THERAPEUTIC

Abstract citation ID: keac496.063 67 DOUBLE IMPACT: HYPOPHOSPHATEMIC RICKETS AND VITAMIN D INTOXICATION

N. Boutrid $^{1,2},$ H. Rahmoune $^{1,2},$ H. Boutrid $^{3,4},$ B. Bioud 1,2 and M. Amrane 1

¹LMCVGN Laboratory, Faculty of Medicine, Sétif-1 University, Algeria, ²Pediatrics, Sétif University Hospital, Algeria, ³Faculty of Medicine, Algiers-1 University, Algeria, ⁴Gynecology-Obstetrics, Bab El-Oued University Hospital, Algiers, Algeria

Background

Vitamin D prevents deficiency rickets, but its prescription must be weighed carefully!

Objective

We report a rare case of iatrogenic toxic hypervitaminosis D in a child with vitamin D resistant rickets...!

Methods

We admitted a two-year-old girl, presenting signs of rickets resistant to the usual then therapeutic doses of vitamin D3. Vitamin D2 in oral suspension is then ordered in addition, for a few weeks until the onset of hearing loss motivating her hospitalization in pediatrics.

Results

Biological and radiological explorations revealed renal failure with threatening arterial hypertension, as well as diffuse and severe arteriosclerosis on Doppler signal.

Eviction (stopping vitamin D in all its forms), symptomatic and conservative management by (converting-enzyme inhibitors) and hydration allowed a progressive blood pressure normalisation, arteriosclerosis disappearance (undetected by Doppler signal and by angio-scan) along with a gradual normalising of the kidney function; all this over a period of 2 years

The girl actually had hypophosphatemic rickets, and oral phosphorus (syrup) was also prescribed

Conclusion

Vitamin D is potentially toxic with sometimes severe renal risks (lithiasis, nephrocalcinosis), and hypercalcemia might be severe, especially if renal function is impaired.

Blindly treating any rickets with vitamin D can be adventurous and might expose the child to serious morbidity.