

Hypertensive female patient with sever muscle weakness, can we cure some or all her problems?

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Abstract

A 44 years old, female patient mother of 2 children, with no special habits of medical importance, hypertensive in the last 14 years on 4 antihypertensive drugs (thiazides, ACE I , CCB and BB) with poorly controlled hypertension, She presented by Generalized weakness for 2 years which started in gradual onset, progressive coarse in the last 2 years as bilateral and symmetrical proximal muscle weakness in both upper and lower limbs that render the patient unable to go upstairs or comb herself. The Weakness extended to became generalized in the few months, The patient sought medical advice repeatedly at neurology clinics where she was asked for MRI L/S that revealed multiple minor disc lesion for which she was prescribed steroids, muscle relaxant and vitamin B12 with no improvement. 3 months ago the weakness worsen more and more up to head drop for which she presented to ER where investigations revealed severe hypokalemia K (1.3 mmol/L), with the proper I.V potassium replacement the patient weakness improved dramatically , with regaining of the full muscle power in 2 days, serum Aldosteron Renine Ratio (ARR) 271 –normal up to 20 - that confirmed primary aldosteronism, CT abdomen revealed It adrenal mass 8 mm, The patient underwent laparoscopic supra renal adrenalectomy, with smooth post-operative care, now she cured HTN with normal muscle power.

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Biography

Mr. R Albitar graduated from faculty of medicine 2008, Cairo University, complete PhD degree 2018, now he works as lecturer of internal medicine, trainer of abdominal and pelvic ultrasonography, has publications

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