THE CLUE IS IN KETONES

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INTRODUCTION

Not only does Diabetic ketoacidosis mimic acute abdomen, the vice versa is also true albeit rare.

METHOD: Case Report

Herein we report a case of acute abdomen with stress related hyperglycaemia mimicking Diabetic ketoacidosis (DKA) in a 5 year old girl

CASE REPORT

- Our patient presented with few hours of vomiting, tachypnoea & tachycardia.
- Initially, a presumptive diagnosis of a first onset diabetes with DKA was entertained in the context of hyperglycaemia and metabolic acidosis; warranting cautious fluid resuscitation. However, the absence of ketonemia or ketonuria, along with positive abdominal signs prompted further investigations with abdominal X ray which showed air under the diaphragm. This precluded the administration of Insulin for suspected DKA.
- An urgent laparotomy revealed gastric volvulus with ischemic necrosis and perforation albeit viable small intestine. She subsequently had surgical repair and a gastrostomy to good effects.

CONCLUSION

In suspected DKA, consider other differentials of acidosis if there is low level of ketones or no ketones at all relative to the degree of metabolic acidosis.

Clinical examination is important.

Wrong diagnosis of DKA in a patient with acute abdomen or shock can hamper management and ultimately, patient outcome.

References

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