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## **A Case of Transient Central Diabetes Insipidus Caused By Hyponatremic Encephalopathy : A Case Report**

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**Case Study:** Dysnatremia is important risk factor for high morbidity and mortality in clinical settings. Here, we introduced a case of syndrome of inappropriate antidiuretic hormone secretion (SIADH) with seizure followed by transient central diabetes insipidus (CDI). A 46-year-old woman was treated with adriamycin and cyclophosphamide for left breast cancer. One day after the second chemotherapy, she was admitted to our hospital for headache, vomiting, generalized tonic clonic type seizure for 5 minutes, and loss of consciousness. On admission, laboratory values were serum sodium 119 mmol/L, serum osmolality 252 mOsm/kg, urinary osmolality 496 mOsm/kg, urinary sodium 107 mmol/L, and serum copeptin level 108.8 pmol/L(normal range :1.70–11.25 pmol/L). SIADH resulted from cyclophosphamide was diagnosed and 3% hypertonic saline was administered. At six hours after admission, polyuria and over correction of serum sodium(up to 128 mmol/L) developed, and urinary osmolality and serum copeptin level was dropped to 152 mOsm/kg and 2.702 pmol/L, respectively. With the impression of CDI secondary to hyponatremic seizure, she was treated with intravenous and oral desmopressin. There was no abnormality on brain imaging and spinal tapping. CDI spontaneously remitted and she was discharged without neurologic sequelae. Therefore, we suggest to monitor abrupt sodium overcorrection caused by transient central DI during the treatment of severe hyponatremic encephalopathy.