Disorders of Plasma Sodium

TO THE EDITOR: The review by Sterns (Jan. 1 issue) on disorders of plasma sodium concentration, which are among the most frequently encountered (and mismanaged) problems in medicine, was enhanced by the use of illustrative cases (which appear in the Supplementary Appendix, available with the full text of the article at NEJM.org). After the second patient had a subarachnoid hemorrhage, plasma hyponatremia associated with excessive urinary sodium loss developed. Did this patient really have the syndrome of inappropriate antidiuretic hormone secretion (SIADH), or did he have cerebral salt wasting, which is also seen in the clinical situation described? Information on the water balance (hypovolemic, euvoletic, or hypervolemic) would be helpful here, because cerebral salt wasting is associated with hypovolemia. The differential diagnosis of SIADH versus cerebral salt wasting is clinically relevant because the treatments are diametrically opposed.

Axel Petzold M.D., Ph.D.
UCL Institute of Neurology
London, United Kingdom
a.petzold@ion.ucl.ac.uk

No potential conflict of interest relevant to this letter was reported.


DOI: 10.1056/NEJMc1501342

TO THE EDITOR: The third case reviewed by Sterns is one in which a 30-year-old woman with symptomatic, desmopressin-associated hyponatremia has sodium overcorrection and neurologic injury after the discontinuation of desmopressin and is given a 3% saline infusion. There is no mention of how to treat this condition properly.

My colleagues and I recently published a series of 15 cases of desmopressin-associated hypoa-