Biochemistry

Kidney Stones

When life puts you in tough situations, don't say WHY ME Say TRY ME ..



- Doctors notes.
- Doctors slides.







OBJECTIVES:

By the end of this lecture the students will be able to:

- Discuss the general physiological and pathological factors that favor kidney stones formation.
- List the types of kidney stones, their chemical constituents and characteristics.
- Identify the etiological causes of each type of kidney stone.
- Discuss the diagnosis, treatment and prevention of kidney stones



Kidney Stones



What are kidney stones?

Renal calculi (kidney stones) are formed in renal tubules, ureter or bladder.

Composed of metabolic products present in glomerular filtrate.

These products are in high concentration

Near or above maximum solubility.

الماكسيموم سوليبياتي ممكن نشبهها بكأس الماء إذا ذوبنا فيه كمية كبيرة من الملح، بحيث الملح راح يذوب حتى يوصل درجة معينة يصير فيها يتراكم ولا ينوب ، لأن الماء نشبع منه .

In which conditions do they form?

- 1. High concentration of metabolic products in glomerular filtrate.
- 2. Changes in urine pH.

3. Urinary stagnation (stasis)

4. Deficiency of stone-forming inhibitors in urine.

Some drugs and bacteria causes the changes in urine PH ...

If we have a glass of water and we kept adding salt (sodium) to it. The water will reach a limit which cannot accept any salt and accumulate at the bottom of the glass.

Conditions Causing Kidney Stone Formation

1. High concentration of metabolic products in glomerular filtrate *is due to*

Low urinary volume (with normal renal function) due to restricted fluid intake

Increased fluid loss from the body due to excessive sweating or diuretics

Increased excretion of metabolic products forming stones.

(urinary system is exposed to more metabolites)

High plasma volume (high filtrate level) Filtration increases thus metabolite amount in filtrate increase too.

Low tubular reabsorption from filtrate .

2. Changes in urine pH <u>due to</u>

Bacterial infection

It could be acid or base depending on the type of bacteria

Precipitation of salts at different pH.

3. Urinary stagnation is due to

Obstruction of urinary flow.

 If urine PH has changed, some substances become insoluble because certain substances are soluble at certain Ph.

We should determine the Ph of the urine for treatment:

- 1. Acidification
- 2. alkalization

Biochemistry team 436

Conditions Causing Kidney Stone Formation

4. Deficiency of stone-forming inhibitors

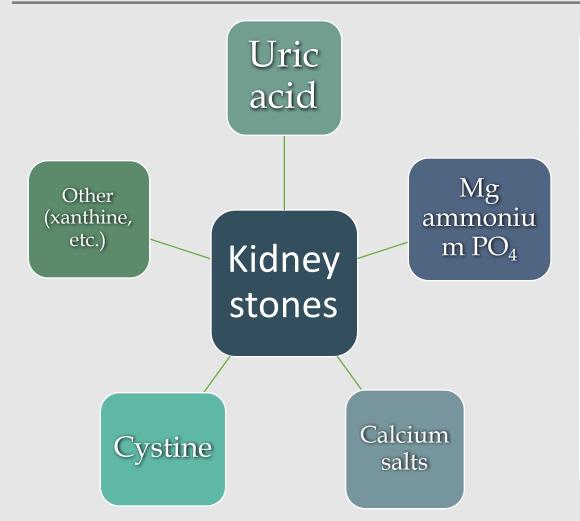
Urine contains substances that function to protect the possibility of pathological calcification in tubular fluid and urine

Citrate,
pyrophosphate,
glycoproteins inhibit
growth of calcium
phosphate and calcium
oxalate crystals.

In type I renal tubular acidosis, hypocitraturia leads to renal stones.

hypocitraturia is citrate excretion of less than a certain amount per day..

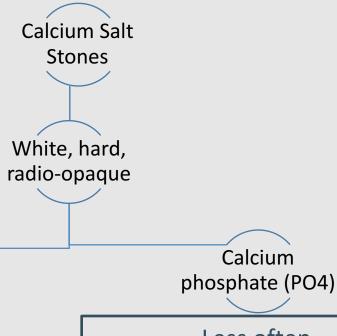
Types Of Kidney Stones



ТҮРЕ	PH level at which stones are formed	Appearance on X-ray
Calcium salts	Alkaline urine	radio-opaque
Need high pH to form stones		
Uric acid	Acidic urine	Radio-lucent
Need low pH to form stones		
Mg Ammonium Po4	Alkaline urine	Faint radio- opaque
Need high pH to form stones		
Cystine	Acidic urine	Faint radio-
Need low pH to	form stones	opaque
Xanthine Need low pH to	Acidic urine form stones	Radio-lucent

Calcium Salt Stones

- √ 80% of kidney stones contain calcium
- ✓ The type of salt depends on:
- 1. Urine PH
- 2. Availability of oxalate



- Most common type.Ca is a cation, so it
- Ca is a cation, so it combines with an anion (e.g. oxalate, phosphate) to form salts.

Most common present in ureter (small)

Calcium Oxalate

Less often staghorn in renal pelvis (large)

Calcium Salt Stones



CAUSES OF CALCIUM SALT STONES

Hyperoxaluria

 Also known as secondary hyperoxaluria.

