Response to Taylor and Curhan


We share the concerns of Drs Taylor and Curhan that a negative calcium balance could accompany dietary calcium restriction. However, with all due respect, we believe they have misinterpreted our recommendations. We suggested that calcium restriction be applied as a part of broad dietary modification that was also limited in sodium and animal proteins. We ourselves have published on the stone-forming risk of dietary sodium\(^1\) and animal proteins.\(^2\) Furthermore, we did not imply that stone-forming patients with hypercalciuria be treated with calcium restriction alone. Rather, we suggested that dietary modification should be combined with pharmacological intervention consisting of a calcium-sparing diuretic and bone-protective potassium alkali. When so combined, we previously reported that bone density stabilized or increased despite dietary calcium restriction during long-term follow-up.\(^3\) Lastly, we would like to note that intestinal calcium absorption is considerably elevated in absorptive hypercalciuria, with absorbed calcium exceeding urinary calcium.\(^4\)


MS Pearle\(^1\), CV Odvina\(^1\), K Sakhaee\(^1\) and CYC Pak\(^1\)

\(^1\)Department of Urology, University of Texas Southwestern Medical Center, Dallas, Texas, USA

Correspondence: MS Pearle, Department of Urology, University of Texas Southwestern Medical Center, 5323 Harry Hines Boulevard, Dallas, Texas 75390-9110, USA. E-mail: margaret.pearle@utsouthwestern.edu