Clinical Reminders

The rapid development of hyponatraemia and seizures in an elderly patient following sodium picosulfate/magnesium citrate (Picolax)

An 80-year-old lady was due to undergo day-case colonoscopy for investigation of rectal bleeding. She took no regular medications and did not have any medical conditions predisposing to hyponatraemia. Within 3 h of her first dose of sodium picosulfate/magnesium citrate, she was confused and dysphasic and within 6 h was moribund with a GCS of 6/15 and had developed generalised seizures. Her biochemistry on admission to casualty was as follows: Na: 110, K: 3.6, Cl: 81, U: 4.0, Cr: 50, pH: 7.43, HCO3: 23.4 and glucose: 8.0.

She was treated with slow intravenous hydration with 0.9% normal saline. Within 72 h, she was fully alert and oriented with no neurological deficit, and her sodium had normalised. MRI did not show evidence of central pontine myelinosis.

Electrolyte disturbances are well-recognised complications of all bowel preparations, but are rarely of significance. Seizures as a complication are very rare, and to date have only been documented in the setting of concomitant predisposing medications and/or medical conditions [1, 2]. Care should be taken in prescribing these agents in any patient with additional risk factors and in all elderly patients.

Conflicts of interest

No conflicts of interest.

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An extraordinary finding—accidental diagnosis of complete pulmonary aplasia in a 90-year-old lady

For the first time in her life, a 90-year-old lady was admitted to hospital due to bloody diarrhoea later diagnosed as ischaemic colitis. Her previous medical history was unremarkable with no complaints about respiratory distress. While the external chest appeared normal, the chest radiograph showed homogeneous opacification of the left hemithorax. Surprisingly, CT scan revealed complete aplasia of the left lung. The left main bronchus was only rudimentarily developed, ending in a blind pouch [Figure 1 (arrow) in the supplementary data, available at Age and Ageing online], with no evidence of pulmonary vasculature.

Developmental defects of the lung are frequently associated with further congenital malformations of the cardiovascular, gastrointestinal, urogenital or skeletal system frequently leading to death during the perinatal period or in infancy. The aetiology of pulmonary aplasia is unknown; apart from genetic factors, viral agents and vitamin A deficiency are discussed [1–3]. In our patient, we found no further anomalies, indicating that this was a single sporadic malformation. The pulmonary aplasia was asymptomatic and fully compensated, resulting in an unaffected life expectancy with two normal pregnancies.

Conflicts of interest

No conflicts of interest.

Supplementary data

Supplementary data are available at Age and Ageing online.

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