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Clinical Case

Roger Isla, MD

Hospital Nacional Alberto Sabogal Sologuren



Case

- Patient: LRG
- Age: 60 years old.
- Sex: Male
- FRCV: Hypertension (15y.) and DM (20 y.)2 +
- Other pathologies: Denies
- Habitual Medication: Enalapril, Metformin, Glibenclamide (irregular)



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Current illness

20/10/2018

Erythema changes to
violaceous
coloration

12/09/2018

Flaking and
erythema in distal
region 1st finger
Right

25/10/2018

Go to an
endocrinology clinic



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Physical exam

- HR: 78 X` RR: 16 T:36.9°C BP: 170/90 Sato2:98%
- Skin: Wet. Necrosis in the distal phalanx of 1 st. finger of both feet.
- CV: Rhythmic, regular heart sounds, good intensity, no murmurs, no S3
- R: Good passage of the vesicular murmur in both hemithorax ..
- N: Glasgow 15 points, oriented.

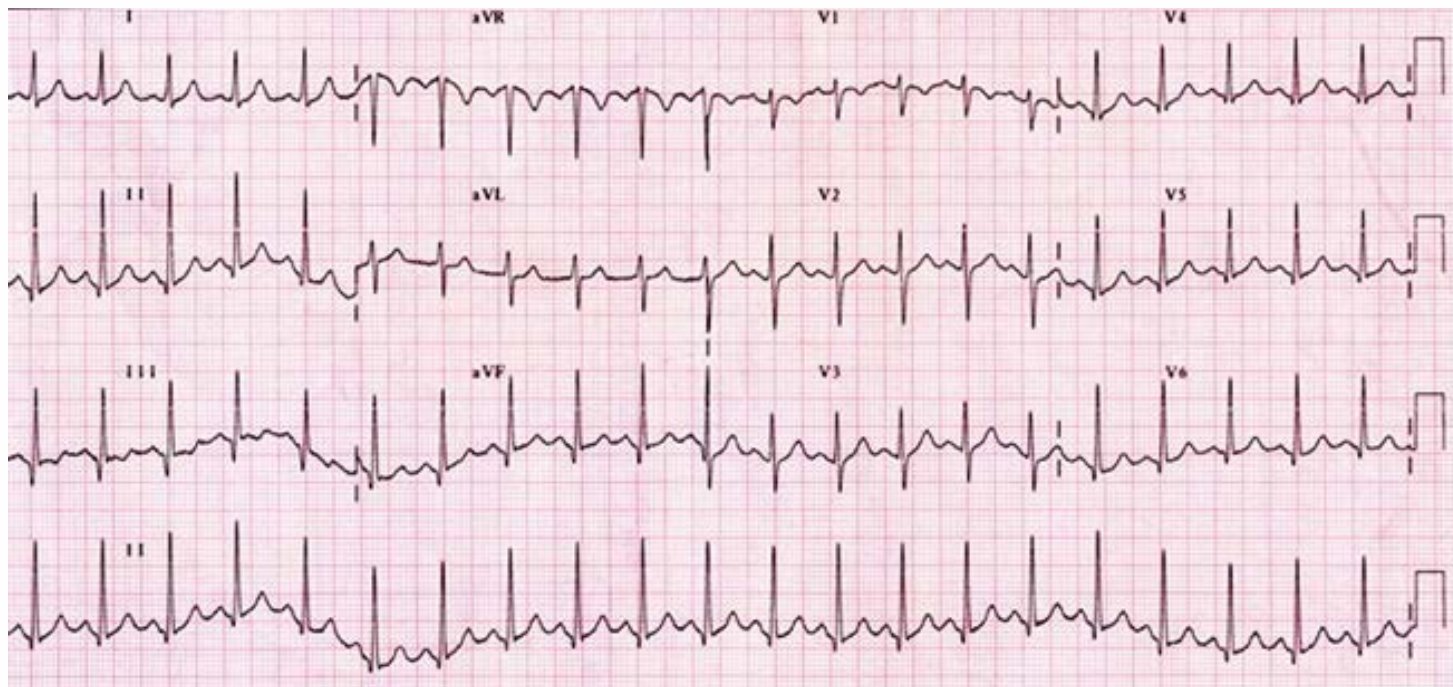


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EKG



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Chest Radiography

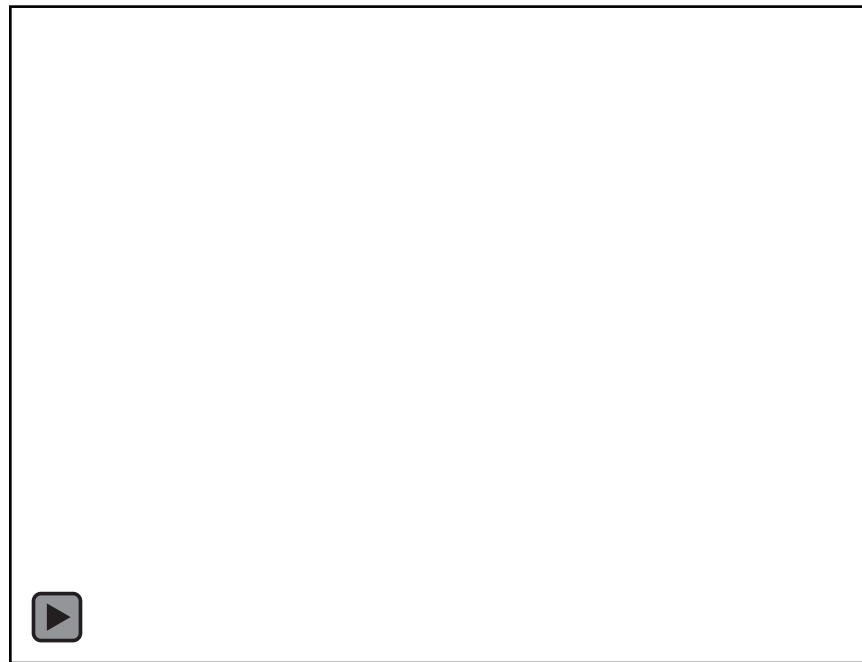
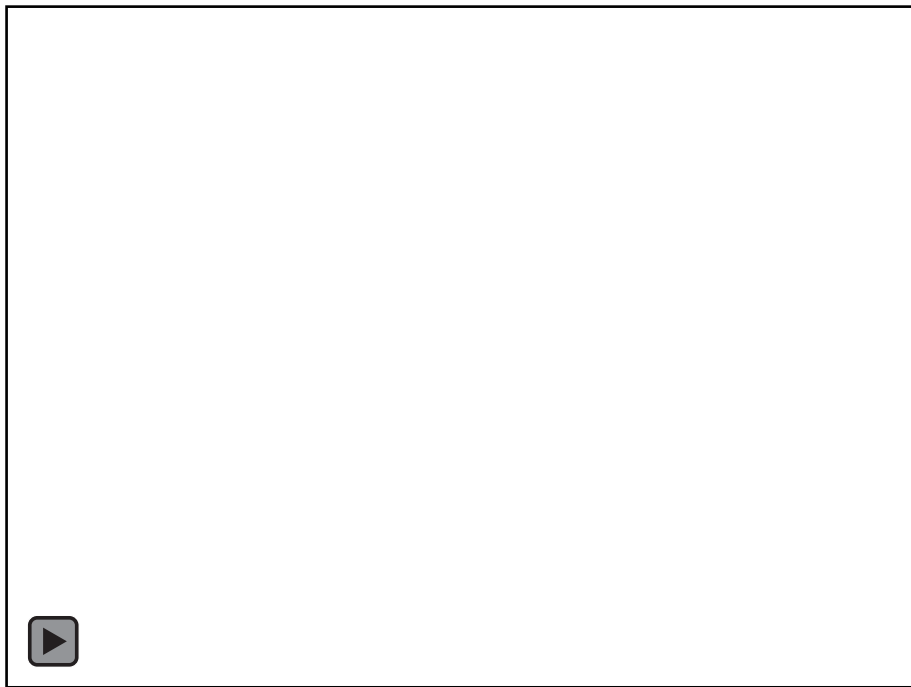


