

# An interesting cause of hyponatremia

<b>HOSP #</b>		<b>WARD</b>	Red Cross Hospital Oncology ward
<b>CONSULTANT</b>	Dr Amith Ramcharan / Dr Jody Rusch	<b>DOB/AGE</b>	11y Female

## Abnormal Result

Persistent hyponatremia

2018 supracellar JPA (Astrocytoma)

Seizures – phenobarb.

Chemo @ 8 y of age.

Vincristin and Carboplatin administration

Craniospinal radiation – leptospinal

## Presenting Complaint

Seizures – controlled with Phenobarbital

## History

This is an 11 year old patient with a suprasellar JPA (Juvenile Pilocytic Astrocytoma). The tumour was diagnosed at 8y of age, upon which chemotherapy with Vincristine and Carboplatin was initiated. The pituitary was close to the area of radiation therapy as well.

# Examination

The patient's hydration status was normal and there was no cerebral edema.

# Laboratory Investigations

DATE	12/4	15/4	17/4	20/4	21/5	15/5	11/6	25/6	9/7	7/8	10/9	20/9	29/10	1/12	
Na	141	130	135	134	138		134	138	139	136	132	132	135	132	129
K	3.9	3.4	3.4	3.8	4		4.2	4.0	4.7	5.5	3.9	4.1	4	4.1	4
Cl	98		98									101	102	107	
Urea	1.9	3.1	3.3	3.8	4.3		2.0	3.6	2.3	2.7	3.2	1.8	3.9		3.2
Creatinine	30	31	33	27	27	32	26	27	32	35	31	37	31	33	29
TP/Albumin	39	39	38	41			42	42	37	40	41	41	45		44
Ca/Corrected	1.99	2.32	2.11	2.22	2.2		2.35	2.29	2.16	2.27	2.28	2.25	2.36		2.33
Mg/Pi	0.35	0.52	0.54	0.7	0.54		0.74	0.85	0.62	0.47	0.49	0.71	0.57		0.64
T/CBilirubin		0.98	1.1	0.95			0.57	0.85	0.82	1.19	1.70	1.85	1.03		1.54
ALT/AST		23	29	28	23	19		3	1	2					20
ALP/LDH								21	20	29	27		26		

2018 – Electrolytes relatively stable

RED CROSS CHILDREN'S HOSPITAL ONCOLOGY SERVICE

METABOLIC MONITORING OF LEUKAEMIA/LYMPHOMA\*

	2018					2019					2021	
DATE	27/12	30/12	5/1	11/2	12/3	18/3	24/5	2/10	29/10	22/10	22/2	23/2
Na	130	128	127	127	130	127	133	136	131		117	128
K	3.3	3.4	4	4.3	3.7	3.5	3.9	3.5	4.0		4.2	3.7
Cl		96	95	95	98		102	98	99		82	97
Urea	5.6	4.1	4.6	2.3	2.2	2.7	1.4	5.2	5.8		3.9	1.6
Creatinine	27	21	23	22	24	22	32	41	102		34	30
TP/Albumin	44	42			37	38	39	41			42	
Ca/Corrected	2.38	2.37	2.32		2.20	2.22	2.2	2.37	2.44		2.42	
Mg/Pi	0.65 1.17	0.62 1.00	0.75 1.26		0.62 1.32	2.43 1.16	0.57 1.26	0.76 1.46	0.76 1.45		0.74 1.12	
T/CBilirubin												
ALT/AST											34 40	
ALP/LDH											243	
Glucose												
QUALITY												267

2018-2019 – Hyponatremia and hypomagnesemia developing  
 The patient was found to have hypothyroidism and started on T4 replacement 50ug mane.

## Other Investigations

Urine electrolytes on 23/02/2021:

- Na 54 mM
- K 31.3 mM
- Cl 110 mM
- Osmol 554 mOsmol
- Fractional reabsorption of phosphate: 85%

## Final Diagnosis

Unknown – but likely indicates a tubular loss of sodium due to the chemotherapeutic agent(s).

# Take Home Message

Chemotherapeutic agents does cause tubulopathy.

TMP/GFR is likely a better indicator of renal phosphate handling than only fractional reabsorption of phosphate. This can be calculated mathematically or read from a nomogram.