

An unusual manifestation of diabetic ketoacidosis

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CASE REPORT

A 30-year-old male with no known medical history presented to the emergency department with a one-week history of polyuria, polydipsia, weakness, and weight loss. This was associated with a significantly decreased appetite and two episodes of vomiting over the two days prior to hospital presentation. On admission, he was obtunded, hypothermic at 34.2° C, with a blood pressure 90/53 mmHg, heart rate 116 beats/min and respiratory rate 33 breaths/min. He was lethargic, emaciated, and had dry mucous membranes. Physical examination was also significant for crepitus over the neck and shoulders. Laboratory studies were as follows: white blood cell 18.8 k/ μ l (3.8-10.6 k/ μ l), glucose 1182 mg/dl (50-140 mg/dl), beta hydroxybutyrate 14.79 mmol/l (0.00-0.30 mmol/l), blood urea nitrogen 53 mg/dl (10-25 mg/dl), creatinine 4.37 mg/dl (< 1.13 mg/dl), glycated haemoglobin 12.3% (< 5.7%), arterial pH 6.94 (7.35-7.45), and arterial bicarbonate 1.5 mmol/l (22-26 mmol/l).

The electrocardiogram demonstrated sinus tachycardia. Chest X-ray showed air tracking into the soft tissue of the lower neck and bilateral scapular regions without pneumothorax (*figure 1*).

Figure 1. Chest X-ray demonstrating pneumomediastinum with air tracking into the lower neck and the soft tissues of the scapular region, bilaterally



WHAT IS YOUR DIAGNOSIS?

See page 139 for the answers to this photo quiz.