

SEVERE KETOACIDOSIS IN A NEWLY DIAGNOSED PATIENT WITH TYPE 2 DIABETES AND METABOLIC SYNDROME

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Diabetic ketoacidosis (DKA) is well-known complication of type 1 diabetes, however, its presence is increasingly recognized in type 2 diabetes patients, even as initial presentation. Case report Male patient, 54 years old, was hospitalized due to newly diagnosed type 2 diabetes (BG 21,3 mmol/l, HbA1c 10.5%) accompanied with severe diabetic ketoacidosis (pH 7.00, base excess -24,6, serum bicarbonate 6,7 mEq/l). The patient was obese (BMI 35), hypertensive (160/90 mmHg), with extreme dyslipidaemia (TC 25,22 mmol/l, HDL 2,45 mmol/l, TG 31,21 mmol/l). During hospitalization, the patient was diagnosed with acute pancreatitis, cholelithiasis, GERD, and hepatic steatosis. The patient was treated with rehydration, intravenous insulin infusion, antibiotic therapy, proton pump inhibitor, antihypertensive therapy (ACE inhibitor and beta blocker), and dietary restriction. The patient was discharged with NPH insulin once daily, metformin, PPI, ACEi, BB and statin. Six months later BMI was 30,2, FBG 6,2 mmol/l, HbA1c 5.6%, TC 3,91 mmol/l, HDL 1,19 mmol/l, LDL 2.27 mmol/l, TG 0.99 mmol/l, amylase 78, CRP 6,9 mg/l, BP 130/80 mmHG. Seven months later laparoscopic cholecystectomy was done, and nine months later insulin therapy was discontinued. The weight, glycaemic control, lipid status and blood pressure remained stable during follow up of 24 months. The patient continues with metformin, statin, ACEi, and BB. Conclusion In newly diagnosed type 2 diabetes DKA could be from constant hyperglycaemia (glucose toxicity) and the presence of stressors that cause increase lipolysis due to counterregulatory hormones. Majority of patients are able to discontinue insulin after the resolution of DKA.

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