

A Case Report in Hyponatremia as the First Presentation of Stage IV Lymphoma; an Opportunity for Earlier Diagnosis

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Introduction

- This case provides valuable insight into hyponatremia as an atypical presentation of undiagnosed stage IV lymphoma.
- Although commonly seen, it serves as a reminder to search for uncommon causes if recurrent hyponatremia persists.
- In our case, this was found to be secondary adrenal insufficiency from adrenal metastasis.

Presenting Concerns of the Patient

- 57-year-old female presented with recurrent hyponatremia.
- She was first hospitalized for 3 days with influenza B and hyponatremia at 114 on admission while having acute vomiting and diarrhea. Her sodium was 133 on day of discharge.
- She was then readmitted one day later with hyponatremia at 112, and discharged 4 days later with sodium 135.
- 5 days later, she was admitted for the third time with sodium of 117.

Interventions

- During her third admission, CT chest revealed multiple spiculated nodules as well as bilateral hilar lymphadenopathy.

CT Chest

Multiple spiculated nodules
Bilateral hilar lymphadenopathy

See images to the right

Biopsy

Stage IV peripheral T cell lymphoma, not otherwise specified

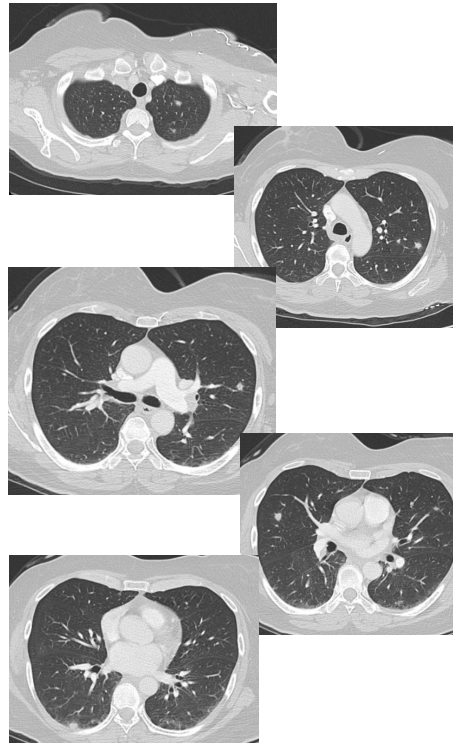
PET Scan

Metastases in the adrenal glands bilaterally
Metastases in lungs

- Morning cortisol was found to be low.
- Outpatient biopsy revealed stage 4 peripheral T cell lymphoma, not otherwise specified.
- PET scan revealed metastases in the adrenal glands bilaterally, as well as the known metastases in the lungs.

Outcomes

- Patient received cycle 1 day 1 of Brentuximab Vedotin, Cyclophosphamide Hydroxydaunorubicin Prednisone
- She was admitted one day later with recurrence of hyponatremia.
- She never discharged home, ultimately dying after repair of bowel perforation, gastrointestinal bleed, and suspected transfusion related acute lung injury.



Main Lessons to Learn

- This patient had three hospital admissions before her underlying process began to be suspected.
- The main lesson here is to broaden our differential as clinicians when seeing presentations such as hers.

Conclusion

- Consider adrenal metastases causing secondary adrenal insufficiency in a patient who presents with recurrent hyponatremia.

References

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