



SYNDROME DE SÉCRÉTION INAPPROPRIÉE D'ADH : SIADH

Le SIADH est un facteur de mauvais pronostic indépendant et l'hyponatrémie entraîne une altération de la qualité de vie des patients. Les complications possibles peuvent être liées à l'hyponatrémie elle-même (encéphalopathie hyponatrémique) ou à une correction trop rapide (myélinolyse centro-pontine). Une hyponatrémie (< 135 mmol/l) est considérée comme aiguë quand elle est apparue depuis moins de 48 heures.

La sévérité de l'hyponatrémie est fonction de la symptomatologie clinique :

- Asymptomatique.
- « Symptômes modérément sévères » : nausées sans vomissement, confusion, ou céphalées.
- « Symptômes sévères » : vomissements, détresse cardio-respiratoire, somnolence, coma ou épilepsie.

Grade 1	> 130 mmol/l
Grade 2	Natrémie : 125-129 mmol/L ET asymptomatique
Grade 3	Natrémie 125-129 mmol/L ET symptomatique OU natrémie 120-124 mmol/l quel que soit le retentissement symptomatique
Grade 4	<120 mmol/L ou conséquences vitales
Grade 5	Décès

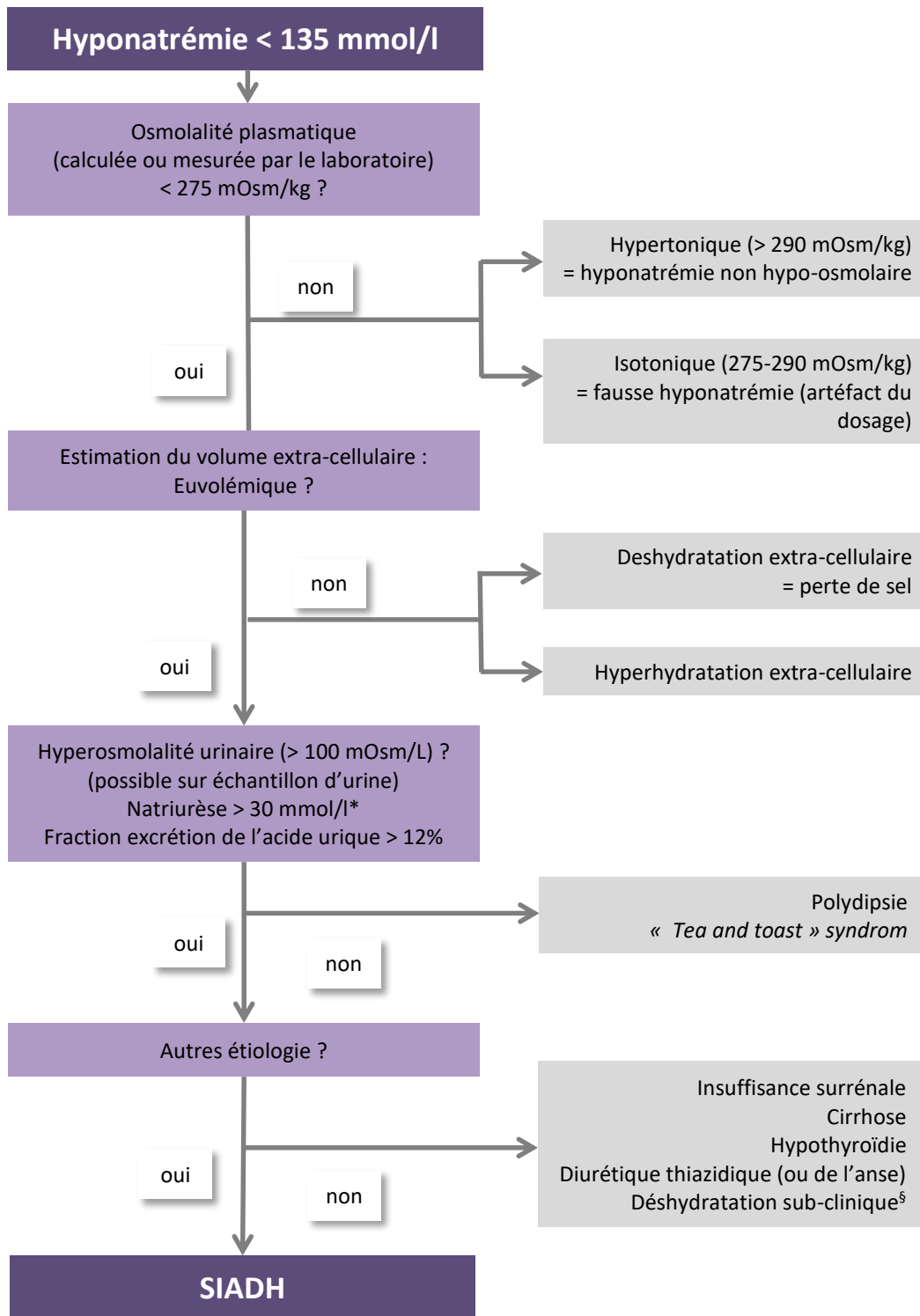
Tableau 27 – Classification des hyponatrémies selon la classification CTCAEV 5.0

1. Démarche diagnostique

Une hyponatrémie au cours d'un cancer n'est pas forcément synonyme de SIADH, la démarche diagnostique doit donc être exhaustive (cf. **Figure 7**) (124).

Le diagnostic étiologique précis de l'hyponatrémie est fondamental afin de délivrer le traitement adapté. La première étape (après avoir exclu une « fausse hyponatrémie ») est bien sûr d'apprécier la gravité clinique du trouble et la nécessité d'un traitement immédiat. La Figure 7 montre les différentes étapes du diagnostic.

