

Indapamide/potassium

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Hypokalaemia and lack of efficacy: case report

A 66-year-old man developed hypokalaemia during treatment with indapamide for essential hypertension. He also exhibited lack of efficacy during treatment with potassium for hypokalaemia [*not all routes stated; dosages, time to reaction onsets and final outcome not stated*].

The man had essential hypertension, for which, he had been receiving atenolol, ramipril and indapamide. Subsequently, he was admitted with a 2-week history of persistent productive cough, and a diagnosis of SARS-CoV-2 infection was made. He was also noted to have a broad-based ataxic gait, requiring assistance to walk. He had sensory loss, which extended from mid-shins in the lower limbs to mid-forearm in the upper limbs. The power loss was noted as symmetrical, along with proximal and distal weakness in the lower and upper limbs. After 48h of admission, he developed bulbar symptoms, including dysphagia, dysarthria and weakness with facial paraesthesia. A bilateral facial droop, mainly on the left was noted. He had a croaky and hoarse voice with choking sensation upon swallowing. Also, the tongue deviation to the right on protrusion was observed. On presentation, he was noted to have hypokalaemia secondary to indapamide.

The man started receiving IV potassium; however, no resolution of his symptom was noted (lack of efficacy). Following various investigations, a diagnosis of Miller Fisher syndrome associated with SARS-CoV-2 infection was confirmed. During his hospital course, he was transferred to the ICU with respiratory compromise, requiring immune-globulin and high flow nasal oxygen therapy. He was advised nasogastric nutrition, along with appropriate oral restrictions to prevent aspiration. He then underwent an early physical rehabilitation. Eventually, a significant improvement was noted, and he was discharged to the medical ward for 14 days. Following discharge to home, he required mobility aids, along with a carer once daily. After 6 months, he had complete recovery, but he had watering of the left eye and slight weakness of the mouth (left side).