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CENTRAL DIABETES INSIPIDUS IN SPECIAL CONDITION: INTERESTING CASE

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Case Study: Introduction. Diabetes insipidus (DI) is a complex disease within polydipsia and polyuria as major manifestations of DI. The acute head trauma can lead to central DI. The epidemiological prevalence of Post-Traumatic Diabetes Insipidus (PTDI) is ranging between 2.9%–51%.

Case. A 21-year-old female diagnosed as tetraplegi cause by shot in the posterior neck was consulted to Nephrology and Hypertension Division on the 12^{ed} day of hospitalization due to complaints of polyuria. Base on available data, patients was diagnosed as post traumatic diabetes insipidus (PTDI) and has underwent debridement, laminectomy decompression, posterior stabilization, alienum corpus extraction on the first day of admission. Patients and families have not history of diabetes mellitus, symptoms of hyperthyroidism, use of diuretic drugs and fever. Psychiatric status, screening for diabetes mellitus and kidney function, all were declared normal. Desmopressin acetate nasal spray 2x10 µg was delivered, respon was well. On the 20th day, patient discharged in stable condition. Urine volume 2000 milliliter in 24 hours, and laboratory results were normal.

Discussion. The acute head trauma can lead to dysfunction of the hypothalamic neurons secreting antidiuretic hormone (ADH) or of the posterior pituitary gland directly or indirectly, causing PTDI. PTDI usually diagnosed in the first days after the trauma presenting with hypotonic polyuria. Examination of urine osmolarity, followed by the Water Deprivation Test, to distinguish PPD (Psychogenic polydipsia), CWD (Compulsive water drinking), central diabetes insipidus or nephrogenic diabetes insipidus. ADH examination is important to distinguish ADH deficiency or ADH resistance. Because of limited facilities, the diagnosis of diabetes insipidus in this case is based on careful anamnesis

Conclusions. It is important to recognize the symptoms of post traumatic diabetes insipidus because the incidence rate is high. In limited facilities, anamnesis and physical examination are very important to diagnose DI.

Figure 1. Daily Diuresis Monitoring

