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VITAMIN D DEFICIENCY PRESENTING WITH HYPOPHOSPHATEMIA, BONE PAIN AND A RAISED ALKALINE PHOSPHATASE IN A PATIENT ON TENOFOVIR

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BACKGROUND: Vitamin D deficiency may be more common in HIV infection than previously considered. There is also evidence that vitamin D deficiency is widespread in the UK. Tenofovir can cause phosphaturia and so vitamin D deficiency could be mistaken for tenofovir renal effects.

CASE REPORT: We report a 67-year-old Somali woman who was taking truvada and efavirenz. In 2005, she complained to her HIV Specialist Consultant and her GP of severe hip pain and was referred to an orthopaedic specialist. Her pelvic x-ray was normal, however she was found to be hypophosphatemic (0.64 mmol/L) and have a raised Alkaline Phosphatase (500 μ /L). The possibility of tenofovir associated phosphate wasting was considered. Subsequently, her vitamin D levels were measured and she was found to be severely vitamin D deficient (<15 nmol/L) and with secondary hyperparathyroidism (74.6).

OUTCOME: Truvada and efavirenz was continued and she was supplemented with 15 lg of vitamin D. The patient experienced a rapid clinical resolution. Her phosphate increased to within normal range (1.23) and her alkaline phosphatase lowered as well.

CONCLUSION: Vitamin D deficiency should be considered and ruled out in patients presenting with a low phosphate and raised alkaline phosphatase.

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