

Abstract Submission No.: A-0940**Refractory Hypokalemia Periodic Paralysis in Type 1 Renal Tubular Acidosis****Yohanna Fransisca Sinuhaji**¹, Riri Andri Muzasti²¹Department of Internal Medicine, Faculty of Medicine, Universitas Sumatera Utara, Indonesia, Indonesia²Department of Division of Nephrology and Hypertension, Department of Internal Medicine, Faculty of Medicine, Universitas Sumatera Utara, Indonesia, Indonesia

Case Study : Hypokalemia periodic paralysis (HPP) is a disorder characterized by episodic muscle weakness depending on changes in serum potassium levels, and can occur due to primary and secondary causes. One of the secondary causes of hypokalemia periodic paralysis is renal tubular acidosis (RTA). Renal tubular acidosis is a disorder characterized by hypokalemia or hyperkalemia, metabolic acidosis, hypercalciuria, and alkaline urine. Clinical symptoms include constipation, nausea, vomiting, renal and skeletal muscle complications, nephrocalcinosis, urolithiasis, and severe hypokalemic crises. There are four types of RTA, namely distal RTA (type 1), proximal RTA (type 2), hyperkalemic RTA (type 4), and mixed RTA, combination of proximal and distal RTA (type 4). Diagnostic procedures for RTA include plasma electrolyte evaluation, urine analysis, and bicarbonate or acid load testing. Management of RTA focuses on correcting acidosis through the use of alkaline supplementation, as well as intensive monitoring of fluid and electrolyte intake, and appropriate dietary adjustments. We report a case of a woman, 39 years old, complaining of weakness in both hands and feet since 1 day before admission to the hospital with a history of suffering from the same complaint repeatedly since the last 1 year. Clinical and laboratory examination revealed refractory hypokalemia with metabolic acidosis, low HCO₃, hyperchloremia, urine pH >5.5 with positive urine anion gap, and high transtubular potassium gradient suggesting a diagnosis of renal tubular acidosis type 1.