Early water intake restriction prevents SIADH following transsphenoidal surgery, Low BMI predicts postoperative SIADH

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OBJECTIVES

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The goals of this study are to assess the incidence, risk factors of SIADH in patients that underwent transsphenoidal surgery and validate the efficacy of early water intake restriction.

METHODS

1. 1.207 patients underwent transsphenoidal surgery (129 women, 78 men, aged between 9 and 82, mean age 46)
2. Rathke’s cleft cyst 112, Plurihormonal adenoma 38, GH-secreting adenoma 20, ACTH-secreting adenoma 17, gonadotroph adenoma 15, and prolactinoma 8
3. Determined incidence and risk factors for postoperative SIADH (BMI, age, gender, tumor size, urine volume, serum Na⁺)
4. Early prophylactic water intake restriction. (,<1800ml)
5. Statistical analysis; Mann-Whitney, ROC, χ square test

RESULTS

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Mean BMI of the patients with SIADH 21.8 ±2.8
Mean BMI of the patients without SIADH 24.9±5.2 (p<0.05)
BMI lower than 26; predictive factor for SIADH.

The serum sodium level began to decrease on POD 5, with the nadir occurring on day 8. The mean serum sodium level on POD 5-10 in patients with SIADH was significantly lower.

CONCLUSIONS

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1. Serum sodium concentrations should be measured after transsphenoidal surgery.
2. Low BMI was significantly associated with postoperative SIADH.
3. Early prophylactic water intake restriction significantly contributed to preventing postoperative SIADH.

Graphs and tables