such as Collins et al (2012) have reported that patients given cyclophosphamide in addition to corticosteroids had a higher likelihood of achieving stable remission compared to steroids alone. Rituximab is often considered if patients do not respond to corticosteroids and/or cyclophosphamide.

Acquired haemophilia A has a mortality rate of 8–22%, and relapse rates can be 10–20% within the first 6 months after stopping immunosuppression. Patients with advanced age or malignancy, and patients not attaining complete remission, are associated with higher rates of mortality as shown by Bitting et al (2009). BJHM

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LEARNING POINTS

- Acquired haemophilia A should be considered in elderly patients who present with recurrent bleeding episodes.
- Prompt diagnosis and treatment is essential to avoid the life-threatening complications of acquired haemophilia A.
- Intrinsic pathway factor assays show low factor VIII without significant correction in activated partial thromboplastin time mixing studies.
- The two main goals of treatment are to control the bleeding and to eliminate the inhibitor.

Iatrogenic calcinosis cutis following a neonatal extravasation injury

Extravasation injuries usually heal spontaneously with conservative management. As such, the potential sequelae are often underestimated. Extravasation damage can lead to adverse scars, necrosis, tissue loss, contractures and deformity (Lake and Beecroft, 2010).

A 4-day-old neonate on intravenous calcium gluconate infusion suffered an extravasation injury to his right dorsum of hand (*Figure 1*). He was referred to the on-call plastic surgery team. Radiographs showed calcinosis cutis (*Figure 2*). This was managed conservatively and there was good return of skin quality at 20 weeks post injury.

Calcinosis cutis is an uncommon condition but can be easy to diagnose following extravasation injury and typically resolves spontaneously with conservative management (Puvabanditsin et al, 2005; Sonohata et al, 2008). However, its presentation can mimic serious soft tissue and bone infections leading to misdiagnosis and unnecessary interventions. Concomitantly, there needs to be a high level of suspicion for other differential diagnoses such as osteomyelitis. This case highlights the importance of increased awareness of the condition, early referral and diagnosis. BJHM

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Figure 1. Day 3 post extravasation injury to dorsum of right hand from calcium gluconate.

Figure 2. X-ray post calcium gluconate extravasation injury showing extensive calcification over the right dorsal region of the hand and wrist.

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