

# STONE ANALYSIS IS NOT MORE INFORMATIVE THAN 24 HOURS URINE COLLECTION

MATHEW SORENSEN  
UNIVERSITY OF WASHINGTON  
SEATTLE, WA USA

BENJAMIN CANALES  
UNIVERSITY OF FLORIDA HEALTH  
GAINESVILLE, FL USA

# CONCESSIONS

- Stone formation is what we actually care about
- Stone informs urinary environment at the time of formation and growth
- In many cases, 24hr urine tells us about the time around collection
- There are problems with stone analysis and with 24hr urine collection and interpretation

# CONCESSIONS

Stone analysis may be the most important factor

Uric acid stones                      7-10%

Cystine stones                         1%

- What about 89% of stone formers?

Gutman, *Am J Med*, 1968, Mandel, *J Urol* 1989,  
Gault, *J Urol* 2000, Gentle, *J Urol* 1977

Lieske, *Clin J Am Soc Nephrol* 2014

Leusmann, *Scand J Urol Nephrol* 1990

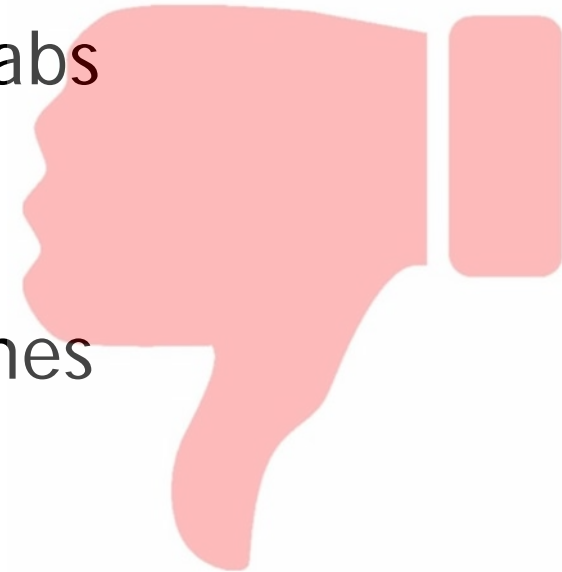
Pahira, *Urol Clin North Am* 1987

# STONE ANALYSIS MAY BE WRONG

Stone analysis Error rate 6.5-94%

Compared to gold standard of Infrared Spectroscopy and micro-CT

- Sent samples to 5 commercial labs
- Great with pure stones 100%
  - only 7% of stones are pure
- Very inaccurate with mixed stones
  - Struvite
  - Mixed CaOx monohydrate
  - Mixed Ca apatite



Krambeck, *J Urol* 2010

Daudon, *Urol Res* 1995

Krambeck, *Urol Res* 2010

# STONE ANALYSIS MAY BE WRONG

Also true in Europe

9 laboratories, 8 countries

- Only 56% of the labs fulfilled the quality requirements
- Wet chemical analysis
- IR spectroscopy
- X-ray Diffraction
- Maybe micro CT



# 24 HR URINE CAN PREDICT STONE ANALYSIS

If you care about stone type:

- Supersaturations correspond to stone type
- Nomogram: BMI, age, and 24hr urine distinguish CaOx from uric acid stones
- Model 64% accurate at predicting stone type  
CaOx, Uric acid, CaPhos
- Pediatrics: 24hr urine associated CaOx (strong), Percent struvite (moderate), CaPhos (poor)

Parks, *Kid Int* 1997, Robertson, *NEJM* 1976

Torricelli, *J Endo* 2014

Moreira, *J Urol* 2013

Kirejczyk, *J Pediatr Urol* 2014

# PROPHYLAXIS TO PREVENT RECURRENCE

- Diet:
  - Fluid intake, salt, animal protein, dietary calcium and oxalate
- Medical:
  - Excess calcium, uric acid
  - Low citrate



Fine, *J Urol* 1995  
Coe, *Ann Int Med* 1977  
Pearle, *J Endo* 1999  
Kourambas, *J Endo* 2001

## RANDOMIZED DOUBLE-BLIND STUDY OF POTASSIUM CITRATE IN IDIOPATHIC HYPOCITRATURIC CALCIUM NEPHROLITHIASIS

P. BARCELO,\* O. WUHL, E. SERVITGE, A. ROUSAUD AND C. Y. C. PAK

*BJU International* (1999), 84, 393-398

## A prospective study of nonmedical prophylaxis after a first kidney stone

R. KOČVARA, P. PLASGURA\*, A. PETŘÍK†, G. LOUŽENSKÝ, K. BARTONÍČKOVÁ and I. DVORÁČEK

## Idiopathic Hypocitraturic Calcium-Oxalate Nephrolithiasis Successfully Treated with Potassium Citrate

CHARLES Y. C. PAK, M.D.; and CINDY FULLER, B.S.; Dallas, Texas

British Journal of Urology  
Volume 73, Issue 4, April 1994, Pages 362-365

## Alkali citrate prophylaxis in idiopathic recurrent calcium oxalate urolithiasis — a prospective randomized study (Article)

HOFBAUER, J., HÖBARTH, K., SZABO, N., MARBERGER, M. ☺

Acta Medica Scandinavica  
Volume 215, Issue 4, January/December 1984, Pages 383-389

## Thiazide Prophylaxis of Urolithiasis: A Double-Blind Study in General Practice (Article)

LÆRUM, E., LARSEN, S. ☺

<sup>a</sup>Institute of General Practice, University of Oslo, Oslo, Norway

<sup>b</sup>Nordic Statistical Center, CIBA-GEIGY Pharma A/S, Strømmen, Norway