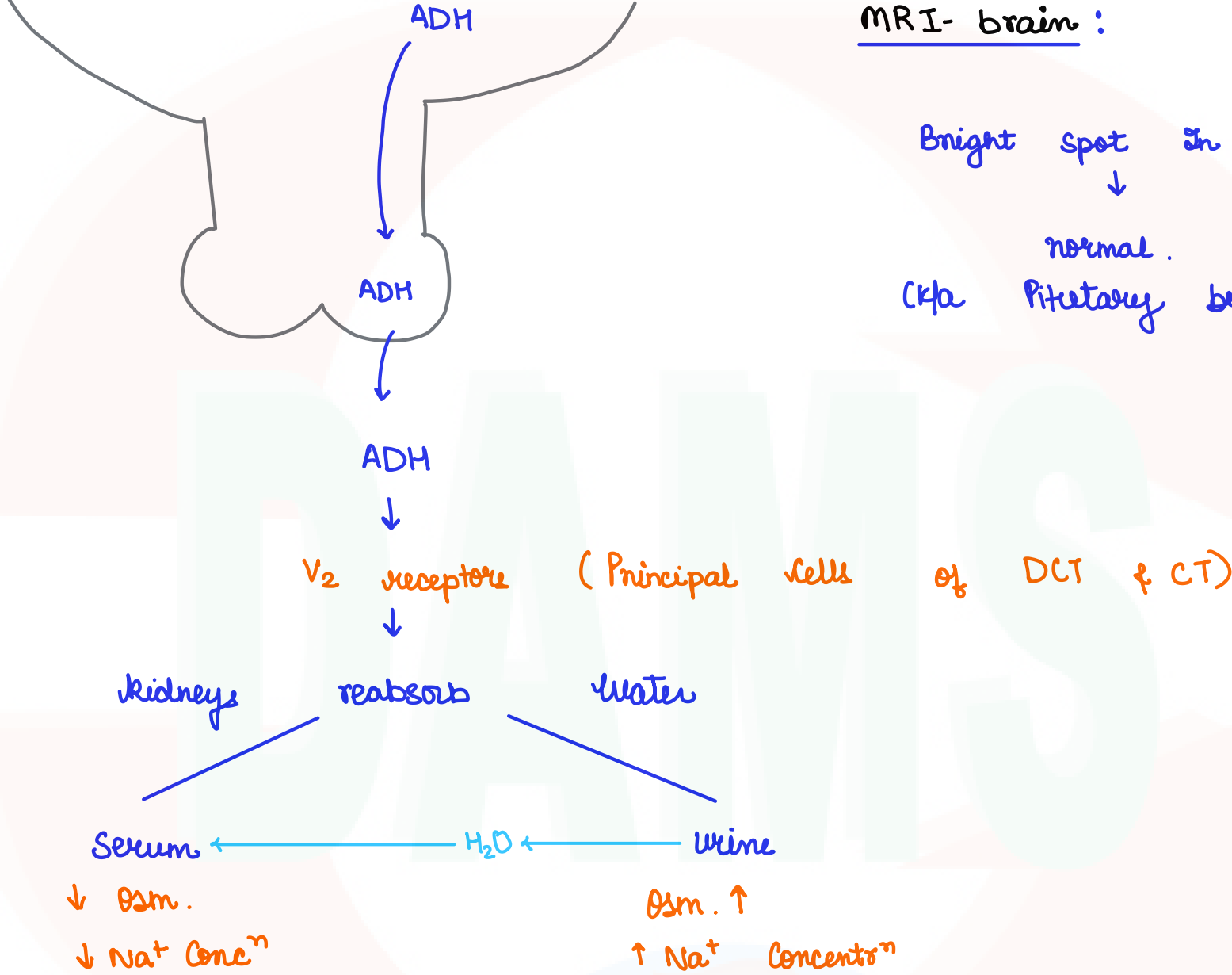


