

To the problem to search Nephrocalcinosis in children

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Background. Hyperoxaluria is a primary risk factor and elevated urine oxalate excretion can result from an increased dietary intake of ascorbate,oxalate,low calcium,an increased intestinal absorption of oxalate from the diet, or an increased endogenous production of oxalate from ingested or metabolically-generated precursors.Studies suggest that between 10 and 50% of the urinary oxalate is derived from the diet. **Objective.** The aim of the present study was to clarify the role of the mothers dietary behaviors during pregnancy for hyperoxaluria in children.

Methods. The case group 20 patients with hyperoxaluria (≥ 0.5 mmol/l) and ultrasonographic signs of calcinosis. And control group 20 patients with normal urine oxalate excretion (≤ 0.4 mmol/l). Control group mothers dietary intake of vitamin C and protein were lower than case group mother. Case group mothers have history of diuretic use,kidney stones in family,higher intake habit of ascorbate with fruits and vegetables (180 mg/day), high protein diet and all did not took calcium supplement during and before pregnancy.

Results.

Case group all people's urinary oxalate,calcium and citrate, phosphate excretion, urine pH value were found higher than control group. **Discussion.** Diet is playing the major role in idiopathic hyperoxaluria. To determine children hyperoxaluria need to search mothers dietary risk factors, Ca supplement intake, urinary excretion of inhibitory and lithogenic substances especially during the pregnancy

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