A Rare Cause of Syndrome of Inappropriate Antidiuretic Hormone

Mutlu Niyazoglu[1], Esra Hatipoglu[2], Burcugul Kaya[1], Sadi Gundogdu[3]

[1] Division of Endocrinology, Department of Internal Medicine, Istanbul Research Hospital, Istanbul, Turkey
[2]Division of Endocrinology, Department of Internal Medicine, Edirne Government Hospital, Edirne, Turkey
[3]Division of Endocrinology and Metabolism, Department of Internal Medicine, Cerrahpasa Medical School, University of Istanbul, Istanbul, Turkey

INTRODUCTION

Acute intermittent porphyria (AIP) is an autosomal dominant disorder resulting from partial deficiency of the heme biosynthetic enzyme porphobilinogen deaminase.

CASE REPORT

- A 17 year-old female
- Recurrent progressive abdominal pain
- Darkening in urine colour
- She was on lansoprazol and metaclopramide, initiated 2 days earlier.
- She did not have additional personal or relevant family history.
- Pshysical examination did not reveal any pathologic finding.

Table 1. Laboratory findings

		Patient values	Normal values
Glucose	mg/dl	84	70-110
Urea	mg/dL	14	17-43
Creatinin	mg/dL	0.6	0.5-0.9
Na	**mmol/L**	**103**	136-146
K	mmol/L	3.6	3.5-5.1
Cl	**mmol/L**	**76**	101-109
Total protein	g/dL	6.9	6.6-8.3
ALT	U/L	21	0-35
Triglyceride	mg/dl	46	0-150
CK	**U/L**	**281**	0-145
TSH	IU/ml	3.1	0.3-5.6
Cortisol	mcg/dL	34	6.7-22.6

Table 2. Urine sediment

	Patient values	Normal values
Erythrocyte	11 p/Hpf	0-2
Leucocyte	60 p/Hpf	0-2
Nitrite	+	-

EUVOLEMIC HYPONATREMIA

	Patient values	Normal values
Sodium in spot urine	**95 mmol/L**	**70-110**
Urine osmolarity	**490 mOsm/kg**	**17-43**
Plasma osmolarity	**230 mOsm/kg**	**0.5-0.9**

- She was diagnosed with ***syndrome of inappropriate ADH***.
- Plasma Na level was gradually increased up to 133 mmol/L with infusion of %0.3 NaCl solution.
- Chest X ray, cranial MRI and abdominal ultrasonography did not reveal any abnormality.
- Based on her history of periodic abdominal pain and dark urine porphyria was suspected.
- **24-hour urine porphoblinogen : 19.7 mg/24 hr (N: 0-1.6)**
- **Total porphyrin : 646 ug/24 hr (N: 0-100).**
- She did not have any cutaneous lesions.
- With the laboratory findings and her personal history she was diagnosed with ***INAPPROPRIATE ADH SYNDROME SECONDARY TO AIP.***
- The acute attack of AIP was taken under control with glucose loading and antibiotherapy for urinary tract infection.

CONCLUSIONS

- It is important not only to treat syndrome of inappropriate ADH, but also to address any underlying condition.
- Diagnosis and management of AIP can be challenging

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Sadi Gundogdu
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