A term male infant was born to 38 years old G3P1+2 female via Cesarean section due to breech presentation. In current pregnancy she has additional risk factors of gestation diabetes, advanced maternal age and polyhydromnios on antenatal ultrasounds.

Infant was admitted to Neonatal Unit on day one due to dysmorphic facial features and poor feeding. Serum electrolytes were checked at 24 hours of life and showed serum sodium of 143 mmol/L and normal renal function test. Serum sodium rose to 148 mmol/L at 48 hours and 155 mmol/L at 72 hours of life. On day three; high serum osmolality, low urine specific gravity: 1.005, low osmolality 105 mOsm/kg. Due to suspicion of Diabetes insipidus (DI) one dose of subcutaneous desmopressin (DDAVP 100ng) corrected his urine specific gravity, serum sodium, and serum osmolality to within normal range (signify central DI). Chromosomal analysis showed translocation of chromosomes 9p and 18q.

Keywords: Trisomy 9p & monosomy 18p; central diabetes insipidus; Desmopressin (DDAVP); serum osmolality.
One dose of subcutaneous (SC) desmopressin, (DDAVP 100 ng) corrected his urine specific gravity, serum sodium, and serum osmolality to within normal range.

Thus, we concluded that his ADH receptors at the level of the nephron were functioning properly, and his DI was central in etiology. The infant would require synthetic ADH for the rest of his life.

So, on day five (DDAV received on day 4): Serum sodium 136 mmol/L, serum osmolality: 298 mmol/kg, urine osmolality: 493 mOsm/kg, urine sodium: 35 mmol/L, FSH: <0.5 (0.8-9.0) and LH: <0.5 (0.8-7.6) (Figure 1).

The low levels of other pituitary hormones leads us to believe the infant has perhaps an underlying pan-hypopituitarism.

Results of karyotyping from day one showed a translocation of chromosomes 9p and 18q.

This chromosomal abnormality has never been documented before.

Since chromosome 9 is half of 18, it is possible that this is an imbalance of chromosomes rather than a true translocation.

**PHENOTYPIC PERTINENT PHYSICAL EXAM FINDING**

- Birth weight of 2.92 kg (9th Percentile, Length 50 cm (50th Percentile), HC 34 cm (25th Percentile); on WHO-UK/Ireland growth Centile chart for boys).

**DISCUSSION**

Diabetes derived from a Greek word “*diabainein*” meaning Siphon-to pass through; referring to excessive urination associated with the disease.

*Insipidus* derived from the Latin word meaning “without taste,” DI involves the passing of tasteless urine due to low sodium content.

*Mellitus* is also a Latin word meaning “sweet.” Due to the excessive sugar found in blood and urine of a diabetic patient.

DI is a life threatening condition, as it causes fluid and electrolyte imbalance that results in polyuria, weight loss, diluted urine, severe hypernatremic dehydration.

There are a variety of pathologic processes can impede the production or secretion of adrenal diuretic hormone (ADH) and leads to Central DI, which includes idiopathic, infectious, trauma, malignancy, genetic, familial, intracranial haemorrhage and hypoxia.
Synthetic ADH analogue, DDAVP is the main stay of treatment in central DI. It is available in intranasal, oral, SC, and intravenous preparation.

Polyuria in central DI could also be control with a paradoxical antidiuretic effect of thiazide diuretics.4,5

Genetic counselling is necessary, because the recurrence risk significantly increases if one of the parents is a carrier. Antenatal diagnosis is possible by conducting amniocentesis, chorionic villus sampling and cytogenetic testing including FISH. The details about this rare genetic condition could be taken from the “Unique understanding of chromosomal disorders” website for support and information.6,7 http://www.rarechromo.org/html/Disorder Guides.asp and NORD (National Organisation for Rare Disorders) 18-monosomy-18p/.

Informed Consent
Consent was given by the parents to publish these results. Karyotype report from OLCHC, Genetics lab (Ireland).

Source of Finance
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Conflict of Interest
No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions
All authors contributed equally while this study preparing.

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