Gibbs and Watts [1] reported successful treatment of primary oxalosis with pyridoxine (B6).

We have studied, on metabolic balance, two women with Type I primary oxalosis, before, during and after high dose B6 therapy (250mg six hourly). Case 1 (aged 26) presented with a single recurrent renal calculus, and a urinary oxalate (UVox) of 1.81mmol/24 hour (normal < 0.6). Creatinine clearance (CrCl) was 80ml/min. Case 2 (aged 42) had suffered for 20 years with recurrent stone disease, and was passing gravel daily at the time of study. Urinary oxalate (UVox)

![Graph showing renal function during treatment of primary oxalosis with vitamin B6](image-url)
was 1.71 mmol/24 hour, CrCl 30 ml/min. She had marked nephrocalcinosis. Urinary calcium excretion (UVca) was low in both cases (1.65 and 1.17 mmol/24 hour) but this was not due to malabsorption.

High dose B6 immediately reduced UVox to normal (Case 2) or high normal (Case 1) levels. The production of gravel in Case 2 ceased. The responses have been maintained for over two years, with a marked improvement in creatinine clearance in Case 2 (Figure 1). UVca showed no early changes, but has subsequently more than doubled in each case (on a free diet).

Primary oxalosis may present in adults without severe stone disease or renal failure. Hypocalciuria, discordant with oxalate calculi, may be a clue to diagnosis. B6 therapy can sometimes normalise UVox, and significantly improve renal impairment. The dose required for a satisfactory trial of treatment is not established.

Reference