Introduction

• Hyponatremia is a rare complication of pre eclampsia.

• We present a case of syndrome of inappropriate ADH secretion (SIADH) in the setting of pre eclampsia.

Case Report

• 40 year old lady was diagnosed with hypertension at 32 weeks gestation in her third pregnancy. She had a past history of pre eclampsia.

• She was started on Labetalol 100mg bd but needed admission at 34 weeks due to uncontrolled hypertension.

• Labetalol was increased to 200mg tds. She was discharged after four days with a sodium level of 129mmol/L.

• She was readmitted at 35 weeks with pre-eclampsia. Her sodium had rapidly dropped to 125mmol/L in just one week.

• Labetalol was increased to 300mg tds. Labour was induced in view of preeclampsia and low sodium levels. Dexamethasone injection was given twice twelve hours apart pre-delivery.

• Investigations for low sodium were consistent with SIADH in the context of pre eclampsia as shown in table 1. Patient was clinically euvoalaemic.

• Fluid restriction was started. IVI rate was decreased from 166ml/hr to 41ml/hr.

• An emergency caesarean section was performed in view of signs of foetal distress on CTG monitor. A female infant was delivered with an Apgar score of 9 and sodium level of 127mmol/L.

• The mother's IV fluids were stopped. Her oral fluid intake was restricted to 1.25 litres/day on the first day post delivery and then to 2 litres/ day on the second day.

• Her sodium levels gradually improved from 125mmol/L to 134mmol/L within 48 hours of delivery.

• Proteinuria decreased to 759.9mg/24 hrs while platelet count (147 x10^9/L) and uric acid normalised (313umol/L). She was allowed to drink to thirst.

• Both mother and child were discharged one week after delivery.

Conclusion

• Hyponatraemia in preeclampsia can lead to maternal and foetal complications. It further increases the risk for maternal seizures.

• Foetal sodium is <130mmol/L can lead to foetal jaundice, respiratory distress and seizures.

• Decreased foetal ADH can cause increased urine output and polyhydramnios. Treatment includes maternal fluid restriction but this is not always effective. Indication of labour may be necessary.