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Original Research Paper

Rheumatology

A CASE OF HYPOKALEMIC PERIODIC PARALYSIS SECONDARY TO SJOGREN'S SYNDROME

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KEYWORDS :

INTRODUCTION:

Periodic paralysis (PP) is characterized by episodes of painless muscle weakness, which occurs episodically. PP is classified as hypokalemic (most common)or hyperkalemic (rare) with autosomal dominant inheritance.

Secondary causes of PP is often due to distal renal tubular acidosis (RTA); major causes being Sjögren's syndrome and familial hypercalciuria. Thus, adults with seemingly idiopathic distal RTA should be evaluated for Sjögren's syndrome.

PRESENTATION:

53 years old lady presented with vomiting for 1 month, muscle cramps and myalgia, weakness of limbs for 1 week. On examination, she was hemodynamically stable. Systemic examination revealed decreased muscle tone and grade 1 power in all 4 limbs. On further enquiry she gave history of dry eyes, dry mouth and dry skin of 2 years duration and episodic parotid enlargement of 1 year duration. ABG and serum electrolytes revealed hypokalemia(2.49), hyperchloremia, metabolic acidosis(pH-7.34, pCO2-20) with compensatory respiratory alkalosis, normal anion gap. Urine biochemistry showed increased spot K+(33.2 mEq/L) and Cl-(79.1 mmol/L). Her ESR was 37, CRP 2.9, RF 21 and CCP was negative. ENA test showed positive ANA, anti SSA ab, anti SSB Ab, anti Ro ab. Schirmer test was positive. TFT was normal.

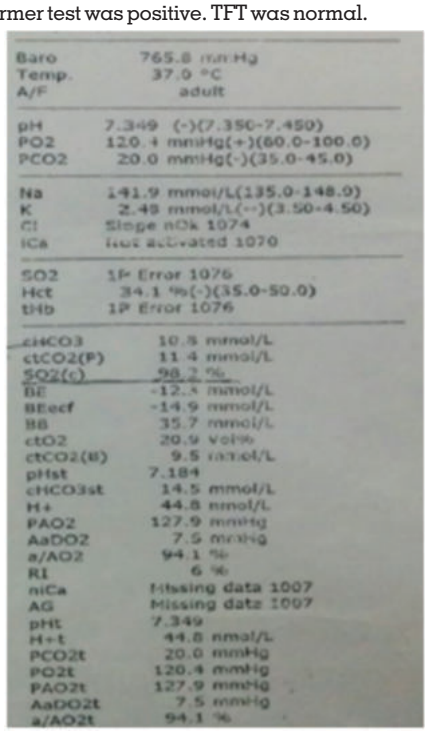

Figure 1: ABG Profile

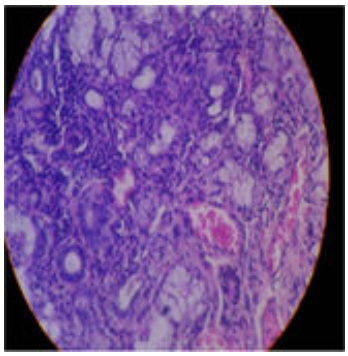

Figure 2: Salivary gland infiltrates with congested vessels, compatible with lymphoepithelial cyst.

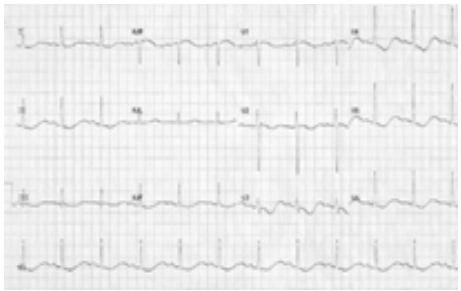

Figure 3: Ecg Hypokalemia/ T wave inversion.

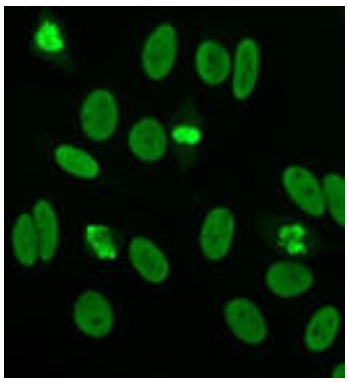

Figure 4: ANA cytoplasmic pattern.

MANAGEMENT:

Patient was managed with HCQs, Shohl`s solution, artificial tears, moisturizers for dry lips, calcium and vitamin D supplements. Sjögren's syndrome (SS) is a chronic, multisystem autoimmune disease characterized by lacrimal and salivary gland inflammation, with resultant dryness of the eyes and mouth and occasional glandular enlargement. In addition, a variety of systemic manifestations may occur, including fatigue, musculoskeletal symptoms, rashes, and internal organ (eg, pulmonary, renal, hepatic, and neurologic) disease. Some patients present with a normal anion gap

metabolic acidosis due to distal RTA without a prior diagnosis of Sjögren's syndrome. So in any adult with unexplained distal RTA autoimmune disorders need to be ruled out.

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