Abstract

Distal renal tubular acidosis is characterized by impaired hydrogen ion secretion in the distal nephron (1). The diagnosis can be delayed due to the patients having minimal or no symptoms. It can lead to hyperchloraemic metabolic acidosis and they can present with severe hypokalaemia leading to hypokalaemic periodic paralysis. Distal renal tubular acidosis in adults occurs due to various acquired causes including autoimmune disorders, hypercalciuric conditions and various other conditions. In children it may be due to a genetic defect or an anatomic abnormality in the renal tract (2). This case describes a 23 year old male patient who presented with sudden onset, bilateral proximal muscle weakness involving both upper and lower limbs with hypokalaemia. He was managed for hypokalaemic periodic paralysis and was found to have distal renal tubular acidosis. This case highlights the importance of early diagnosis, uncovering the possible underlying aetiology and management of distal renal tubular acidosis.