

Epidemiology

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The lifetime prevalence varies from 1% to 20% and the causes are multifactorial. Recurrence of stone disease is high, with 50% having recurrence within the first decade of diagnosis. Non-modifiable factors associated with stone formation

- /uni25CF Age . The adult peak incidence in men is the fourth to sixth decade; women have a bimodal peak in incidence in the third decade and the postmenopausal period.
- /uni25CF Gender . Men are twice as likely to form stones.
- /uni25CF Ethnic origin . White people have a higher risk of stone disease than other ethnic groups. Recent evidence suggests that environmental and dietary factors may be more important than ethnic origin.
- /uni25CF Family history . Patients with a family history of stone disease are 2.5 times more likely to develop stone disease themselves. Examples of hereditary forms of stone disease include cystinuria, type I renal tubular acidosis (RTA) and primary hyperoxaluria.

Modifiable factors associated with stone formation

- /uni25CF Environmental factors . People living in hot and arid regions such as the desert or tropical areas have a higher incidence of stone disease owing to increased perspiratory fluid loss.
- /uni25CF Drugs . Drugs can predispose to stone formation through metabolic effects (e.g. corticosteroids, chemotherapeutic agents).

Revision #1

Created 2025-12-31 15:29:46 UTC by Omar Ayman

Updated 2025-12-31 15:29:46 UTC by Omar Ayman