

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

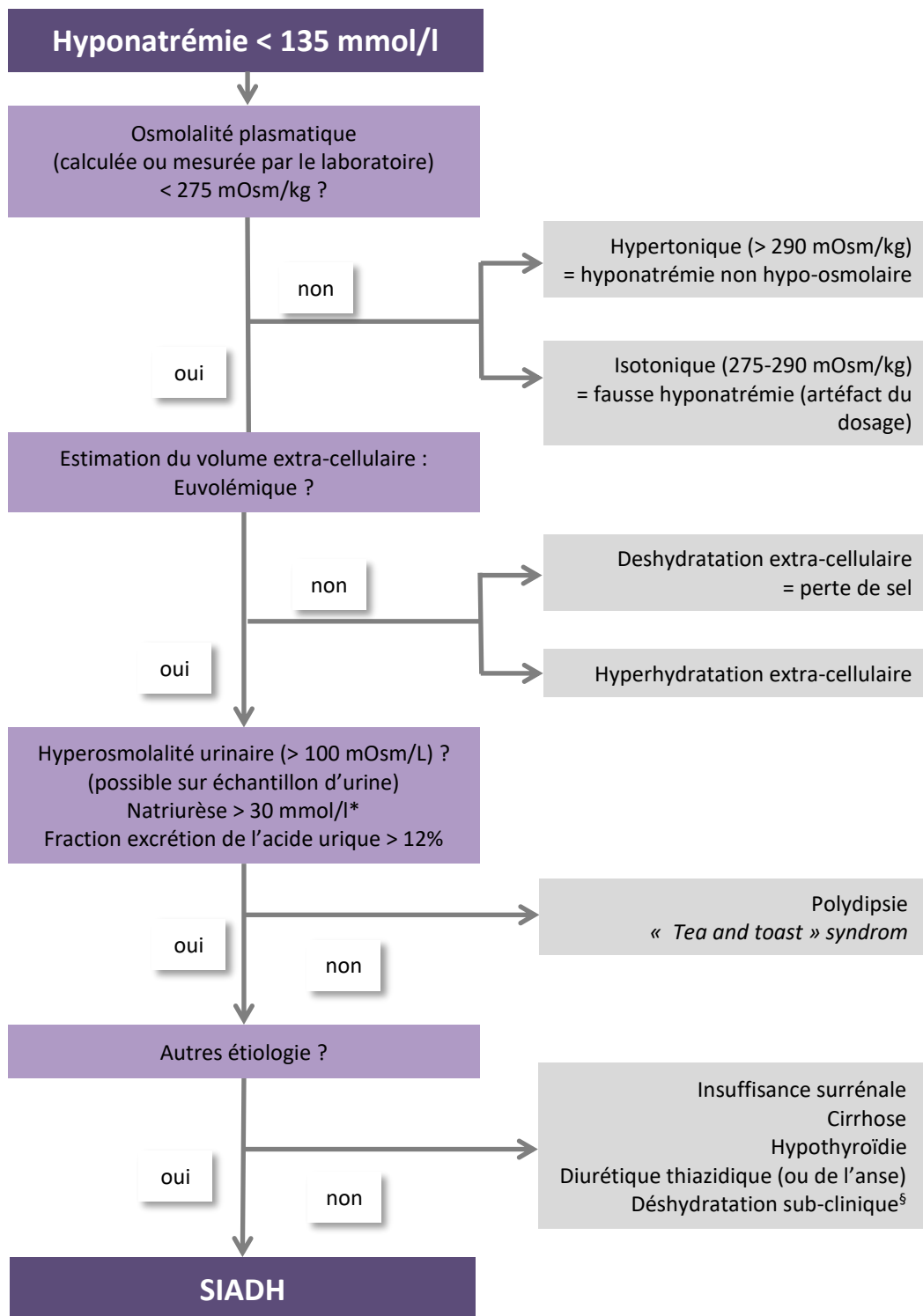
Tableau 28 – Classification des hyponatrémies selon la classification CTCAEV 5.0

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**) (122).

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 (122))

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