

A Rare Case of Localized Herpes Zoster and Siadh

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Background

The inappropriate antidiuretic hormone secretion syndrome (SIADH) may cause hyponatremia, secondary to neurological, pulmonary, infective, and neoplastic disorders, as well as drug administration. SIADH may induce nausea, vomiting, vertigo, disorientation, cognitive functions impairment and severe neurological signs, such as seizures and loss of consciousness.

Case History

A 81 year-old female presented to our attention for confusion and cognitive impairment. Biochemical evaluation showed severe hyponatremia (107 mEq/L), normal creatinine, glucose, potassium, calcium, blood count, BNP, liver, adrenal and thyroid function. Clinical evaluation and echocardiography showed euolemia and no signs of heart failure whereas pharmacological anamnesis excluded the use of drugs inducing hyponatremia. According to blood exams and clinical parameters, SIADH diagnosis was made. A total body computed tomography with iodinated contrast excluded malignancy. Notably, the patient presented with a left leg herpes Zoster and a post-herpetic neuralgia (PHN) that arose 1 month before the hospitalization and was treated with acyclovir (Figure 1). Low-dose Tolvaptan was started (7.5 mg/d) reaching normonatremia and the full recovery of cognitive functions. Discussion: SIADH in conjunction with localized herpes zoster

and PHN is rarely reported and may be under-recognized [1]. Low-dose Tolvaptan (<15 mg/d) is safe and effective, avoiding the risk of sodium overcorrection



Figure 1: Left Leg Herpes Zoster

References

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