exogenous steroid use but had successfully discontinued oral hydrocortisone after an adequate Synacthen test response 2 years ago. Four days after starting valsartan, she presented to the Emergency Department (ED) with dizziness and vomiting. Laboratory results revealed severe hypotonic hyponatremia (serum sodium 110 mmol/L, serum osmolality 259 mOsm/kg, urine osmolality 247 mOsm/kg, urine Na 71 mmol/L) and hyperkalemia (serum potassium 7.0 mmol/L). In the ED, she was given a lytic cocktail and 150 cc of 3% saline. Prior to starting valsartan, her serum sodium at the PC clinic was 135 mmol/L. She denied using any over-the-counter or traditional medications. Her blood pressure and blood glucose levels were normal throughout hospitalization, making adrenal insufficiency less likely. Further investigations, including morning serum cortisol (500.4 nmol/L) and TSH (0.54 mIU/L, NR 0.4-4.0 mIU/L), were normal. Thus, the diagnosis of severe hypotonic hyponatremia secondary to valsartan was made. After withholding valsartan, her symptoms resolved, the serum sodium and potassium normalized, and she was discharged well 4 days later.

CONCLUSION

ARBs can lead to severe hyponatremia by blocking the angiotensin II receptor, which inhibits renal tubular sodium reabsorption. This effect is particularly pronounced in the elderly and individuals on concomitant thiazide therapy. Although rare, ARB-associated hyponatremia should be considered in patients with hypotonic hyponatremia when other causes have been ruled out.

EP_A052

A SILENT THREAT: LARYNGEAL INVOLVEMENT IN PAGET'S DISEASE LEADING TO AIRWAY COMPROMISE

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INTRODUCTION/BACKGROUND

Paget's disease of bone (PDB) is a chronic skeletal disorder characterized by disorganized bone remodelling, often affecting the skull, spine, pelvis and long bones. While complications such as fractures, arthritis and hearing loss are well-documented, laryngeal involvement leading to acute airway obstruction is exceptionally rare. To our knowledge, no previous case reports have described PDB affecting the thyroid and arytenoid cartilages, resulting in airway compromise.

CASE

A 45-year-old male with hypertension and eczema was diagnosed with a variant of PDB (normal alkaline phosphatase) in 2018, following an evaluation for right knee and ankle pain that began in 2016. Extensive investigations, including a bone biopsy, revealed nonspecific sclerosis, normal ALP, and mildly elevated bone formation markers (P1NP). A Tc-99m MDP bone scan showed multiple hot spots involving the skull, clavicles, ribs, L5, right elbow, both knees and both ankles. He was initiated on yearly intravenous zoledronate (4 mg). In 2022, he sustained a low-impact distal third right ulna fracture, necessitating a locking plate. The fracture site biopsy confirmed Paget's disease.

In 2024, he presented with acute upper airway obstruction. A CT neck scan revealed expansile lytic lesions involving thyroid and arytenoid cartilages, causing significant airway narrowing. An emergency tracheostomy was performed to secure his airway. A repeated Tc-99m MDP bone scan demonstrated disease progression, with worsening involvement of the thyroid and cricoid cartilages.

CONCLUSION

This case highlights a rare and potentially fatal complication of PDB, with airway obstruction due to expansile lytic lesions of the laryngeal cartilages. Given the absence of prior reports on this manifestation, clinicians should remain vigilant for atypical presentations of PDB, particularly in patients with progressive disease. Early diagnosis and intervention are critical to preventing life-threatening outcomes.

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MARINE-LENHART SYNDROME: A RARE CASE OF AUTOIMMUNE HYPERTHYROIDISM AND FUNCTIONAL THYROID NODULE

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INTRODUCTION/BACKGROUND

Marine-Lenhart syndrome is a rare thyroid disorder characterized by the presence of Graves' disease and autonomously functioning thyroid nodules. This dual