Syndrome of Inappropriate ADH Secretion Causes

Increased Hypothalmic Production of ADH

1. Neuropsychiatric disorders

1. Infections: meningitis, encephalitis, brain abscess
2. Vascular: thrombosis, subarachnoid or subdural hemorrhage, temporal arteritis, cavernous sinus thrombosis, stroke
3. Neoplasm: primary or metastatic
4. Skull fracture, traumatic brain injury
5. Psychosis, delirium tremens
6. Other: Guillain-Barré syndrome, acute intermittent porphyria, autonomic neuropathy, postpituitary surgery, multiple sclerosis, epilepsy, hydrocephalus, lupus erythematosus.

2. Drugs

1. Intravenous cyclophosphamide
2. Carbamazepine
3. Vincristine or vinblastine
4. Thiothixene
5. Thioridazine, other phenothiazines
6. Haloperidol
7. Amitriptyline, other tricyclic antidepressants or serotonin-reuptake inhibitors
8. Monoamine oxidase inhibitors
9. Bromocriptine
10. Lorcainide
11. Clofibrate
12. General anesthesia
13. Narcotics, opiate derivatives
14. Nicotine

3. Lung diseases and interventions

1. Pneumonia
2. Tuberculosis
3. Lung abscess, empyema
4. Acute respiratory failure
5. Positive pressure ventilation

4. Perioperative Period - associated with the stress response to injury and pain

Ectopic (nonhypothalamic) production of ADH

1. Cancer: Small cell carcinoma of lung (2/3 of patients with small cell have

impaired water excretion), bronchogenic, duodenum, pancreas, thymus, olfactory neuroblastoma, bladder, prostate, uterus
2. Lymphosarcoma, reticulum cell sarcoma, mesothelioma, Ewing sarcoma
3. Hodgkin's disease, leukemia
4. Pulmonary tuberculosis

Potentiation of ADH effect

1. Chlorpropamide
2. Carbamazepine
3. Psychosis
4. Intravenous cyclophosphamide
5. Tolbutamide
6. Prostaglandin-synthesis inhibitors (salicylates, NSAIDS)

Exogenous administration of ADH

A. Vasopressin, desmopressin
B. Oxytocin