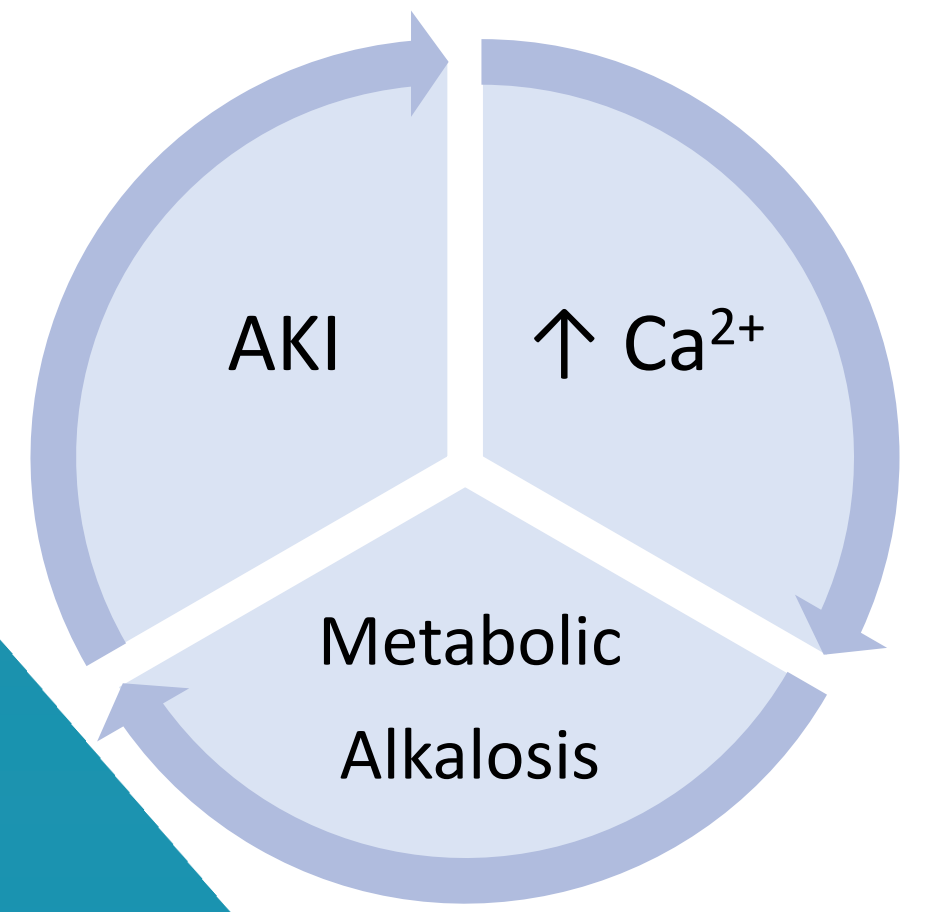


# Got Milk? Yes.....and Renal Failure!

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## Clinic Presentation

55 y/o male presented to clinic for evaluation of left sided headache that had been ongoing for several days. Positive photophobia and phonophobia. Taking regular ibuprofen and APAP without relief of symptoms. Denied any N/V, CP, or numbness/weakness.

ROS: Positive for shortness of breath, dyspnea on exertion, orthopnea, weight gain, and worsening GERD.

PMH: HTN, Migraine headaches, Asthma, Bipolar disorder, GERD, ETOH abuse

Meds: Amlodipine 10mg qd, Omeprazole 40mg qd, Topiramate 50mg BID, Naltrexone 50mg qd, Divalproex 500mg BID, Quetiapine 150mg qhs

Physical Exam:

VS: BP 192/110, HR 86, RR 16

HEENT: No conjunctival hemorrhage, PERRLA

CV: RRR, no m/r/g, no lower extremity edema

RESP: CTA-B, no increase WOB

ABD: Soft, NT/ND

Pertinent Labs: Creatinine 1.96 (Baseline 1.10), Ca 10.6

Patient declined admission. Agreeable to outpatient BP management and repeat labs in 3 days.

## Working Diagnosis

AKI Secondary to Hypertensive Emergency

## Hospital Course

On admission, patient found to have BP 180/120. Creatinine increased to 2.72. Calcium stable. U/A showed only trace protein..

