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EARLY ONSET OF HYPERPROLACTINEMIA AND GYNECOMASTIA IN INFANT TREATED FROM NEWBORN PERIOD BY PERITONEAL DIALYSIS: A POSSIBLE COUPLED EFFECT OF CHLORAL HYDRATE TO HORMONAL ABNORMALITIES

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In chronic renal failure a multiplicity of endocrine abnormalities arise. Pituitary hormones are mostly elevated. In absence of medication hyperprolactinemia is observed in patients with uremia (18%-27%) and those treated with hemodialysis (50%) or continual peritoneal dialysis (73%). The certain mechanism responsible for such an alteration is not yet clear. Prolactin (PRL) secretion may be in uremic patients influenced by endogenous substances (monoamines, unknown factors, organic acids ?, parathormone) and drugs (methyldopa, metoclopramide, risperidone, naloxoni).

We describe 4 months old girl with renal insufficiency (bilateral kidney hypo/dysplasia) treated by peritoneal dialysis from the age of one week. Anemia was corrected (rHuEpo), she didn't received any medication blocking dopamine or serotonin system. Hyperprolactinemia and gynecomastia with 2 days galactorrhoea appeared at the age of 2 months (PRL level 83.54 µg/L – normal range 0.2-27.2). Levels of FSH, DHEA, PTH, GH, TSH were increased, too. The only medication added prior detected hyperprolactinemia was chloral hydrate for 3 weeks in a sedative dose. Although no dopamine agonists were used, no changes in basal treatment were made and creatinine levels were permanent between 150-200 µmol/L, complete regression of gynecomastia and normalization of PRL (18.2 µg/L), FSH and DHEA levels were apparent during next 2 months.

Conclusion: We suggest that the decreased metabolic clearance of PRL and its disordered feedback regulation could be coupled with the CNS depressant - chloral hydrate in our patient. Oral administration of this hypnotic agent must be prescript with attention in patients with renal failure.

