

## 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

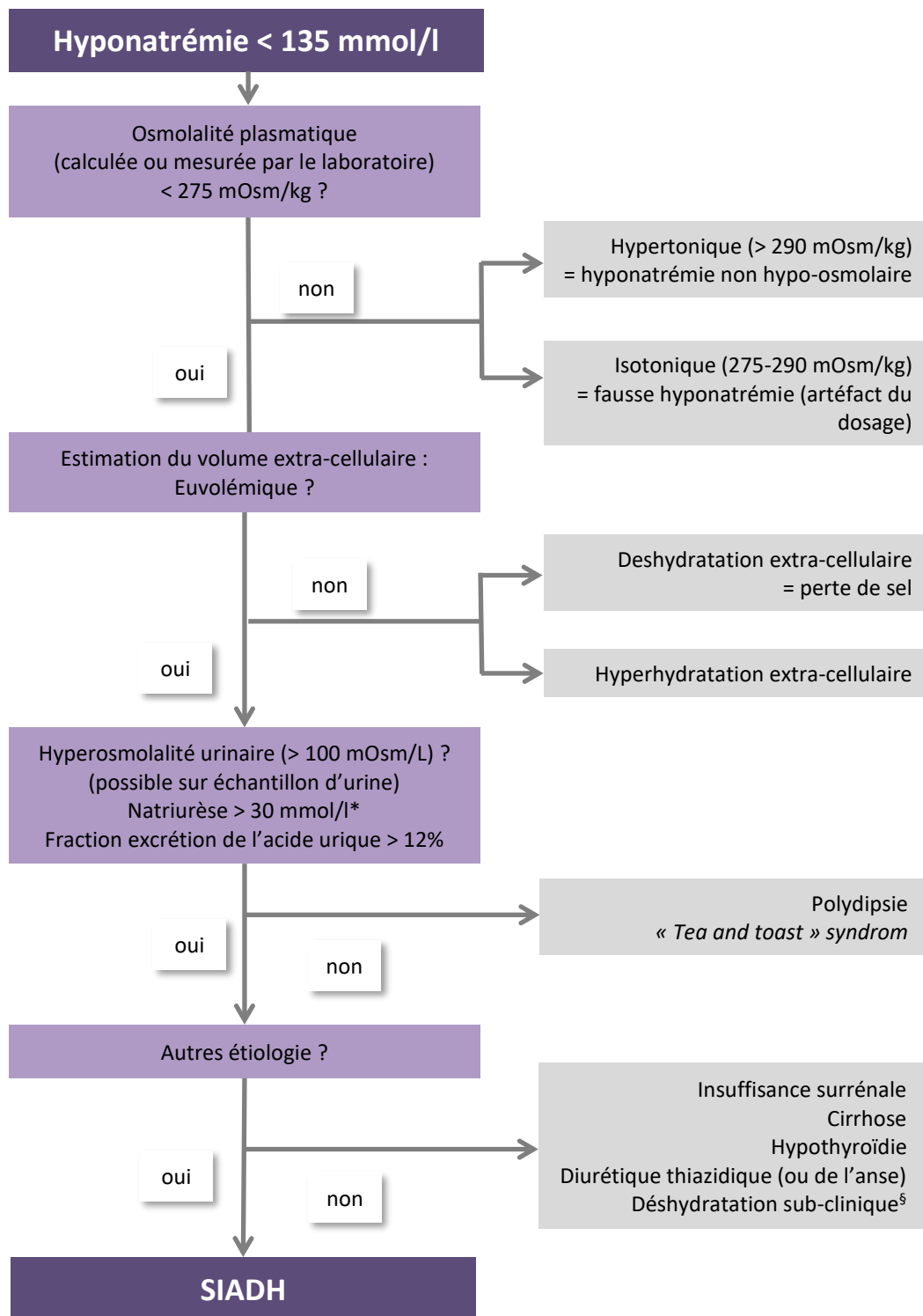
Tableau 28 – Classification des hyponatrémies selon la classification CTCAEV 5.0

### 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**) (113).

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 (113))

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