Afin de différencier un SIADH d'une déshydratation subclinique, il peut être intéressant de réaliser une hydratation « test » du patient en perfusant environ 1,5 L de Na Cl 0,9% en 12-24 h (volume à adapter aux antécédents du patient, notamment cardiaques) : une remontée (même partielle) de la natrémie signe une déshydratation, une stagnation voire une décroissance étant en faveur d'un SIADH.



* Sauf en cas de diurétisation ; § Test thérapeutique possible : perfusion de 1,5 L de NaCl en 12 à 24 heures

Figure 7 – Arbre diagnostique devant une hyponatrémie dans le cadre d'un cancer (adapté de (124))



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DECLARATION DES LIENS D'INTERETS

Les personnes ci-dessous ont déclaré des liens d'intérêt en oncologie thoracique pour des participations à des congrès, séminaires ou formations ; des bourses ou autre financement ; des rémunérations personnelles ; des intéressements ; ou tout autre lien pertinent dans les 3 dernières années :

ARPIN D : Takeda, Roche
 AUDIGIER-VALETTE C : Roche, Abbvie, BMS, MSD, Takeda, Boehringer, AstraZeneca, Pfizer, Novartis, Fabre, Amgen, Lilly
 AVRILLON V : BMS, Abbvie.
 BARANZELLI A. : Roche, Takeda, BMS, MSD
 BAUD M. : Boehringer
 BAYCE BLEUEZ S. : Roche, BMS, AMGEN
 BERARD H : Roche, Pfizer, Boehringer
 BERNARDI M. : BMS, Sandoz, Roche
 BOMBARON P : Roche, AstraZeneca, BMS, Boehringer.
 COURAUD S. : AstraZeneca, Boehringer Ingelheim, Lilly, Merck, MSD, Novartis, Pfizer, Roche, Sysmex Innostics, Chugai, Laidet.
 DELCLAUX B : BMS, Boehringer, AstraZeneca, Novartis, Roche.
 DEMIR S : Pfizer, BMS
 FALCHERO L. : Roche, Boehringer, AstraZeneca, BMS, Pfizer, Amgen.
 FOUCHER P : AstraZeneca, Roche, BMS, MSD, Chugai, Vifor, IFCT, PFIZER
 FOURNEL P. : Lilly, Amgen, BMS, MSD, Roche, Pfizer, Astellas, Boehringer, AstraZeneca, Takeda, Novartis, PFO
 GERINIERE L : Lilly
 GIAJ LEVRA M. : MSD, BMS, Roche, AstraZeneca, Novartis, Pfizer, Boehringer
 GONZALEZ G. : Roche, Novartis, Pharmadom
 GOUNANT V : Takeda, Lilly, Roche, AstraZeneca, BMS, Boehringer, Pfizer, Novartis.
 GROUET A. : Boehringer, Novartis
 HAMMOU Y : Chiesi, ISIS, Elia
 JACOULET P : Boehringer
 JANICOT H. Boehringer
 LARIVE S. : TEVA Santé, Pfizer, Boehringer, BMS, MSD, AstraZeneca.
 LE TREUT J. : AstraZeneca, Boehringer, Roche, BMS, MSD
 LOCATELLI SANCHEZ M. : Boehringer, BMS, AstraZeneca, LFB
 LUCIANI S : Pfizer
 MARTIN E. : Astra Zeneca
 MASTROIANNI B : Amgen
 MERLE P : MSD, AstraZeneca, BMS, Pfizer
 MORO-SIBILOT D : Roche, Pfizer, Lilly, Boehringer, MSD, BMS, Takeda, AstraZeneca, Novartis, Amgen, Abbvie
 NAKAD A : BMS
 ODIER L. : Lilly, Amgen, Pfizer
 PAULUS V : MSD, Roche
 PEROL M. : Roche, AstraZeneca, Boehringer, Lilly, Takeda, BMS, MSD, Pfizer, Novartis, Chugai
 PERROT E. : AstraZeneca
 PINSOLLE J. : Takeda, MSD, Roche, Pfizer, Agiradom.
 RANCHON F : CELGENE, JAZZPHORNA
 SAKHRI L : Pfizer, BMS.
 SOUQUET P.-J. : Amgen, AstraZeneca, BI, CHUGAI, P FABRE, LILLY, MSD, BMS, Pfizer, Novartis, Sandoz, Roche, Takeda, Bayer, Merrimack, Merck, Astellas,
 TAVIOT B : Chiesi
 TISSOT C : Amgen, Sandoz, BMS
 WATKIN E. : MSD, AstraZeneca, Boehringer, Pfizer, Roche, BMS
 ZALCMAN G. : Roche, AstraZeneca, BMS, Pfizer, Novartis, Abbvie, MSD, Boehringer, GSK, Inventiva

Les autres participants et membres des groupes de travail n'ont déclaré aucun lien d'intérêt en oncologie thoracique.
 Aucun participant ou membre d'un groupe de travail n'a rapporté de lien d'intérêt avec l'industrie du tabac.



Soins de support et nutrition

MENTIONS LEGALES

La réunion de mise à jour des référentiels (édition 2019) a été organisée par l'Association de Recherche d'Information Scientifique et Thérapeutique en Oncologie Thoracique (ARISTOT).

Les partenaires institutionnels 2019 d'ARISTOT sont : **Amgen, Astra Zeneca, Boehringer Ingelheim, Chugai, Pfizer, Roche.**

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