

中文題目：尿毒症併發罕見生殖器官缺血性壞死-病例報告

英文題目：Penile Ischemic Necrosis Complicating Calcific Uremic Arteriopathy: A Case Report

作者：王偉傑¹ 林瑞祥¹，巫宏傑¹，丁瑞聰¹，曹祐慈¹，張維文¹，鄭美華² 王涵婷¹

服務單位：衛生福利部桃園醫院腎臟內科¹復健科²

Case presentation: A 33-year-old man suffered two weeks of severe pain and progressive black discoloration of glans penis. The patient had a history of long-standing chronic kidney disease. On examination the patient's temperature was 36.8°C, blood pressure was 132/64 mmHg, heart rate was 108 beats per minute, and he had multiple ulcerations and eschars over trunk and limbs. A hard black eschar was noticed over the glans penis. Laboratory investigations at admission revealed hemoglobin, 6.6 g/dL (normal 13.3-16.2 g/dL); leukocyte, $33.6 \times 10^9/L$ (normal $3.54-9.06 \times 10^9/L$); blood urea nitrogen, 194 mg/dL (normal 7-20 mg/dL); creatinine, 16.2 mg/dL (normal 0.6-1.2 mg/dL); calcium, 5.5 mg/dL (normal 2.2-2.6 mg/dL); phosphorus, 12.3 mg/dL (2.5-4.3 mg/dL); intact-parathyroid hormone, 1030 ng/L (normal 8-51 ng/L). An unenhanced computed tomography scan of the abdomen showed extensive vascular calcifications, particularly the dorsal penile vessels. The pathologic findings of the ulcerative skin were characterized by medial calcification of cutaneous arterioles, intimal hyperplasia, and panniculitis (adipose tissue necrosis). Hemodialysis was performed. The patient declined penectomy as suggested by the urologist and local debridement was performed. One month later, the patient left against medical advice.

Discussion: Calcific uremic arteriopathy (CUA) is considered a form of ischemic necrosis predominantly implicating areas of adiposity in the body such as the trunk, buttocks, or proximal extremities. The etiology is confined almost exclusively to

patients with end stage kidney disease, although it has been reported to occur in clinical conditions such as malignancies, liver cirrhosis, connective tissue diseases, and primary hyperparathyroidism. Although the pathogenesis of CUA is only incompletely understood, secondary hyperparathyroidism, hyperphosphatemia, and increased calcium-phosphorus product have been discussed. Penile calciphylaxis represents very rare complication because glans penis belongs to the non-adipose area. Early diagnosis and multidisciplinary approach are necessary due to high mortality rate.