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497 FAMILY HIPHOPHOSPHATUMIC RACHIPHATUmIC RACHIPHTHISM EVOLUTIONARY STUDY OF 9 CHILDREN

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Objective: To assess the evolution of RHF with long-term treatment.
Material and methods- Series of 9 patients, 8 girls and 1 boy, aged between J5 months and J0 years 50 +/- 32.6 m). Seven had a family history of rickets *or bone deformities.* In two children the initial height was below - 2 *years,* with bone age below the chronological age in one of them, and corresponding to it in the rest. All had variegated genu and/or tibiae and one had incipient nephrocalcinosis. All had serum phosphorus below 3 mg/dl (2.6 +- 0.17) and decreased tubular transport (TP/100 ml FG) (1.9 +- 0.fi2) PTH above 70 pg/ml, in one. Normal renal function in all. Eight patients started treatment at diagnosis and one 17 months after diagnosis with increasing doses of 1.Z5 dihydroxycholecalciferol (dhc) up to 60 +/- 40 ng/kg/dla and phosphatides up to 56 +/- 20 mg/kg dla, and for a period between 1 and 17 years (mean 7 years).
Results: Five hypercalcaemia/hypercalciuria crises occurred in four patients, only one of whom received high doses of 1.2s dhc. Five patients corrected the 6seasonal disorders. Of the four who did not or only partially corrected, two have been on treatment for less than two years and one discontinued treatment after four years. The latter maintained low height for less than 2 ds, with normal growth in the rest. Three patients (33.3üá) developed nephrocalrinosis, two of them after eight years of treatment and poor control of serum PTH levels, and the other was the late starter who presented a severe crisis of hypocalcaemia/hypercalciuria, none of the three having received high doses of phosphates or 1.25 dhc. Statistically, serum phosphorus 2.8 +/- and TP/fiG 2.J +/- 0.85 did not change significantly,
Conclusions- Correction of dental deformities is associated with early initiation of treatment. The occurrence of neyrokaryosis may be associated with hyperparathyroidism and hyperkalaemia/hyperkalaemia crises. A larger sample will be needed for better assessment of phosphorus and TP/J 00 ml GFR.

498 EFFECTIVENESS OF THE USE OF DCL RENALOF GN IN PATIENTS WITH CALCIFIC NEPHROLITHIASIS. HOSPITAL

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It is possible to reduce the recurrence of urolithiasis with medical treatment using a natural product such as Renalof, which destroys and disintegrates the stones in the genilourinary system. In order to determine the efficacy of Renalof therapy in calcific urolithiasis, an observational, prospective, longitudinal study was carried out on 100 adult patients from the Renal Nephrolithiasis Clinic *of the* Julio Trigo Lopez Hospital in 2008, with the diagnosis of Idiopathic Calcific Urolithiasis, diagnosed by the presence of stones smaller than 2.5cm in the entire renal tract. They were given Renalof at a dose of 975 mg. daily for up to three months, and the presence of stones in any location of the urinary tract was assessed by ultrasound and/or abdominal CT scan monthly for three months.
A data base was drawn up and a descriptive analysis with frequency determination was performed. *It was found to* be most frequent in men (86Rr), white (80 "ü) and aged 30-59 years (68°A). The main metabolic and physico-chemical factors present were the high Chrysalis Index and low urinary volume (1 00 %), 98% with hypercalciuria; according to the loca|isation of the treatment's causal factors el54 R" and 43 ü< for calcific and ureteral respectively showed a decrease over time, the lithiasic activity over time also decreased, with a 100°.t' of patients who were active at baseline and 9Z became inactive. C oncluding that Renalof is an effective product in patients with idiopathic calcific urolithiasis.

499 TREATMENT OF SEVERE LIVER FAILURE USING THE MOLECULE-ABSORBING CIRCULATING SYSTEM (MART) AS AN EXTRACORPOREAL LIVER SUPPORT PROCEDURE

