**FANCONI SYNDROME AFTER IFOSFAMIDE EXPOSURE**

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### INTRODUCTION

Ifosfamide is an antineoplastic drug frequently used in the treatment of paediatric malignancies. Renal injury secondary to ifosfamide has been reported in 1.4 to 30% of patients. Also, ifosfamide nephrotoxicity can manifest several months or years after exposure from asymptomatic tubulopathy to overt renal failure. Full Fanconi syndrome will ensue in about 5% of children. We report a case of a patient who developed Fanconi syndrome 1 year and 5 months after exposure to ifosfamide.

### CLINICAL CASE

5 Years and 4 months, ♀, Irrelevant family and personal history.

**Chemotherapy (5 cycles)**

**Burkit lymphoma with renal and hepatic involvement, ascitis and pleural effusion.**

- Cyclophosphamide
- Vincristine
- Prednisolone
- Doxorubicin
- Methotrexate
- Cytarabine.

**Chemotherapy (5 cycles)**

**3 Yrs 7 Mo**

- Allogenic bone marrow transplant
- Busulfan
- Cyclophosphamide
- Tacrolimus
- Methotrexate
- Fluconazole
- Acyclovir

- **IFOSFAMIDE**
  - Carboplatin
  - Etoposide
  - Rituximab
  - Intratecal Methotrexate
  - Intratecal Aracitabine.

**3 Yrs 2 Mo**

Relapse with renal, hepatic and pleural involvement.

**4 Yrs**

Height and weight centile Inflexion

**Low uric acid and phosphate**

Proteinuria and glicosuria

Failure to thrive

**5 Yrs 4 Mo**

Nephrology Referral

**FANCONI SYNDROME secondary to Ifosfamide**

**Supplementation**

Potassium citrate + sodium citrate

Indomethacin

Phosphate

Aliskiren

Esomeprazol

**WEIGHT CATCH-UP**

### CONCLUSION

Nephrotoxicity secondary to chemotherapy is a major cause of morbidity in paediatric cancer survivors. Our case represents a rare situation with unspecific clinical signs.

Clinicians must be alert to the necessity of close monitoring to identify renal toxicity as early as possible and allow adequate supplementation, which is crucial to minimize side effects and promote adequate growth.

### REFERENCES


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