

## DEFINITION

1. **Diabetes insipidus** is an uncommon disorder which is characterised by the persistent excretion of excessive quantities of dilute urine and by constant thirst.

## CLINICAL FEATURES

2. The patient presents with excessive thirst and the passage of large quantities of urine.

## CLASSIFICATION

3. Diabetes insipidus is divided into -
  - 3.1. **Pituitary diabetes insipidus**, which results from deficient production of antidiuretic hormone and arginine vasopressin.
  - 3.2. **Nephrogenic diabetes insipidus**, which results from failure of response of the renal tubules to vasopressin.

## AETIOLOGY

### Cranial diabetes insipidus

4. In some 30-40% of cases, a cause cannot be identified, the condition then being said to be **idiopathic**.
  - 4.1. The causes which are known are -
    - 4.2. **genetic defect**
    - 4.3. **trauma**, either accidental or due to hypophysectomy. This is the major identifiable cause.
      - 4.3.1. **intracranial tumour**, which may be
        - 4.3.2. primary, as in craniopharyngioma
      - 4.4. secondary, as with metastases, breast cancer being the most common primary source.
  5. less common causes are **basal meningo-encephalitis**, granulomatous lesions such as **tuberculosis** and **sarcoidosis**, the **histiocytoses** and **vascular lesions**.

## **Nephrogenic diabetes insipidus**

6. This may be due to -
  - 6.1. **genetic defect**
  - 6.2. **metabolic abnormality**, as in hypokalaemia and hypercalcaemia
  - 6.3. **drug therapy**, as with lithium and demethylchlortetracycline
  - 6.4. **poisoning**, as with heavy metals.

## **CONCLUSION**

7. **Diabetes insipidus** is a condition affecting the excretion of water from the body. It may result from cranial or renal causes, these having been listed above.

## **REFERENCES**

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