

# A novel variant of *SLC34A1* gene in an infant with Idiopathic infantile hypercalcemia

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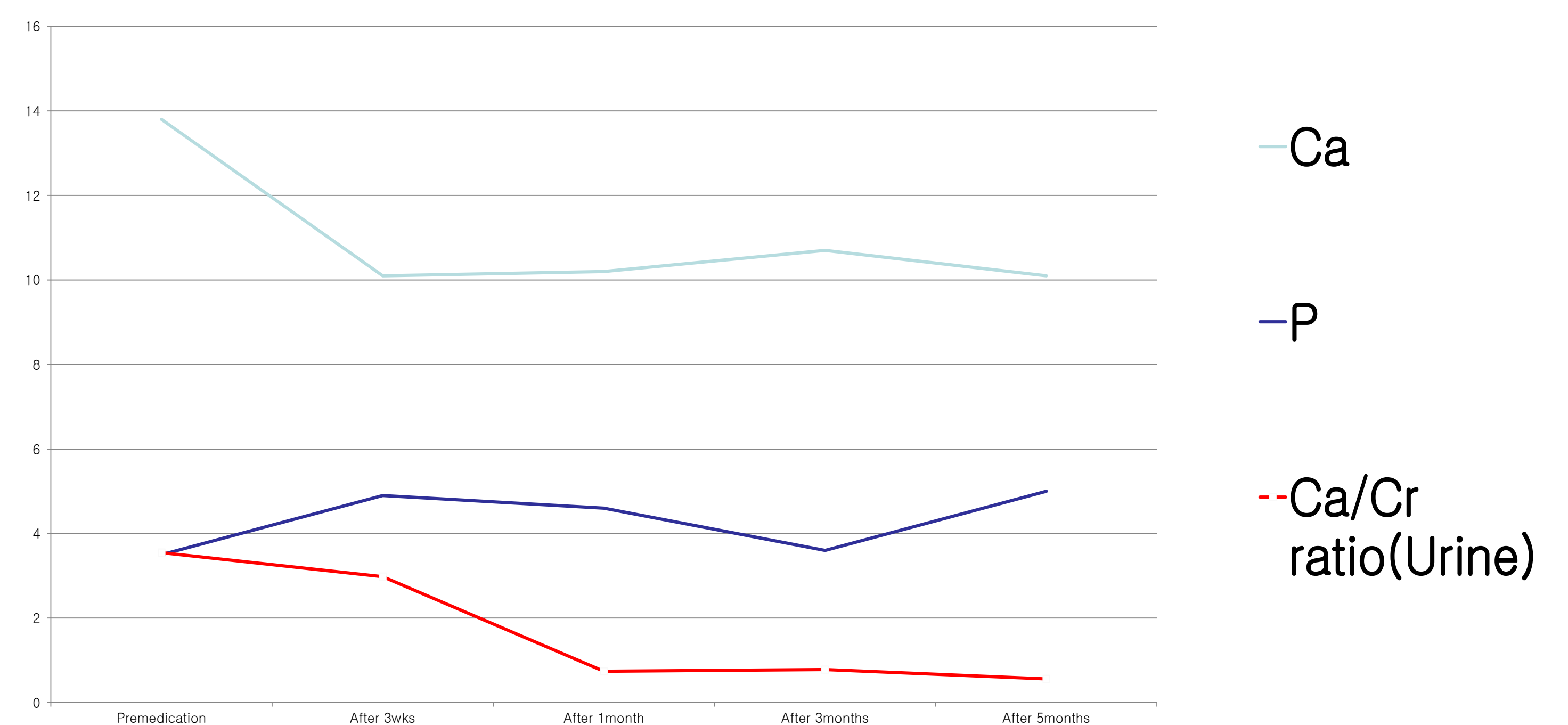
**Background and Aims:** Idiopathic infantile hypercalcemia is one of rare diseases characterizing hypercalcemia in infancy. Renal phosphate absorption in proximal tubules plays a very important role in the phosphate and calcium homeostasis. *SLC34A1* is known a key regulator of renal phosphate reabsorption. *SLC34A1* gene mutation is one of very uncommon causes of idiopathic infantile hypercalcemia. We have experienced a case of idiopathic infantile hypercalcemia caused by a homozygous novel variant c.1483C>T(p.Arg495Cys) of *SLC34A1* gene.

