Abstract

Health Science Journal
ISSN 1791-809X

2022
Vol.16 No.P2

Case report: sepsis in patient with type 2 diabetes mellitus

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B.C, a 70-year-old woman. The reason for hospitalization is the appearance of skin ulcerations and soft tissue edema in the hypogastric region for a few days, with fever. In her medical history she refers to hypertensive heart disease, type 2 diabetes mellitus with poor metabolic compensation, in therapy with oral hypoglycaemic agents, COPD and chronic renal failure. On physical examination, in the hypogastrium, multiple ulcerations with purulent secretion are highlighted: bacteriological examination is performed. Laboratory tests, among others, show glycated Hb = 9.8%, Creatinine = 3.76 mg / dl, urea = 178 mg / dl, Hb 8.8 g / dl, Gb = 21,800 with 93% neutrophils. Start antibiotic therapy with Metronidazole 500 mg + Piperacillin / Tazobactam 2.25 g x 3 times a day, hydration, basal-bolus insulin therapy; on the third day, the bacteriological examination diagnoses Klebsiella oxytoca MDR infection, with sensitivity to meropenem / vaborbactam: therefore piperacillin / tazobactam is suspended and meropenem / vaborbactam 1 g / 1 g x 2 (adjusted for GFR) in combination with metronidazole is started. The patient is also subjected to surgery to empty multiple abdominal subcutaneous abscesses and continuous antibiotic therapy. She is discharged after 25 days of hospitalization.

Abscessalized liponecrosis of the abdominal wall is a serious complication in patients with decompensated diabetes mellitus, especially in patients with multiple comorbidities, as in the case presented.