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IDIOPATHIC INFANTILE HYPERCALCEMIA PRESENTING AS FAILURE TO THRIVE

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Failure to thrive is a serious challenge for the pediatrician in order to find out the proper etiology. In this work we present a female baby who was diagnosed as idiopathic infantile hypercalcemia (IIH) and whose leading feature was failure to thrive. A female baby was a product of healthy non-consanguineous parents. The baby was born after an uneventful pregnancy. The physical examination was normal. She was fed using standard formula, given proper immunization and regular vitamin D prophylaxis. The baby had mild hypotonia, failed to thrive and had recurrent episodes of mild dehydration. After an episode of severe dehydration due to enteritis high serum calcium at 4.1 mmol/l was evidenced and confirmed on several occasions. Urinary calcium excretion was mildly increased for the age (Ca/Cr=2.44 mmol/mmol; normal <2.2). PTH was strongly suppressed at 0.81 pg/ml (norm 10-65). The ultrasound revealed diffuse bilateral nephrocalcinosis. The parents had normal calcemia. The baby was given low calcium/vitD formula. After proper nutritional intervention the baby gained weight. At the age of 24 months her calcium, creatinine and PTH are within referent values. The ultrasound scan showed improvement of nephrocalcinosis. In conclusion: IIH may present with non-specific symptoms. Determination of serum calcium should be performed mandatory in all infants who fail to thrive.