

d causes of rickets in a Kenyan population.

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Abstract:

Twenty nine patients with rickets were studied in a one year period. The majority of patients (17/29) were below 2 years of age. Most of them had nutritional rickets resulting from a combination of factors. Premature delivery, nonexposure to sunlight, nutritional marasmus and inappropriate dietary intake. Some had familial hypophosphataemic rickets, others had renal tubular acidosis while the rest had rickets with a familial tendency. Both the previous hospital records and the present study indicate that rickets is a persistent problem in children in the community and should be suspected in children who present with features of failure to thrive, among other conditions