

뇌종양으로 인한 중추성 요붕증 환자에서 고나트륨혈증 및 횡문근 용해증이 합병된 1예

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Central Diabetes Insipidus Due to Brain Tumor Complicated with Severe Hyponatremia and Rhabdomyolysis

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A 61-year-old male was admitted for decreased mentality. He had undergone a craniotomy for a meningioma 10 years ago, and had no evidence of recurrence for 5 years. But he had no follow-up since then. At admission, he was lethargic and severely dehydrated. The patient showed a 3×3 cm protruding mass on his left forehead and his left eyeball was displaced downward. His blood pressure was 75/50 mmHg and heart rate was 116 beats/min. Initial laboratory findings were follows: Sodium, 184 mEq/L; potassium, 3.9 mEq/L; BUN, 52.6 mg/dL; creatinine, 1.64 mg/dL; serum glucose, 380 mg/dL; urine pH, 5.0; urine specific gravity, 1.009; and urine osmolality, 113 mOsm/kg. A water deprivation test followed by vasopressin administration shows a change in urine osmolality from 135 to 415 mOsm/kg, consistent with central diabetes insipidus. Additional laboratory tests revealed increased creatine phosphokinase (CPK), lactate dehydrogenase (LDH), myoglobin, and aldolase, consistent with combined rhabdomyolysis. A bone scan also showed a diffuse increase in soft tissue uptake. After sufficient hydration and administration of 10 μg of desmopressin intranasally every night, his serum sodium, muscle enzyme level, and renal function became normalized, and urine volume decreased to about 2 L/day. However, the patient presented drowsy mentality continuously, so we performed brain magnetic resonance imaging (MRI). Extensive and irregular enhancing masses involving both the frontal and temporal regions, especially the skull base were detected. A transnasal brain biopsy was performed, which confirmed the diagnosis of meningioma. After 1 month, the patient was transferred to another hospital for hospice care with 10 μg/day of desmopressin.

Key Words : 중추성 요붕증, 뇌종양, 고나트륨혈증
Central DI, Brain tumor, Hyponatremia