

NOT JUST ANOTHER CRYING BABY

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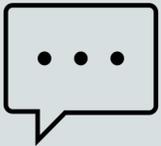
CASE

- PMA 39w1d, BW 3270g
- Age 14d
 - constant crying and agitation since birth
 - fever 38.1°C



CASE

- PMA 39w1d, BW 3270g
- Age 14d
 - constant **crying** and agitation since birth
 - fever 38.1°C
 - always **hungry**, no effect of dietary changes
 - normal pattern of defecation
 - diapers from urinating still **very full**
 - familial history: multiple allergies, GERD



CASE

- Clinical exam



CASE

- Clinical exam
 - 3360g
 - **marbled skin**
 - agitated and **hungry** but alert, normatonic fontanel
 - systolic murmur left sternal border, normal femoral pulses
 - bloated abdomen, non tender



CASE

- Technical examination

- blood sample

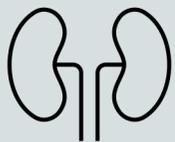
leucocytose	13.22	$\times 10^3/\mu\text{l}$	7.30-16.60	
erythrocyten	4.09	$\times 10^6/\text{mm}^3$	3.00-5.40	
hemoglobine	14.6	g/dL	11.0-18.0	
Hematocriet	42.5	%	35.0-55.0	
MCV	103.9	fL	85.0-120.0	
MCH	35.7	pg	28.0-40.0	
MCHC	34.4	g/dl	31.6-35.1	
Red blood cell distribution width	15.2	%	11.4-13.6	^
	<i>RDW = een maat voor de variatie in het volume van de RBC</i>			
thrombocyten	555	$\times 10^3/\mu\text{L}$	162-351	^
neutrofielen	30.7	%	14.0-51.0	
neutrofilie abs	4.06	$\times 10^3/\mu\text{L}$	1.00-8.50	
natrium	157.5	mmol/L	136.0-145.0	^^
kalium	5.2	mmol/l	3.5-5.1	^^
chloride	120.4	mmol/L	98.0-107.0	^^
bicarbonaat	24.9	mmol/l	22.0-29.0	
calcium (mmol/L)	2.79	mmol/L	2.25-2.75	^
fosfor (mmol/L)	2.10	mmol/l	1.25-2.25	
creatinine	0.49	mg/dl	0.31-0.88	
AST	35	U/L	10-50	
ALT	28	U/L	10-50	
CK	158	U/L	<190	
CRP (mg/L)	<0.6	mg/L	0.0-5.0	
totaal eiwit (g/L)	59.8	g/l	51.0-73.0	



- urine sample

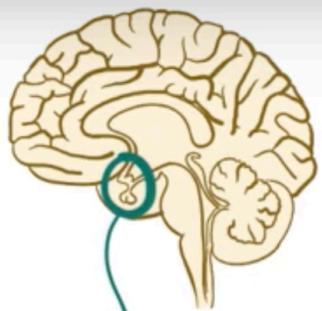
Erythrocyten	8.3	/ μ l	<25	
Leukocyten	1.8	/ μ L	<25	
hyaliene cilinders	0.14	/ μ L	<3.0	
pathologische cilinders	0.28	/ μ L	<1.0	
Totaal epitheelcellen	0.3	/ μ L	<25	
plaatepitheel	0.3	/ μ l	<25	
natrium	21.3	mmol/l		
kalium	27.4	mmol/l		
osmolaliteit	149	mosmol/kg	250-950	▼
creatinine	81	mg/l	400-2780	▼

FENa 1.06%



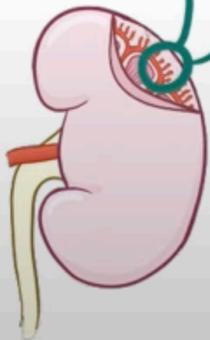
- abdominal ultrasound
 - normal aspect of kidneys and bladder
- cranial ultrasound
 - normal
- aEEG
 - normal
- brain MRI
 - normal pituitary gland



