I'm a Nephrologist and I give urea to my patients.

SIAD in cancer patients.

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ABSTRACT

Introduction: Syndrome of inappropriate antidiuresis (SIAD) is an emerging issue in cancer patients. Affects one-third of all cases of hyponatremia in these patients with negative impact in patients’ quality of life and increasing costs and length of hospital days.

Material and Methods: From august 2021 to march 2022, 11 oncological patients with SIAD who received urea treatment were enrolled in this retrospective study. We analyzed mean serum sodium (sNa) at baseline, 24 after start of treatment and after that on basis of natremia evolution. We also record the time to reached sNa above 130 mEq/L and 135mEq/L, the dose and duration of treatment with urea and reported side effects. Biochemical assessments were routinely performed.

Results: Severe and chronic hyponatremia was present at admission in 82% patients. Mean sNa was 121 [±3] mEq/L. All have normal kidney function (mean serum creatinine(sCr) 0,54 [±0,18] mg/dL; mean serum urea (sUrea) 26 [±10] mg/dL). After 24h of treatment a mean increase of 3 [±1] mEq/L occurred. The mean days to reached sNa levels ≥130mEq/L and ≥135mEq/L were 16 [2-110] and 10 [2-22] days, respectively. Patients were treated with oral urea for a median of 25 days (range 3-224). In 4 patients we have records of urea distaste but not motivated discontinuation of treatment.

Conclusion: Our data show that urea is an effective treatment for cancer patients with moderate and severe chronic SIAD. Serum sodium above 130mEq/L was achieved in all patients in a median of 5 days. Distaste was frequent referred but did not lead to treatment interruption.

Key words: Cancer, hyponatraemia, SIAD, urea