

# A spangled colon

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## CASE REPORT

A 85-year-old male patient receiving chronic haemodialysis treatment presented with weight loss and multiple ulcers on his upper and lower extremities without preceding trauma. His medical history included right-sided hemicolectomy for colon carcinoma, prostate carcinoma, and recently a fracture of his left olecranon. Arterial duplex imaging of the lower extremities revealed no significant macrovascular disease. Because calciphylaxia was considered in the differential diagnosis, a series of plain X-ray images of the pelvis and lower extremities was performed to screen for extravascular calcifications. While the latter showed no pathology, the X-ray of the pelvis showed the following picture (*figure 1*).

**Figure 1.** Plain X-ray image of the pelvis showing numerous opacifications



## WHAT IS YOUR DIAGNOSIS?

See page 380 for the answer to this photo quiz.

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ANSWER TO PHOTO QUIZ (PAGE 376)

A SPANGLED COLON

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## DIAGNOSIS

The X-ray image showed multiple opacifications located in the distal digestive tract (colon). The opacifications were caused by the presence of the drug lanthanum carbonate, a phosphate binder commonly used in dialysis patients. The X-ray finding is normal in patients who use this drug and has no clinical importance.

Lanthanum carbonate is a nonaluminium, noncalcium phosphate-binding agent. The element lanthanum has 57 protons, one more than the metallic alkaline earth element barium.

Several other substances may cause a more or less comparable picture, including barium enema and the drug bismuth citrate.<sup>1</sup> Our patient had not used any of these agents, nor had he undergone any procedure requiring the use of contrast media.

The suspected diagnosis calciphylaxia was not confirmed. The patient died two weeks later with the clinical picture of refractory cachexia.

Lanthanum carbonate is a commonly used drug in patients with advanced renal insufficiency. Considering the increasing number of these patients, it may be expected that the radiographic 'abnormality' described here will be increasingly encountered in the near future. Knowledge of the cause of these opacifications will prevent unnecessary diagnostic work-up.

## REFERENCES

1. Chan YC, Lau FL, Chan JCS, Hon TYW. A study of drug radiopacity by plain radiography. *Hong Kong J Emerg Med.* 2004;11:205-10.