

혈액투석으로 치료한 편집증성 수분섭취 부족으로 발생한 고나트륨 혈증과 요독증 1예

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Paranoid Adipsia Induced Severe Hyponatremia and Uremia Treated with Hemodialysis

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Introduction: Hyponatremia is usually found in elderly patients with cerebral lesion who cannot sense water deficit or people in distressed situation. In the patients with psychiatric illness, senses of water deficiency can be decreased that can show hyponatremia and uremia. We describe here a patient with hyponatremia and uremia caused by paranoid adipsia who had been successfully treated with hydration and hemodialysis.

Case: A previously healthy 40-year-old woman was referred to emergency room with altered mentality. She developed paranoid idea that the water contaminated by poison since one month before, and did not take any kind of water. On admission, her blood pressure was 100/60 mmHg, pulse rate was 106/min and skin and mucosa were extremely dehydrated. At blood test, WBC 21,900/mm³, hemoglobin 11.2 g/dl, hematocrit 51%, blood urea nitrogen (BUN) 208 mg/dl, creatinine 4.90 mg/dl, serum osmolality 452 mOsm/L, serum sodium 172 mEq/L and urine specific gravity was above 1.030, urine osmolality 698 mOsm/L, urine sodium/potassium/chloride were 34/85.6/8 mEq/L. Brain CT showed no abnormal finding. We diagnosed with uremic encephalopathy due to prerenal acute kidney injury, started intravenous dextrose, but sodium correction was incomplete. We did hemodialysis to prevent brain damage by uremic encephalopathy, and conducted for two consecutive days. Intravenous dextrose was continued with oral hydration, and sodium level was normalized in three days of hospitalization. The patient was fully recovered without neurologic complication.

Conclusion: We experienced a rare case of severe hyponatremia and uremia caused by paranoid adipsia which was successfully treated via hydration and hemodialysis. Although standard treatment of severe hyponatremia is hydration, in case of uremic encephalopathy, hemodialysis can be an additional treatment.

Key Words: 고나트륨혈증, 요독증, 혈액투석
Hyponatremia, Uremia, Hemodialysis