

Abstract

Acute flaccid paralysis is a common complication of hypokalaemia. In this case report, I describe a lady who presented with ascending type paralysis who had primary Sjogren's syndrome with distal renal tubular acidosis which lead to hypokalaemic paralysis. Renal involvement is common in Sjogren's syndrome which manifest as chronic interstitial nephritis, distal renal tubular acidosis, nephrogenic diabetes insipidus and hypokalaemia without renal tubular acidosis. This patient had evidence of dry eyes and dry mouth with positive anti Ro antibodies with no evidence other connective tissue disorders confirming primary Sjogren's syndrome. She had normal anion gap metabolic acidosis, hypokalaemia and high urine pH with impaired urine acidification with acid loading test. She improved with systemic alkalization and potassium replacement.