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Introduction: The MART technique is a clearance method using the haemodiafiltration system, to which a closed circuit with albumin is added, which realises the clearance effect of protein-bound toxic substances. We have been using this technique since 2003 as an adjuvant in the management of patients with severe acute liver failure. We present our experience with this treatment.
Material and methods: We included 10 patients treated with MARS since 2003. All of them presented with severe liver failure and did not respond to intensive medical therapy. There were 5 males and 5 females, mean age 43.5 (25-63) years. The causes of acute hepatic failure were: intoxication (10%), 3 hepatic graft rejection (30°ü), J with intractable pturitus (10%) and 2 other causes (20°ü); 3 of them also had associated acute renal failure. We used alpha-permeable polysulphone filters *and* primed the MAR5 circuit with 600 ml of 20% albumin. Time, pump flow, arterial pressures, analytical parameters (creatinine, haemoglobin, bifirub1na, transaminases, prothrombin activity) were *measured* during *all* sessions.
Results: A total of 35 sessions were performed, with a mean time of 5.8 (3-8) hours and an average of 3.5 sessions per patient (2-8). The pump flow was J56.7 (110-J 80) ml/min. In 74.3R" of the sessions the circuit was heparinised continuously, and of these, 4.3° also received an initial bolus of 20 Ul of heparin *sodium* 1°a. 5e observed that mean arterial pressures at baseline were -102,8 +/-34.3 and the final 68.3+/-20.3, probably due to the use of continuous sodium heparin. Only 7 (Z0%) of the sessions could not be completed due to coagulation of the circuit, because heparin was not administered due to patient bleeding. There were no significant changes in blood pressure. After treatment, there was a mean decrease in GOL from 1489 to 128 and GPT from 2103 to 686. No differences were found in the rest of the analytical parameters studied. Patient survival was 60% at 30 days.
Conclusions: The extracorporeal MARS technique is safe and allows short-term survival to be maintained in patients with prave liver damage.
The use of heparin appears to offer advantages in terms of lower anaerobic pressures and less clotting of the circuit.
There is a need for controlled, randomised, prospective controlled *studies* to assess more precisely the benefits of Ñnico.

500 FABRY'S DISEASE SCREENING IN SPANISH HAEMODIALYSIS UNITS

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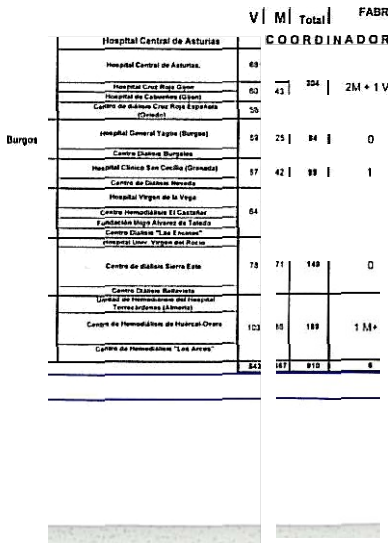
Introduction: Kidney problems represent one of the main and most severe manifestations of Fabry disease (FD). The disease causes progressive kidney involvement leading to end-stage renal disease (ESRD), haemodialysis (HD) and renal transplantation (TX). Annual statistical data from the Spanish Society of Nephrology show that between 5-30% of patients in HD units have an unknown aetiology of their disease. Previous studies have shown that the prevalence of EF in these patients was 196.8 Based on these results, a pilot project was agreed in Spain with the collaboration of the Spanish Society of Nephrology.
Patients and method: Samples from nine hundred and ten subjects (543 males and 367 females) were analysed by the serum blood drop method (I8MC), Porto, Portugal). Centres were chosen in areas of low prevalence of FE. Results: See attached jab|a.
Conclusions: ".- Patients with an unattributed diagnosis who are in the HD programmes may be affected by EF. \In our group, 0.7R" of patients have SCD. Á.- The dry blood drop method is an easy, cheap and quick way *of* screening for SCD in HD patients. 4".- The identification 4.- The identification of index patients is very important both to analyse atlas family members and to consider HSE in these patients.



Effectiveness of the use of Renalof in patients with calcium nephrolithiasis

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INTRODUCTION

Calcific urolithiasis is an extremely frequent entity, its incidence varies between 0.1 to 0.3% of the population. It is characterised by recurrences and variable morbidity, depending on the region studied. From 60% to 70% of the stones are made up of calcium oxalate. However, it seems clear that it is possible to reduce the recurrence of lithiasis with medical treatment, selectively targeting those patients with recurrent calcium urolithiasis, supported by therapy not only for those physiological, metabolic or physico-chemical abnormalities that contribute to stone formation, but also with the use of drugs such as Renalof, which destroys and disintegrates stones in the genitourinary system, thereby achieving metabolic inactivity.

RENALOF (AGROPYRUM REPENS), is a very common species of grass, which

A common weed native to Europe, whose rhizome has numerous rootlets extending far and shallow, it is considered a weed and an invasive species. Active ingredients: Rhizome; Triticin (3-8%), a polysaccharide with a structure similar to inulin; mucilages (10%); Mannitol, Inositol; Saponosides; traces of essential oil (0.01-0.05%): agropyrene, vanilloside; phenolcarboxylic acids.

To determine the feasibility of Renalof therapy in calcium urolithiasis. To this end, the main metabolic and physical-chemical risk factors were described, as well as the behaviour of patients according to pre- and post-treatment lithiasis activity, and the main adverse effects of the treatment were identified.

METHODS

A total of 100 adult patients from the renal nephrolithiasis clinic were studied.

