Journal of the American College of Cardiology
© 2013 by the American College of Cardiology Foundation
Published by Elsevier Inc.

Vol. 61, No. 22, 2013
ISSN 0735-1097/$36.00
http://dx.doi.org/10.1016/j.jacc.2013.01.084

IMAGES IN CARDIOLOGY

A Heart of Stone

Rapid Metastatic Cardiac Calcification in an End-Stage Renal Disease Patient

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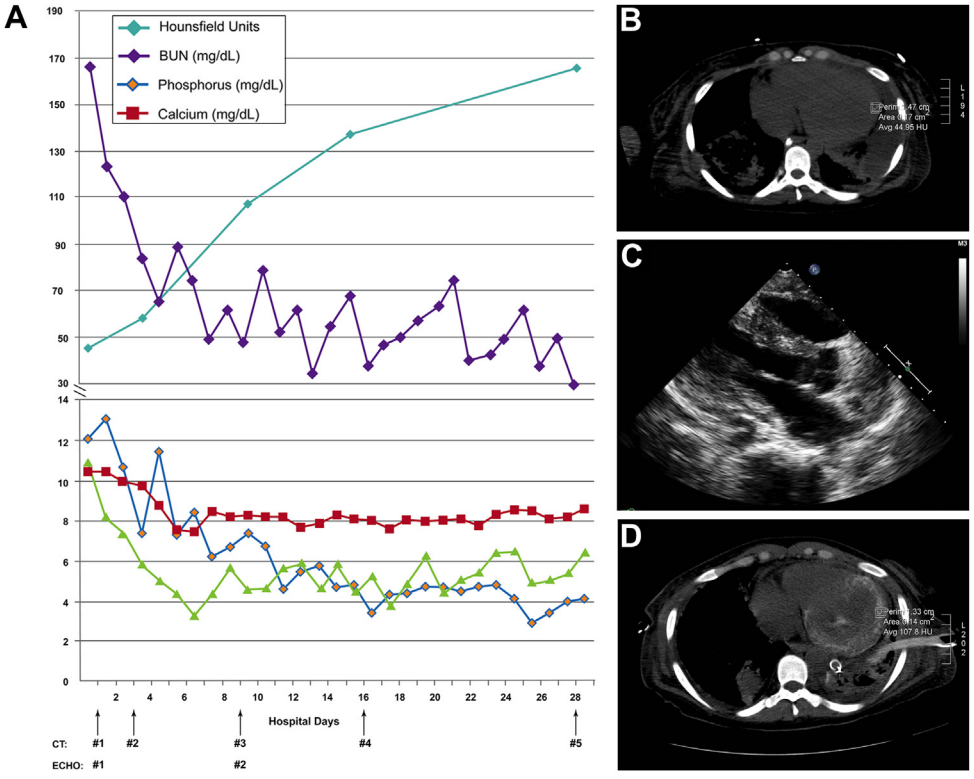

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Manuscript received December 20, 2012; accepted January 8, 2013.

Disturbed calcium-phosphate metabolism can cause metastatic calcium deposition throughout the body. After missing 2 sessions of dialysis and medication noncompliance, severe electrolyte abnormalities developed in our patient **(A)**. On day 1 of admission, a chest computed tomography (CT) scan demonstrated no cardiac or soft-tissue calcifications **(B)**. Concurrently, echocardiography revealed an ejection fraction of 65% by the method of disks with no wall motion abnormalities or evidence of ventricular septal hyperechogeneity **(C)**. On hospital day 9, a repeat CT scan of the chest was performed revealing diffuse amorphous calcifications throughout the left ventricular myocardium and papillary muscles with relative sparing of the interventricular septum **(D)**. A significant increase in radiodensity was detected, consistent with calcium deposition **(A)**. Concomitant echocardiography revealed intact left ventricular function with an ejection fraction of 65% and no wall motion abnormalities with the presence of septal hyperechogenicity. Over the course of her hospitalization, 2 more CT scans were preformed revealing continued evidence of myocardial calcification **(A)**.