Calcinosis Circumscripta: A rare case report in finger
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Introduction
- **Calcinosis Circumscripta**
  - Benign tumor mass characterised by subcutaneous deposition of calcium
  - characterised by solitary foci of mineralisation in the soft tissue adjacent to the bone and joint.
- We present a rare case of calcinosis circumscripta of the finger based on radiography and histopathological findings.
- The purpose of this report is to highlight the necessity of consideration of this diagnosis in a hand clinic.

Case Report
- 67 year old male
- Presents with 3 week history of painful mass on ulnar aspect of DIP joint of left long finger
- **Mass:** firm, sessile, distinct margin, normal skin temperature, measuring 0.5 x 0.5 cm, and mild limitation of joint motion
- **Normal Blood Results**
- A well circumscribed, calcified mass around the left DIP joint as seen in Figure 1

**Surgical Plan**
- Nodular mass excised under digital block
- T shape incision over ulnar side of the finger
- Tumor in close proximity with flexor digitorium profundus tendon, ulnar collateral ligament and volar plate
- Complete removal confirmed with a Mini C-arm as seen in Figure 2

**Fragment**
- Grey tan with a tinge of yellow, hard and gravel in appearance
- Pathological confirmed as calcinosis circumscripta
- Amorphous and homogenous granular substances, suggesting calcium deposits
- Surrounded by dense inflammatory cells, with foreign body-type granulomatous reaction

Figure 1.
- Radiographs of Calcified Mass near distal interphalangeal (DIP) joint

Figure 2.
- C-arm images showing (a) tumor completely removed (arrow) and (b) calcified mass with distinct margin

Conclusions
- **Calcium Circumscripta** has a distinct clinical and pathological entity
- Underlying Pathology Hypotheses previously reported
  - Chronic renal failure
  - Inborn errors of the metabolism
  - Recurrent soft tissue microtrauma
  - Genetic predisposition of collagen toward calcification
- **Our Case**
  - Normal Blood Investigations
  - Diagnosis made on basis of radiographic and histological findings.
- Surgical removal is the mainstay treatment with a satisfactory prognosis.
- Recurrence is uncommon and should be treated by repeat excision

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References