

## Central Diabetes Insipidus after Staged Spinal Surgery

Diabetes insipidus (DI) is described following penetrating spinal cord trauma but rarely following instrumented spinal fusion. More commonly, hyponatremia is seen following spine surgery, which may be iatrogenic, attributed to the syndrome of inappropriate antidiuretic hormone release. The authors present a case of a 57-year-old woman who underwent a planned two-stage operation for scoliotic deformity correction. On the third postoperative day, the patient developed hypernatremia (sodium levels of 157 mmol/L) and polyuria. In conjunction with endocrinology, the patient was diagnosed with central DI. The patient was treated with desmopressin acetate (DDAVP), which led to resolution of her symptoms. DDAVP was temporary and eventually weaned off. Central DI is a possible cause of hypernatremia following significant spine surgery. Correct diagnosis is paramount for rapid and appropriate treatment.

## 階段性脊柱外科後中樞性尿崩症

尿崩症（DI）一般出現在穿透脊髓的損傷後，但很少在脊柱融合後出現。較常見的是，低鈉血症出現在脊椎手術後，這可能是醫源性，歸因於不適當的抗利尿激素釋放的徵狀。作者陳述一個 57 歲的女人，她進行了計劃好的二階段手術以矯正脊椎側凸。在術後第三天，患者出現高鈉血症（157 mmol / L 的鈉含量）和多尿症。連同內分泌學診斷，病人被確診為中樞性尿崩症。該患者以醋酸去氨加壓素（DDAVP）治療，這處理了她的症狀。DDAVP 是暫時性的，最終要戒除。中樞性尿崩症為脊柱手術後高鈉血症的可能原因。正確的診斷對迅速和適當的治療是最重要的。