

Abstract

Sjögren's syndrome, an autoimmune disorder, often poses diagnostic challenges due to its diverse symptoms. This case presents an uncommon scenario, a life-threatening complication, acute quadriplegia, without classical Sjögren's symptoms. A 38-year-old woman exhibited progressive limb weakness over two days but lacked typical sicca symptoms.

Clinical evaluation revealed proximal limb weakness, reduced reflexes, and severe hypokalemia (serum potassium 1.3 mmol/L). ECG showed prolonged QT intervals and U waves. Investigations confirmed distal renal tubular acidosis. Positive ANA, elevated anti-Ro and anti-La antibodies, labial biopsy with lymphocytic infiltration, and salivary gland ultrasound confirmed Sjögren's syndrome.

This case underscores the need for clinical suspicion in diagnosing Sjögren's, even in atypical presentations. Early recognition can be life-saving, even without classic symptoms. Management included potassium citrate and hydroxychloroquine. It highlights the importance of vigilance and high degree of suspicion in detecting various presentations and complications of the wide spectrum of Sjögren's syndrome.