

Abstract

Hypomagnesaemia is an important but underdiagnosed electrolyte abnormality in critically ill patients.

Magnesium is fourth most common cation in the body and second most common intracellular cation after potassium, yet its deficiency in critically ill-patients is frequently overlooked. [1], [2], and [3] Various studies have reported the incidence of hypomagnesaemia up to 65% in critically ill-patients. [4] Although many paradigms have been explored to minimize the mortality in critical care units, magnesium loss has been scarcely addressed; in this respect leading to inconclusive results. Serum magnesium monitoring may have prognostic and perhaps therapeutic implications because critically ill-patients are predisposed to either symptomatic or asymptomatic magnesium deficiency that can lead to some important clinical consequences (such as hypokalemia, cardiac arrhythmias, hypocalcaemia, neurotoxicity and psychiatric problems), ultimately increasing the morbidity and mortality. [5] Present study was undertaken against this backdrop at a tertiary care teaching hospital to assess the magnitude of magnesium deficiency and its influence on the outcome of critically ill-patients so that baseline reference data for insight and management of the problem in routine cases in our intensive care units (ICUs) is formed.

Key Words :

Hypomagnesaemia - Critically Ill Patients .