

In Neurology

What you must know about Hypokalemic periodic paralysis:

- If you get sudden onset of flaccid paralysis in a young patient with past medical of a similar episode with hypotonia and depressed deep tendon reflexes without changes in the sensation, do estimate potassium .
- In the setting of hypokalemia such history strongly leads to suspicion of the hypokalemic periodic paralysis.
- Oral potassium solution is the initial management approach
- Administration of the oral potassium usually alleviates the symptoms of the hypokalemic periodic paralysis.
- Do not use Intravenous glucocorticoids, equine serum antitoxin or plasma exchange
- Absence of fever, no insect bite, or any recent illness, intact sensation on examination, are helpful to rule out the possible causes of flaccid paralysis like acute viral myelitis, Guillian-Barre syndrome, or tick paralysis.
- Prolonged rest after strenuous exercise is an identified triggering factor for flaccid paralysis in hypokalemic periodic paralysis

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