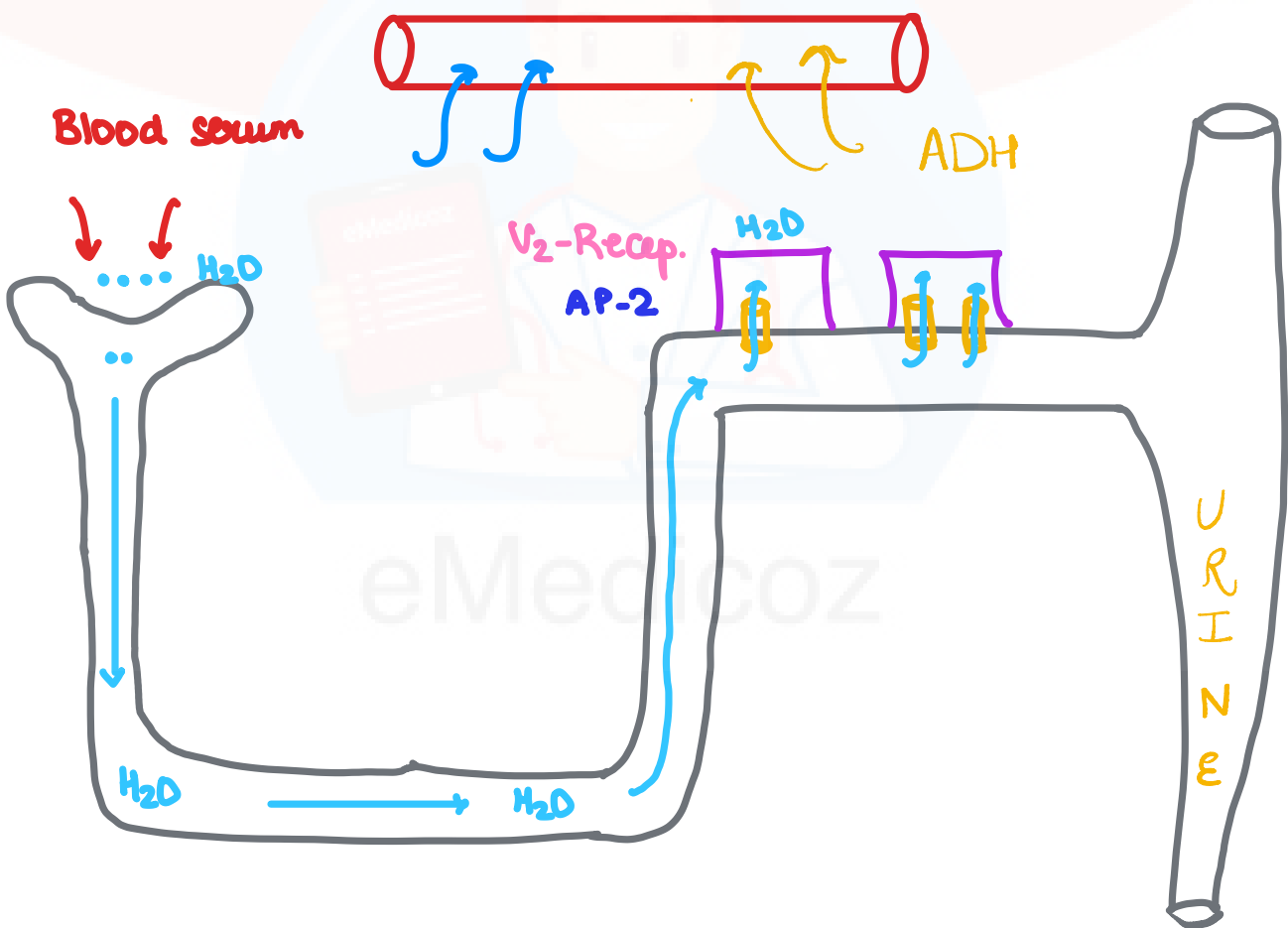
ADH

⇒ AVP (arginin - vasopressin)



