Results: A dietary modification with low sodium diet and increased water uptake, in addition with thiazide diuretics and potassium citrate were recommended. In his follow-up a month later, calcium and citrate concentrations in 24hours urine collection were normal.

Conclusions: Hypercalciuria (40%) and hypocitraturia (38%) are the most common risk factors for the development of urolithiasis in children. The prognosis for nephrolithiasis depends on the primary diagnosis and adherence to therapy, but recurrence rates generally are high when the condition is left untreated.

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OSTEOPOROSIS AND BONE DISORDERS IN PAEDIATRIC RENAL TRANSPLANTATION RECIPIENTS

P. Nunes¹, A. Barros², C. Simão³

¹Serviço de Pediatria, Hospital S. Francisco Xavier, Lisbon, ²Serviço de Pediatria, Hospital Central do Funchal, Funchal, ³Unidade de Nefrologia Pediátrica, Hospital de Santa Maria / University of Lisbon, Lisbon, Portugal

Decreased bone mineral density (BMD) is common in renal transplantation recipients (RTR). Osteoporosis has a major role in morbidity in these patients. Risk factors for decreased bone mass include underlying renal disease, nutritional deficits, decreased physical activity, inflammation and immunosuppressive therapy.

We assessed the prevalence of osteoporosis and risk factors for bone disease in patients with at least 6 months post renal transplantation. The patients underwent clinical and laboratory evaluation, dual-energy X-ray absorptiometry (DXA) for BMD in lumbar spine (LS) and femoral neck. Low bone mineral density was defined by lumbar spine Z-scores less than or equal to -2 on DXA using the equipment-specific age, sex- and ethnicity - adjusted.

The study included 24 subjects who were between 7 and 18 years of age. The incidence of osteoporosis was 25% (6/24). We found 6 patients, all teenagers, 4/6 boys. Other bone disorders were 1 child with bone fracture, 1 *genu valgum* submitted to surgery and 1 femoral head avascular necrosis, but without osteoporosis diagnosed.

Four patients had PTH value >100 ng/liter, one of these with LS Z-score less than (-2). All were on triple drug immunosuppression with prednisolone, tacrolimus and mycophenolate mofetil

In conclusion, although DXA has several limitations it remains a good method for non-invasive and reproducible BMD assessment in children and young adults. Osteoporosis is a frequent complication and requires detection and treatment to reduce morbidity. The prevention of bone disorders is very important.

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BILATERAL RENAL VEIN THROMBOSIS IN A NEONATE

M.K.F. Docx¹, N. Demeyere², J. Ramet³

¹Paediatrics and Chronic Diseases, ²Paediatric Radiology, Queen Paola Children's Hospital Antwerp, ³Paediatrics, Univ. Hosp. Antwerp, Antwerp, Belgium

A female neonate, 35 weeks of gestation of a G1P0AB0 Caucasian mother was born after an urgent caesarean section because of diminished fetal movements and fetal bradycardia.

A few days postnatally, the neonate developed macroscopic hematuria, anemia and thrombocytopenia.

Multiple ultrasounds were performed and showed an adrenal haemorrhage with bilateral renal vein thrombosis and associated thrombosis in the vena cava inferior.

The hematuria vanished after 2 weeks and there is still a normal renal function.

DMSA showed an atrophic left kidney (15%) with a compensatory enlargement of the right kidney.

After 5 months a MRI angiography demonstrate a small left kidney (4,5 cm) and a right kidney with a craniocaudal measurement of 7 cm. The vessel wall of both main renal arteries is normal. A collateral venous drainage of the underpole of the right kidney exists. This image is an affirmation of a complete obstruction of both renal veins. There is a complete obstruction in the vena cava inferior just above the ostium of the right renal collateral vessel with pronounced paralumbal veins and probably a more cranial drainage via the azygos system.