Academic Journal of
Pediatrics & Neonatology
ISSN 2474-7521

Juniper Publishers
key to the Researchers

Proceeding
Volume 3 Suppl 1 – March 2017
DOI: 10.19080/AJPN.2017.03.555657

Acad J Ped Neonatol


# Pseudohypoaldosteronism with Skin Rash

**Yasser Al Ghanmi***

*Maternity and children hospital Jeddah, Saudi Arabia*

**Submission:** March 05, 2017**; Published:** March 28, 2017

***Corresponding author:** Yasser Al Ghanmi, Maternity and children hospital Jeddah, Saudi Arabia

## Introduction

Pseudohypoaldosteronism (PHA) is characterized by electrolyte abnormalities due to renal tubular unresponsiveness to aldosterone. PHA type 1 is a rare disease which can present with renal salt wasting, hypovolemia, hyperchloremic acidosis and hyperkalemia. The autosomal dominant form is milder than autosomal recessive.

## Case Report

A male Syrian infant was admitted on day 4 with poor oral intake, excessive crying and multiple episodes of diarrhoea. The patient was severely dehydrated, lethargic, a febrile. There was a papular skin rash covering all the body. Biochemistry showed hyponatremia Na 119.9mEq/L, hyperkalemia K 9.44mEq/L and hypercalcemia Ca 12.6mg/dL. Hyperkalemia was treated, and hydrocortisone and fludrocortisone were started as the results were suspicious of congenital adrenal hyperplasia (CAH). The 17-hydroxyprogesterone was elevated 16.49ng/ml (1.70-4.00), with markedly elevated plasma renin (500uIU/ml (4.4-46)) and aldosterone (100ng/dL (2.2-35.3)). These results and the lack of response to treatment suggested PHA. NaCl 3% was given orally in addition to Na polystyrene. He was admitted for 3 months. Subsequently he has had several admissions with similar clinical picture. There is a family history of early death of two siblings with similar symptoms but no diagnosis was made at that time.

## Discussion

In patients presenting with electrolyte disturbances of hyperkalemia and hyponatremia, CAH must be ruled out. However in this case the elevated renin and aldosterone levels led to a diagnosis of PHA despite high level of 17-hydroxy progesterone. A maculopapular rash affecting the face and trunk is a characteristic feature which can accompany this condition.