

中文題目：低血鉀四肢麻痺與呼吸衰竭診斷出乾燥症

英文題目：Hypokalemic Quadripareisis and Respiratory Failure Revealing Sjögren's Syndrome

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A 38-year-old woman with past history of bilateral renal stones came was brought to the emergency department of our hospital with sudden onset of weakness of all four limbs. Biochemical investigation revealed severe hypokalemia (2.0 mmol/L) with metabolic acidosis, and positive urinary anion gap which are the hallmark of renal tubular acidosis (RTA). However, she had progressive quadripareisis and was transferred to intensive care unit. Then she received intubation with ventilator support due to respiratory failure. The patient made a full recovery after potassium and alkali replacement.

It had been reported that attacks of hypokalemic paralysis resulting from RTA in Sjogren syndrome can precede the onset of typical sicca symptoms. Potassium citrate could be a good choice of treatment for hypokalemia and metabolic acidosis. Patients with distal RTA may occasionally present with paralysis and may progress to respiratory failure. In this setting, treatment should be focused on correction of the potassium deficit and not the metabolic acidosis. In these life-threatening situations, intravenous potassium should be administered in a solution without glucose or bicarbonate.