Diagnostic criteria: Presence of stones smaller than 2 cm in the entire renal-uretero-vesical tract confirmed by renal ultrasound, excretory urography, simple urinary tract and/or abdominal CT.

Inclusion criteria: Patients of both sexes, with a diagnosis of Recurrent Calcific Urolithiasis, more than two years of disease evolution and who consented to participate in the study.

Exclusion criteria: Patients with stone size greater than 2 cm and those whose stone disease was secondary to other causes.

Practical organisation of the study: The patients included underwent an initial study consisting of a metabolic study, renal ultrasound, TUS, excretory urogram and abdominal CT scan. According to the results of these examinations, patients were classified according to stone location, number of stones, pre-treatment lithiasis activity and metabolic alteration present. All patients were prescribed treatment with **Renalof at a dose of one 325 mg capsule, 30 minutes before breakfast, lunch and dinner for a maximum duration of up to 3 months.** Treatment evaluation was performed once a month and consisted of renal ultrasound, urography and/or TUS; t r e a t m e n t was discontinued in those patients in whom stone disappearance was observed. At the third month, a post-treatment renal CT scan was performed and the presence of stones in any location of the reno-uretero-vesical tract was evaluated. Although we are aware that lithiasis activity should be determined during one year of follow-up, due to the characteristics of our study, this was determined during the use of the product.

The metabolic studies protocol was used, carried out at the Institute of Nephrology of Cuba, with the determination in blood and urine of metabolites and ions (calcium, phosphorus, citrate, uric acid, creatinine, cystine), processed by an automated system that allows the calculation of clearance of all substances, urinary flow and excretion of these metabolites. Urinary saturation is calculated using the activity product described by Tiselius and the Calcium Oxalate Crystallisation Index.

The study was conducted in patients with usual dietary hygiene regimes.

Statistical analysis: SPSS software version 16.0 was used. Descriptive analysis of the data was performed using absolute and relative frequencies. To investigate the existence of significant differences between metabolic, physical and chemical alterations and lithiasis activity before and after Renalof treatment, the Mc Nemar test was performed at a significance level of 5%.

RESULTS

Demographic characteristics of the population

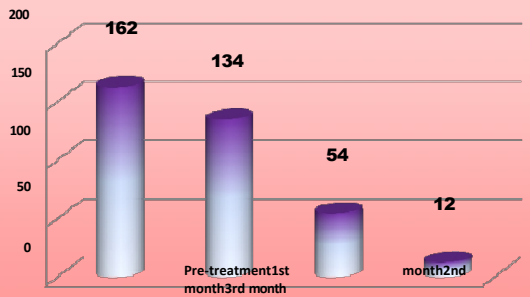
Variables		n
Age	<30	7
	30-59	68
	≥60	25
Sex	Female	14
	Male	86
Skin colour	Blanca	80
	Black	12
	Mestiza	8

3. Physico-chemical alterations before and after treatment

Physico-chemical alteration	Pre-treatment	Post-treatment	Value of p
Crystallisation Risk Index	100	8	0,00
Low urine volume	100	12	0,00
As a result of the activity of the Calcium Oxalate	89	15	0,00
Product of Calcium Phosphate activity	70	8	0,00

Mc Nemar's test was performed (α= 0.05); N/S: not significant N = 100

4. Number of calculations according to study duration



2. Metabolic alterations before and after treatment

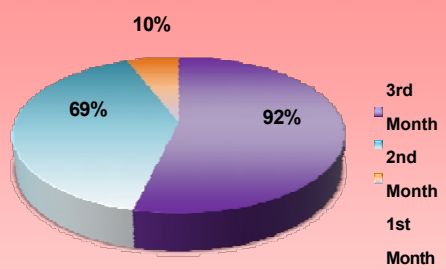
Metabolic disturbance	Pre-treatment		Post-treatment		Value of p
	n	%	n	%	
Hypercalciuria	98	98	8	8	0
Hyperoxaluria	52	52	15	15	0
Hypocitraturia	61	61	2	2	0
Hyperuricosuria	4	4	1	1	N/S

Mc Nemar's test was performed (α= 0.05); N/S: not significant N= 100

5. Overall lithiasis activity according to treatment duration

Weather	Lithiasic activity		
	Assets	Inactive	Undetermined
Home	100	0	0
1st month	90	9	1
2nd month	31	69	0
3rd month	8	92	0

6. Percentage of patients without stones



CONCLUSIONS

1. The use of Renalof was found to be feasible for the reduction of lithiasis activity in patients with recurrent calcific urolithiasis.
2. Renalof proved to be well tolerated by patients.
3. Hypercalciuria, Crystallisation Risk Index and low Urine Volume were found to be the most frequent metabolic and physico-chemical factors.

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