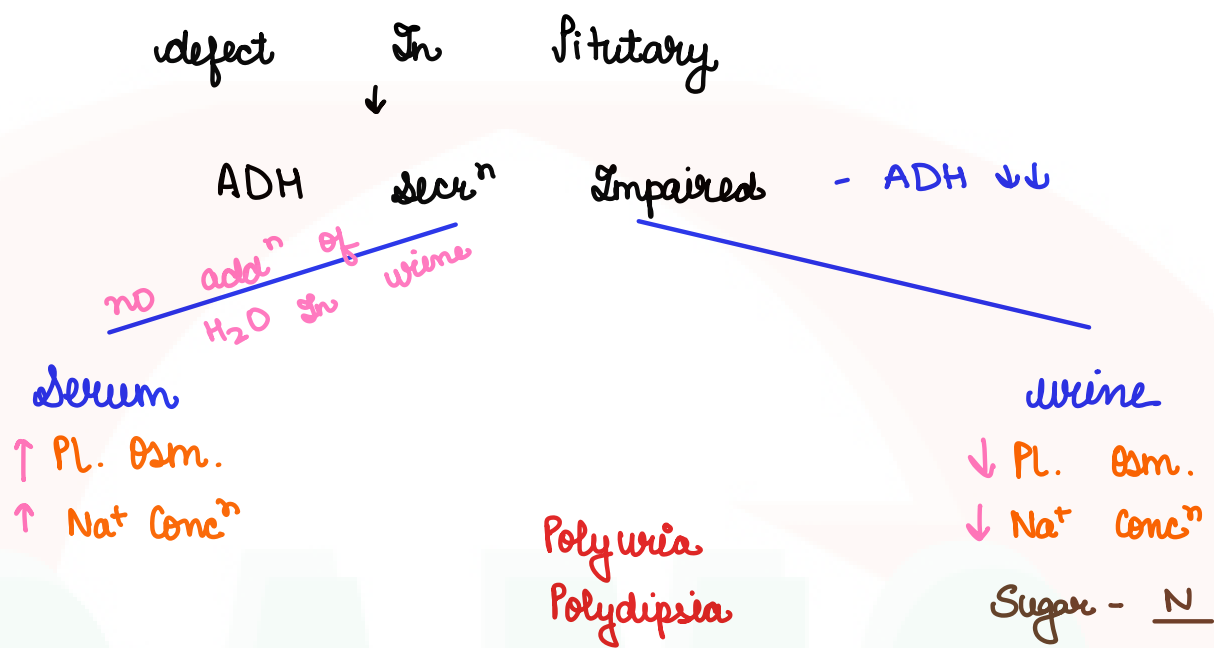
MRI- brain :

Bright spot in Pituitary
↓
normal.
(No Pituitary bright spots)



