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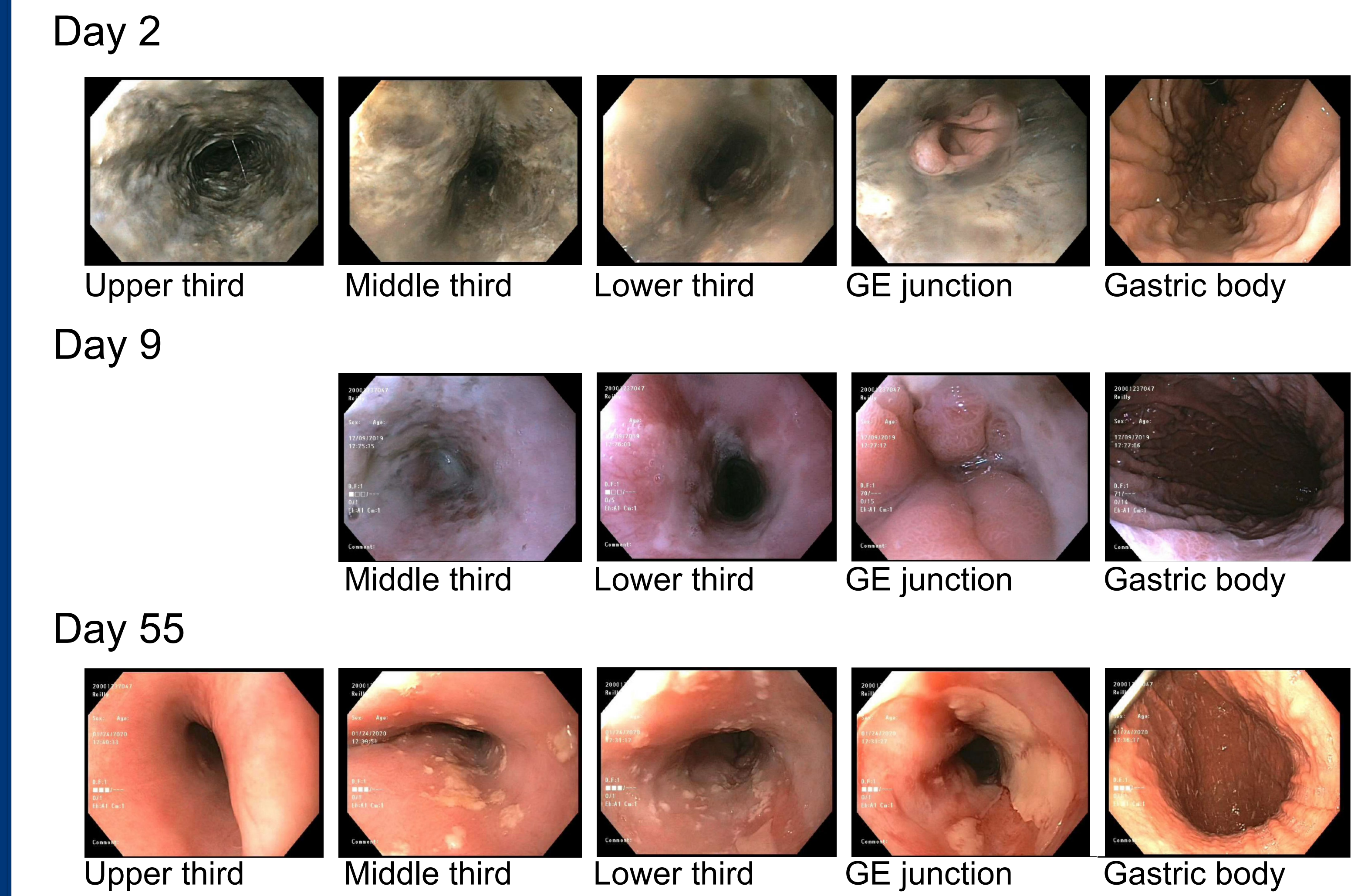
Esophageal Necrosis as an Unexpected Complication of Diabetic Ketoacidosis

Hayden Z. Smith, Tricia James

Clinical Course

Admission	Day 1	Early Day 2	Late Day 2	Day 9
<p>59 year old Female</p> <p>Past medical history: Type II diabetes CKD stage III HLD GERD</p> <p>Symptoms: Nausea Vomiting Lethargy Diarrhea</p>	<p>NSTEMI: Initial troponin peak of 41.12 responded to heparin drip and fluids</p> <p>Diabetic Ketoacidosis: CBG = 833 Anion gap = 15</p>	<p>Confusion and hypovolemic shock: AMS, hypotension and Hgb drop suggests acute bleed</p> <p>Melanotic diarrhea: Large volume bloody diarrhea is the likely source of bleeding</p>	<p>Acute esophageal necrosis: EGD with black necrotic esophagus</p>	<p>Resolution: No longer symptomatic and improved EGD</p>

