Esophageal Necrosis as an Unexpected Complication of Diabetic Ketoacidosis

Hayden Smith

Tricia James

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Esophageal Necrosis as an Unexpected Complication of Diabetic Ketoacidosis

Hayden Z. Smith, Tricia James

Clinical Course

Admission

50 year old female

Past medical history:
Type II diabetes
CKD stage III
HLD
GERD

Symptoms:
Nausea
Vomiting
Lethargy
Diarrhea

Diabetic Ketoacidosis:
CBG = 833
Anion gap = 15

Early Day 2

NSTEMI:
Initial troponin peak of 41.12 responded to heparin drip and fluids

Confusion and hypovolemic shock:
AMS, hypotension and Hgb drop suggests acute bleed

Late Day 2

Melanotic diarrhea:
Large volume bloody diarrhea is the likely source of bleeding

Acute esophageal necrosis:
EGD with black necrotic esophagus

Day 9

Resolution:
No longer symptomatic and improved EGD

Data

<table>
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<tr>
<th>Vitals</th>
<th>Admission</th>
<th>Day 1</th>
<th>Early Day 2</th>
<th>Late Day 2</th>
<th>Day 9</th>
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CT Scan

Nonspecific esophageal and gastric inflammation

Discussion

Takeaway Points of AEN

Presentation and Risk Factors

Pathophysiology

Management and Prognosis

Classic symptoms

Nausea & vomiting
Hematemesis
Coffee ground emesis
Melena

Typical patient

Male
60 years old
Diabetes
Dyslipidemia
High BP
GERD

Supportive Care
NPO, fluids, PPI

Watershed ischemia

Mortality and morbidity

Underlying critical disease (30%)
AEN specific (6%)

Small aortic branches
Two-hit hypothesis

References


EGD

Day 2

Upper third
Middle third
Lower third
GE junction
Gastric body

Day 9

Middle third
Lower third
GE junction
Gastric body

Day 55

Upper third
Middle third
Lower third
GE junction
Gastric body

Nonspecific esophageal and gastric inflammation