Diabetes Insipidus, a neuroendocrine complication of Behcet’s

Pooja Rao, MD; Robert George, MD; Maya Y Peitsrverger, MD

New Hanover Regional Medical Center, Internal Medicine, North Carolina, USA

Introduction

• Behcet’s Syndrome (BS) is a chronic inflammatory disease characterized by systemic involvement of blood vessels of all sizes on both arterial and venous circulation resulting in recurrent oral and genital ulcers, skin lesions, neurologic and ocular involvement.

• Rare neuroendocrine manifestations such as central Diabetes Insipidus (DI) can be associated with BS.

• The posterior infundibulo-hypophysisis, causing DI, has been commonly reported in association with systemic inflammatory/autoimmune disorders.

• There are only 4 reported patients with BS presenting with DI

<table>
<thead>
<tr>
<th>Serum sodium</th>
<th>150 mEq/L</th>
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<tr>
<td>Urine specific gravity</td>
<td>1.003</td>
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<tr>
<td>Urine osmolality</td>
<td>126 mOsm/kg</td>
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<tr>
<td>Urine output</td>
<td>5600 mL/12 hours</td>
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Table 1: Pertinent DI lab values

Discussion

• It is important to consider Neuro-Behcet’s Syndrome (NBS) in a neuroendocrine patient who has recurrent oral or genital ulcers or other systemic features of BS.

• Central DI is one of the rarely reported neuroendocrine manifestations of BS

• In contrast with all prior cases reported, our patient’s central DI had self-limiting course with complete resolution of symptoms.

• To date, other than skin, oral and genital mucosa involvement, no NBS reported in association with influenza vaccination.

• It is not known if patients with BS should receive a flu vaccine.

CONCLUSIONS

• The findings from this rare case adds further evidence that Behcet’s should be considered in the differential diagnosis of central DI.

• Influenza vaccination may have the potential for the onset of BS and/or flare of its symptoms in patients not on immunosuppressive therapy.

Case Presentation

• 26-year-old African American female with a history of BS diagnosed in 2006 with recurrent oral and genital ulcerations.

• Three weeks prior patient had flu vaccine and developed acute symptoms including malaise, dizziness, severe polyuria and polydipsia with requests for iced water.

• On physical examination she had multiple oral and genital aphthae.

• Complete evaluation of anterior pituitary hormone function tests including serum TSH, FT4, FSH, LH, estradiol, prolactin, IGF-1, and ACTH stimulation test were unremarkable.

• MRI of the brain was suggestive of possible thickening of the pituitary stalk, but otherwise normal.

• Patient was started on DDAVP, 0.1 mg twice daily with complete resolution of symptoms associated with DI within 6 weeks.

References