SDS after treatment of rHGh and history of adverse effect. In addition, the patient information such as chronological and bone age in beginning of treatment and history of disease were collected. Patients were divided into 3 groups, which were idiopathic growth hormone deficiency, organic growth hormone deficiency and Turner syndrome.
Total 51 patients were included for evaluation and 20 were idiopathic growth hormone deficiency, 13 organic growth hormone deficiency and 18 Turner syndrome. The mean age of treatment start is 8.55 year-old and the mean time of treatment was 25.11 months. In height SDS and weight SDS, all patients showed increases significantly by 48 months. Growth velocity increased by 18 months and it was lager than mean velocity SDS of normal age group.
The efficacy of rHGh was affected by age of treatment start and the lower chronological age of treatment start was more effective significantly.
The adverse effects were transient except the overweight, and did not cause to discontinue, to reduce dosage of rHGh and compliance.
In conclusion, rHGh helped children with growth hormone deficiency or Turner syndrome to grow without significant side effects.

[PA2-3] [04/18/2002 (Thr) 14:00 - 17:00 / Hall E]

Effective Control of Intractable Hypercalcemia by Regular Dose of Pamidronate in Dialysis Patients

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Intractable hypercalcemia is frequently observed in long-term dialysis patients and may cause serious complications. However, except for using low calcium containing dialysate, there are only a few methods available to control complications. Pamidronate has been known to be effective for the treatment of acute hypercalcemia due to a variety of causes. But its efficacy has not been evaluated on long-term bases. We prospectively studied the efficacy, safety and adverse drug reaction of oral pamidronate for the treatment of intractable hypercalcemia. Five patients under dialysis (1 HD and 4 PD) were prospectively analyzed. These patients had hypercalcemia (>11 mg/dl) unresponsive to low Ca-containing dialysate for more than 3 months. Four patients received oral pamidronate 100 mg 3 times a week and 1 patient 100 mg for 10 consecutive days of each month for 12 weeks. PTH, osteocalcin levels and DEXA tests were performed every 3 months. In one patient with bone biopsy-proven secondary hyperparathyroidism, the serum calcium level dropped from 12.3 to 9.4 mg/dl. In other four patients, the serum calcium levels were lowered to below 11 mg/dl despite concurrent administration of oral calcium acetate as a phosphate binder. The mean serum calcium level dropped from 11.74 mg/dl to 10.44 mg/dl ($p=0.03$). The changes in serum phosphate levels were not consistent. The PTH concentrations were significantly elevated in 2 patients whose levels were higher than 200 pg/ml at the start of the treatment. The DEXA showed that their bone masses were not reduced during the observation period. No significant adverse drug reactions were noted and the frequency or duration of dialysis did not require any adjustment during this period. We concluded that oral pamidronate could be used to control intractable hypercalcemia on long-term bases without causing serious adverse drug reactions.

Poster Presentations - Field A3. Hygienics

[PA3-1] [04/18/2002 (Thr) 14:00 - 17:00 / Hall E]

Post-mortem Determination of Sildenafil in Blood

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