MEDIBEATS
The Medical Bulletin

Clinical Scenario

Hypokalemia Thyroiditis

40 years old male patient, laborer by occupation presented with sudden onset weakness of both lower limbs followed by upper limbs day before admission. H/o starting of weakness noticed by patient first in lower limb in early morning 3:30am, followed by weakness of upper limb in few hours. Weakness was progressive in nature. On examination, power was grade 1 in both lower limbs and grade 3 in both upper limbs. All 4 limbs were hypotonic with flexor planters. Patient was evaluated for acute onset flaccid Quadriparesis.

Patient gave history of similar episode of weakness involving B/L upper limb and lower limb 2months back, was admitted in a private hospital for 3 days and had complete recovery. He was told to have severe hypokalemia.

On admission, his Serum potassium was 2.8 and Sr sodium 143. He improved over next 24 hours with potassium supplementation as his serum potassium levels returned to normal. Patient was investigated further for hypokalemic periodic paralysis. His routine investigations were normal but had severe thyroid dysfunction, T3 329.54; T4 19.6; TSH less than 0.05.

Patients' ultrasonography report was consistent with thyroiditis. His thyroid scan suggested Graves disease. Patient is now started on Tab. Propranolol 40mg Once a day and Tab. Neomercazole 10mg three times a day.

Pearl:- Hypokalemic periodic paralysis secondary to thyroid disease is a common association but need to be investigated, diagnosed and it's a reversible cause of acute flaccid quadriparesis.

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