

PP-089

Nephrolithiasis as a presenting feature of chronic sarcoidosis

S. Hajri, S. Barbouche

Hospital of Charles Nicole, Tunis, Tunisia

Introduction: Renal calculi have been reported to occur in about 10% of patients with chronic sarcoidosis, but nephrolithiasis as a presentation of this disease has been rarely reported.

Case report: A 32 years-old man with a previous history of recurrent renal colic and macroscopic hematuria. The time intervals between the first renal colic and the appearance of other manifestations of sarcoidosis were 3 months. Diagnostic criteria for sarcoidosis were: Inflammation in the salivary glands, arthralgia, biological inflammatory syndrome, hypocalcaemia, intradermoreaction with tuberculin was negative, urolithiasis and pulmonary mottling in CT scan.

The patient had no renal failure or metabolic acidosis in laboratory data.

Renal radiography and ultrasonography showed bilateral renal calculi and bilateral hydronephrosis.

The patient was treated with high fluid intake, urine alkalinization and Zyloric. Follow up period was 3 years without recurrence of renal stones.

Discussion: Sarcoidosis is known to be accompanied by changes in the calcium metabolism, it is associated with over production of vitamin D; which in turn causes the body to absorb too much calcium and can lead to kidney stones. Renal manifestations may be asymptomatic in some patients and renal calculi may therefore be the first manifestation of this disease. Our patient had urolithiasis a rare primary manifestation of sarcoidosis, the presence of other criteria made diagnosis easier.

Urinary analysis is important to identify the other lithogenic factors in the absence of metabolic acidosis.

Conclusion: We conclude that renal calculi may be an unusual presentation of sarcoidosis. In such cases the disease is likely to be chronically active. A diagnosis of sarcoidosis should always be considered when patients present with renal calculi.

As published in the *Supplement of AFJU, Volume 18 (2012), 1st ESD "Experts in Stone Disease" Conference* (pages 63-64)