CAN YOU SPOT THE SIGNS OF PH1?



Identifying patients early in their disease course requires investigation based on clinical suspicion^{1,2}

Signs of hyperoxaluria in adults²



Nephrocalcinosis



History of unrecognised symptoms



Signs of hyperoxaluria in children²



Urinary tract infection



Chronic kidney disease



Stone passage



Failure to thrive in infants



Nephrocalcinosis

PH1 can occur at almost any age, from birth to later in life³



ESKD, end-stage kidney disease; PH1, primary hyperoxaluria type 1

References: 1. Sas DJ, et al. *Urolithiasis*. 2019;47:79–89; 2. Milliner DS, et al. Primary hyperoxaluria type 1. 2017. Available at https://www.ncbi.nlm.nih.gov/books/NBK1283. Accessed July 2023; 3. Cochat P, Rumsby G. N Engl J Med. 2013;369:649–658; 4. Ennis JL, Asplin JR. Int J Surg. 2016;36(Pt D):633–637; 5. Cochat P, et al. Nephrol Dial Transplant. 2012;27(5):1729–1736.

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On suspicion of PH1, perform a 24-hour urine analysis and arrange a genetic test



Daily urinary oxalate excretion above the upper limit of normal of 45 mg/24 hours (0.5 mmol/1.73 m²) is a biochemical indicator of PH1^{3,4}



A genetic test is recommended to confirm a PH1 diagnosis⁵

A high index of suspicion and prompt

diagnosis are essential

to begin management approaches early in

the disease course



