

ABSTRACT POSTER

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TIPOLOGIA: POSTER

ARGOMENTO: Casi clinici e varie

TITLE: A case of hyponatremia

CASE REPORT: The patient, a 41 year-old Chinese male, was first admitted to Emergency Unit with vomiting, loss of appetite and headache. Biochemical data revealed a severe hyponatremia (113mEq/L), anemia (9,3 gr/dl) and a hormonal profile suggesting an anterior hypopituitarism (cortisol 1,75 ug/dl; ACTH 11,9 pg/ml; TSH 7,05 mUI/L; FT4 0,4 ng/dl; IGF-1 <3 ug/L; total testosterone 1,5 ng/ml). Pituitary MRI showed an empty sella. The patient's medical history was characterized by two previous admissions: the first was 14 years before for a head injury and the second was 7 years before related to an hyponatremia and hypoglycemia. On that occasion, low values of cortisol (<1ug/dl) and ACTH (10 pg/ml) had already emerged and they had been misinterpreted as secondary to hydrocortisone treatment. At that time a brain CT showed a lesion in the right front-parietal, probably secondary to previous trauma; the patient was discharged without therapeutic indications. He reported a state of wellbeing in a seven years interval between the two admissions. After the last hospitalization the patient was discharged with the diagnosis of post-traumatic hypopituitarism and he started a therapy with cortone acetate and testosterone. DISCUSSION: Traumatic brain injuries (TBI) are a relevant cause of long-term hypopituitarism most commonly affecting GH or gonadotropins. The pathogenetic mechanism is proposed to be vascular. There are no specific alterations of the imaging. Published data have identified factors that predict the onset of pituitary deficits after TBI and

the clinical consequences of hormone deficiencies and their treatment in these patients. CONCLUSION: We described a paradigmatic case of hypopituitarism. Patient with pituitary deficiency may remain asymptomatic for a long time and the diagnosis can be misunderstood even during a hospitalization. TBI, even remote, are a frequent cause of hypopituitarism and should be investigated in the clinical history.