recurrence, as in our case, can result in early image-guided diagnosis and treatment.

doi:10.1016/j.aju.2018.10.028

[76] Hereditary kidney stones: An experience of a nephrology department

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Objective: To determine clinical and metabolic characteristics and progression of hereditary urinary lithiasis. Genetic factors must be considered in the aetiological diagnosis of urinary lithiasis.

Methods: A retrospective study was conducted between 2008 and 2018, and 53 patients were included. Patients were referred to our department for aetiological investigation in 36 cases, for chronic renal failure in eight cases, and from paediatric departments to be followed-up in adulthood in nine cases.

Results: In all, 32 men and 21 women were enrolled in this study with a male/female sex ratio of 1.52. The mean (range) age at the time of diagnosis of the hereditary character of the urinary lithiasis was 29 years (4 days–63 years). The mean (range) delay between the onset of the lithiasis disease and the aetiological diagnosis was 10.5 (1–42) years. We noted 26 cases of cystinuria, 17 cases of primary hyperoxaluria type 1 with two mutations (I244T in 15 cases and 33–34 Insc in two cases), and 10 cases of renal tubulopathy. In all, 14 patients had chronic renal failure, of which five were in end-stage. Crystalluria was positive in 62% of the cases. The morpho-constitutional analysis of stones was conducted in 31 cases; oxalo-dependent lithiasis was identified in nine cases and cystine lithiasis in 22 cases. After a mean follow-up of 82 months for 43 patients, we noted normal renal function in 21 cases, chronic renal failure in 12 cases, and haemodialysis in nine cases, all with primary hyperoxaluria and transplantation in one case.

Conclusion: The aetiological diagnosis of hereditary urinary lithiasis was made with considerable delay. Cystinuria was the most frequent aetiology and primary hyperoxaluria was the most serious affliction.

doi:10.1016/j.aju.2018.10.029

[77] Adult urinary lithiasis and chronic renal insufficiency in 32 cases

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Objective: To specify the clinical, metabolic and aetiological characteristics of stone diseases complicated by chronic renal failure. Renal lithiasis is a common, highly recurrent disease that can be complicated by chronic renal failure, which is usually prevented by early diagnosis and adequate medical and surgical management.

Methods: Over a 10-year period from 2008 to 2018, we collected 173 patients with a confirmed urolithiasis aetiology, amongst which 32 had chronic renal insufficiency with a creatinine clearance of <60 mL/min at the time of the diagnosis.

Results: There were 19 men and 13 women (sex ratio 1.58) with a mean (range) age of 51.59 (32–72) years. The prevalence of renal failure was 18.47%. Two patients had end-stage renal disease. Lithiasis was bilateral in 24 cases and unilateral in eight. In all, 21 patients underwent surgery with nephrectomy in 10, 17 patients had extracorporeal lithotripsy, and four patients had a percutaneous nephrolithotomy. The average time between the onset of lithiasis disease and the aetiological diagnosis was 12 years. In regards to aetiologies we noted: hyperoxaluria in eight cases (primary: five cases, food: three cases), hyperparathyroidism in five cases, a metabolic syndrome in five cases, hyperuricuria in five cases, a lithiasis of infection in six cases (isolated: two cases, associated with a metabolic cause: four cases), cystinuria in two cases, and distal tubular acidosis in one case.

Conclusion: The high percentage of chronic renal failure in our patients was the result of late aetiological diagnosis and management. The aggravating factors were infections and nephrectomies.

doi:10.1016/j.aju.2018.10.030