## Abstract 1199

### METABOLIC RISK FACTORS AND PROGNOSIS IN CHILDREN WITH UROLITHIASIS

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### Objective
To investigate the demographic characteristics, clinical features, and metabolic risk factors of children with urolithiasis.

### Methods
This retrospective study enrolled 52 boys, 51 girls with urolithiasis diagnosed by ultrasonography. Mean age at presentation was 60.1 (± 192) months, and mean follow-up period was 5.5 (± 27) months.

### Results
The most common symptom was restlessness in infants (< 1 year), while it was abdominal or flank pain in older children (p < 0.001). Microcalculi (stone diameter < 5mm) and calculi (>3mm) were found in 26% and in 74% of patients, respectively. Hypercalcioria was the most common abnormality, followed by hypomagnesioria (Table 1). Recurrent urinary tract infection (UTI) was detected in half of the patients. Four patients underwent ESWL, five underwent open surgery, and the other 94 were treated with conservative therapies. Spontaneous passage occurred in 19 patients. Stone analysis revealed calcium-oxalate in 85%. At the time of their last visit, in 70% of the patients with conservative therapies, the stones were disappeared or diminished in size by appropriate therapy such as water intake, diet, hydrocloroethylazide and potassium-citrate.

### Conclusion
Identifying the underlying metabolic risk factor is important in order to choose the appropriate treatment modality, prevent stone recurrence and renal damage. Patients presenting with restlessness, especially infants must be evaluated in terms of renal stone disease by ultrasonography.

### Abstracts

#### Table 1

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Patients(%)</th>
<th>Risk factor</th>
<th>Patients(%)</th>
<th>Risk factor</th>
<th>Patients(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypercalcioria</td>
<td>32(31.1)</td>
<td>Cystinuria</td>
<td>43(3.9)</td>
<td>Hyperoxaluria</td>
<td>2(1.9)</td>
</tr>
<tr>
<td>Hypomagnesioria</td>
<td>13(12.6)</td>
<td>Hyperuricosuria</td>
<td>3(2.9)</td>
<td>Hypercalcioria+hypomagnesioria</td>
<td>2(1.9)</td>
</tr>
<tr>
<td>Hypertaurioria</td>
<td>11(10.7)</td>
<td>Hypocitraturia</td>
<td>3(2.9)</td>
<td>Hypercalcioria+hypomagnesioria</td>
<td>2(1.9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hypocitraturia+hypomagnesioria</td>
<td>2(1.9)</td>
</tr>
</tbody>
</table>

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1199 Metabolic Risk Factors and Prognosis in Children with Urolithiasis

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