Causes:

 the formation of calcium oxalates with or without hypercalciuria.

Oxalate and calcium are highly attractive. The two bind together rapidly even without Hypercalciuria.

- Increased oxalate absorption in fat malabsorption.
- Occurs due to: diet rich in oxalates (e.g. tomatoes).

Hypercalciuria

- Increased urinary calcium excretion.
- Men: > 7.5 mmols/day
- Women > 6.2 mmols/day
- May or may <u>not</u> be due to hypercalcemia (often due to primary hyperparathyroidism)
- Sometimes, Ca++ salts stones are found with <u>no hypercalcemia</u>. but they are commonly found together

Hypercalciuria can occur due to increased bone resorption without Hypercalcemia.

Primary hyperoxaluria

- **Due to** inborn errors.
- Urinary oxalate excretion:
 > 400 μmols/day

This disease causes inability to metabolize oxalate, increasing its concentration in the serum.

Secondary is exogenous: from diet

Fat malabsorption results in fat reaching the colon. This fat will bind to calcium (which is usually binds to oxalate and get excreted in stool) releasing free oxalate which ultimately will be reabsorbed into the blood. Therefore, increasing oxalate in the blood.

Calcium Salt Stones

Calcium salt stones are formed in alkaline urine

Treatment

Treatment of primary causes

such as infection, hypercalcemia, hyperoxaluria Oxalate-restricted diet

Because it's not recommended to reduce Ca in the diet

Increased fluid intake

First we must check his glomerular function .. (to prevent overload)

قرن الأيل Staghorn

Acidification of urine (by dietary changes)



Uric Acid Stones

- Represent about 8% of renal stones contain uric acid
- May be associated with hyperuricemia (with or without clinical gout)
- Form in acidic urine (Unlike calcium stones)



General Appearance

Treatment

Small, friable, yellowish May form staghorn (If it was big)

Radiolucent (plain x-rays cannot detect) Visualized by ultrasound or I.V pyelogram

Purinerestricted diet

Increase fluid intake

Alkalization of urine (by dietary changes)

Treat the cause of hyperuricemia

Because it's the origin of Uric acid



Mg Ammonium PO4 Stones

- Represent about 10% of all renal stones contain Mg amm. PO4
- Also called struvite kidney stones
- 75% of staghorn stones are of struvite type
- Commonly associated with chronic and upper urinary tract infection and staghorn calculi.

Treatment of infection atment Urine acidification Increase fluid intake In some cases, it may require complete stone removal (percutaneous nephrolithotomy)

Chronic urinary tract infection

Caused by Microorganisms (such as from Proteus genus) that has urase activity which metabolizes urea into ammonia.

Causing urine pH to become alkaline leading to stone formation



Mg ammonium PO4 is kind of mineral that naturally found in the earth. Its geological name is "struvite"

- Infection is prime factor to struvite stones
- Bacterial infection leads to 2 things:
- 1. Urease activity
- Change to alkaline pHThese two are the factors leading to Mg stone formations.

Cystine Stones

- A rare type of kidney stone.
- Due to homozygous cystinuria.

(Inborn error of amino acid metabolism; It might be genetic)

- Form in acidic urine.
- Soluble in alkaline urine.
- **Faint radio-opaque.**



Treatment

- ✓ Increased fluid intake
- ✓ Alkalization of urine (by dietary changes)
- ✓ Penicillamine (binds to cysteine to form a compound more soluble than cystine)

Cystine doesn't exist normally in our body, it is formed due to oxidization of two cysteine (amino acid) molecules leading to formation of the insoluble cystine molecules which will eventually lead to cystine stones formation (important to understand treatment only)

Laboratory Investigations Of Kidney Stones



If stone has formed and removed (available)

Laboratory investigations of kidney stones

If stone has not formed (not available)

- ***** Chemical analysis of stone obtained from(urine or by surgical intervention) helps to:
- Identify the cause.
- Advise patient on prevention and future recurrence

If the stones are removed (available – موجودة في يد المريض أو الدكتور), we can analyze them to know their type and therefore the cause, and since the cause is known now, we can plan a conservative line treatment to prevent the recurrence of the stones (e.g. if it was because of an infection we should treat that infection first).

Laboratory Investigations Of Kidney Stones



If stone has formed and removed (available)

Laboratory investigations of kidney stones

If stone has not formed (not available)

Serum calcium, uric acid analysis and PTH.

Blood analysis

volume, calcium, oxalates and cystine levels.

(Finding one of these substances elevated in urine, doesn't necessarily mean that the patient has stones, he may be in risk of stone forming)

Urinalysis

If the PH> 8 suggests urinary tract infection (Mg amm. PO4).

Urine pH

Ultrasound, CT scan and i.v. pyelogram. (to check out if there's a stone or not)

Urinary tract imaging: ←

This type of investigation identifies causes that may contribute to stone formation

qualitative (if +ve: 24 hours urine).

Screening of urine for cysteine



TEAM MEMBERS



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THANK YOU PLEASE CONTACT US IF YOU HAVE ANY ISSUE



Review the notes



Lippincott's Illustrated Reviews: Biochemistry, 6th E



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