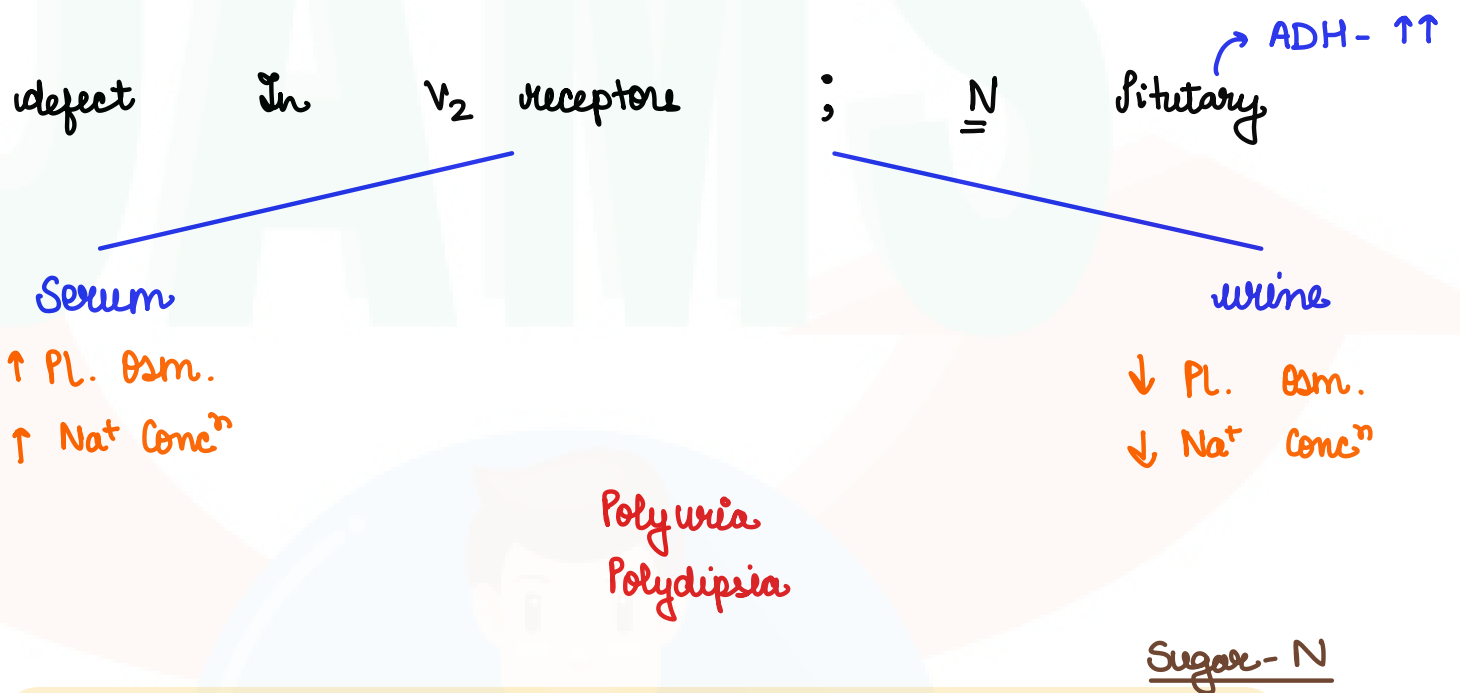
DIABETES INSIPIDUS

C.S.



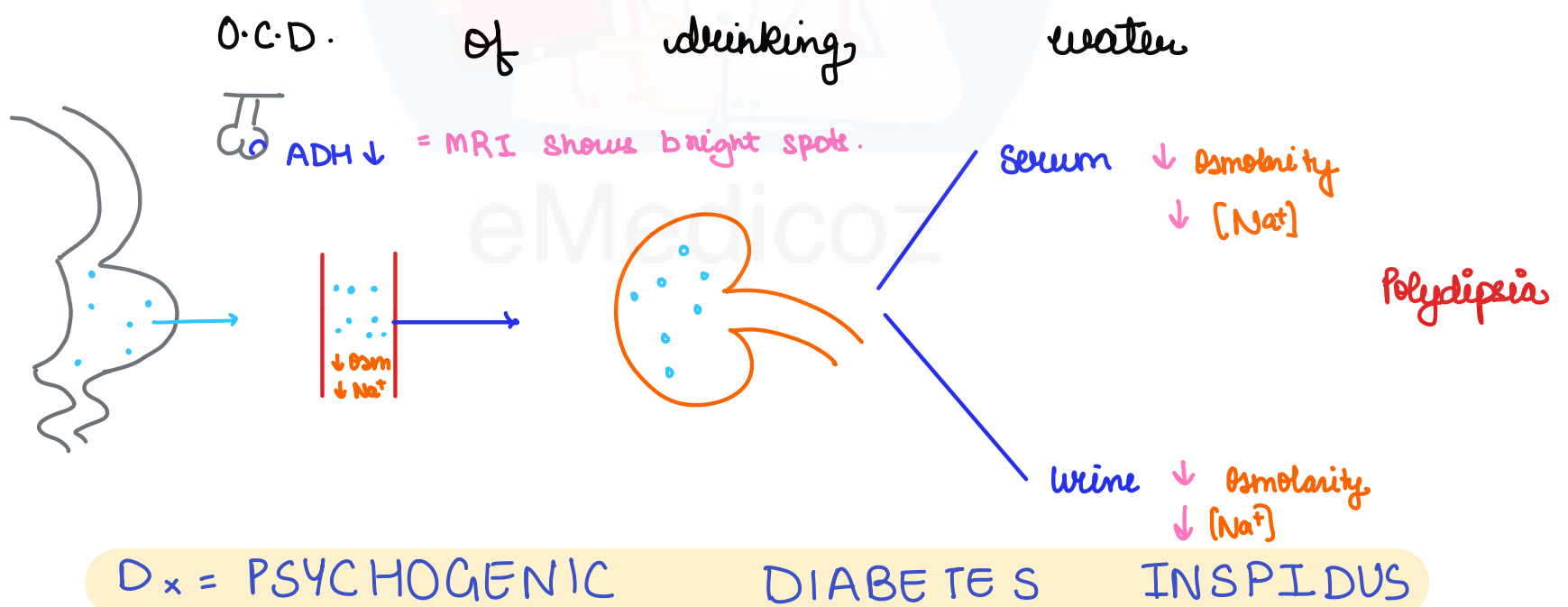
D_x $\rightarrow$ CENTRAL DIABETES INSIPIDUS

C.S.



D_x = Nephrogenic Diabetes Insipidus

C.S.



