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Persistent severe hypokalemia: Gitelman syndrome and differential diagnosis

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The main causes of hypokalemia are usually evident in the clinical history of patients, with previous episodes of vomiting, diarrhea or diuretic use. However, in some patients, the cause of hypokalemia can become a challenge. In such cases, two major components of the investigation must be performed: assessment of urinary excretion potassium and the acid-base status. This article presents a case report of a patient with severe persistent hypokalemia, complementary laboratory tests indicated that's it was hypomagnesemia and hypocalciuria associated with metabolic alkalosis, an increase of thyroid hormones. Thyrotoxic periodic paralysis was included in the differential diagnosis, but evolved into the euthyroid state, persisting with severe hypokalemia, which led to being diagnosed with Gitelman syndrome.

Biography

Christine Zomer Dal Molin has completed her Master's degree in Health Sciences at the age of 31 years from University of Southern Santa Catarina, Tubarão, Santa Catarina, Brazil. She is a Nephrologist at Clínica de Nefrologia Ltda Araranguá, Santa Catarina; Nephrologist at Hospital Regional Affonso Guizzo Araranguá; Nephrologist at Clínica Marconato, Tubarão; Hospitalist at Hospital Socimed, Tubarão. Recently, was approved to become an associate professor at Universidade Federal de Santa Catarina, campus Araranguá, she will be teaching for Medical Students. She is applying for PhD in Health Sciences.

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