

## A case of Gastric calciphylaxis presented with gastrointestinal bleeding

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**Introduction** Gastric mucosal calciphylaxis is an uncommon disease with inappropriate calcification of small arterioles and subcutaneous capillaries. The etiology of this disease remains poorly understood, with relatively high prevalence in patients with hypercalcemia and hyperphosphatemia such as end-stage renal disease (ESRD), hyperparathyroidism, or malignancy. We report a case of gastric calciphylaxis presenting as gastric ulcer bleeding in a patient with ESRD. **Case Presentation** A 53-year-old male with ESRD on hemodialysis presented with hematemesis, melena, and abdominal pain in the ER. He had histories of recurrent gastrointestinal (GI) bleeding multiple times. Physical exam revealed melena after digital rectal examination, and fresh blood was notable during nasogastric tube irrigation. Esophagogastroduodenoscopy (EGD) (Fig. 1) was performed, demonstrating multiple diffuse, severe hemorrhagic ulcerations at the gastric antrum and body. Endoscopic bleeding control was done, and biopsies revealed acute erosive gastritis with metastatic calcification (Fig. 1). The patient was kept nil per os and remained stable, with intravenous pantoprazole. After 3 days, he presented with massive hematemesis and melena that night. Emergent endoscopic examination and endoscopic bleeding control were done. Meanwhile, a high level of intact parathyroid hormone (i-PTH, 1200.4pg/mL) was detected. Under the consultation of the nephrology department, the correction of tertiary hyperparathyroidism was recommended to treat systemic calciphylaxis and to prevent recurrent GI bleeding. Enhance neck computed tomography and parathyroid scans (Fig. 1) revealed hyperplasia of the right inferior parathyroid gland. The patient received subsequent subtotal parathyroidectomy. After the surgery, i-PTH levels remained within normal levels, with no episodes of recurrent GI bleeding. **Conclusion** This case shows the treatment of gastric calciphylaxis by surgical methods. Though treatments for calciphylaxis remain uncertain, correction of underlying diseases may help cure calciphylaxis, which could lead to lowering morbidities and prevent recurrent GI bleeding.