BP was initially difficult to control with SBP reaching 220s; improved to goal range after multiple doses of IV Hydralazine. Labile for several days

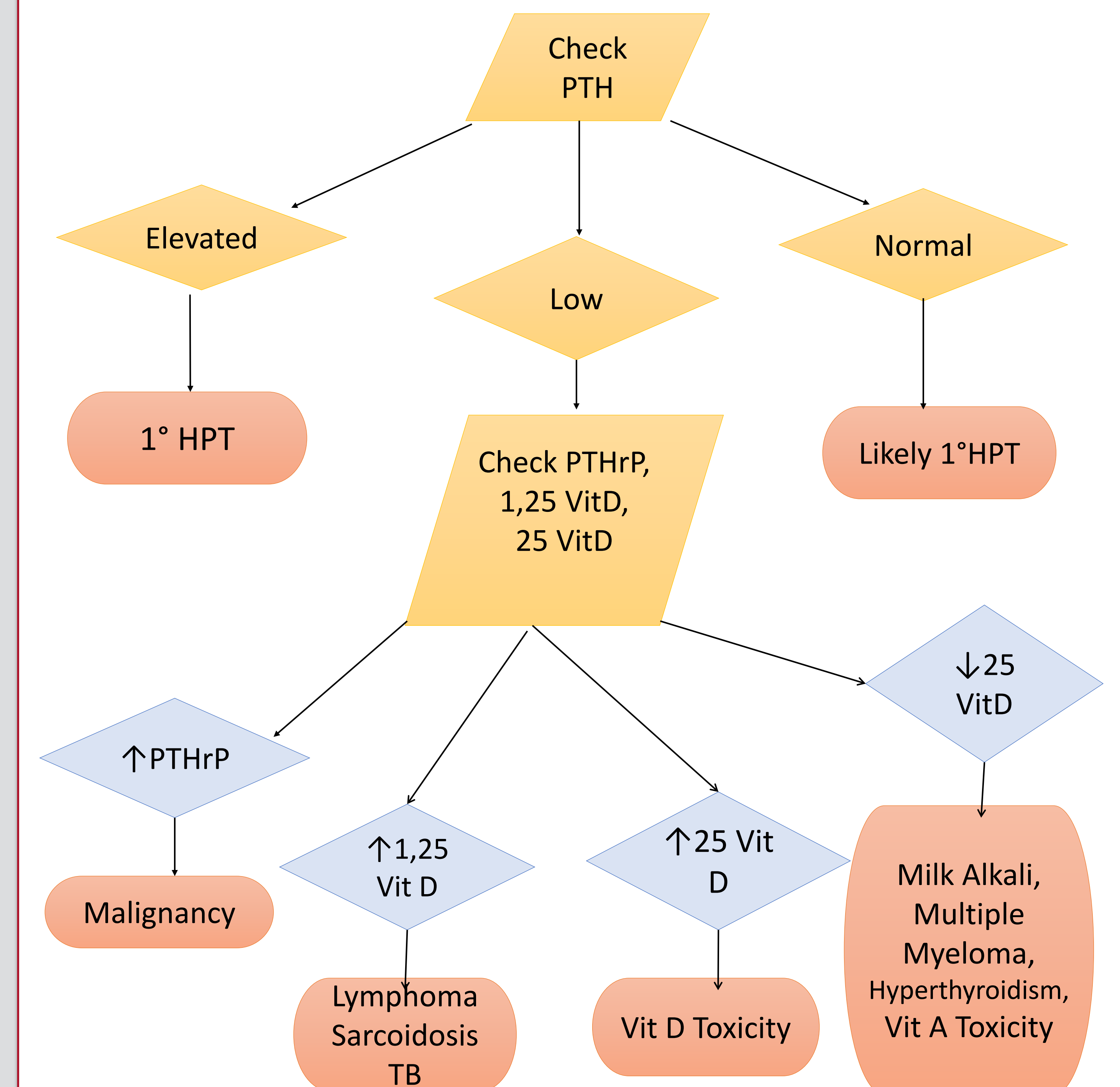
Despite nephrotoxic medications being held and BP being better controlled, creatinine continued to rise. Urine electrolytes found FeNA of 0.4%. Renal ultrasound obtained and unremarkable. Calcium remained elevated (Ionized Ca 1.48).

Nephrology consulted. Given hypercalcemia, advised NS infusion. Hypercalcemia work-up initiated demonstrating low PTH and borderline low normal Vitamin D.

Calcium levels plateaued with IV hydration. Upon further questioning, the patient had been drinking 2 gallons of milk every other day in addition taking 5-6 TUMs per day.

BP finally optimized with three oral agents.

## Evaluation of Hypercalcemia



## Follow-Up

Creatinine 2.62  
Bicarb 34  
Ca 11.7

Continued HA  
New Onset LE  
Edema

Patient agreeable to admission

## Final Diagnosis

AKI and Hypertensive Emergency Secondary to Hypercalcemia from Milk Akali Syndrome

## Outcome

With normalization of the patient's calcium, his creatinine began to slowly downtrend.

Patient discharged on Amlodipine 10mg, Hydralazine 25mg TID, and Carvedilol 6.25mg BID

At 1 week and 1-month follow-ups, patient BP was at goal and creatinine and calcium remained at goal.