UK Calciphylaxis Study; An interim analysis

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Background

Calciphylaxis, or calcific uremic arteriolopathy (CUA) is a rare condition with a 60-80% mortality rate. The majority of those affected have chronic renal failure. Patients experience severe pain and develop progressive skin lesions and deep tissue ulcers.

Little is known about the aetiology, however some risk factors have been speculated. No universally effective treatments have been found.

Aims

- Collect data to contribute towards identification of aetiological factors
- Compare patients who died to those who recovered to try and identify prognostic factors

Methods

A UK wide prospective observational internet based registry of CKD associated calciphylaxis. Data including demographics, laboratory results and CUA details collected at baseline and followed up every 4 months. Data for 72 patients available at time of writing.

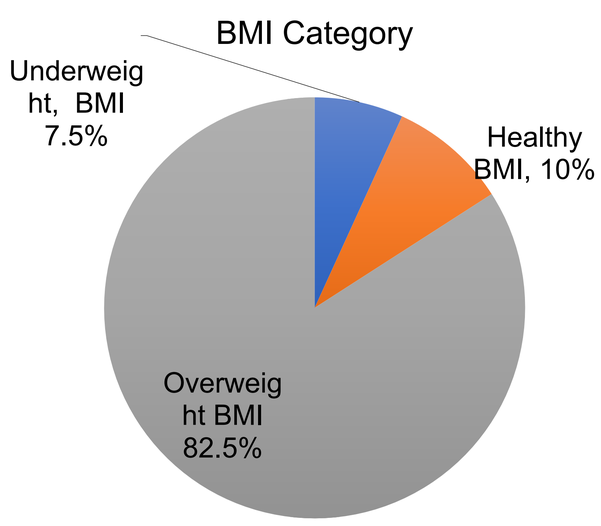
Results - All patients at baseline

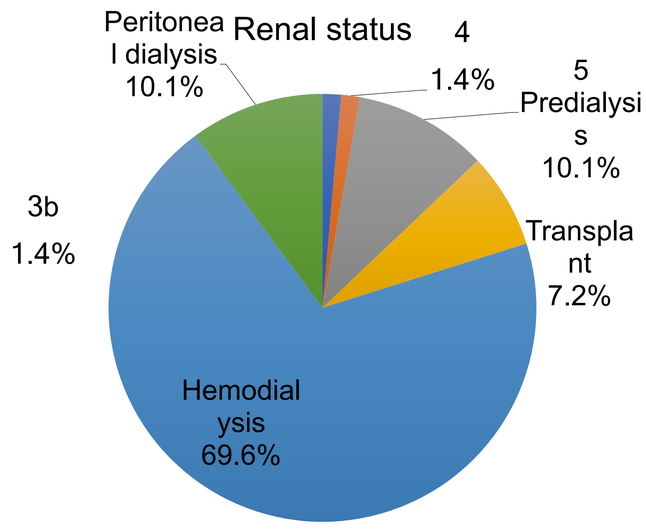
- 55.9% female
- 94.4% caucasian
- Median age 57 (51-66 years)
- Median BMI 34.6 (26.6-37.8)
- Most common lesion locations were the lower extremities (57.7%), thighs (32.4%) ad abdomen (16.9%)

Results
All patients at baseline

- Most common diagnostic method was clinical impression used in 87.3%
- 77.9% had skin or wound biopsy to assist with diagnosis

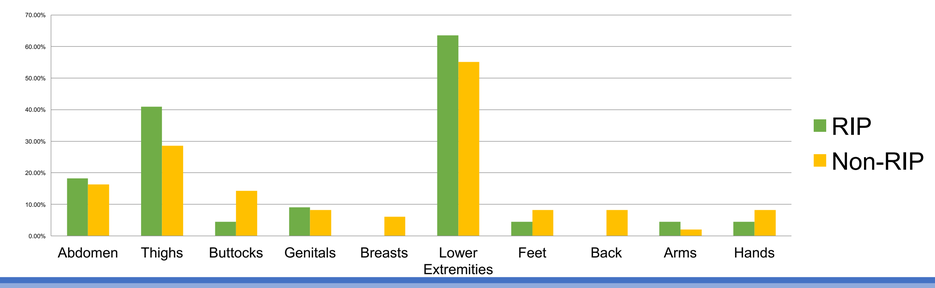
Medication	
Vitamin D analogue	63.6% (n=49)
Phosphate binder	63.6% (n=49)
Calcimimetics	24.6% (n=17)
Vitamin K antagonist	34.7% (n=25)
ACE inhibitor/ Angiontensin receptor blocker	26.4% (n=19)
Erythropoetin	67.6% (n=48)





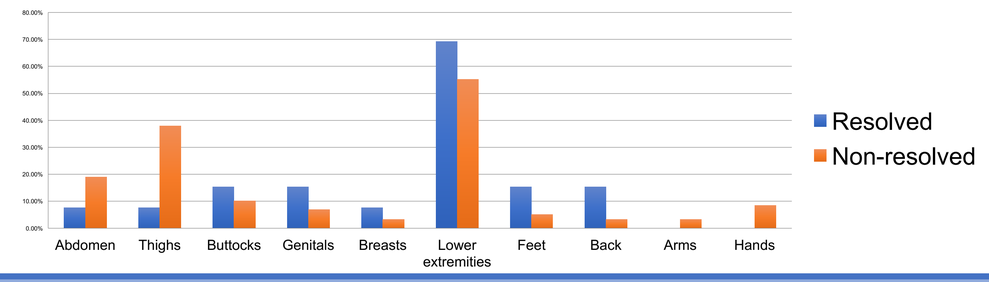
Results
RIP vs Non-RIP

- 22 patients known to have died
- Those who died were older 59 (54-66) years compared to 56.6 (46.25-66) years
- Albumin lower in RIP- 27g/l (20.75-33.25) compared to non-RIP 32.5 g/l (27-36)
- Longer time between onset and diagnosis in RIP patients 38 (10-52) days compared to 28 (10-90) days



Results
Resolved patients vs non-resolved

- Recovery when all lesions fully resolved
- 13 patients known to have recovered
- Prior Vitamin K antagonist use less in resolved. 23.1% in resolved and 37.3% in non-resolved patients
- Use of skin graft and wound debridement in operating room used more in resolved



Conclusion

- Very high level of overweight patients (82.5%)
- Higher number of patients had biopsy used to confirm diagnosis than expected
- Prior warfarin use associated with worse prognosis
- Study will be taken forward by comparing CUA patients to matched non-CUA CKD patients

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