



Cardiac and endocrine comorbidities

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Chief Complaints

- 42 years old male patient admitted to ICU
- Breathlessness at rest
- Muscle weakness
- Excessive thirst
- Weight loss (20 kg over the last 2 months)
- Blurred vision
- Fatigue

Medical History

- Dilated cardiomyopathy diagnosed for 1 year
- Stopped medications over the last 2 months
- Chronic Hepatitis C Virus
- Alcohol abuse
- Poor socioeconomic status

Physical Findings

- BP – 100/60 mmHg, HR – 85’, RR – 28’, SaO₂ – 89%
- Weight – 80 kg, height -185 cm, BMI – 23.4 kg/m²
- Heart – systolic murmur at the apex
- Chest – rales bilateral in lower bases
- Liver - palpable 3 cm below right costal margin
- Neurologic status – drowsiness, no stupor

Lab findings upon admission

- CBC – normal
- ALT – 61.5 U/L (< 31)
- AST – 29.7 U/L (<32)
- Serum Creatinine – 0.86 mg/dl (0.5 – 0.9)
- Na+ - 112.6 mmol/L (136 - 145)
- K+ - 4.99 mmol/L (3.5 – 5.1)

Primary objectives

- Work-up exam ?
- Diagnosis ?
- Treatment ?

Instrumental Findings

- ECG: sinus rhythm, complete LBBB
- Echocardiography: EF – 18%, dilation of cardiac chambers, diffuse hypokinesis, no pericardial or pleural effusions
- Chest X-ray: cardiomegaly with diffuse pulmonary infiltrate consistent with pulmonary edema

Additional lab

- Serum blood glucose – 1324 mg/dl (73.5 mmol/L)
 - Corrected Na⁺ - 132 mEq/kg
 - Effective serum osmolarity – 298 mOsm/kg (275 - 295)
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- Urine analysis:
Glucose 27.8 mmol/L
Protein 0.099 g/L
Ketones – negative
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- Arterial blood gases:
pH – 7.40, pCO₂ – 42 mmHg (35-45), HCO₃ – 25.7 mEq/L (24-26), pO₂ – 68 mmHg (80-100)

Treatment

- Sol. NaCl 0.9% + sol.KCl 4% infusion
- Regular insulin infusion 12 ml i.v.bolus + 8 ml/hr
- Furosemide i.v.
- Heparin 7500 u s.c.
- Glycemia dropped down to 830 mg/dl – over 5 hours, then to 290 mg/dl – over the next 6 hours
- 5% dextrose added

In 24 hours

- Blood Glucose – 251 mg/dl
 - Na+ - 129.2 mmol/L
 - K+ - 3.61 mmol/L
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- C-peptide - 1.5 ng/ml (0.8 – 3.1)
 - ICA, IAA, antiGAD, IA2 antibodies - negative

Diagnosis

- Congestive heart failure due to dilated cardiomyopathy
- Manifestation of type 2 diabetes mellitus with hyperglycemic hyperosmolar state
- Precipitating factor - alcohol abuse

