

What are the essential dietary guidelines for enteric hyperoxaluria?

Enteric hyperoxaluria occurs when people develop **type I kidney stones** (whewellite) due to excessive oxalate in the urine. This happens because of a problem with calcium absorption in the digestive tract (the cause is enteric).

The underlying cause is rarely treatable directly (such as after digestive surgery or inflammatory bowel disease). **Digestive issues are often present**, which can cause difficulties eating and drinking, as well as diarrhea and dehydration – all of which increase the risk of kidney stone.

This calcium malabsorption happens because digestive juices are poorly absorbed, creating a kind of “barrier” around the calcium that:

1. Prevents it from being absorbed
2. Keeps it from binding oxalate in the intestine, allowing more oxalate to be absorbed – especially if the intestine is inflamed, making it easier for oxalate to pass through.

This condition mainly affects patients who still have their colon intact. If the colon has been removed, this condition usually doesn't occur because the colon normally absorbs oxalate.

Biologically, patients typically show:

- High oxalate levels in urine (oxaluria)
- Low calcium levels in urine (calciuria)
- Low citrate levels in urine (citraturia)

What are the essential dietary guidelines for enteric hyperoxaluria?

- 1- Maintain **adequate hydration** and spread your fluid intake evenly throughout the day, aiming for clear or transparent urine. This can be challenging when digestive issues are present.
- 2- **Increase calcium intake**, sometimes with the addition of calcium supplements at meal times. This helps increase calcium in the digestive tract and limits oxalate absorption. However, be cautious not to overdo it, as too much calcium can worsen type II kidney stones linked to hypercalciuria. Calcium levels in urine should be closely monitored to keep them within a normal range.
- 3- **Increase intake of anti-stone compounds**: dietary supplements containing citrate and/or magnesium. These supplements may not always be well tolerated digestively, so trials will be done to find the best combination for each patient.

Find our talk on diet and kidney stones on our YouTube channel:

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