

CORSI DI FORMAZIONE SIA – Napoli 5-7 giugno 2015

URGENZE IN ANDROLOGIA

Coordinatori
V. Ielapi, L. Rolle

LA CALCIFILASSI PENIENA

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Alba

Calcifilassi

Arteriopatia uremica calcifica

- 1-4% dei pazienti con IRC
- 60-80% mortalità
- eziologia multifattoriale
- disordine da ipersensibilità?

Agenti sensibilizzanti

iperparatiroidismo, ipercalcemia, iperfosforemia

Agenti stimolanti

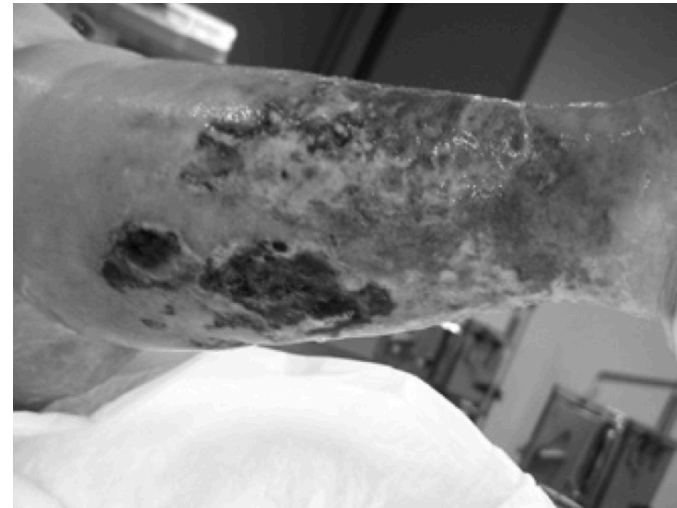
steroidi, sali di ferro, immunosoppressori, anticoagulanti

Fattori associati

obesità, diabete, epatopatie, supplementi di calcio, vitamina D, ipoalbuminemia, aumento della fosfatasi alcalina

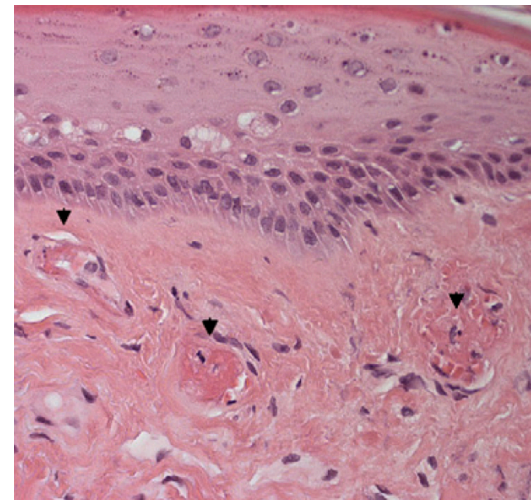
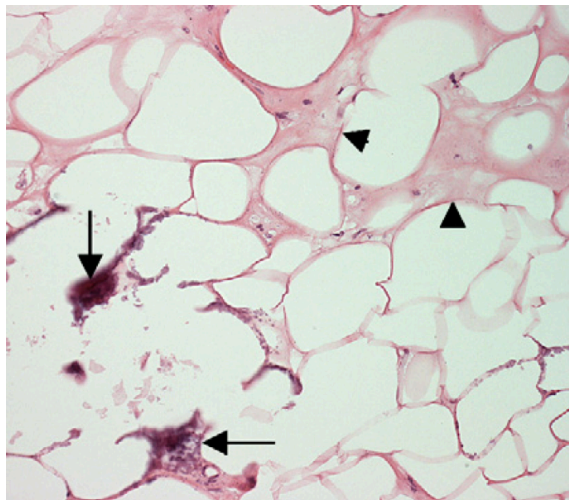
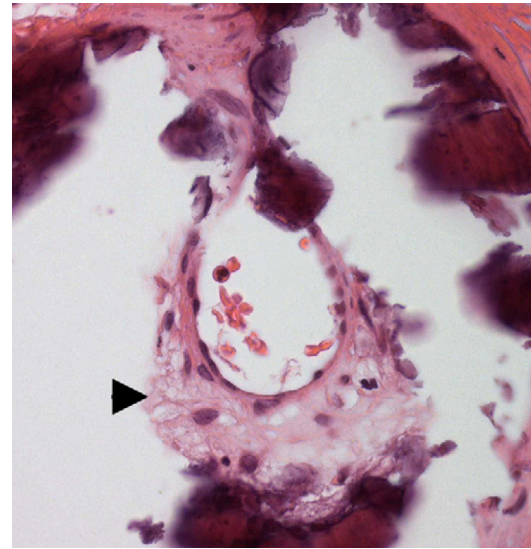
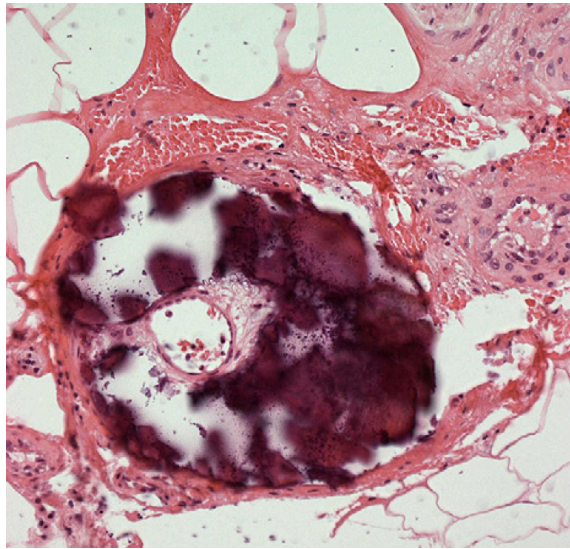
Calcifilassi

