1: Q J Med. 1976 Oct; 45(180): 521-31.

Clinical, biological and pathogenic features of the syndrome (inappropriate secretion of antidiuretic hormone. A review of cases with marked hyponatraemia.

De Troyer A, Demanet JC.

Twenty-six patients with the syndrome of inappropriate secretion of antidiuretic hormone were reviewed. The underlying diseases were bronchogenic carcinoma (12 cases); myxoedema (five cases); diseases of nervous system (five cases); bronchopneumonia, carcinoma of the oesophagus, acute intermittent porphria and chlorpropamide therapy (eac one case). Serum sodium levels ranged between 104 and 125 mEq per lit Eighteen patients presented neurological manifestations, which in 14 wer considered to be due to hyponatraemia. Neurological signs included diso of consciousness (stage I and II coma), extrapyramidal signs, asterixis an epileptic seizures. An hyponatraemic coma was the first manifestation of syndrome in five cases. In all cases where the EEG was recorded it show non-specific signs of metabolic coma. The fundi never showed signs of intracranial hypertension. Blood urea and creatinine levels were invariabl low in the euthyroid patients; these values were normal or elevated in pat with myxoedema and hyponatraemia. Hypokalaemia was frequent, and hypocalcaemia constant. In eleven cases an excess of water intake reveal the clinical syndrome: six patients were excessive beer drinkers and five received extensive intravenous infusions. In one case the deleterious effe diuretics was evident, and in another, the syndrome became evident durin radiotherapy of an oesophageal tumour. Treatment of the syndrome was successful in all cases. A review of the literature concerning the various pathogenic mechanisms corresponding to the different underlying disease presented. The concept of aberrant hormonal production by a tumour is illustrated by an electron microscopic study.

PMID: 1005653 [PubMed - indexed for MEDLINE]