Aggressive Medical and Surgical Therapy

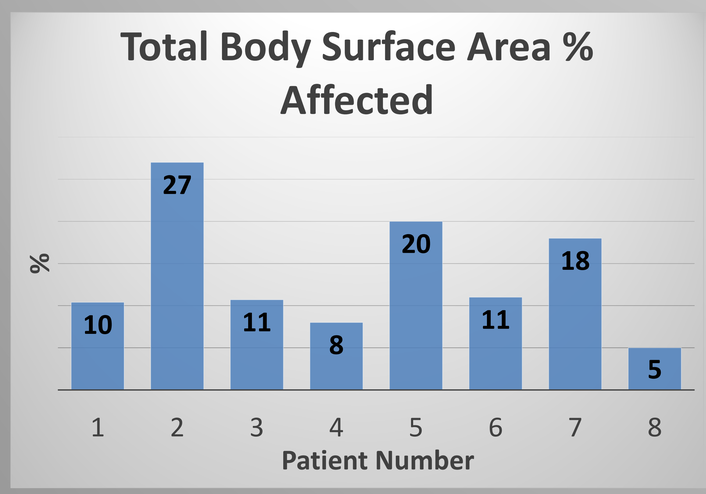
Calciphylaxis can progress to wound closure with multimodal treatment

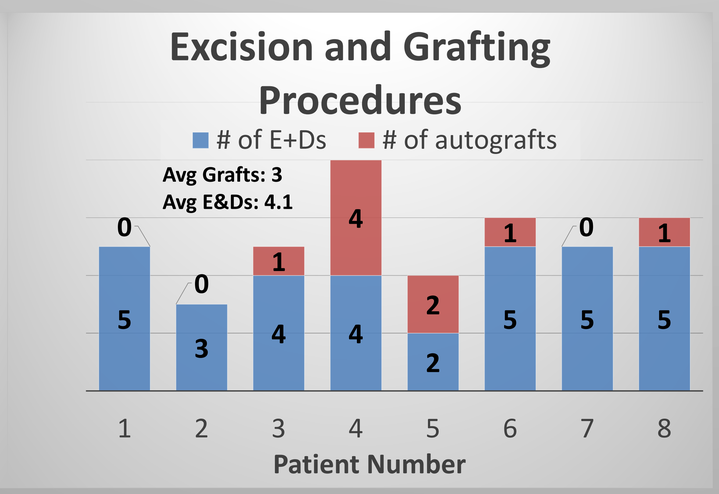


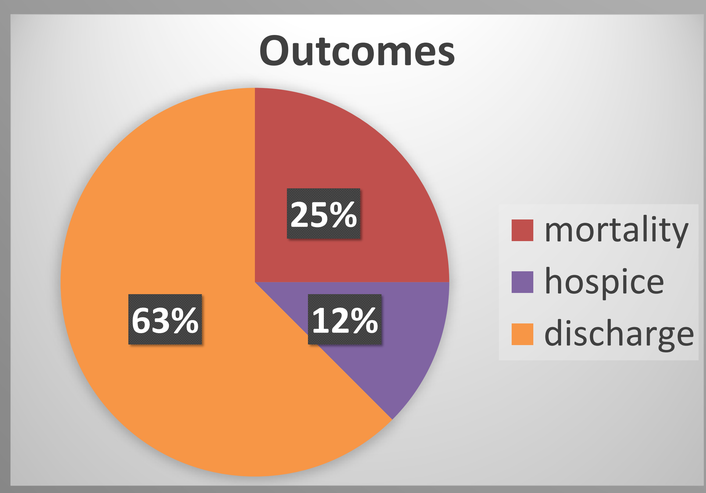
Before Grafting



After Grafting







Multi-Modal Treatment:

- Wound Care
- Excision and grafting
- Biochemical management of Ca, Phos, PTH
- RRT
- Multidisciplinary team approach with consultants

Significance Statement: Calciphylaxis has very poor outcomes (>80% mortality @ 1 year) that may benefit from a multi-modal treatment approach, including excision and grafting and aggressive medical management. Burn centers may be ideally positioned to handle large TBSA calciphylaxis and its complications.

Data Source: Retrospective review of patients with large (>5% TBSA; Avg:13.8%) biopsy-proven calciphylaxis admitted to a verified burn center from 2015 to present.

Results: 5/8 patients received excision & grafting and progressed to wound closure. 2/5 required repeat grafting. 3/8 (38%) received only E&D and progressed to mortality.

Lessons Learned

- %TBSA did not have a clear relationship with number of procedures or mortality
- Non-uremic patients (#3-#8) had better outcomes (83% survival)
- 4/8 Patients had history of rapid weight loss or bariatric surgery
- 6/8 had a history of hypercoagulability
- Further consensus on treatment needed

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