Case No 3:

A 64 year old male presented with the following history:
Hypertension for last 5yrs for which he was on regular treatment of Amlodipine 5mg once daily, he visits his physician regularly.
He also had an episode of angina 8 months back for which he was admitted for one day, however cardiac enzymes (Trop-T) were not raised and the ECG was normal. He was discharged on 75mg aspirin and advised to continue his antihypertensive medication.
His past history includes cholecystectomy for gallstones 7 yrs back.
Now since the angina episode his physician has noted a gradual deterioration of hypertension and renal function, his recent creatinine levels were 2.1 mg/dl and urine analysis revealed mild proteinuria. He also complained of some flank pain on the right side, for which a renal USG was done and the findings were:
Left kidney 6.7 cm long, no calculus seen.
Right kidney 9.8 cm long, a 8 mm calculus in mid calyx, no hydronephrosis, normal ureters, prostate is normal.
What would be the cause for the deterioration in the patient’s condition?

The diagnostic dilemma is open for discussion. Interact with the author and send your answer on Rapid Response. The answer to this clinical quiz will be discussed in the July 2009 issue of PA.

Answer to case No 2

A 75 year old man presented to the medical casualty with seizures and coma. He also had headache for last 2 days followed by confusion since morning on the day of presentation. He has also had cough and fever for last 3 days for which he was taking gatifloxacin, paracetamol and an expectorant prescribed by a physician. A CT scan head was done which revealed diffuse cerebral edema.
His past history included chronic emphysema, besides he had a smoking history of 40 pack years and according to the family he seemed to have become weak and lost some weight recently.

ANSWER: Syndrome of inappropriate anti-diuretic hormone secretion (SIADH)
Discussion: Patient had Syndrome of inappropriate anti-diuretic hormone secretion (SIADH). He was later diagnosed as having small cell carcinoma of lung, which led to the development of SIADH resulting in water retention and dilutional hyponatremia. The low sodium levels were the cause of seizures and excess water led to the picture of diffuse cerebral edema on the CT scan.

Author Information:
Yasir Rashid is post-graduate student in Anesthesiology working in SMHS Hospital, Srinagar, Kashmir. Email: yasirrashid1@yahoo.com