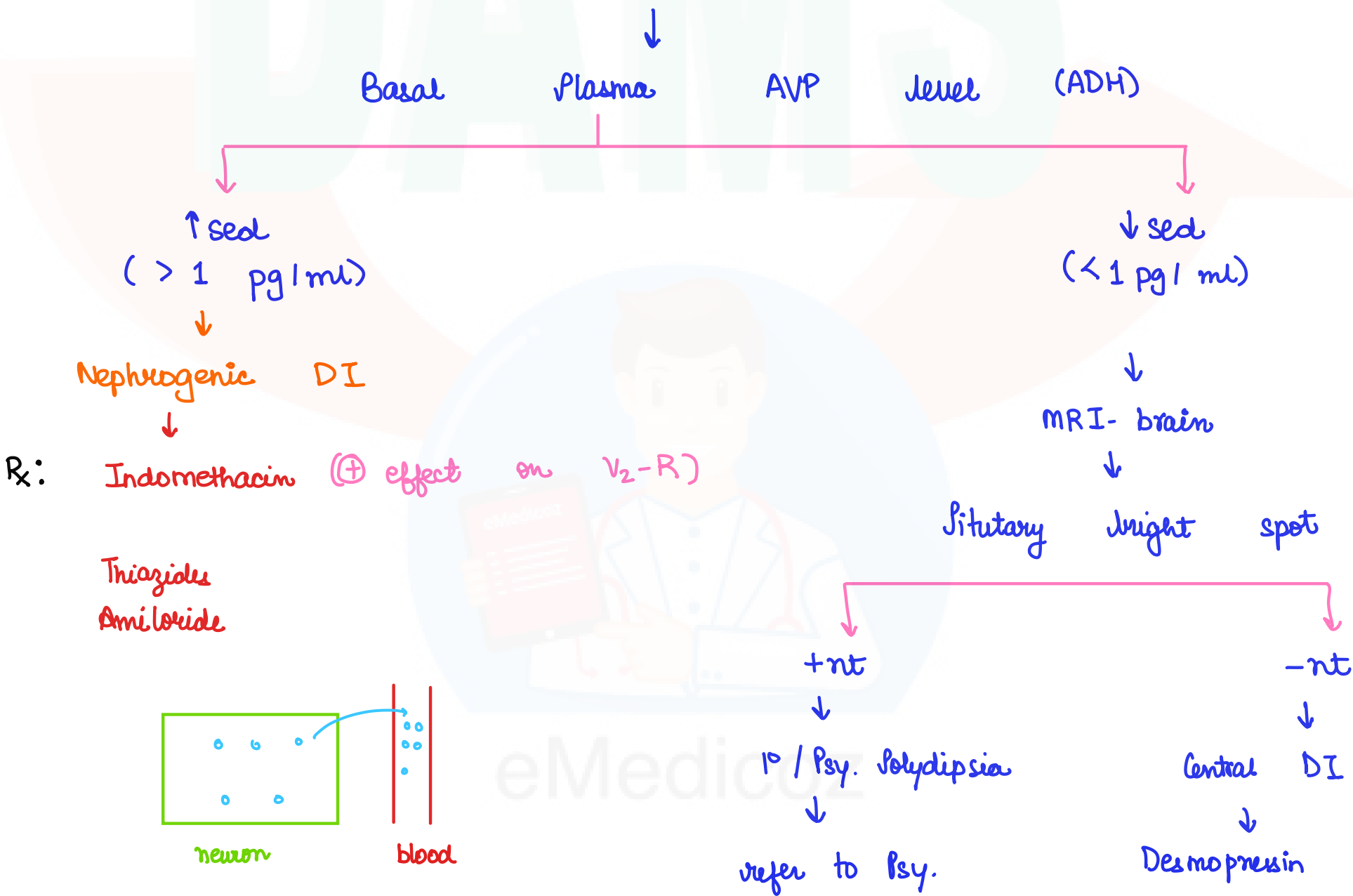
Normal

Urine Osm. = 300 to 1000 mOsm/L
Serum Osm. = 275 to 295 mOsm/L

Sr. Na⁺ Concⁿ = 135 to 145 meq/L.

