



A Brief Discussion of Reversible Acute Muscular Syndrome in Chronic Alcoholism

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INTRODUCTION

Chronic alcohol abuse can lead to acute severe necrosis of muscle fibers. This acute myopathy presents as rapidly progressive, primarily proximal weakness that is often, but not always, accompanied by pain, tenderness, or swelling. In several cases, this syndrome has been associated with a lack of potassium, which is probably the result of vomiting or diarrhoea. It has been suggested that because potassium depletion is common in chronic alcohol abuse, the incidence of hypokalemic myopathy in alcoholism is probably much higher than the rarity of published reports suggests. Early detection of acute hypokalemic myopathy in alcoholics is critical because it is completely reversible with potassium supplementation. The clinical and pathological characteristics of a patient with chronic alcoholism who developed a myopathy associated with hypokalemia are presented. Repeated and excessive consumption of alcohol causes pathophysiological disorders in the skeletal muscles.

DESCRIPTION

For the successful management of this syndrome, strict abstinence and a nutritionally adequate diet are necessary. We propose a simple and noninvasive study using ³¹P magnetic resonance spectroscopy to monitor the recovery of the basal energy state of the tensor fasciae latae muscles in chronic alcoholics during controlled 15-day abstinence. Cessation of alcohol abuse resulted in a significant recovery of the previously reduced ratio. The relative level of free inorganic phosphate, on the other hand, decreased, while the intracellular pH remained unchanged. These findings demonstrate a rapid improvement in basal muscle energy metabolism during abstinence in patients with chronic and heavy alcohol consumption, as well as the feasibility of monitoring this recovery with serial ³¹P MRS examinations. Vitamins are an essential food source because of the enzyme cofactor and catalytic role they play in the body.

Fat-soluble vitamins A, D, E, K and B12 are stored in the body and can cause problems if they accumulate excessively. Other vitamins that dissolve in water and are excreted by the kidneys rarely accumulate in the body. Vitamin deficiencies can be caused by alcoholism, strict diets, insufficient nutrition of parents and problems with absorption from the digestive tract. Although the clinical findings of vitamin deficiency vary depending on the vitamin, the most common symptoms are skin pigmentation, mucosal pigmentation, and palmoplantar keratoderma with fissures, palmar striations, yellow nail striations, nail layering, and nail bleeding. Acute abdomen is a common reason for a visit to the emergency room.

CONCLUSION

This article discusses the ultrasound characteristics of various intestinal diseases that can cause acute abdomen, such as acute diverticulitis, intestinal obstruction, gastrointestinal perforation, intestinal ischemia, intra-abdominal fat necrosis, and other processes such as endometriosis, foreign bodies, or vasculitis. Radiologists must be familiar with the various characteristics of abnormal bowel that may be detected incidentally in patients with no clinical suspicion of bowel disease. Continued alcohol consumption has been associated with persistence or progression of atrophy. This study found that reversible type 2b muscle fibre atrophy is common in alcoholics, suggesting that it is caused by alcohol consumption rather than malnutrition, vitamin deficiency, or peripheral neuropathy.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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