

Abstract:

We report on a 29-year-old mother presented with acute ascending paralysis who required mechanical ventilation due to severe hypokalaemia. She was found to have normal anion gap metabolic acidosis due to distal renal tubular acidosis. She had ACR and SLICC criteria compatible with diagnosis of latent SLE. She was successfully treated with potassium replacement and potassium citrate and sodium bicarbonate supplementation. This case is noteworthy for its atypical presentation of SLE.