Manifestazioni cliniche



Calcifilassi

Aspetti istologici



Calcifilassi

Terapia

- controllo del bilancio calcio-fosforo
- controllo glicemico
- sodio tiosolfato
- difosfonati
- cinacalcet
- ossigeno iperbarico
- paratiroidectomia
- terapie locali delle lesioni

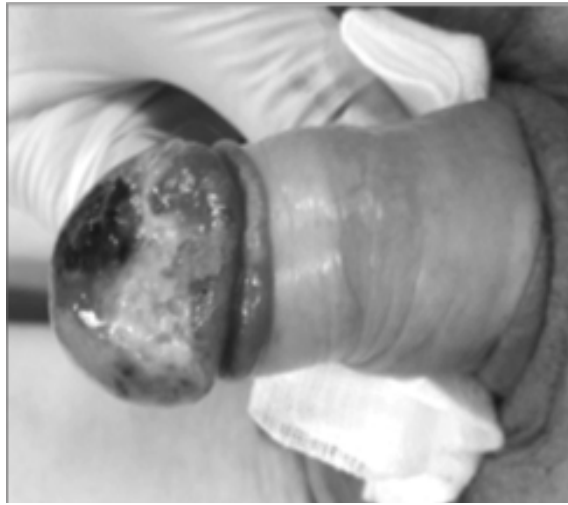
Calcifilassi peniena

Revisione della letteratura

- 52 casi descritti
- 100% IRC, 77% diabete
- sopravvivenza media 4.1 mesi
- mortalità 66%

Calcifilassi peniena

Aspetti clinici



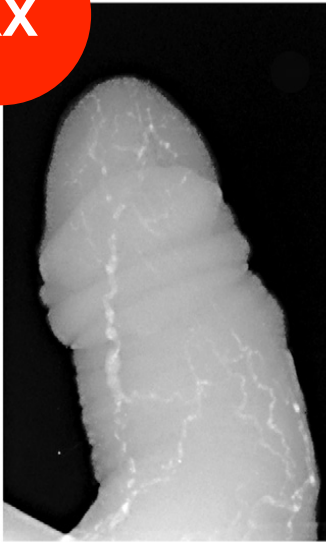
Karpman, J Urol 2003
Morúa, Actas Urol Esp 2009

