

TREATMENT OF LIFE THREATENING HYPERCALCEMIA IN TWO INFANTS

Didem Helvacioğlu, Ayla Güven, Suna Kılınç

Göztepe Training and Research Hospital, Pediatric Endocrinology Clinic, Istanbul, Turkey

Background:

Physicians often treat patients with high doses of vitamin D for various ailments and on occasion the prescribed doses far exceed the requirements of the patients. We present here two infants with vitamin D intoxication

Case Presentation:

Case1: A 6 month-girl child was brought to the hospital with complaints of persistent vomiting and refusal to feed. She was clinically dehydrated. She was administered 150.000 IU every day for 8 days. Serum calcium was 23.5 mg/dl, 25 (OH) vitamin D level 617 ng/ml and PTH <6 pg/ml. Urinary calcium/creatinin ratio was 3,4. Ultrasonography revealed no nephrocalcinosis. Intravenous hydration, furosemide and prednisolone was given. However, serum Ca level was 19.9 mg/dl, Pamidronate-disodium (0.5mg/kg/day) for 3 days was also added. The patient was discharged on day 7 with a serum Ca level of 11.3 mg/dl. Serum Ca and vitamin levels were within the normal range at the follow-up visit.

Case2: A 10-month old boy was admitted with complaint of irritation, constipation, loss of appetite in the past two weeks. The medical history revealed that he had been 300.000 IU every week for 2 months. At presentation, the child was irritable and dehydrated. Serum Ca: 22mg/dl, PTH:<6pg/ml, 25(OH) vitamin D>600 ng/ml and urinary Ca/ creatinin ratio:10. Ultrasonography showed bilateral nephrocalcinosis. Intravenous fluid and diuretics was started. When convulsive movements of the patient began pamidronate-disodium was given for 4 days. Peritoneal dialysis was performed for serum calcium levels remained stable (Ca:18 mg/dl). His serum calcium decreased and normalized (Ca:11mg/dl). A follow up visit 6 months later revealed normal serum calcium and 25(OH)vitamin D (46.3 ng/ml). However, nephrocalcinosis was stable.

Conclusion:

Even if rarely applied of childhood, Pamidronate-disodium and peritoneal dialysis are best treatment modalities of the life threatening hypercalcemia.

