Dr. Jin Sook Yoon from Yonsei University College began the interview by explaining the term Calcinosis cutis. It is a recognizable disorder characterized by the deposition of amorphous calcium and phosphate salts under the epidermal layer.

This South Korean doctor further elaborated on Calcinosis cutis. It is divided into four types: dystrophic, metastatic, iatrogenic, and idiopathic. Dystrophic calcification is the most frequent subtype, and is observed in damaged or devitalized tissues, while the metastatic type is associated with high serum levels of calcium or phosphate, as can be seen with various systemic diseases. The iatrogenic type of calcinosis cutis is generally associated with calcium-containing medical devices or medications, and the idiopathic type occurs in the absence of tissue injury or detectable disease in otherwise healthy individuals. Several cases of idiopathic calcinosis cutis involving the scrotum, penis, vulva, breast, or extremities have been described.

This female patient was a hepatitis B virus carrier, but otherwise she was in a healthy condition. No history of orbital trauma or filler injection was reported.

On inspection, Dr. Yoon discovered that the left eyelid was slightly elevated, and a hard, palpable mass was detected in the upper eyelid. Everting the upper eyelid revealed a large papillomatous mass attached to the upper margin of the tarsus. Her uncorrected vision was 1.0 for both eyes. Under slit-lamp examination, slight conjunctival injection of the left eye was noted, but the cornea was clear.

Dr. Yoon confirmed the diagnosis by sending the protruding mass above the tarsal border which was partially...
debulked at the conjunctival side under local anesthesia to the pathology department. The histopathological hallmark is a massive amorphous calcium material beneath the epithelial lining and basophilic-stained crystallized calcification deposits.

The treatment regime was simple. Dr. Jin Sook Yoon and his team performed partial debulking of the lesion and this was followed by regular check-ups for the regrowth.

With razor sharp clarity, Dr. Yoon said Calciosis Cutis that mostly affects patients with connective tissue disorders, such as dermatomyositis, systemic lupus erythematosis, or systemic sclerosis. Other types of calcifications, such as band keratopathy, bulbar calcification, or palpebral, conjunctival, or eyelid calcification, have been reported in patients with ocular inflammation, systemic hyperparathyroidism, or hyperphosphatemia.

This brilliant doctor summarized the ideal treatment for Calciosis cutis in and around eye. Surgical excision can be of benefit for larger lesions and smaller superficial lesions may be effectively treated with carbon dioxide (CO2) laser therapy. Minocycline, aluminum hydroxide, and salicylate therapy to decrease gamma-carboxyglutamic acid excretion represent additional treatment options.

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