Renal stone disease: is it possible to control?

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Some types of renal stone such as 
uric acid and
oxalate,
have specific preventive measures. For these
stones, it is possible to prevent a new stone formation.

Unfortunately, for idiopathic calcium stone, no clearly
pathogenesis defined, the studies concentrated on
inhibitors Glycosaminoglycans, Tamm-Horsfall protein,
Nephratokinin, Uropeptin, citrate, magnesium has not given
any breakthrough points on prevention. At present only
citrate and magnesium can be applied to clinical
practice. Some studies showed that potassium citrate has
its role as a good universal inhibitor and the more palpable
and more pathophysiology potassium magnesium citrate
has been currently brought to patients as an
inhibitory drug. Anyway, it is too early to say that all of
them are a perfect preventive drug because they can only
reduce the incidence of recurrent stone, not absolutely
prevent.

Up to now only diet modification especially high fluid
intake is the acceptable preventive measures, that
show creators on stone prevention. Anyway, even we have
a perfect preventive measure in the future, we still have
two obstacles for approaching a good outcome. Firstly,
long-term adherence to the treatment is usually a problem
especially in Thailand. Most cases that were prescribed
preventive measures discontinuation therapy in duration less
than 1-2 years. Secondly, physicians are often reluctant to
treat renal stone disease aggressively influencing by their
knowledge, attitudes, and beliefs, adverse effects of the
drug, the costs of long term therapy. So, to control the
disease, these behaviors should be meticulous adjusted or
corrected.

Reference


