

## Bölüm 13

# Paraneoplastik Uygunsuz Antidiüretik Hormon Salınımı Sendromu (SIADH)

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### GİRİŞ

Uygunsuz Antidiüretik Hormon Salınımı Sendromu (SIADH), yeterli uyarıların yokluğunda antidiüretik hormonun (ADH) salımından kaynaklanan üriner hiperozmolalitenin yanında hipotonik ve övolemik hiponatremi ile karakterize olan bir durumdur.

Bu terim ilk kez 1957 yılında, Schwartz ve ark. akciğer tümörünün etilediği iki hastada böbreklerin sodyum tutamamalarının neden olduğu hiponatremiyi açıklarında kullanılmıştır (1). Bu durumdan etkilenen hastaların tümünde hipofiz bezi ve ektopik üretimdeki artan salınımın neden olduğu dolaşımdaki ADH düzeylerinin artışının bulunmadığı gerçeğine dayalı olarak, son yıllarda bu kondisyona olan ilgi ve bilgi, adının SIADH'den SIAD'a (uygunsuz antidiürez sendromu) değiştirmeyi haklı çıkaracak kadar çok artmıştır. Renal reseptörlerdeki anormal ADH aktivitesi veya V2 vazopressin reseptörünün (V2R) yapısal aktivasyonu, normal veya ölçülemeyecek düzeylerdeki uygunsuz antidiürezin nedenleri olarak tanımlanmıştır (2).

Hidrosalin dengesi hipotalamus, nörohipofiz, böbrekler ve hormonları birleştiren ince bir düzenleyici mekanizma aracılığıyla sürdürülmekte olup, bunların en önemlileri ADH'dir. Aynı zamanda arginin vazopressin olarak da bilinen bu hormon, hipotalamik, supraoptik ve paraventriküler çekirdeklerde sentezlenerek aksonal transport aracılığıyla hipofizde depolanır. Buradan da ozmotik ve non-ozmotik uyarılar aracılığıyla salınabilmektedir (3).

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