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About cholecalciferol insufficiency

We enjoyed Dr. Shakinba et al.'s well designed and well written research paper entitled "The optimal dose of vitamin D in growing girls during academic years: a randomized trial" in a recent issue of the Journal (2011; 41: 33-37).

We wished that 25 hydroxycholecalciferol (25OHCC) levels had been determined in those girls prior to cholecalciferol (cc vit D) administration. If the blood calcium, phosphorus, magnesium, alkaline phosphatase, and cyclic AMP levels had also been studied, CC status could have been evaluated better (1). We are also curious about the presence of hypercalcemia and/or urine Sulkowicz positivity in the girls who had at least optimal 25OHCC levels >30 ng/mL to be on the safe side of these applications.

Since 25OHCC levels lower than 10 ng/mL indicate CC deficiency, the levels between 10 and 30 ng/mL would better be called insufficiency, as pointed out by Rosen (2).

On this occasion we would repeat the general knowledge that so-called vitamin D (CC) is acting as a hormone but not as a vitamin. Therefore, we will ask once more: how long has cholecalciferol been called vitamin D(3)?

References

1. Özsoylu Ş, Hanioglu M. Serum magnesium levels in children with vitamin D deficiency rickets. Turk J Pediatr 1977; 19: 89-96.
2. Rosen CJ. Vitamin D insufficiency. N Engl J Med 2011; 364: 248-254.
3. Özsoylu Ş. How long has cholecalciferol been called vitamin D? J Pediatr Gastro Nutr 1988; 6: 303.

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