HYPOKALEMIC MUSCLE PALSY AS THE FIRST CLINICAL MANIFESTATION OF SJÖGREN'S SYNDROME SECONDARY TO SYSTEMIC LUPUS ERYTHEMATOSUS

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BACKGROUND

Sjögren's syndrome is a rare disease, of systemic presentation, which can occur in a primary or secondary form, with a prevalence between 0.05 to 0.4% of the general population. Its association with distal renal tubular acidosis (type I) is well documented in the literature, and may occur in 5 to 25% of patients with this diagnosis.

CASE REPORT

Female patient, 57 years old, from Teresina, Piauí. In 2014, she started to have muscle paralysis with recurrent emergency visits, being diagnosed with hypokalemia, with improvement after potassium replacement. In June 2018, she presented a recurrence of the condition, and started with polyarthritis, alopecia, dry mouth and dry eye. At that time, serum potassium of 1.9, chlorine of 121, creatinine 0.48, urine summary with pH of 7, glomerular filtration rate of 111, GAP anion of 12, arterial blood gas with pH of 7.197 and bicarbonate of 12.5, ANA 1:640 fine dotted nuclear, anti-La positive (316) anti-Ro positive (240), lupus anticoagulant positive. Serology for viral hepatitis, syphilis and HIV negative and normal complement. Five months after Sjögren's diagnosis associated with SLE, the patient developed pain in the right hip, undergoing a magnetic resonance imaging that showed a fracture of the head with the femoral neck, probably related to a stress fracture. She improved after treatment with prednisone 5 mg/day, hydroxychloroquine 400 mg 5 times a week, AAS 100 mg once a day, methotrexate 15 mg/week, folic acid 5 mg once a week, oral replacement of calcium, bicarbonate and potassium (potassium chloride 600 mg, 1 tablet every 6 h).

CONCLUSION

Sjögren's syndrome, classically recognized as dry eye and dry mouth, may, however, manifest itself only with renal involvement, and type I renal tubular acidosis is the most documented nephropathy. Considering the probability of progression of this presentation to significant nephrocalcinosis, which may occur in more than 50% of these patients, and its nature is potentially severe and limiting, with a significant impact on the morbidity of these patients, early diagnosis is essential in order to establish an effective treatment and avoid such an outcome.

KEYWORDS

Sjögren's syndrome, Renal tubular acidosis, Systemic lupus erythematosus.