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**nephrology**

Volume 29 – Supplement 2 - 2009

SPANISH NEPHROLOGY SOCIETY

## **Abstracts**

19<sup>th</sup> National Congress of the Spanish Society of

## **Nephrology**

Pamplona, 3-6 October 2009

Official Institution of the Spanish Society of Nephrology

Original full version available on [www.revistanefrologia.com](http://www.revistanefrologia.com)

## 497. FAMILIAL HYPOPHOSPHATEMIC RICKETS (FHR) EVOLUTION STUDY OF 9 CHILDREN

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**Purpose:** to assess the evolution of FHR in a long-term treatment.

**Material and Methods:** a group of nine 15-month to 10 year-old patients (8 girls and 1 boy) (50 +/- 32.6 m). Seven children had a family history of either rickets or bone deformities. The starting height of two children was -2 ds, with bone age below the chronological age of one of the children, while the height of the other children was right for their bone age. All nine children had Genu Varum and / or Blount's disease (deformans tibiae), and one had early nephrocalcinosis. The serum phosphorus level in all children was 3 mg/dl (2.6 +/- 0.17), their tubular transport (TP/100 ml FG) reduced (1.9 +/- 0.52), and one child with PTH above 70 pg/ml. The renal function was normal in all children. Eight patients started treatment following diagnosis, and the ninth child started the treatment 17 months after the diagnosis, with increasing doses of 1.25 dihydroxycholecalciferol (dhc) of up to 60 +/- 40 ng/kg/day, and phosphates up to 56 +/- mg/kg/day during a period of between 1 and 17 years (average 7 years).

**Results:** five hypercalciuric / hypercalcemic crises occurred in four patients, of whom only one was taking high doses of dhc 1.25. The bone deformations of five patients were corrected. The other four fail either completely or partially to correct them, two of whom had been undergoing treatment for under two years, and the other withdrew after four years of treatment. The height of the latter remained low (under 2 ds) while growth was normal for the other children. Three patients (33.3%) developed nephrocalcinosis, two after eight years of treatment and poor control of serum PTH levels, while the other child was the one who started the treatment late and who also suffered a severe hypercalciuric / hypercalcemic crisis. None of said three patients had been administered high doses of phosphates or dhc 1.25. No modification of either serum phosphorus 2.8 +/- 1 or TP/FG 2.1 +/- 0.85 was statistically relevant.

**Conclusions:** the correction of bone deformities is associated with an early start of the treatment. The occurrence of nephrocalcinosis may be connected with hyperparathyroidism and hypercalciuric / hypercalcemic crises. A broader sample would be necessary to better evaluate phosphataemia and TP/100 ml FG.

## 498. EFFECTIVENESS OF RENALOF ON PATIENT CARRIERS OF CALCIUM NEPHROLITHIASIS

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It is possible to reduce the recurrence of lithiasis by conducting a medical treatment that involves the use of a natural product such as Renalof, as this product destroys and removes renal calculi from the genitourinary system. For the purpose of assessing the effectiveness of the therapy with Renalof in the treatment of Calcium Urolithiasis, an observational, prospective and longitudinal study was conducted on 100 adult patients from the Julio Trigo Lopez Hospital's Renal Nephrolythiasis consultation (2008), who were diagnosed to have Idiopathic Calcium Urolithiasis, with calculi under 2.5 cm in size along the entire length of the renal - ureterovesical junction via Simple Urinary Tract, Renal CT and Ultrasound scans. A dose of 975 mg of Renalof was administered daily for three months, while the occurrence of calculus was evaluated on any point of the urinary tract via Ultrasound, UUS and/or abdominal CT scans once a month for three months.

A database was set up, and a descriptive analysis conducted to determine frequency. The condition was more frequent in males (86%), Caucasians (80%) and 30-59-year olds (68%). The main metabolic and physical-chemical factors detected were the following: low Urinary Volume and Crystallization Risk Index (100% of patients), Hypercalciuria (98%); depending on the location of the calculus prior to the treatment, calyceal and ureteral calculi (54% and 43% respectively) which decreased over time. Lithiasis activity also decreased over time, as lithiasis was deactivated in 92% of all patients (100%) who had it at the start of the study. In conclusion, this study has demonstrated that Renalof can work effectively on patients with Idiopathic Calcium Urolithiasis.