Clinical Case

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Case

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

12/09/2018
Flaking and erythema in distal region 1st finger Right

20/10/2018
Erythema changes to violaceous coloration

25/10/2018
Go to an endocrinology clinic
Physical exam

- HR: 78 X`   RR: 16   T:36.9ºC   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.
Chest Radiography
Echocardiography

EF: 62%
LV mass: 111 gr/m²
RWT: 0.40
LAVi: 24.2 ml/m²
RWT: 0.40
E/A: 0.7
E/E´: 6.46
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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<tr>
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<tbody>
<tr>
<td>Hct</td>
<td>31%</td>
<td>HDL</td>
<td>39 mg/dl</td>
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<tr>
<td>WBC</td>
<td>12.55 x 10³</td>
<td>LDL</td>
<td>58 mg/dl</td>
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<tr>
<td>Plat</td>
<td>488 x 10³</td>
<td>CRP</td>
<td>26 mg/dl</td>
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<tr>
<td>U</td>
<td>41 mg/dl</td>
<td>Microalbuminuria</td>
<td>234 mg/24 hrs</td>
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<tr>
<td>C</td>
<td>0.99 mg/dl</td>
<td>Urine test</td>
<td>Not pathological</td>
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<tr>
<td>G</td>
<td>180 mg/dl</td>
<td>Crops</td>
<td>E. Coli</td>
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<tr>
<td>HbA1c</td>
<td>11.5 %</td>
<td>Cl:</td>
<td>60 ml/min/1.73 m²</td>
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Diagnostics

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

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