Abstract

Background

Bartter's syndrome is a rare disorder with autosomal recessive inheritance affecting the thick ascending limb of loop of Henle of the kidney. It manifests as hypokalemia, normal blood pressure and several other metabolic abnormalities. Management includes potassium supplementation, nonsteroidal anti-inflammatory drugs and drugs blocking distal tubule sodium-potassium exchange.

Case presentation

A 21-year-old Sri Lankan female presented with proximal muscle weakness. She was found to be hypokalemic. The diagnosis of Bartter syndrome was made with additional investigations. She responded well to potassium and magnesium supplements, celecoxib and spironolactone.

Conclusions

A patient presenting with limb weakness needs estimation of serum potassium. Bartter's syndrome is a unique, genetic tubulopathy with hypokalemic metabolic alkalosis necessitating potassium, magnesium supplementation, nonsteroidal anti-inflammatory drugs and medications blocking distal tubule sodium-potassium exchange.