

### *Tumors*

**Pulmonary/mediastinal** (bronchogenic carcinoma, mesothelioma, thymoma)

**Nonchest** (duodenal carcinoma, pancreatic carcinoma, ureteral/prostate carcinoma, uterine carcinoma, nasopharyngeal carcinoma, leukemia)

### *Central nervous system disorders*

**Mass lesions** (tumors, brain abscesses, subdural hematoma)

**Inflammatory diseases** (encephalitis, meningitis, systemic lupus, acute intermittent porphyria, multiple sclerosis)

**Degenerative/demyelinative diseases** (Guillan-Barré, spinal cord lesions)

**Miscellaneous** (subarachnoid hemorrhage, head trauma, acute psychosis, delirium tremens, pituitary stalk section, transphenoidal adenomectomy, hydrocephalus)

### *Drug induced*

**Stimulated AVP release** (nicotine, phenothiazines, tricyclics)

**Direct renal effects or potentiation of AVP antidiuretic effects** (desmopressin [DDAVP], oxytocin, prostaglandin synthesis inhibitors)

**Mixed or uncertain actions** (angiotensin-converting enzyme [ACE] inhibitors, carbamazepine and oxcarbazepine, chlorpropamide, clofibrate, clozapine, cyclophosphamide, 3,4-methylenedioxymethamphetamine [Ecstasy], omeprazole, serotonin reuptake inhibitors, vincristine)

### *Pulmonary diseases*

**Infections** (tuberculosis, acute bacterial and viral pneumonia, aspergillosis, empyema)

**Mechanical/ventilatory** (acute respiratory failure, chronic obstructive pulmonary disease, positive pressure ventilation)

causes

SIADH  
[created  
by Paul  
Young  
16/12/07]

criteria

### *Essential*

1. Decreased effective osmolality of the extracellular fluid ( $P_{osm} < 275 \text{ mOsm/kg H}_2\text{O}$ )
2. Inappropriate urinary concentration ( $U_{osm} > 100 \text{ mOsm/kg H}_2\text{O}$  with normal renal function) at some level of hypoosmolality
3. Clinical euvolemia, as defined by the absence of signs of hypovolemia (orthostasis, tachycardia, decreased skin turgor, dry mucous membranes) or hypervolemia (subcutaneous edema, ascites)
4. Elevated urinary sodium excretion while on a normal salt and water intake
5. Absence of other potential causes of euvolemic hypoosmolality: hypothyroidism, hypocortisolism (Addison's disease or pituitary corticotropin [ACTH] insufficiency) and diuretic use

### *Supplemental*

6. Abnormal water load test (inability to excrete at least 80% of a 20 mL/kg water load in 4 hours or failure to dilute  $U_{osm}$  to less than 100 mOsm/kg H<sub>2</sub>O)
7. Plasma AVP level inappropriately elevated relative to plasma osmolality
8. No significant correction of plasma  $[\text{Na}^+]$  with volume expansion but improvement after fluid restriction