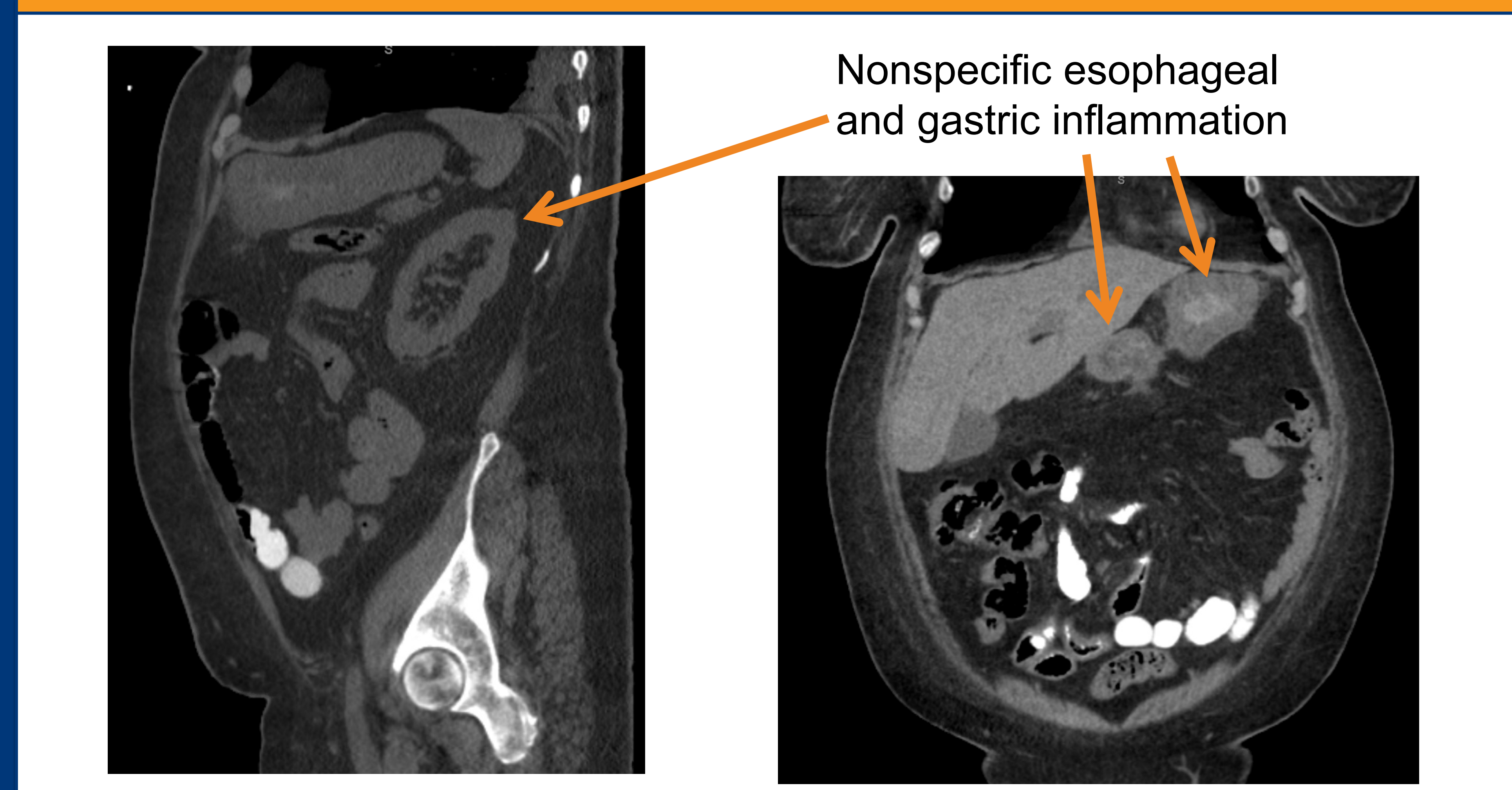
EGD



Data

	Admission	Day 1	Early Day 2	Late Day 2	Day 9	
Vitals	BP	*	*	86/56	*	*
	HR	*	122	106	*	*
	RR	*	*	36	*	*
CBC	WBC	11.3	*	*	*	*
	Hgb	*	*	7.4	8.6	9.2
	Hct	*	*	22.2	25.0	27.4
	Plate	*	*	*	*	*
Chem panel	Na	125	*	*	*	*
	K	2.9	*	*	*	*
	Gap	15	*	*	*	*
	Glucose	833	345	232	268	*
	Creatinine	1.82	1.35	*	*	*
	Troponin	41.12	26.60			1.24

CT Scan



Discussion

Takeaway Points of AEN

Presentation and Risk Factors	Pathophysiology	Management and Prognosis
<p>Classic symptoms</p> <ul style="list-style-type: none"> Nausea & vomiting Hematemesis Coffee ground emesis Melena <p>Typical patient</p> <ul style="list-style-type: none"> Male 60 years old Diabetes Dyslipidemia High BP GERD 	<p>Watershed ischemia</p> <p>Small aortic branches</p> <p>Two-hit hypothesis</p>	<p>Supportive Care</p> <p>NPO, fluids, PPI</p> <p>Morbidity and mortality</p>

References

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