

Milk, parmesan and mozzarella: a case report of Burnett's syndrome

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Background

Milk-alkali syndrome (MAS) is characterized by three elements: elevated blood calcium levels, metabolic alkalosis and progressive worsening of renal insufficiency. MAS is due to an high ingestion of products rich in calcium or even the use of antacids due to the presence of dyspepsia or drugs indicated in the treatment of osteoporosis.

Case history

We are describing the case of a 72 years old patient who is hospitalized accompanied by his wife due to slow speech and onset of dysarthria. He suffered from diabetes mellitus type 2,

CKD, glaucoma, previous acute myocardial infraction. Home therapy with enalapril 5 mg, carvedilolo 6.25 two times a day, plavix, pantoprazole, omega 3, metformina, febuxostat 80, atorvastatin, vitamin D3 1000 one pill a day, empaglifozin 10 mg. At the moment of the visit the patient was soporous, awakenable with pain stimulus and was able to carry out simple orders. Esams routine underlined a severe hyperkalaemia 14.5 mg/dl with a severe kidney failure (creatinine 6.5 mg/dl and azotemia 328 mg/dl). Practiced U/I skull CT with negative result for acute events. On the advice of the nephrologist consultant, the patient underwent therapy with zoledronic acid and subsequent dialysis treatment. All exams are then done to identify the cause of the hyperkalaemia.