A 38 year old man presented with a history of episodic lower limb weakness lasting a few hours. The weakness was predominantly proximal and was preceded by cramps in the affected muscles. There were two such attacks separated by a one month period. He was perfectly normal in between the episodes. The weakness was unrelated to exertion or meals. The upper limbs, eyes, face, tongue, pharynx, larynx, diaphragm, and sphincters were spared. There were no sensory abnormalities. He did not have any addictions. On physical examination, the patient was afebrile and nervous. He had a heart rate of 120 beats/min and a blood pressure of 170/70 mm Hg.

During the attack, there was a flaccid paraparesis with depressed tendon jerks. In the interattack period, strength was normal and the reflexes were brisk. His serum potassium concentration during the attack was 3.2 mmol/l, and after recovery 4.0 mmol/l (reference range 3.5–5.0 mmol/l). The concentration in urine was normal. Other electrolyte values were within normal limits. Further studies were performed to establish the aetiology.

**QUESTIONS**

(1) What is the diagnosis?
(2) How did we confirm it?
(3) How should the patient be managed?

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A 50 year old women was admitted with complaints of swelling and stiffness of right shoulder for three months. There was no history of trauma, fever, or any local injections. She did not drink alcohol and there was no history of any steroid intake. There was no past history of diabetes or syphilis. The swelling was minimally painful and only extremes of shoulder movements were painful. The swelling was fluctuant. There was no neurological deficit. Radiographic examination of the shoulder was done (fig 1) followed by magnetic resonance imaging (MRI) of the cervical spine (fig 2).

**QUESTIONS**

(1) What are the pathological changes seen in the radiograph?
(2) What are the pathological changes seen in the MRI scan?

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**Paralysis**

**An atypical case of periodic paralysis**

I H Mohammed, R V Bhat

Answers on p 108.

**Swollen and stiff shoulder**

R Mittal, V Gupta

Answers on p 108.
An atypical case of periodic paralysis

I H Mohammed and R V Bhat

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