ETIOLOGY AND OUTCOME OF HYPONATREMIA DUE TO PITUITARY INSUFFICIENCY IN A TERTIARY ENDOCRINE CENTER

R.A. Trifanescu1,2, C. Badiu1,2, A. Caragheorgheopol2, M. Coculescu1,2, C. Poiana1,2
1 Dept. of Endocrinology, “Carol Davila” University of Medicine and Pharmacy, 2 “C.I. Parhon” National Institute of Endocrinology, Bucharest, Romania

BACKGROUND: Hyponatremia is a common electrolyte abnormality, especially in elderly, hospitalized patients, with a prevalence of severe hyponatremia (<125 mmol/l) up to 6-8%. Pituitary insufficiency (TSH + ACTH) may be difficult to diagnose, but important to differentiate from SIADH and cerebral salt wasting syndrome.

AIM: to describe the etiology and outcome of patients with hyponatremia due to pituitary insufficiency in a tertiary endocrine center.

PATIENTS and METHODS:
Records of 40 patients presented with/referred for hyponatremia (<130 mmol/l) in the Department of Pituitary Pathology between 2005-2012 were retrospectively reviewed.

- 30 patients (16M/14F, aged 61.9 ± 14.3 years) with hyponatremia due to pituitary insufficiency
- 3 patients with severe primary hypothyroidism
- 7 patients with primary adrenal failure.

RESULTS:
- in 13 patients, hyponatremia was the event revealing pituitary insufficiency
- mean serum sodium at diagnosis= 113.7 ± 8.6 mmol/L (range: 97-128)
- severe hyponatremia (<125 mmol/L): 26/30 patients (86.7%).

CONCLUSION: Hypopituitarism with TSH and ACTH insufficiency seems to be a frequent endocrine cause of severe hyponatremia. Correct diagnosis is important, as glucocorticoids are very effective.