Cisplatin

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Renal salt-wasting syndrome in an elderly patient: case report

A 70-year-old woman received cisplatin-based antineoplastic therapy and developed renal salt-wasting syndrome (RSWS).

The woman, who had postoperative recurrent lung cancer, received cisplatin 75 mg/m^2 [*frequency and route not stated*] with pemetrexed and bevacizumab. On day 2, she had grade 1 loss of appetite but no systemic abnormalities. On day 3, she developed grade 2 loss of appetite and a sudden decline in her level of consciousness. She had a Japan Coma Scale outcome of 200. Approximately 30 minutes after her decline in consciousness, she developed general seizures and very weak spontaneous respiration.

The patient received bronchial intubation and artificial respiration monitoring. Her serum sodium, chloride and potassium levels measured 112 mmol/L, 77 mmol/L and 3.5 mmol/L, respectively. Syndrome of inappropriate secretion of antidiuretic hormone was suspected, and a sodium chloride infusion was started. However, her urinary sodium elimination greatly exceeded her sodium intake. In addition, a high β-2 microglobulin level indicated renal tubule failure. Based on her renal tubule failure and dehydration, RSWS was suspected. Fluid replenishment was increased and sodium chloride was administered. On day 5, her sodium and chloride levels were 125 mmol/L and 95 mmol/L, respectively. Her consciousness was improving, and her spontaneous respiration stabilised. She was feeling well when she was discharged on day 13. Of note, her vasopressin level was elevated at 23 pg/mL on the day that she developed consciousness disturbance.

Suzuki H, et al. Renal-salt wasting syndrome in a patient with CDDP containing chemotherapy for recurrent non-small-cell lung cancer. Gan to Kagaku Ryoho 38: 2635-8, No. 13, Dec 2011 [Japanese; summarised from a translation] - Japan

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