# KSN 2017 Abstract

KSN-17-P263

## Severe hypokalemic paralysis in a young bodybuilder

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Case Study : Severe hypokalemia can be a potentially life-threatening disorder and is associated with variable degrees of skeletal muscle weakness. We report a case of severe hypokalemic paralysis in a 28-year-old bodybuilder. He was admitted to emergency room due to progressive paralysis in both lower extremities starting one day before. He was bodybuilder trainer and recently participated in regional competition 5 days ago. He went on a binge containing large carbohydrate during 4 days resulting in gaining of 10 kilograms of weight. He had no family history of paralysis and this time is first attack. He strongly denied drug abuse such anabolic steroid, thyroid and growth hormone, and diuretics. A neurological examinations revealed symmetrical flaccid paralysis in his lower extremities but the patient was alert and the sensory system was intact. His initial serum potassium and phosphate level was 1.8 mmol/L. The calculated transtubular potassium gradient (TTKG) was 2.02. His thyroid function was normal. Serum potassium levels increased to 3.8 mmol/L by intravenous infusion of about 50 mmol of potassium chloride and his muscular symptom clearly improved. He was following to our outpatient clinic without recurrent attack. Physician should keep in mind that large intake of foods during short period provoked hypokalemic paralysis, especially in bodybuilder

Keywords : Hypokalemia, Paralysis,