



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

### 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 lt adrenal **mass 8 mm** , **The patient underwent laparoscopic supra renal adrenalectomy** , with smooth post operative care , now she cured HTN with normal muscle power.



**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 in hepatology and gastroenterogy and endocrinology . Member of the training committee for house officers and residents.

### Keywords:

Erectile Dysfunction, Estrogen Therapy, Glucagon, Graves Disease, Hypoglycemia, Hirsutism

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