

**SIMPLE CONDITION WITH COMPLICATED DIAGNOSIS***ÉTAT SIMPLE AVEC UN DIAGNOSTIC COMPLIQUÉ*

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Background: Renal tubular acidosis with hypokalemia associated with Sjogren's syndrome manifesting with an initial presentation of hypokalemic periodic paralysis is rare. In a cabin crew, this condition even if adequately treated does pose a risk of incapacitation and can jeopardise flight safety.

Case Report: A young female cabin crew during initial days of training presented with an episode of hypokalemic periodic paralysis after reportedly irregular eating habits. A detailed workup revealed non-anion gap metabolic acidosis – renal tubular acidosis, positive autoimmune markers, normal complement levels, high globulin levels, elevated ESR, proteinuria and a positive Schirmer's test. The exact autoimmune diagnosis was not established since she was unwilling for a renal biopsy. Sodium bicarbonate was prescribed indefinitely, potassium chloride when indicated and was treated symptomatically for Sjogren's Syndrome.

Discussion: The nature of cabin crew duties in a commercial airline can pose risks to aggravate the underlying condition since maintaining regular and conscious dietary requirements may be difficult especially during emergency situations. The aircraft cabin environment can also aggravate the sicca symptoms. These conditions could lead to recurrence and jeopardise flight safety. The risks of the underlying condition were not sufficiently mitigated and a decision of unfitness was taken.

Conclusion: The autoimmune condition with systemic involvement in this cabin crew presents some hazards in her role as cabin crew. There are multiple issues, which include aggravation and precipitation of hypokalemia, complications of the syndrome itself, no definitive cure and limitations of maintaining her condition in a commercial airline environment.