Abstract

Diabetic ketoacidosis (DKA) is a life-threatening complication of diabetes mellitus. According to American Diabetes Association it's a triad of hyperglycemia >250mg/dl, ketonemia and metabolic acidosis. Occurrence of DKA during pregnancy leads to poor maternal and fetal outcomes. Small proportion of diabetic ketoacidosis in pregnancy presents with a entity with serum glucose value less than 250mg/dl with ketosis and metabolic acidosis. It's considered as euglycemic diabetic ketoacidosis (EDKA).[1]

We report a case of EDKA in pregnancy, a 33-year-old woman with gestational diabetes mellitus(GDM), presented in her second pregnancy at 32 weeks of gestation with persistent vomiting and nausea for 3 days duration and she couldn't take her insulin doses for two days duration. There were no evidences of infections.

She was conscious and rational, dehydrated with kussmaul breathing with ketotic odor. Her respiratory examination was significant for tachypnea. Her blood pressure was 90/60mmhg with tachycardia (132bpm) the abdominal examination was normal and the fetal heart sounds were normal.

Her random blood sugar was 195mg/dl, arterial blood gas analysis revealed acidosis with anion gap of 30 mmol/l, PH -7.2, bicarbonate 0f 1.6meq/L, lactate -2mmol/l and urine ketone bodies was positive. C-reactive protein was normal with blood and urine cultures were negative. She was diagnosed as EDKA and resuscitated with intravenous fluids including 5% dextrose, insulin infusion and intravenous sodium bicarbonate according to protocol of diabetic ketoacidosis. Fetal wellbeing was assessed with cardiac tomography and ultrasound scan of abdomen, which was uncomplicated.

She had persistent normal glucose value in spite of having severe metabolic acidosis and gradually with initial resuscitation her arterial blood gas normalized and clinically she became stable.

Therefore, DKA is a medical emergency, detecting euglycemic diabetic ketoacidosis is crucial as it can be undetected due blood glucose level less than 250mg/dl. In pregnancy EDKA much more common than non-pregnant women. Prompt detection of clinical condition will improve maternal and fetal outcome.