INTRODUCTION
Calciphylaxis (calcific uremic arteriolopathy, CUA) is a rare and devastating condition associated with high morbidity and mortality.
The heterogeneous clinical picture often renders immediate diagnosis difficult.
Media calcification and intimal fibrosis of cutaneous arterioles are hallmarks of the disease.
Calciphylaxis is characterised by painful, ischemic, partly necrotic skin ulcerations → figures:

METHODS (www.calciphylaxie.de)
A comprehensive data base including various parameters concerning patient characteristics, laboratory data, clinical background and presentation as well as therapeutic strategies was established (n = 66 items).
The diagnosis of CUA is made on clinical and/or histological grounds by the referring physician.
Follow-up of the patients (mortality, date of death) was performed 05/2012.

RESULTS - History
All patients = 213, mean age 67 +/- 12 yrs

RESULTS - Biochemistry
Calciphylaxis Registry: PTH levels [pg/ml]

RESULTS - Outcome
Calciphylaxis Registry: outcome
Mortality survey, n = 135 pts

RESULTS - Tissue damage
Clogging of subcutaneous vessels by endothelial cells (CD31 staining)
Scanning electron microscopy: calcified areas in the subcutis

RESULTS - Treatment
Reported treatment strategies: (“state-of-the-art” therapy)
- Stop calcium containing phosphate-binders
- Use calcium-free phosphate binders
- Intensify dialysis (duration, frequency)
- Lower dialysis bath calcium (e.g. to 1.25 or 1.00 mmol/L)
- Stop active Vitamin D
- Sodium thiosulfate i.v.
- Stop warfarin (and give Vitamin K instead)
- Surgical /conservative wound care
  - maggot debridement therapy
- Antibiotics + sepsis therapy
- Analgesics
- Hyperbaric oxygen therapy (HBO)

CONCLUSIONS
Registry characteristics:
→ The nationwide registry is a suitable tool for data collection
→ The registry allows central data collection, processing and analysis
→ Strengths: central data quality control, central laboratory analyses

Results:
→ PTH lower than expected
→ High rate of previous vitamin K antagonist treatment
→ Mean survival rate about 1.5 yrs
→ Role of calcification inhibitors to be determined
→ therapy multimodal

Perspectives:
→ Prospective regular follow-up data collection plus
→ On-side visits for detailed therapy recording started in 2012
→ Starting May 2013 new software version online
→ www.calciphylaxis.net

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