340.00

ETIOLOGY OF NEPHROCALCINOSIS IN MACEDONIAN CHILDREN

V. Tasic, N. Ristoska-Bojkovska
Department of Pediatric Nephrology, Clinic for Children's Diseases, Skopje, Macedonia
vtasic@freemail.com.mk

The aim of this study was to evaluate the etiology of nephrocalcinosis in Macedonian children. All children who had radiological or ultrasound evidence for bilateral nephrocalcinosis were included. Children with urate nephropathy were excluded based on clinical data and laboratory studies. During the period 1992-2002 twenty-two children presented with nephrocalcinosis. The etiology was as follows: distal renal tubular acidosis (dRTA) (9) (complete form 5, incomplete form 4), vitamin D intoxication 2, infantile idiopathic hypercalciuria (1), primary hyperoxaluria (2), Leprecheunism (1), familial hypomagnesemia with hypercalciuria and nephrocalcinosis (1), neonatal Bartter syndrome (1), medullary sponge kidney (1), Hypophospatemic rickets as a complication of therapy (1), idiopathic hypercalciuria (1), unknown (2). The etiology was not clarified in two children, one with familial low renin hypertensive syndrome and in one child with panhypopithuitarism, hypothyroidism and nephrocalcinosis. Six children died: 3 with dRTA, one with primary hyperoxaluria, one with Bartter syndrome and one with Leprecheunism. Two children have incipient renal insufficiency. The other 12 children have stable renal function. In conclusion: RTA is still the most common etiology of nephrocalcinosis in Macedonian children. The unfavorable outcome is related to the complication of primary metabolic disorder or progressive renal insufficiency.