What is Hyperoxaluria?

Hyperoxaluria is when your body produces or absorbs too much oxalate, a substance found in some foods and produced by your body. Usually, oxalate is filtered out through urine, but excess amounts can lead to problems.

High oxalate levels can build up in your kidneys, forming painful kidney stones. They can also cause issues like calcium buildup in the kidneys, urinary tract infections, and long-term kidney problems.

Hyper (too much) (oxalate) (in the urin

In severe cases, it can even lead to kidney failure. Working with your doctor is important to manage hyperoxaluria to help reduce oxalate levels and find ways to protect your kidney health.

Oxalosis &

Hyperoxaluria Foundation

Are there different types?

There are several distinct types of hyperoxaluria:

PRIMARY HYPEROXALURIA (PH)



PH is a genetic disorder that you are born with. It can appear at any age and is sometimes not recognized or diagnosed correctly. One of the most common signs of PH is having recurring kidney stones if you're an adult or having any kidney stones if you're a child. Early diagnosis and management can help prevent complications and protect your kidney health.

ENTERIC HYPEROXALURIA (EH)



EH is a medical condition where your body absorbs too much oxalate from your food. It happens because of certain underlying conditions that affect your intestines. These conditions include inflammatory bowel diseases like Crohn's disease and malabsorptive conditions such as celiac disease, cystic fibrosis, and chronic pancreatitis. Some surgeries that help with weight loss, like Roux-en-Y gastric bypass, can also make you more likely to develop EH.

DIETARY HYPEROXALURIA



Dietary hyperoxaluria happens when we eat too many foods that contain a substance called oxalate. Some examples of these foods are spinach, rhubarb, beets, nuts, chocolate, and tea. When we consume too much oxalate, it can increase the risk of forming kidney stones.

Visit the OHF



IDIOPATHIC (UNKNOWN)

Idiopathic hyperoxaluria is a type of hyperoxaluria where the cause is unknown. It means that the body produces or absorbs too much oxalate which can lead to problems like kidney stones and urinary tract issues.

Understanding the Symptoms of Primary Hyperoxaluria & Enteric Hyperoxaluria



Living with Primary Hyperoxaluria?

You're never on this journey alone— we're here to stand by you! OHF opens the door to a world of support and resources for your primary hyperoxaluria journey.

Drop us a line at <u>info@ohf.org</u> today — we'd love to hear from you.

Make a Difference, Join the OHF Registry Today By Joining the OHF Patient Registry:

- You Can Transform the Way New Treatments are Developed and Tested
- Help Accelerate Breakthroughs in Treatment
- Together, We Can End Hyperoxaluria

Oxalosis & Hyperoxaluria Foundation STEPPING STONES TO A CURE Accelerating research, providing hope, empowering patients.

Oxalosis and Hyperoxaluria Foundation 579 Albany Post Road, New Paltz, NY 12561 www.ohf.org

What causes PH?

Primary Hyperoxaluria (PH) is a rare genetic disorder with three known forms: PH1, PH2, and PH3. It can damage the kidneys and other organs. In PH, the liver doesn't produce enough or properly functioning enzymes to prevent excessive oxalate production. PH can occur at any age and is often under-diagnosed. Recurrent kidney stones in adults or any kidney stone in a child are common signs of PH.



Causes of Enteric Hyperoxaluria (EH)



Fat malabsorption- several intestinal diseases, such as Crohn's disease or short bowel syndrome following bariatric and gastric bypass surgical procedures and/or complications decrease fat absorption and increase the absorption of oxalate in foods, leading to increased levels of oxalate

Understanding Dietary Hyperoxaluria



Dietary– this means eating large amounts of foods high in oxalate can increase your risk of hyperoxaluria



Prevalence of Hyperoxaluria

Approximately 1 to 3 of every million people have PH. Type I is the most common form, accounting for approximately 80% of cases. Types 2 and 3 each account for about 10% of cases

The prevalence of hyperoxaluria has been estimated at 5-24% of all patients with gastrointestinal diseases associated with malabsorption. EH is a frequent complication of inflammatory bowel diseases (IBD), ileal resection and Roux-en-Y gastric bypass (RYGB) and is well-known to cause kidney stones, and nephrocalcinosis. EH can also contribute to chronic kidney disease (CKD) and kidney failure.

For more information about hyperoxaluria, visit www.ohf.org.



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