A 65-year-old woman was presented with right lower extremity pain after falling down. She was a known case of chronic renal failure due to diabetic nephropathy and was on regular hemodialysis. Physical examination was unremarkable.

Radiography showed linear calcification in the thigh. Doppler ultrasonography revealed patency of all vessels of the lower extremity. Serum calcium was 7.2 mg/dL and phosphorus was 5.9 mg/dL.

What is Your Diagnosis?

See page 351 for the diagnosis.
Monckeberg’s sclerosis (MS) is a degenerative disease in which the media of arteries become calcified independently of atherosclerosis. Because the condition does not involve the intimal layer of the artery primarily, the lumen is kept open by the rigid media and, therefore, luminal narrowing is not a direct consequence. Recent studies, however, have demonstrated that MS is a risk factor for cardiovascular disease and peripheral artery obstruction.1–3

This is usually an incidental finding during lower limb radiographic examination where it is seen as “rail tracking”. The involvement of renal and coronary vessels has also been described.1–3

The exact pathogenesis of this process is far from being understood, but it is frequently related to glucose intolerance, aging, male gender, autonomic neuropathy, osteoporosis, and chronic renal failure.1–3 Shanahan el al., proposed that a loss of expression of certain proteins related to the inhibition of calcification could be the causative factor.4 Byts et al., pointed out that medial calcification could be a consequence of various metabolic changes triggered by a necrobiotic injury installed in the vessel wall.3

References