

No Pointes for Drinking Bartter & Gitelman Under the Table: A Case Report

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Introduction

We suggest that in a patient with persistent hypokalemia, hypomagnesia, and hypocalcemia, especially when complicated by TdP arrest, Gitelman's and Bartter's Syndromes must be considered due to the propensity for cardiac dysrhythmias and possible progression to renal failure.

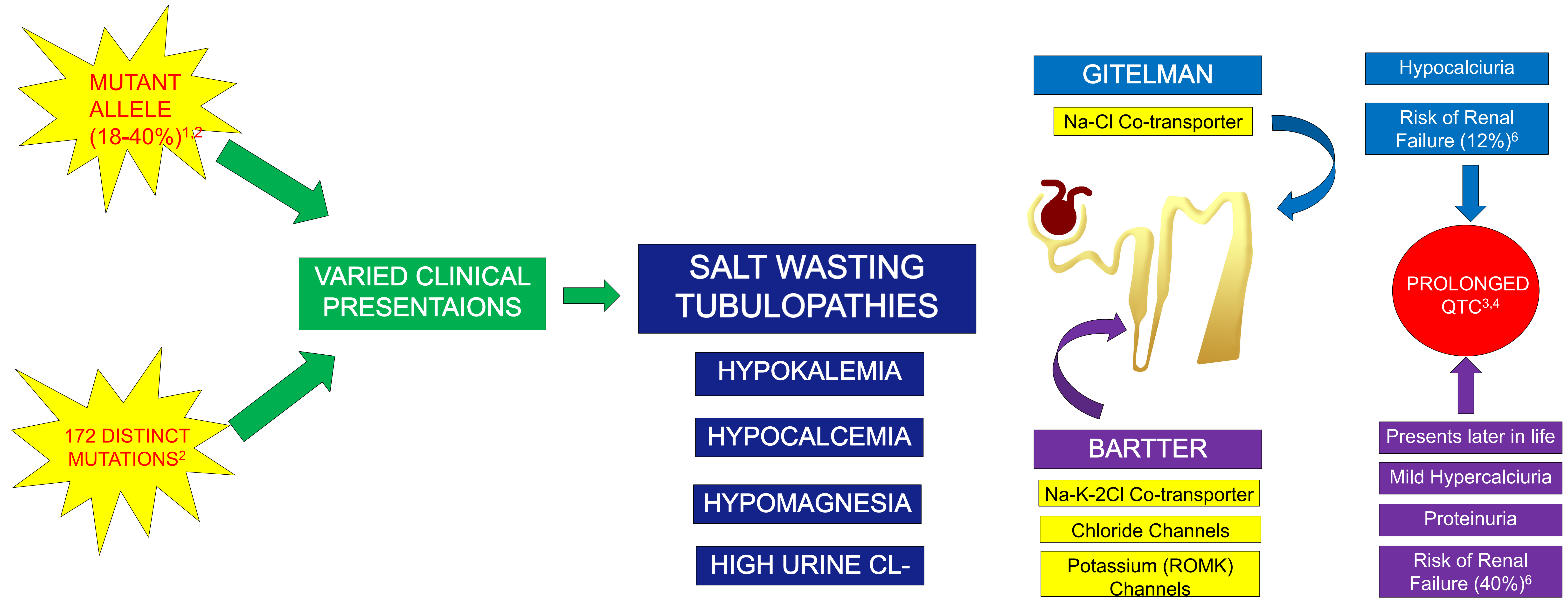
Case Description

A 32-year-old thin, black woman presented with upper extremity cramping and abdominal pain.

- HPI:
- known history of alcohol use disorder but denied alcohol use in the two weeks preceding admission.
 - generalized abdominal pain without nausea, vomiting, or anorexia
- PMH:
- recent torsades de pointes (TdP) arrest in the setting of hypokalemia
 - AICD for secondary prevention
 - alcohol use disorder

- Exam:
- Hypertension
 - positive Trousseau's sign
- Lab work:
- Serum potassium 2.2 mmol/L
 - Serum calcium 7.8 mg/dL
 - Serum magnesium 1.1 mg/dL.
 - Elevated urine anion gap
 - Proteinuria
 - Calcium:creatinine ratio 404 (normal: 20-300).
 - Normal Calcium and Chloride Urine Excretion

Discussion



Sources

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