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Echocardiography

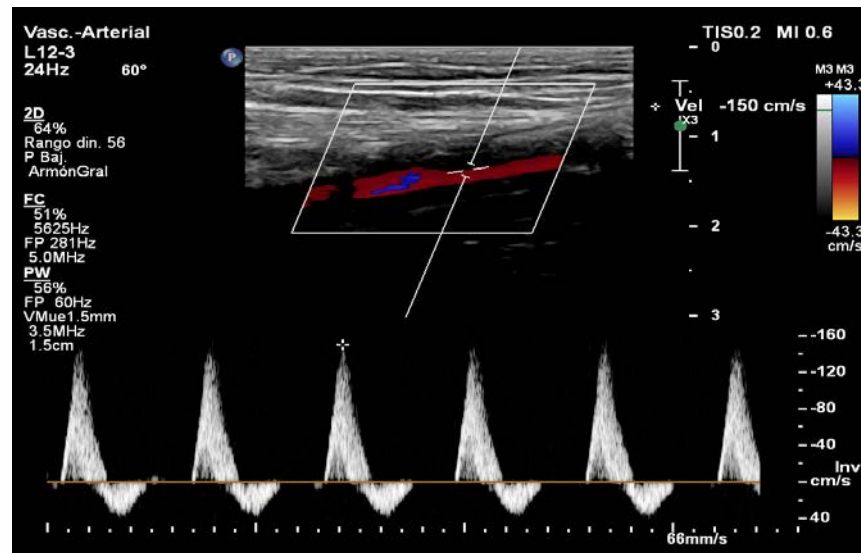
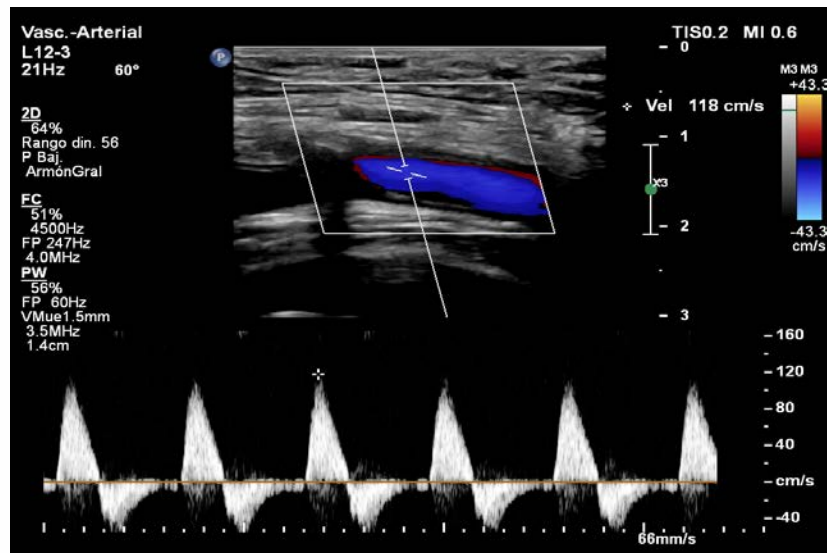


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Vascular Doppler



Moderate to severe distal atheromatosis in both lower limbs. Severe peripheral arterial insufficiency in the tibialis anterior and dorsalis of the right foot.



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Laboratory

Hct:	31%	HDL:	39 mg/dl
WBC:	12.55×10^3	LDL:	58 mg/dl
Plat:	488×10^3	CRP:	26 mg/dl
U:	41 mg/dl	Microalbuminuria	234 mg/24 hrs
C:	0.99 mg/dl	Urine test	Not pathological
G:	180 mg/dl	Crops	E. Coli
HbA1c:	11.5 %	Cl:	60 ml/min/1.73 m ²



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Diagnostics

- Neuroischemic diabetic foot
- Diabetes Mellitus with complication-: Nephropathy 2
- Hypertension not controlled
- Diabetic retinopathy



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Treatment

- Losartan 50 mg bid
- Amlodipine 10 mg qd
- Insulin



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