

Monckeberg Sclerosis



PLAY PICMONIC

Characteristics

Calcification of Tunica Media

[Calcified-cow with the Tunica Media](#)

Mönckeberg sclerosis is characterized by calcification or calcium deposits of the tunica media, which is the muscular middle layer of the artery wall.

Medium and Small-Sized Arteries

[Medium-sized and Small-sized Archery-artery](#)

Mönckeberg sclerosis appears in the medium and small-sized arteries.

Benign

[Bunny](#)

Mönckeberg sclerosis is a benign condition with a slow progression, and the patient is usually asymptomatic.

Does Not Obstruct Blood Vessels

[No-sign Obstruction of Blood-vessels](#)

It does not obstruct blood vessels or significantly narrow the arterial lumen due to no thickening of the tunica intima.

Epidemiology

Elderly >50 Years Old

[Elderly-person Greater-than 50-cent](#)

Mönckeberg sclerosis is more prevalent in elderly patients older than 50 and in diabetics. It commonly occurs independently of atherosclerosis.

Associations

Hyperphosphatemia

[Hiker-phosphate-P](#)

Hyperphosphatemia may induce apoptosis or necrosis of the medial vascular smooth muscle cells, which continue to develop medial calcification (e.g., uremia).

Chronic Kidney Disease

Crone Kidney

Chronic kidney disease contributes to the development of uremia which can induce hyperphosphatemia mentioned in the previous fact.

Diabetes Mellitus

Dyed-bead-pancreas

Mönckeberg sclerosis is commonly associated with diabetes mellitus, chronic kidney disease, and the risk increases with age.

Consideration

Poor Prognosis

Gravestone

The patient can have a poor prognosis due to increased arterial stiffness resulting in an increased damage risk in the heart and kidney.