

Diabetic muscle infarction in a 54 year old female: a case report.

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Introduction:

Diabetic muscle infarction is a very uncommon complication of diabetes and predominately occurs in type 1 diabetes (70% of cases) or long standing poorly controlled type 2 diabetic patients, often misdiagnosed as cellulitis. It is defined as spontaneous ischemic necrosis of skeletal muscle that is unrelated to atheroembolism or occlusion of major arteries.

Case presentation:

We report a case of 54-year-old woman non-smoker with an eight years history of type 2 Diabetes Mellitus. Glycemic control had been unsatisfactory during the last years, HbA1c over 12%. The patient presented with a two days history not being able to walk. Her symptoms started about 2 weeks ago. One morning she was awoken with a sudden onset of right thigh pain and swelling. The pain increased during exercise. No preceding trauma, fever, animal bites or infection. On physical exam, she had a localized, tender area with swelling and indurations of the surrounding tissue, no skin erythema. She was afebrile. Her white cell count was 10.700/L in normal range, erythrocyte sedimentation rate (ESR) was normal 20mm/h. HbA1c was 13.9% range from 4.8-6.1, blood glucose 25.5mmol/L. She had normal creatinine kinase (62 U/l). Additional diabetic workup failed to reveal any signs of retinopathy or neuropathy. Deep venous thrombosis was excluded by Doppler ultrasound on both legs. Magnetic resonance imaging (MRI) in both coronal and axial planes demonstrating on T2-weighted images a high-intensity signal in the intra- and perimuscular tissues of the left vastus medialis muscle secondary to edema and necrosis. She didn't require surgery or biopsies. Glycemic control was established with intensive insulin therapy, pain was controlled with analgesic medication, bed rest and corticosteroids for edema. The patient gradually recovered over the period of ~4 weeks.

Conclusions:

Diabetic muscle infarction is a rare complication of diabetes, which should be suspected in any diabetic subject with uncontrolled and longstanding diabetes who presents with a painful swollen limb. The diagnosis can be made when the characteristic clinical presentation is combined with a typical MR imaging results.

