XLVII ERA-EDTA CONGRESS
II DGfN CONGRESS

JUNE 25-28, 2010
Munich, Germany

Kandinsky, an Artist in Munich

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Su024
RECURRENT DEEP INTRONIC MUTATION (c.1670-192C>T) IN THE SLC12A3 GENE RESPONSIBLE FOR TAIWAN ABORIGINES WITH G-TELMAHNI'S SYNDROME
Shih-Hua Lin,1,2 Yi-Fen Lo,2 Che-Chung Huang,1 Sung-Sen Yang,1,2 Yu Wei Fang,3 1Div Nephrology, Dept Medicine, Tri-Service General Hosp, 2Grad Inst Life Sciences, National Defense Medical Center, Taipei, Taiwan; 3Div Nephrology, Dept Medicine, Shin Kong Wu Ho-Su Memorial Hosp, Taipei, Taiwan

Su025
CALCIC NEPHROLITHIASIS, A DOUBLE-BLIND RANDOMIZED STUDY, 2008-2009
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Su026
UROLITHIASIS AND BETA THALASSAEMIA MAJOR
Nikhil Johri, William Robertson, Robert Unwin, Stephen Walsh. Centre Nephrology, Royal Free Campus UCL Medical School, London, UK

Su027
SERUM POTASSIUM LEVELS ON ADMISSION AND INFARCT SIZE IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION
Marcel Ross,1 Gjin Ntorepepa,2 Marcus Baumann,1 Cheng-Rui Pan,1 Uwe Hermann,1 Jens Lutz,1 Julinda Mehilli,2 Albert Schömig,2 Adnan Kastrati,2 1Nephrology, Klinikum rechts der Isar, TU München, Germany; 2Cardiology, Deutsches Herzzentrum München, München, Germany

Su028
STEROID INDUCED HYPERCALCIURIA: INCIDENCE, COURSE AND ASSOCIATED FACTORS
Omer Duzen,1,2 Reha Erkoç,2 Huseyin Begenlik,2 Yasemin Usul Soyoral,2 Mehmet Neci Aldemir.3 1Internal Medicine, Adilevaz Hosp, Bitlis, Turkey; Nephrology, Yuzuncu Yil Univ Medical School, Van, Turkey; Internal Medicine, Yuzuncu Yil Univ Medical School, Van, Turkey

Su029
A COMPARISON OF METABOLIC VARIABLES AMONG OBESE AND NON-OBESE KIDNEY STONE FORMERS
Nikhil Johri, Bill Robertson, Steven Walsh, Chris Laing, Robert Unwin. Centre Nephrology, Univ College London, Royal Free Campus, London, UK

Su030
HYPERKALEMIA IN HEMODIALYSIS PATIENTS NOT ALL IS SAID
Julio Chevarria, Marta Sánchez, Katia Pérez, Beatriz Hernández, Serafin Talón, Gabriel De Arriba. Nephrology, Guadalajara’s Univ Hosp, Guadalajara, Spain
Double-Blind Randomized Study: Efficacy and Safety of RENALOF in the Treatment of Patient Carriers of Renal Calcium Oxalate Lithiasis (2009)
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1. Cuban Institute of Nephrology

Introduction
The most common kidney stone is calcium, predominantly composed of calcium oxalate stones which is responsible for 1 in 1,000 hospitalizations per year and the recurrence rate is high, standing at 10 to 20% in the first two years and by 40-60% after ten years of the first episode.
RENALOF (capsules of 325 mg) is a nutritional supplement that provides global actions on renal oxalate and calcium phosphate in the urinary tract, causing destruction and/or decrease.
We conducted a clinical trial to evaluate the efficacy and safety of Renalof in the treatment of recurrent calcium urolithiasis.

Methods
Phase III clinical trial placebo-controlled, randomized, two double-blind parallel group. The patients were recruited and treated at the Nephrology Institute of Cuba.

Inclusion criteria
- Both sexes.
- Age between 18-65 years old.
- Presence of calcium oxalate urolithiasis.
- Patients with stones less than one centimeter.
- Informed consent.

Recurrent Calcium Urolithiasis (n=110)

RENALOF (3 capsules per day) n=52
Placebo (3 capsules per day) n=58

End of the treatment (month 3)

Exclusion criteria
- Patients with stones larger than one centimeter.
- Pregnant woman.
- Oncoproliferative disease.
- Previous treatment for the destruction of the kidney stone.

End points
- Stone size.
- Stone numbers.
- Number of renal colic.
- Physical-Chemical disorders.
- Presence of adverse reaction.

Results

Figure 1: Evolution of the Stones’ size

Figure 2: Number of kidney stones

Figure 3: Number of renal colic

Figure 4: Hypercalciuria

Figure 5: Ph*

Figure 6: Phosphate activity group*

Figure 7: Urinary volume*

Figure 8: Medical certificates

Figure 9: Hospitalised patients

- The hyperoxaluria, hypocitraturia and hyperuricosuria not differ before after and between groups at the endpoint (p>0.05).
- The oxalate activity product produces differences before after in the Renalof group (p<0.01).
- The crystallization risk index shows differences before after in the Renalof group (p<0.01) and between groups at the end of the treatment p<0.01.
- During the treatment there were no unexpected serious adverse events.

Conclusions
Renalof is effective and safe for the treatment of recurrent calcium urolithiasis.
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