Grande, Urologia 2010
Barthelmes, Int Urol Nephrol 2002

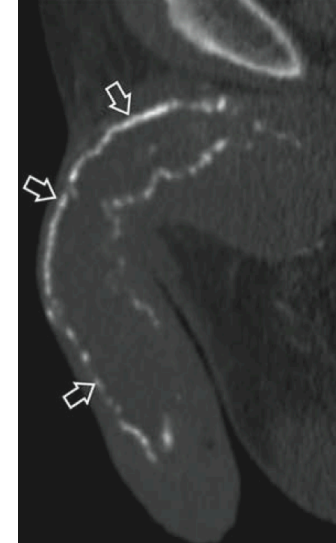
Calcifilassi peniena

Diagnostica per immagini

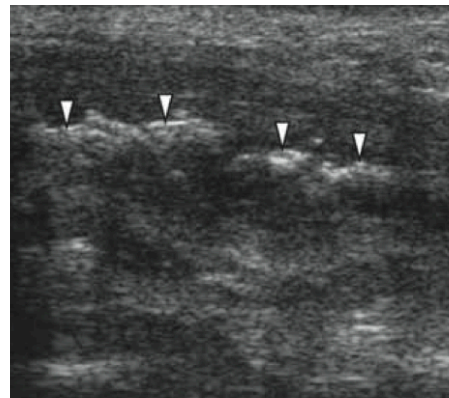
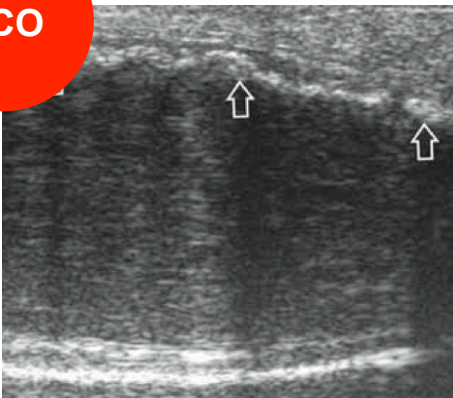
RX



TC



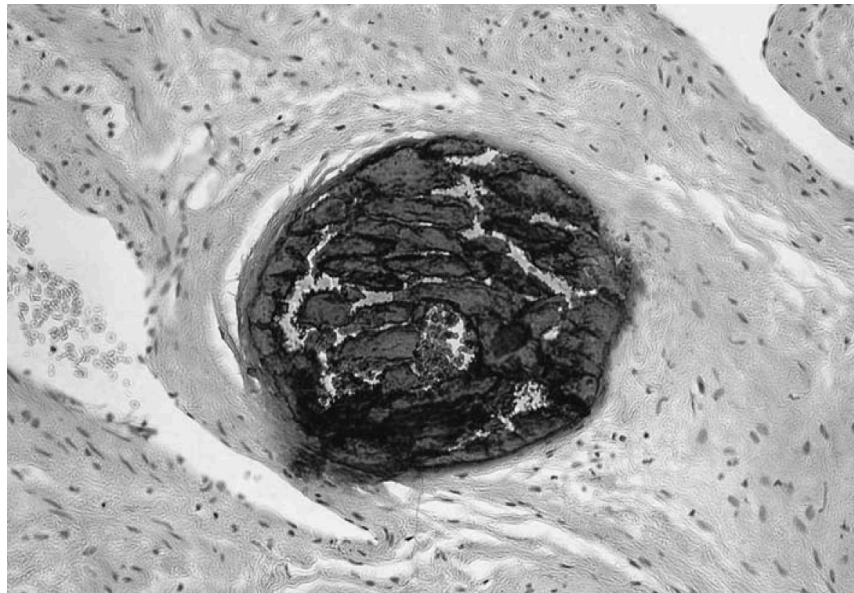
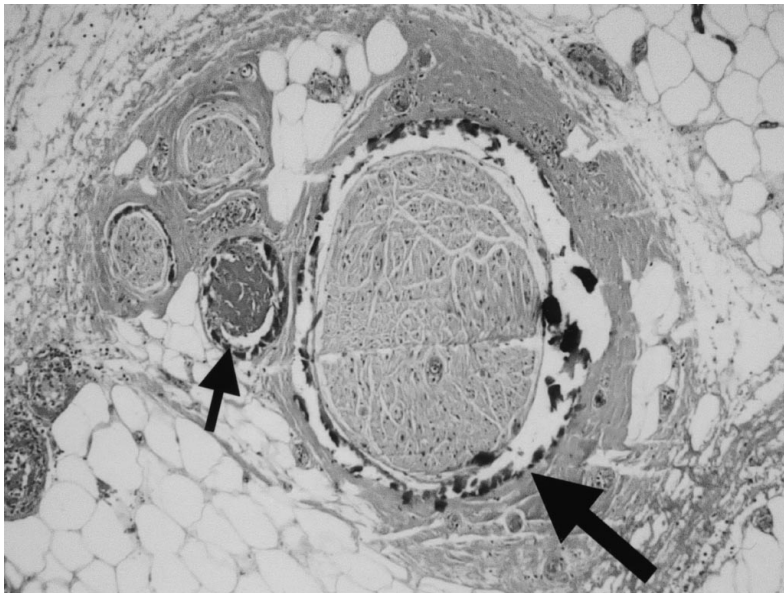
ECO



