

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Acid-Base Balance-Electrolyte Quiz – Case 13

A 56-year-old woman was presented to the Outpatient Clinic with nausea, vomiting and slurred speech. The blood pressure was 120/70 mmHg with no postural drop. Laboratory investigation showed sodium 112 mEq/L, potassium 3.8 mEq/L, glucose 70 mg/dL, creatinine 1 mg/dL, urea 18 mg/dL, uric acid 2.8 mg/dL, albumin 4 g/dL. The urine sodium concentration was 80 mEq/L and the Uosm 600 mosmol/kg.

Which is the most possible diagnosis?

- a) Hyponatremia due to extracellular volume depletion
- b) Syndrome of inappropriate antidiuresis (SIADH)
- c) Adrenal insufficiency
- d) Cerebral salt wasting syndrome

Comment

The patient was presented with hyponatremia along with a high urine sodium and Uosm. Furthermore, urea and uric acid

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levels were below the lower limit of the reference interval, thus supporting the presence of SIADH or hypocortisolism. Since SIADH is a diagnosis of exclusion, adrenal insufficiency should be excluded by appropriate tests (by a random cortisol concentration or by a low-dose ACTH stimulation test). In fact, serum cortisol levels both before and after the administration of synthetic ACTH confirmed the diagnosis of adrenal insufficiency (hypocortisolism).

In this case, adrenal insufficiency was presented without orthostatic hypotension and hyperkalemia, as it is occasionally observed in the clinical practice.

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