SIADH Information

Although SIADH is associated with head injury and is also seen more frequently in older adults, this syndrome is associated with euvolemic hyponatremia (which is not the case with this patient). In the differential diagnosis, the provider needs to consider other causes of hyponatremia in the TBI patient such as Cerebral Salt Wasting Syndrome. This is of critical importance as the treatment of CSWS involves fluid replacement, not fluid restriction, which is a hallmark of SIADH treatment.

Table 2*

	CSW	SIADH
Plasma volume	⇓	⇑ or normal
Salt balance	Negative	Variable
Water balance	Negative	⇑ or normal
Signs and symptoms of dehydration	Present	Absent
Central venous pressure	⇓	⇑ or normal
Serum Osmolality	⇓	⇓
Hematocrit[a]	⇑ or normal	Unchanged
Plasma BUN/creatinine	⇑ or normal	⇓
Urine sodium	⇑ ⇑	⇑
Urine volume	⇑ ⇑	⇓ or normal
Treatment	Normal saline Hypertonic saline Fludrocortisone	Fluid restriction Hypertonic saline Democycline Furosemide

[a]Hematocrit does not differentiate post-operatively.

Please see the article by Yee, et al, for more information about the pathophysiology, diagnosis and treatment of CSW: Yee AH, Burns JD, Wijdicks EF. Cerebral salt wasting: pathophysiology, diagnosis and treatment. Neurosurg Clin N Am. 2010 Apr;21(2):339-52.