CR75 Unrecognized psychosis leads to severe hyponatremia, a case report

Frano Šušak[a], Luka Bielen[a,b]

[a] *School of Medicine, University of Zagreb, Zagreb, Croatia*
[b] *Division for Intensive Care Medicine, Department of Internal Medicine, University Hospital Centre Zagreb, Zagreb, Croatia*

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Frano Šušak 0000-0002-3866-2814, Luka Bielen 0000-0001-5782-4367

KEYWORDS: Hyponatremia; Psychogenic Polydipsia; Psychotic Disorders; Seizures

INTRODUCTION/OBJECTIVES: Hyponatremia is the most common electrolyte disorder and psychogenic polydipsia (PPD) is one of the many possible causes. We present a case of severe hyponatremia in a patient with unrecognized psychosis.
CASE PRESENTATION: A 39-year-old male with past medical history of surgically removed pelvic chondrosarcoma presented to the emergency department confused and disoriented. During the examination, he developed a generalized tonic-clonic seizure that was terminated by diazepam. Laboratory workup demonstrated severe hyponatremia (106 mmol/l) and hypokalemia (1,7 mmol/l). After the administration of 3% saline, he was admitted to the intensive care unit where he received normal saline and potassium chloride. During the eight hours, he had a urine output of 7100 ml which led to a rapid rise of sodium to 135 mmol/L. Therefore, the risk of osmotic demyelination syndrome (ODS) was recognized and the serum sodium was re-lowered with desmopressin and 5% glucose. The next day, patient's level of consciousness normalized and he stated that he recently started a new alternative diet with significantly increased water intake to get rid of "micrometastases" which he believed were still present. He described having coughed and defecated some of the "micrometastases". The patient was diagnosed with psychosis and was given an antipsychotic. He had a complete recovery with no signs of ODS. On an outpatient control, he was taking fluphenazine and diazepam, and both sodium and potassium were normal.
CONCLUSION: PPD can cause severe life-threatening hyponatremia and its treatment can be complicated by overcorrection of serum sodium due to hypoosmolality-induced suppression of antidiuretic hormone secretion.

CR76 100 BLOOD TRANSFUSIONS IN 10 MONTHS DUE TO HEYDE SYNDROME

Iva Barišić[a], Ozana Miličević[b], Leo Matijašević[b], Luka Blažević[a]

[a] *General Hospital Zabok, Zabok, Croatia*
[b] *Department of emergency medicine, University Hospital Centre Zagreb, Zagreb, Croatia*

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Iva Barišić 0000-0003-2964-0901, Ozana Miličević 0000-0003-0289-3386, Leo Matijašević 0000-0002-7010-9111, Luka Blažević 0000-0001-9451-531X

KEYWORDS: aortic stenosis; blood transfusion; Heyde syndrome

INTRODUCTION/OBJECTIVES: Heyde syndrome is a multisystem disorder characterized by an association between gastrointestinal bleeding and aortic stenosis. High shear stress on stenotic valves leads to acquired coagulopathy due to proteolysis of von Willebrand factor and thus leads to bleeding from angiodysplasias of the digestive system.
CASE PRESENTATION: We present a case of a 72-year-old female patient who reported to the emergency department due to verified anemia in lab findings. At the age of 54 she had a mechanical aortic valve implanted. The clinical examination revealed black stool, pallor of the skin, systolic ejection murmur with expansion into the right carotid artery, as well as the click of a mechanical valve. After severe microcytic anemia was discovered, the workup revealed restenosis of the implanted aortic valve, as well as the multiple angiodysplasias of the gastric mucosa. Despite two attempts to stop intestinal bleeding with argon plasma coagulation, the bleeding persisted aggravated by anticoagulant therapy. In the beginning, the periods between repeated transfusions were about 15 days, but soon after her condition required three doses of erythrocyte concentrate every 3 to 4 days. Hemoglobin values, despite repeated transfusions, hovered around 50 g/L. In total, the patient received more than 100 doses of erythrocyte concentrate in less than 10 months.
CONCLUSION: This case shows extraordinary tolerance of frequent transfusions without a single new complication. Here, blood transfusions are shown to be a method of immediate treatment of the severe consequences of Heyde syndrome until a definitive solution is found.