

comfortable. DNAR in place, family informed of poor prognosis and requested fast track discharge with palliative support. Died at home after 18 days.

**Conclusion:** While it is quite unusual for a respiratory condition to present with confusion, quick recognition, open mindedness, and inter disciplinary cooperation are essential in day-to-day practice.

**Keywords:** *lung cancer; confusion; hyponatremia; SiADH*

#### Reference

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## PP11

### Case report on confusion: an unusual presentation of lung cancer

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#### Abstract

**Introduction:** Cancer of the lung can be insidious and manifest clinically in relatively unexpected forms. The incidence of hyponatremia in lung cancer is 18.9% [1].

**Case:** An 87-year-old woman presented with confusion. She smoked 10–15 cigarettes a day for 70 years. Blood tests done; Na: 118. I made an impression of severe symptomatic hyponatremia secondary to suspected SiADH from possible small cell lung cancer.

I requested CXR, urine Na, paired osmolality, fluid restricted and discussed with the medical registrar who suggested a transfer to General hospital. CXR showed a round mass in the right upper lobe.

At the GH, Na was replaced slowly and the patient was planned for CT scans. After 2 days, she developed gradual SOB (? PE). CT scans were delayed because she could not lie flat and got SOB. ENT and anaesthesia reviewed her and suggested supported airway CT under GA

Day 5 – Distended neck veins? SVCO. Anaesthetists were no longer comfortable with GA. Unfortunately, steroids did not make her more