

Abstract

Primary hyperaldosteronism is among the leading causes for secondary hypertension worldwide. It is characterized by excessive production of aldosterone in the adrenal cortex, causing many metabolic derangements including severe hypokalemia. Herein we present a case of a 40-yearold female who was a known hypertensive patient with no previous evaluation for 3 years duration, this time presenting with acute onset bilateral lower limb weakness for 2 days duration. Upon neurological examination, reduced tone was noted in bilateral lower limbs with power of 3/5, hyporeflexia and intact sensation. Investigations revealed severe hypokalemia with metabolic alkalosis. Based on the clinical and biochemical findings, a diagnosis of hypokalemic paralysis secondary to hyperaldosteronism was made and laparoscopic left adrenalectomy was done after which the patient made a successful recovery.