Karpman, J Urol 2003
Rizvi, Saudi Med J 2009
Bertolotto, Radiographics 2009

Calcifilassi peniena

Aspetti istologici



Karpman, J Urol 2003
Barthelmes, Int Urol Nephrol 2002

Calcifilassi perniciosa

Terapia

- come per la forma sistemica
- paratiroidectomia se PTH elevato
- terapia conservativa
- penectomia parziale o totale
- derivazione delle urine

- LDL-aferesi
- rivascolarizzazione

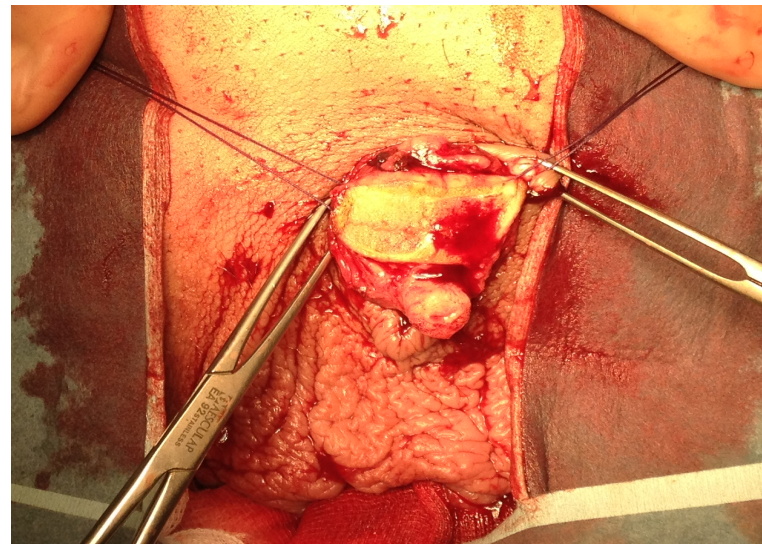
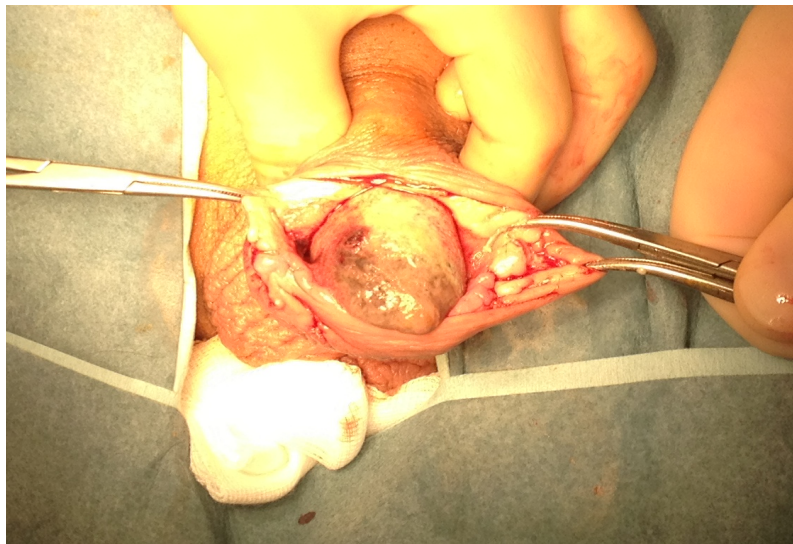
Caso clinico 1