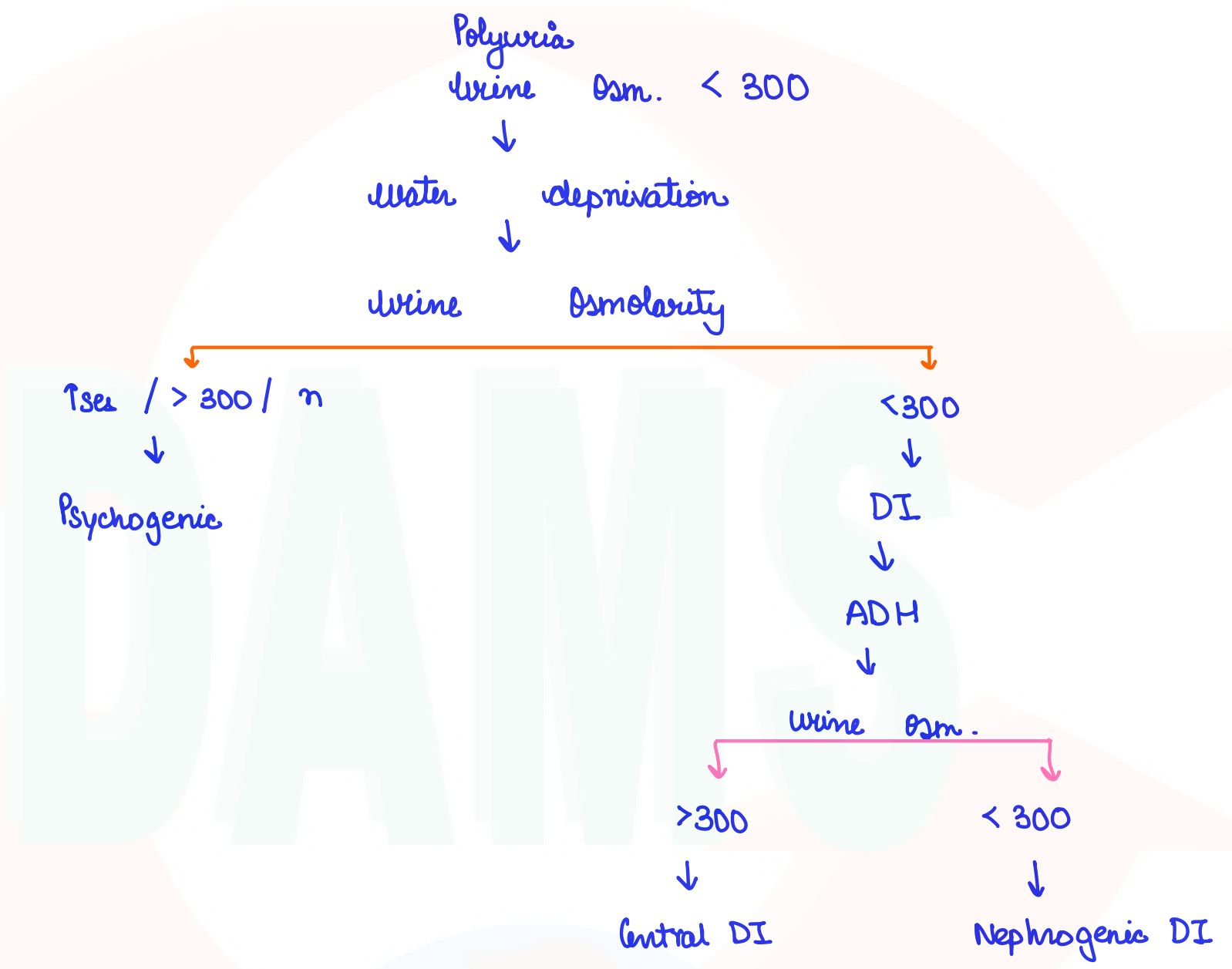
Approach to Polyuria

Polyuria (> 40 ml / kg / 24 hr.)
Urine Osm. (< 300 mOsm)



= Anti-diuretic given to ↓ Na⁺ Concⁿ.
↓
So that nerve shock prevented.

