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Hypokalemic periodic paralysis and renal tubular acidosis in autoimmune

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Case Study : Background: Hypokalemic periodic paralysis can be found in Renal Tubular Acidosis (RTA). RTA is a complication that can occur in autoimmune conditions such as type 1 DM, systemic lupus erythematous (SLE), Sjörgen syndrome and Hashimoto thyroiditis. However, severe hypokalemia can occur in autoimmune patients and can be life threatening, such as respiratory muscle paralysis, necessitating immunosuppressive treatment. This can be found in patients with type 1 diabetes mellitus. Case Presentation: A 39-year-old woman came to the emergency department with complaints of body weakness which the patient had experienced repeatedly for 3 years. The patient has been treated repeatedly due to decreases in blood potassium levels and was diagnosed with hypokalemic periodic paralysis. There was no previous history of DM type 2 and thyroid disorders in this patient, but currently the blood glucose patient's was found to be 556 mg/dl. The patient's blood pressure was 120/85 mmhg, heart rate 88 per minute, respiratory rate per minute, temperature 36,5 C. There was no Kusmaul breathing in this patient. Then in this patient an Ana test was found positive. Then this patient was given a subcutaneous insulin injection, pottasium dan bicarbonate. This patient received an injection of novorapid 3 x 30 units and Lantus injection 1 x 38 units. Conclusion: Hypokalemic periodic paralysis is an electrolyte disorder that can occur due to renal tubular acidosis due to damage to ion transport in the tubules, in this case especially the distal tubular, known as RTA type 1. Autoimmune conditions such as type 1 diabetes mellitus are metabolic diseases that can cause recurrent hypokalemia. This situation can occur either due to the metabolic process itself, such as ketoacidosis (DKA).