

Severe hyponatremia in the course of autoimmune polyglandular syndrome type 2 of atypical clinical picture



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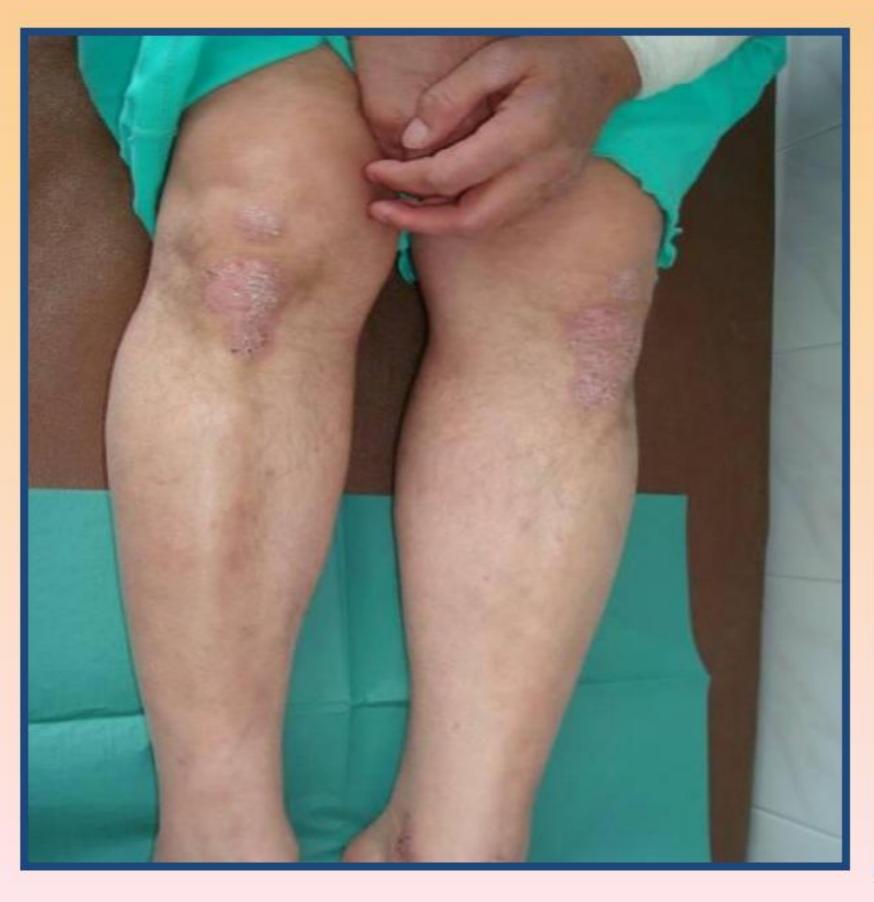
Introduction. Severe hyponatremia is defined as the blood sodium concentration below 115 mmol/l. It is rarely recognized in the course of autoimmune polyglandular syndrome type 2 (APS t.2). Coexistence of Addison's disease and connective tissue diseases is also observed very rarely. Until now a few cases of coexistence of both Addison's disease and APS t.2 and psoriatic arthritis were described in literature.

The aim of the paper is to present the female patient with severe hyponatremia preceding the diagnosis of APS t.2 of atypical clinical picture.

Case report. A 54 year-old woman with the diagnosis of psoriasis established 10 years earlier and treated for psoriatic arthritis from 7 years. She was admitted to the emergency ward because of persistent vomiting, hyponatremia=111 mmol/l and hyperkaliemia=5.4 mmol/l. For several months she observed increasing fatigue, hypotension, recurrent abdominal pain, loose stools, increased appetite for salt, progressive darkening of the skin and weight loss of 12kg/6months. Hormonal and immunologic studies are presented in a table.









The diagnosis of primary adrenal insufficiency and concomitant autoimmune thyroid disease with hyperthyroidism in a patient with psoriatic arthritis was established.

Summary. Psoriatic arthritis and thyroid disease with thyrotoxicosis are rare components of APS type 2 and hyponatremia occurs more frequently in patients with concomitant hypothyroidism.

Conclusion. Severe hyponatremia in our patient could be the result of a significant increase in demand for cortisol caused by thyrotoxicosis and the lack of opportunity to increase its production by the adrenal cortex.

Laboratory studies	Results
Blood electrolytes mmol/l	Sodium: 111; 114; 119; 122 Kalium: 5,4; 5,5; 5,4; 4,8
Diurnal cortisol rhythm µg/dl	Cortisol: 3.7 2.7 1.71.6
ACTH level pg/ml	857.3 [n: 7.2-63.6]
Test with 250 μg of Synacthen	cortisol response 0.8 μg/dl
21-hydroxylase auto-antibody	1:<10 [absent]
Thyroid hormones	FT4 - 32.2 pmol/l [n: 12-22] FT3 - 16.2 pmol/l [n: 3 - 7] TSH <0.04 IU/l [n: 0.4 - 4.9]
Thyroid antibodies	TSI - 1.8 U/I [n:<1.5] a/TPO - 4659 U/ml [n:<60] a/TG - 391 U/ml [n:<60]





