A case report of late onset postpartum diabetes insipidus

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INTRODUCTION: It's well known that any form of Diabetes Insipidus (DI) can be exacerbated or first become appearent during pregnancy, since increased catabolism of ADH by plasental vasopressinas enzyme. Postpartum DI cases mostly presenting as a part of Sheean syndrome and began after postpartum first days. There was no any published case of isolated DI that began in the sixth month after deliveration in current literature.

CASE: 37-years-old female patient, admitted to our clinic with complaints of polydipsia and poliüria. She became pregnant by IVF (in vitro fertilization) method a year ago. In sixth month after birth polydipsia and polyuria complaints were began. She had complaints of 10 liters water drinking per a day and 3-4 times night urinate. She delivered by cesarean section and had no excess postpartum uterine hemorrhage. She had regular menstrual cycle after birth and nursed her baby. She had history of an abortus five years ago and no history of cranial travma. Physical examination was unremarkable except of tongue dryness. Fasting plasma glucose, liver function tests and renal function tests were normal. Plasma sodium was 155 mmol / L (136-145) and urine density was 1001. The water restriction test and response to vasopressin test results indicated central DI. Arginin-vasopressin (AVP) nasal spray 1x1 was started. Polyuria, polydipsia and nocturia symptoms were resolved. Sella MRI showed the anterior pituitary function tests were within normal limits. She was diagnosed as postpartum central DI and discharged with AVP nasal spray one time a day.

DİSCUSSİON: Most cases of postpartum DI seen with Sheean syndrome and they have become symptomatic within few days after delivery. In our case, development of DI was remarkable in the postpartum sixth month. Since it is not clear that this clinical situation is just coincidental finding or first appearent by triggering postpartum period with unknown mechanism.