

Hypokalemic Paralysis

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Background: Hypokalemia is present when serum levels of potassium are lower than normal. It is a rather common electrolyte disturbance, especially in hospitalized patients, with various causes and sometimes requires urgent medical attention (1). Hypokalemic paralysis is a relatively rare but potentially life-threatening clinical syndrome. If recognized and treated appropriately, patients recover without any clinical consequences.

Case History: We describe the case of a 45-year-old woman who developed symptoms of asthenia and weakness of the lower limbs and subsequently the right upper limb, progressively over the last three days, until paralysis. In her medical history, the patient reported diarrhea in the last week following the intake of laxatives. Potassium values : 1.6 mEq/l. CT examinations excluded other acute neurological pathologies. She underwent potassium implementation with constant electrocardiographic

and vital signs monitoring. The potassium returned to normal values with progressive improvement and functional recovery of the limbs. The patient left against the advice of the doctors.

Discussion: The diarrhea's causative role in the formation of the clinical picture is extremely likely in this case. In the diagnostic process in the case of neurological symptoms, it is always useful to consider electrolyte imbalances as possible triggering factors. A careful medical history will certainly help.

References

1. Ashurst J, Sergeant SR, Wagner BJ, Kim J (2016) Evidence-based management of potassium disorders in the emergency department (digest). *Emergency Medicine Practice* 2016: 218.

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