Dear Editor

My coauthors and I submit a manuscript entitled, “Symptomatic Hyponatremia after Lateral Medullary Infarction” for consideration in the “Case Report” section of “BMC Neurology”. We certify that all the authors have read and approved the submission of the manuscript, and no work resembling the enclosed article has been published or is being submitted for publication elsewhere. We certify that we have each made a substantial contribution so as to qualify for authorship. I have full responsibility for the data, analyses and interpretation, and conduct of the research. I am supported by the research grant from Ministry of Science and Technology, Republic of Korea, and the other coauthors have no financial interests to disclose. Informed consent was taken from the patient for publication of this case and MR image.

The syndrome of inappropriate secretion of antidiuretic hormone (SIADH) and cerebral salt wasting syndrome (CSW) are the two main etiologies of hyponatremia after brain injury, but their exact pathomechanisms are still illusive. It is of great interest to find the location that contributes to electrolyte disturbances after CNS injuries. We described a lateral medullary infarction patient who went through symptomatic hyponatremia due to initial SIADH followed by CSW. Initial SIADH might have been due to disrupted afferent vagal response via nucleus tractus solitarius in lateral medulla, and later CSW could be caused by descending sympathetic tract injury which disrupted sympathetic stimulus toward kidney.

We thank you in advance for your time and for your consideration of our manuscript. We look forward to hearing your response.

Sincerely,
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