**Table.1 Biochemical characteristics of the patient.**

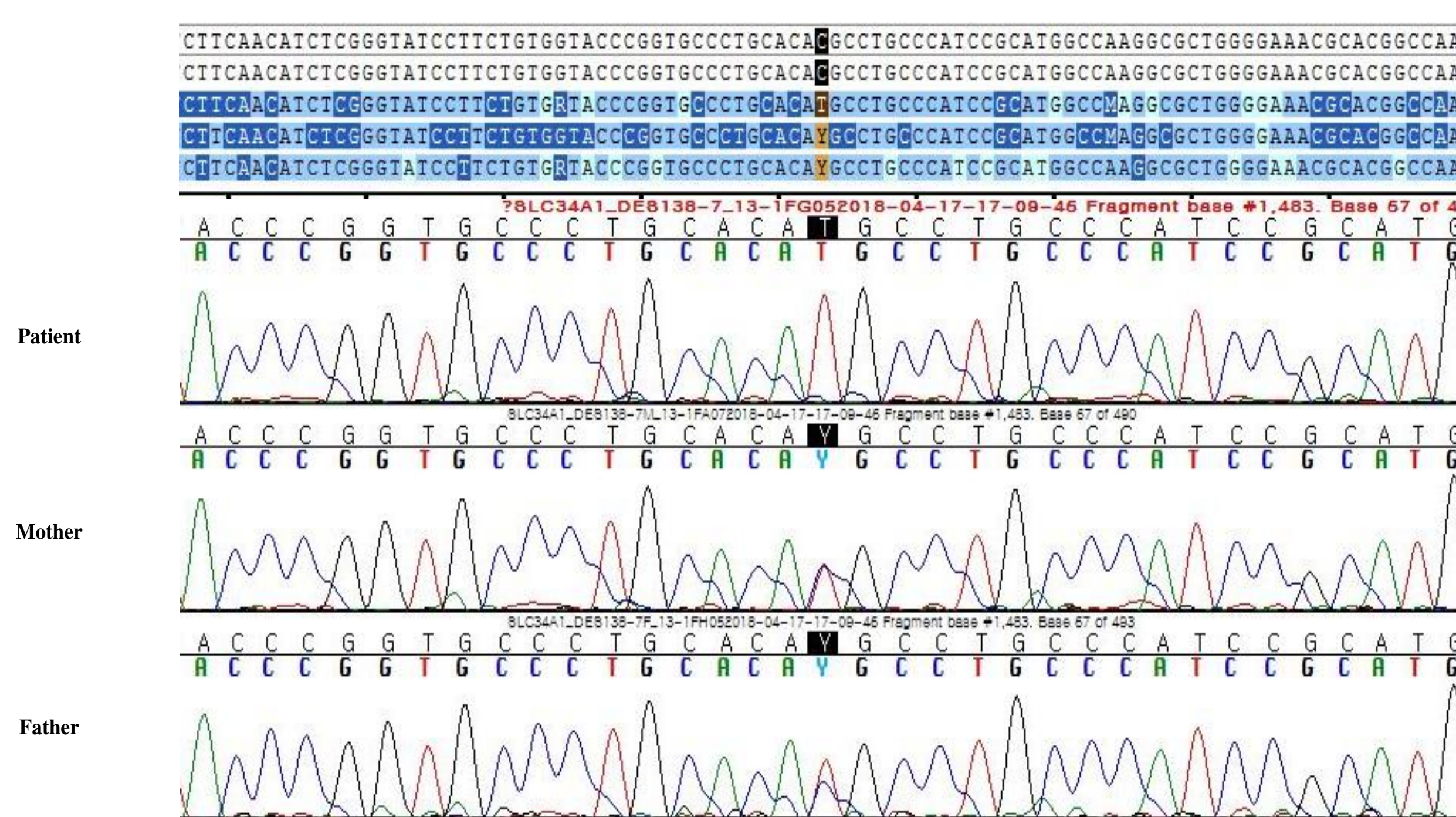
Laboratory Findings	
Ca	13.8 mg/dL
P	3.5 mg/dL
Mg	2.0 mEq/L
ALP	572 U/L (ref : 60~360U/L)
i-PTH	0.6 pg/mL
PTHrP	<1.1 pmol/L
25(OH)vitamin D3	65 ng/mL
1,25(OH) vitamin D3	79 pg/mL
Ca/Cr Ratio(Urine)	1.4 (<0.8)
P (Urine)	9.6 mg/dl

**Table.2. Changes in blood Calcium after supplement of PO phosphorus.**

	Premedic ation	After 3wks	After 1month	After 3month	After 5month
Ca(mg/dL)	13.8	10.1	10.2	10.7	10.1
P	3.5	4.9	4.6	3.6	5.0
Ca/Cr ratio (Urine)	3.55	2.98	0.74	0.78	0.56



sanger sequencing result  
NM\_003052.4 (SLC34A1):c.1483C>T, p.Arg495Cys



**Fig.1. Sanger sequencing result of Patient & Parents.**

**Results:** A 5-month-old boy was transferred to Kyungpook National University Children's Hospital because of sustained hypercalcemia with hypercalciuria. Laboratory investigations revealed a serum calcium level of 12.6 mg/dL (normal range: 9.0–10.6), phosphate level of 3.7 mg/dL (normal range: 4.8–8.2), serum magnesium level of 2.0 mEq/L (normal range: 1.44–3.12), intact PTH level of 0.6 pg/mL (normal range: 10–65), PTHrP < 1.1 pmol/L (normal range: < 2.0), 25(OH)vitamin D3 level of 65 ng/mL (normal range: 8.0–51.9) and 1,25(OH) vitamin D3 level of 79 pg/mL (normal range: 25–65). Spot urine calcium/urinary creatinine ratio (mg%: mg%) was elevated 1.4 (normal level: < 0.8 for infant). Targeted exome sequencing in the patient was performed, resulting in a homozygous novel variant c.1483C>T(p.Arg495Cys) of *SLC34A1* gene confirmed by Sanger sequencing



**Fig.2. This figure shows that Medullarynephrocalcinosis of Patient .**

**Conclusion:** We report a case with idiopathic infantile hypercalcemia caused by a novel variant of *SLC34A1* gene mutation