Abstract

Hypokalemic paralysis is a disorder characterized by reversible acute paralysis as a result of reduced serum potassium Concentration. Distal renal tubular acidosis (dRTA) is a rare cause of hypokalemic paralysis. Autoimmune diseases are the commonest secondary cause of dRTA. Primary Sjogren's Syndrome is a chronic autoimmune disease with lymphocytic infiltration of glandular and extra glandular manifestations. Renal manifestation of Sjogren syndrome varies 2-67% and up to 25% of patients presents with distal renal tubular acidosis. [1,2]

We report a 36-year-old female, who presented with flaccid symmetrical quadriparesis for two days duration which later progressed to respiratory failure on third day of illness and needed ventilatory support for six days duration at medical intensive care unit.

Her investigations revealed normal thyroid profile and nerve conduction study with severe hypokalemia of 1.6 mmol/l and arterial blood gas analysis with hyperchloremic metabolic acidosis and normal anion gap, alkaline urine, urine potassium of 60mmol/l and positive urinary anion gap suggesting distal renal tubular acidosis. Further evaluation of etiology, ANA titer was 1:1000 and anti - Ro and anti La antibodies, fluorescein dye test and Schirmer's test were positive. In addition to positive clinical history with above investigation findings diagnosis of primary Sjogren's syndrome was made.

Therefore, when a patient presents with severe hypokalemic paralysis due to dRTA need to treat promptly and need to evaluate further to identify underlying etiology like Sjogren's syndrome.