

The Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH) in a Patient with Systemic Lupus Erythematosus (SLE) : A Case Report

Department of Internal Medicine, Chonnam National University Medical School, Gwangju, Korea

Min Seok Cho · Dae Hyun Kim · Woo Kyun Bae · Youn Kyoung Lee · Seong Kwon Ma
Shin Seok Lee · Soo Wan Kim · Nam Ho Kim · Ki Chul Choi

Introduction : The syndrome of inappropriate antidiuretic hormone secretion(SIADH) is reported in a variety of diseases. But SIADH associated with systemic lupus erythematosus(SLE) is only rarely reported and only one case of SLE with SIADH has been reported in Korea. We report a case of SIADH associated with SLE.

Case : A thirty years old man was transferred to our institute complaining of diffuse edema. The laboratory data were as follows : WBC count: 11300/mm³, hemoglobin 18.5 g/dl, platelet count : 113000/mm³, serum creatinine : 0.9 mg/dl, blood urea nitrogen(BUN) : 11.1 mg/dl, serum Na : 113 mEq/L, serum osmolarity 239 mOsm/kg, random urine osmolarity 393 mOsm/kg and random urine Na : 11 mEq/L, serum Cl : 81 mEq/L, total protein/albumin : 6.2/2.7 g/dl, serum uric acid : 5.2 mg/dl, random urine protein 100 mg/dl, 24 hours collected urine protein : 520 mg/day. Chest X-ray showed both pleural effusion and 2D-echo showed pericardial effusion. Serologic and auto-immune markers were as follows : antinuclear antibody (ANA) : positive (160:2, speckled pattern on immunofluorescence), anti-ds-DNA : negative, C3 21.4 (90-180) mg/dl, C4 : 5.13 (10-40) mg/dl, anticardiolipin IgM : positive, anti-Sm : positive. The results of thyroid function test were normal and serum cortisol and adrenocorticotrophic hormone(ACTH) were within normal limits. Of the eleven criteria for classification of SLE, five were present and the patient was diagnosed to have SLE. 3% NaCl injection and furosemide was used to correct hyponatremia and serum Na⁺ level was corrected to 133 mEq/L by 14th hospital day. On 17th hospital day, he showed depressive mood, reluctance to speak and disorientaion about persons, time, and places. Brain MRI was checked and showed no abnormal signal intensity in brain parenchyme, but showed loss of posterior bright spot in pituitary gland. We started seroid pulse therapy with IV methylprednisolone 62.5 mg/day infusion and his neuropsychiatric features and generalized edema slowly improved. On 25th hospital day, serum albumin was 2.8 mg/dl, serum Na was 129 mEq/L, random urine Na was 57 mEq/L, and random urine osmolarity was 418 mOsm/kg. He was thought to have hyponatremia due to SIADH.

Conclusion : SIADH should be considered in hyponatremic patients with SLE.