Myocardial calcification is very rare and has been associated with metastatic calcium deposition. A 57-year-old woman with end-stage renal disease (ESRD) due to hypertension on peritoneal dialysis, coronary artery disease, mechanical valve from mitral stenosis without history of rheumatic disease, atrial fibrillation, and a positive tuberculin skin test presented with tuberculous peritonitis (culture confirmed) and calcifications of her heart. Her chest film showed a retrocardiac calcified lesion (Figure 1). Chest computed tomography (CT) showed cardiac hypertrophy with calcification of the left atrium and ventricle (Figure 2). She began antituberculosis medications but she died 1 month later. At autopsy, the cardiac tissue confirmed endocardial and myocardial calcifications without tuberculum bacilli (Figure 3).

Her ESRD led to an elevated calcium-phosphate product, which more commonly causes vascular calcifications (calciphylaxis), but can lead to calcification of the cardiac tissue. Some other possible causes include myocardial infarction, myocardial fibrosis, rheumatic carditis, and caseous necrosis from tuberculosis. Treatment for massive cardiac calcification includes endoatriectomy and replacement of the mitral valve.

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