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### **Monckeberg Sclerosis**



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#### Characteristics

#### Calcification of Tunica Media

Calcified-cow with the Tunic 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. <br>

#### **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).<br/>dbr>

#### **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.<br/>

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#### 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.