WATER DEPRIVATION TEST



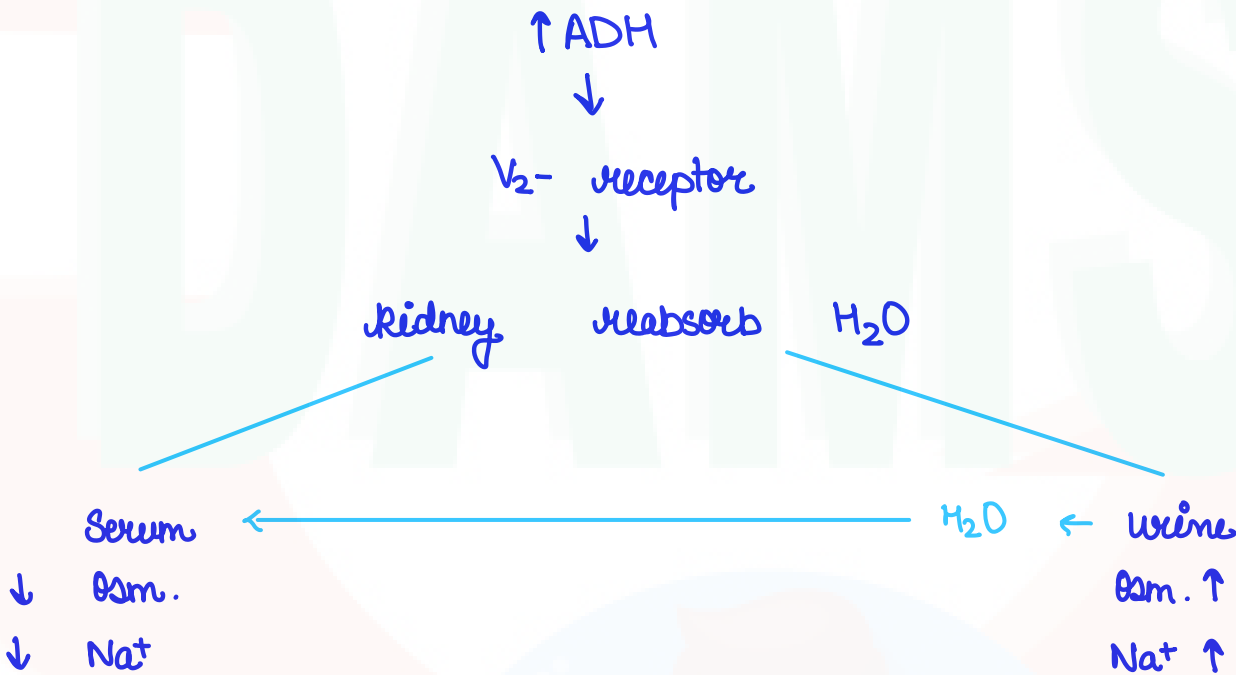
SIADH

Syndrome of Inapprop. secrⁿ of ADH.
Increase

Causes →
(Harrison's)

