

**Harvard Medical School Department of
Continuing Education and the Renal Division
of Brigham and Women's Hospital**



Nephrology Rounds
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**Nephrocalcinosis, Oral Sodium Phosphate Solution, and
Phosphate Nephropathy**

By Eliot Heher, MD; Helmut Rennke, MD; Benjamin D. Humphreys MD, PhD

Objectives

This issue of *Nephrology Rounds* will help readers to review:

- the pathophysiologic mechanisms of calcium crystal deposition in the kidney
- the syndrome of phosphate nephropathy associated with oral sodium phosphate solutions (OSPS).
- the effects of bowel preparations on fluid and electrolyte status.

Questions:

1. Nephrocalcinosis is often associated with hypercalciuria.
True False
2. In the thin limb of Henle, calcium and phosphate are supersaturated, even under normal circumstances.
True False
3. Patients with nephrocalcinosis typically present with proteinuria and an active urinary sediment.
True False
4. Most calcium oxalate stones contain some calcium phosphate.
True False
5. Ethylene glycol intoxication can cause renal failure from calcium oxalate deposition in the kidney.
True False
6. An alkaline urine pH may be best for patients with the tumor lysis syndrome.
True False
7. Phosphate nephropathy has a benign prognosis and most patients recover completely.
True False

8. OSPSs are associated with hyperphosphatemia in normal volunteers.

True False

9. Preparing patients for colonoscopy is without risks because there are many safe, effective, and well-tolerated bowel preparations on the market.

True False

10. Advanced age, female gender, chronic kidney disease, and the concomitant use of angiotensin receptor blockers are among the putative risk factors for phosphate nephropathy.

True False

To receive AMA category 1 credit, you must correctly answer 60% of the test questions.

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Please keep a copy of your test before submission. A certificate will be sent upon successful completion of the test along with the answer key after the deadline date indicated.

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