



## Drugs Used in Nephrolithiasis

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### DESCRIPTION

A retrospective cohort study of patients diagnosed with at least one episode of primary hyperparathyroidism and nephrolithiasis was conducted. Patients were divided into an observation group, a preoperative group, and a postoperative group. The endpoints were the time to first recurrence of renal stone disease and the average recurrence rate per patient year.

Following urinary tract infections and prostate disease, urolithiasis is the third most common urinary disease, characterized by a further increase in incidence of about 15%.

Thiazide and thiazide-like diuretics are commonly used to treat hypercalcemia in patients with stone formation. The effects of different thiazides should be relatively similar in that they prevent the recurrence of stones, but their efficacy and side effects may differ. However, there are few data on the metabolic and bone effects of these agents in patients with recurrent nephrolithiasis and hypercalcemia.

Renal stone disease is associated with an increased risk of chronic and end-stage renal disease. Dietary composition is thought to play an important role in the formation of urinary stones. There is strong evidence that inadequate fluid intake is a major risk factor for urolithiasis. Although the benefits of hydration have been identified, the benefits of various beverages such as regular water, mineral water, fruit juice, soft drinks, tea and coffee have been discussed. Sodium-glucose cotransporter 2 inhibitor (SGLT2I) may reduce the risk of renal stone disease by increasing urinary flow. Our aim was to investigate whether initiation of SGLT2I was associated with a reduced risk of kidney stone disease.

We then queried YouTube using terms related to kidney stone symptoms and treatment and analyzed English videos with over 5000 views. Quality was assessed using validated DISCERN equipment. Content analysis was performed based on evidence of video content and viewer comments.

We retrospectively analyzed clinical data and genetic test results from 56 children with monogenic kidney stones diagnosed and treated at the Beijing Friendship Hospital of Capital Medical Uni-

versity from January 2016 to December 2020. All pediatric patients were diagnosed by whole exome sequencing and genotypic characteristics of the child were analyzed.

### CONCLUSION

There is increasing evidence that kidney stones are systemic after a substantial association has been found between kidney stones and systemic diseases such as hypertension, obesity, dyslipidemia, and insulin resistance. increase. The interaction of these four factors defines the metabolic syndrome (MetS). In this review, we would like to clarify the relationship between MetS and its components and the development of kidney stones.

Our goal is to study urinary chemistries assessed using 24-hour urinary parameters in pediatric stoneformers at a large tertiary referral center in the southeastern United States based on age, obesity index, and gender. The first case reports a 74-year-old man with a long history of kidney stones and about four episodes of renal crisis. He was once treated with extracorporeal shock wave lithotripsy.

Renal stone disease is a chronic metabolic disease that affects 10% of the world's population. The purpose of this study was to investigate the potential protective role of candesartan (CAND) and sodium thiosulfate (STS) in the improvement of ethylene glycol (EG)-induced nephrolithiasis.

Oversupply of opioids to treat symptomatic kidney stones is partly due to patients being treated by multiple healthcare providers. Efforts are underway to integrate the Prescription Drug Monitoring Program (PDMP) into Electronic Medical Records (EMR) in Pennsylvania. The purpose of this study was to evaluate opioid prescribing practices in symptomatic nephrolithiasis and the incidence of prescriptions not listed in the EMR.

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### CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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