ML, 59 anni



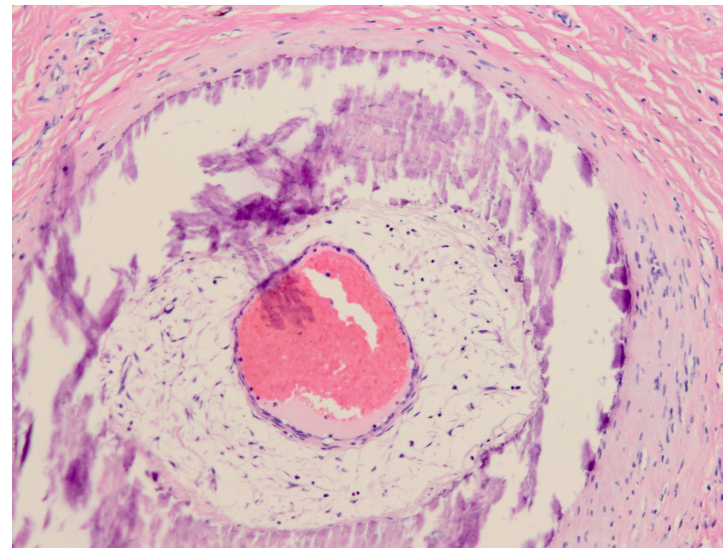
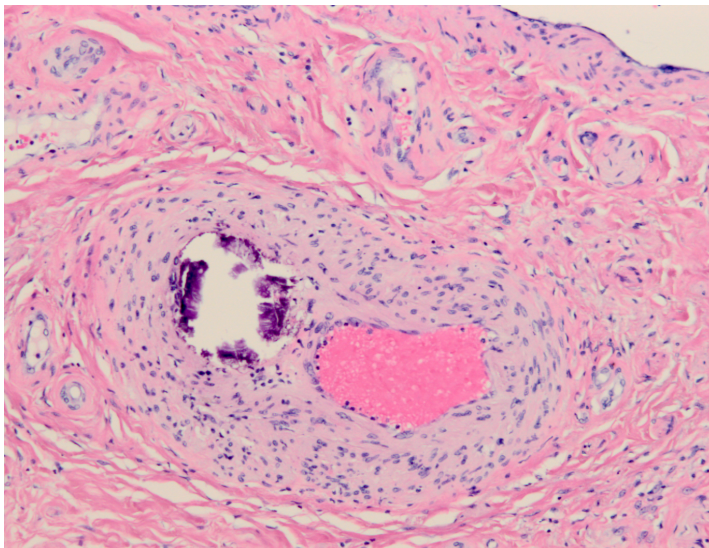
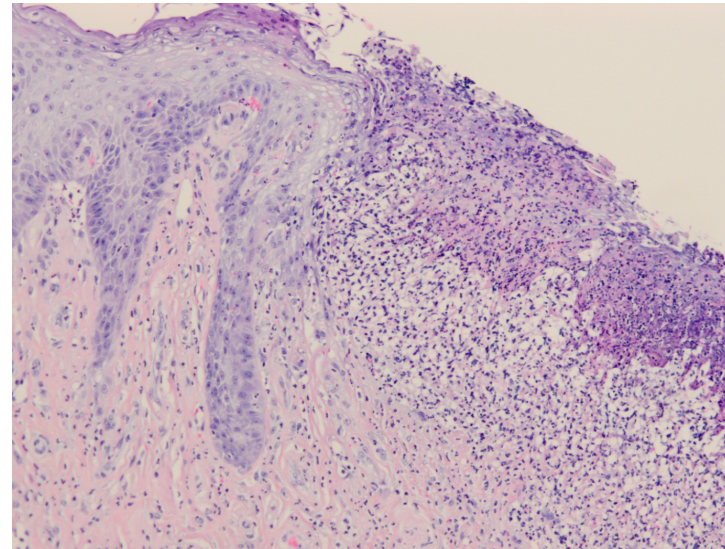
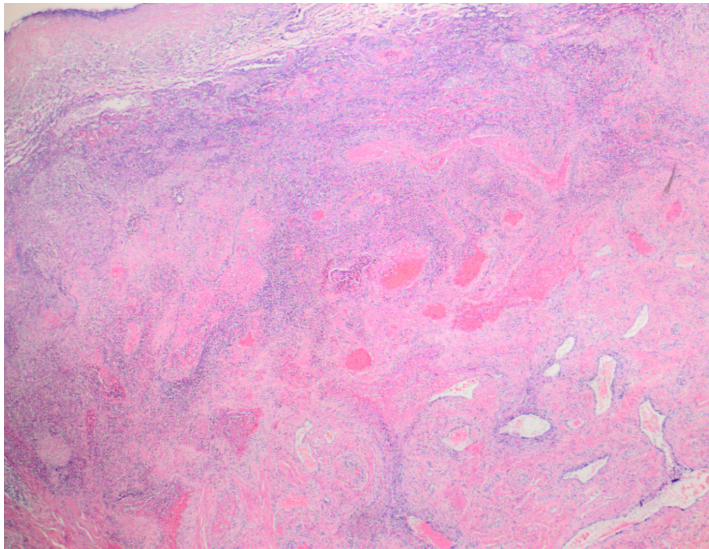
Caso clinico 2

DM, 77 anni



Caso clinico 2

DM, 77 anni



Calcifilassi renale

Conclusioni

- rara
- comorbilità e mortalità elevate
- da sospettare in caso di calcifilassi sistemica
- aggressivo controllo metabolico
- ruolo controverso della paratiroidectomia e della nefrectomia