

SODIUM DEPLETION AND SECONDARY HYPERALDOSTERONISM IN OUTPATIENTS WITH AN ILEOSTOMY: A CROSS-SECTIONAL STUDY

Christian Lodberg Hvas

UEG Week Copenhagen 2023

Poster

Small Intestine & Nutrition

October 15, 2023

A study of 49 stable outpatients with an ileostomy found that 45% had unmeasurably low urinary sodium excretion indicative of chronic sodium depletion, with associated secondary hyperaldosteronism and chronic renal impairment despite normal standard biochemical tests.

KEY POINTS

- Of 49 patients with an ileostomy evaluated, 22 patients (45%, 95% CI 31-59%) had unmeasurably low urinary sodium excretion below 20 mmol/L, indicative of chronic sodium depletion.
- 26% (95% CI 16-41%) had plasma aldosterone levels above the reference value.
- Patients with unmeasurably low urinary sodium excretion had low estimated glomerular filtration rates (median 76, IQR 63-89 mL/min/1.73m²) and low venous blood plasma CO₂ (median 24, IQR 21-26 mmol/L), indicative of chronic renal impairment and metabolic acidosis.
- Bioelectrical impedance analysis, plasma osmolality, creatinine, and sodium values were not informative in determining sodium status in this population.
- This material is relevant to clinicians managing patients with ileostomies who wish to understand the potential for chronic sodium depletion and its renal implications.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/366e4fca-743c-11ee-bb86-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.