m/c Cancer ass. → Small cell ca. of lung
m/c drug ass. → SSRI

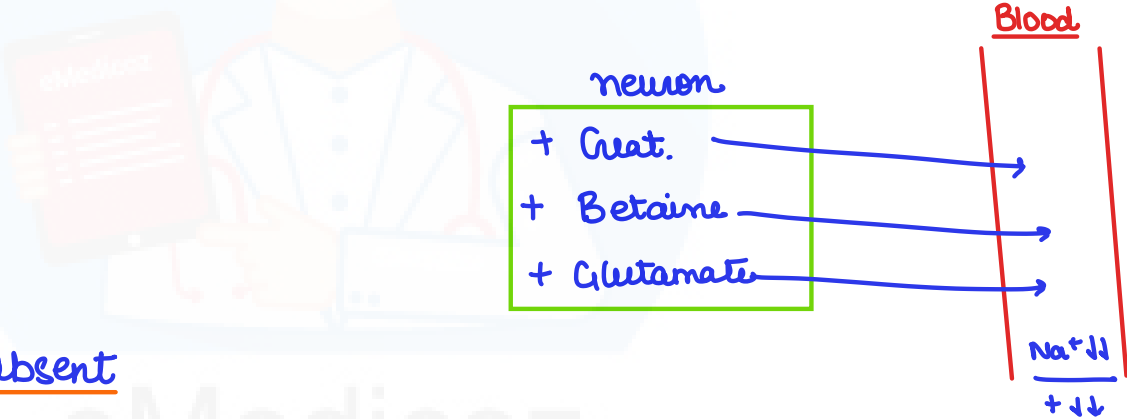
Mechanism →



C/F →

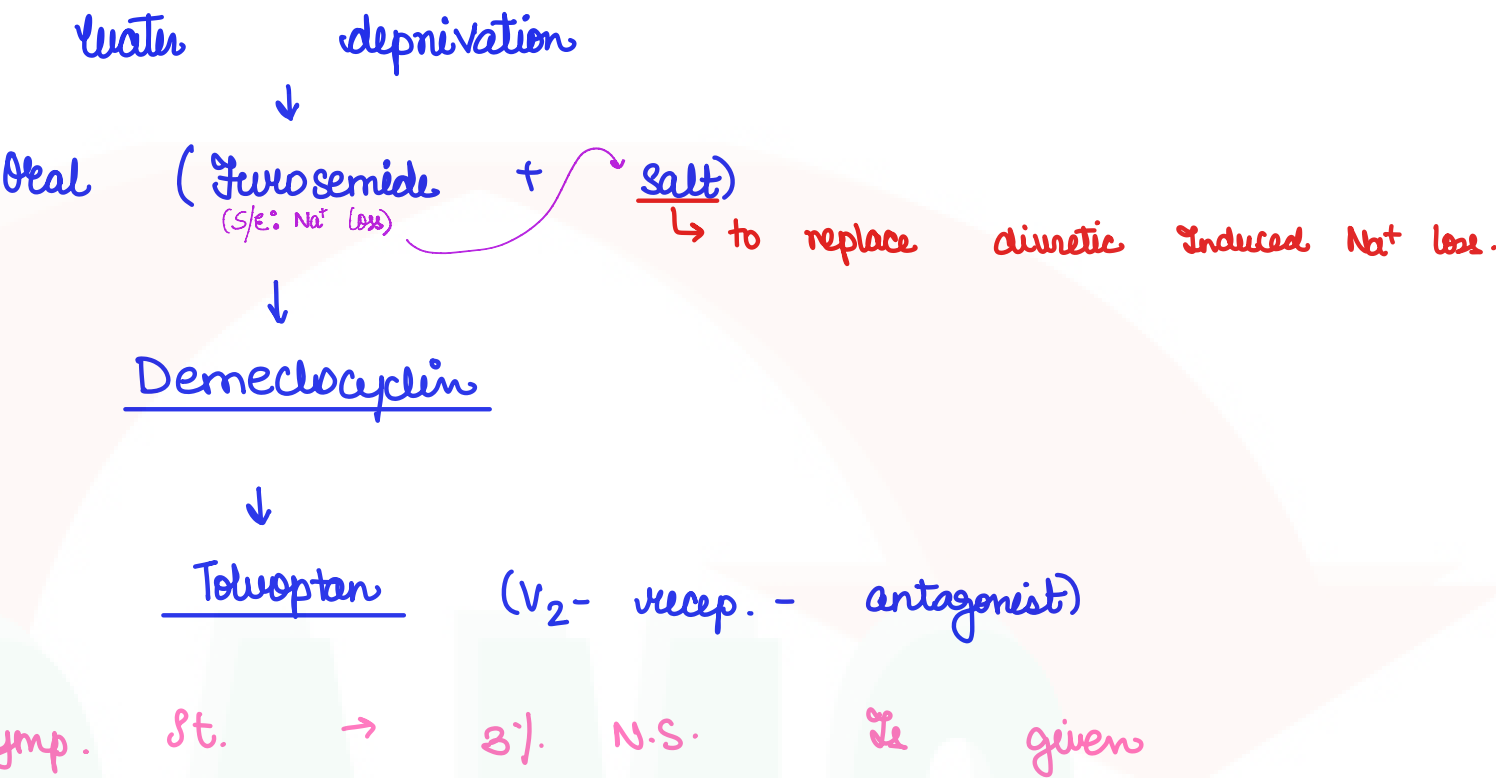
Confusion
Seizure
headache
vomit

Edema is absent



- Proposed → 1) limit to absorpⁿ of water
(fixed no. of R)
- 2) Saturated V₂ receptors. → stop resp. to ADH.

R_x →



	CENTRAL D.I.	NEPHROGENIC D.I.	PSYCHOGENIC D.I.	SIADH
ADH levels	↓	↑	↓	↑
C / F	Polydipsia Polyuria	Polydipsia Polyuria	OCD of drinking water	Confusion vomit Seizure headache
Sr. Osmo	↑	↑	↓	↓
Sr. Na ⁺	↑	↑	↓	↓
ur. Osmo	↓	↓	↓	↑
ur. [Na ⁺]	↓	↓	↓	↑
R _x	Desmopressin		Acetazolamide Refer Psychi	Tolvoptan