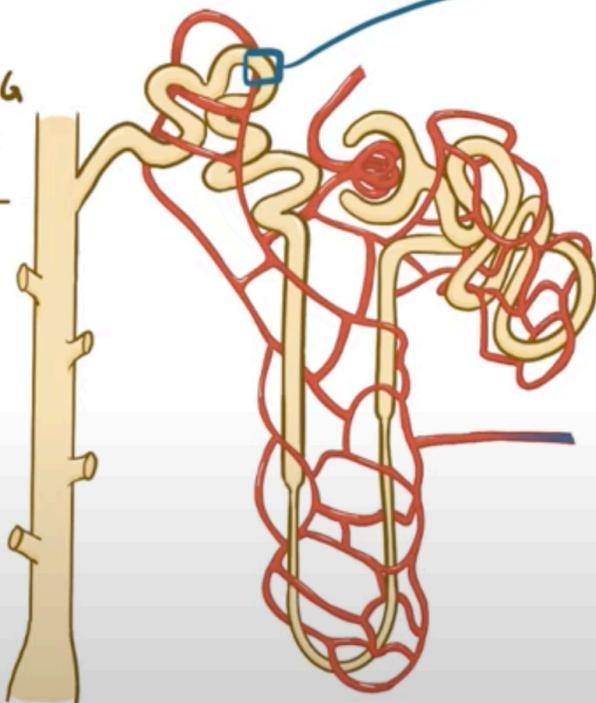


ADH

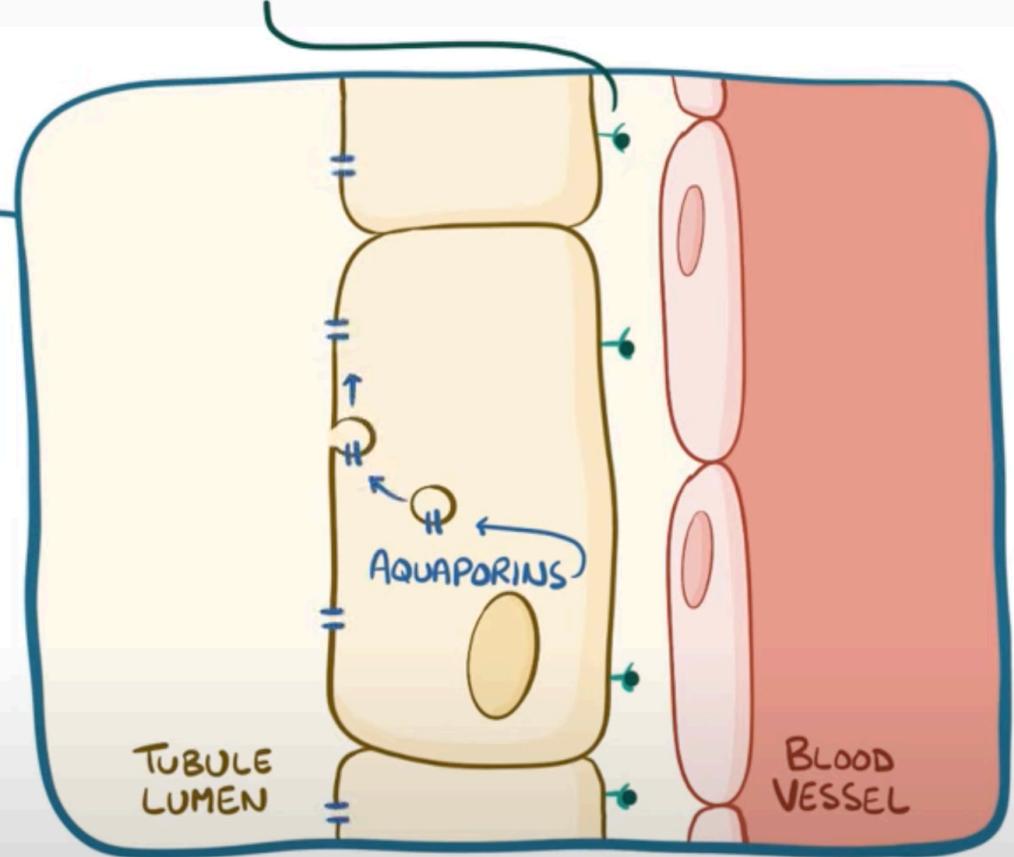
COLLECTING DUCTS



DISTAL CONVOLUTED TUBULE



VASOPRESSIN RECEPTOR 2 (AVPR2)



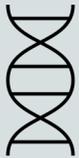
TUBULE LUMEN

AQUAPORINS

BLOOD VESSEL

CONGENITAL NEPHROGENIC DIABETES INSIPIDUS

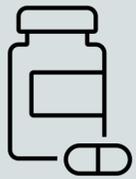
- Genetic disease
 - AVPR2 (90%)
 - AQP2 (10%)
- X-linked
 - male: severe dehydration, hyperNa, hyperthermia, mental and physical retardation, kidney failure
 - female: variable, due to skewed inactivation x chromosome



hemizygous mutation c.541C>T (p.Arg181Cys) in the AVPR2 gene

TREATMENT

- low salt, low protein diet
- thiazide diuretics
- NSAIDs



REFERENCES

Rege, T., Polsani, S., & Jim, B. (2015). A Rare Case of Congenital Diabetes Insipidus. *Frontiers in medicine*, 2, 43. <https://doi.org/10.3389/fmed.2015.00043>

Ma, L., Wu, D., Wang, X., & Yang, Y. (2020). A Case of Congenital Nephrogenic Diabetes Insipidus Caused by Thr108Met Variant of Aquaporin 2. *Frontiers in pediatrics*, 8, 15. <https://doi.org/10.3389/fped.2020.00015>

Images from osmosis.com