# A Case of Euglycemic Diabetic Ketoacidosis in Pregnancy

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**ABSTRACT**

**Introduction:** Diabetic ketoacidosis (DKA) in pregnancy could be a disastrous event, which increased both maternal and perinatal morbidity and mortality. As opposed to the typical findings of hyperglycemia, DKA can occur with a relatively low, or even normal blood glucose level, which is called euglycemic DKA. It particularly affects pregnant woman with pre-existing diabetes mellitus and poor oral intake. **Methodology:** We report a case of euglycemic DKA in a pregnant woman with gestational diabetes mellitus on insulin. **Results:** A 34 years old woman at 35 weeks of gestation, with underlying gestational diabetes mellitus, presented with 4 days history of vomiting and poor oral intake. She omitted insulin injection for 3 days duration. Apart from moderately dehydrated and tachycardic (pulse rate 136 beats/min), her systemic examination was unremarkable. Blood glucose level was 9.4 mmol/L with ketonuria of 2+. Venous blood gas revealed pH 7.19, bicarbonate 10.4 mmo/L and anion gap of 9.6 mmo/L. She was admitted to ICU after a late revised diagnosis of euglycemic DKA made by the endocrine team. An emergency caesarean section was performed for fetal distress on the same day. There was improvement in the metabolic acidosis with intravenous fluid and insulin infusion. Both the patient and her baby were discharged well after 5 days. Six weeks later, she was diagnosed to have type 2 diabetes mellitus following an abnormal modified glucose tolerance test. **Conclusion:** This case illustrates the diagnostic challenge of DKA when euglycemia was encountered. This rare condition necessitates high index of suspicion by clinician with early recognition and prompt treatment, in order to prevent further maternal and fetal adverse outcomes.

**KEY WORDS:**

*Euglycemic diabetic ketoacidosis, gestational diabetes mellitus*



# Congenital Anomaly Band causing Bowel Ischaemia Post Caesarean Section

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**ABSTRACT**

**Introduction:** Congenital anomaly band is an extremely rare condition, but may induce small bowel obstruction (SBO) at any age, predominantly in childhood and rarely in adults. **Methodology:** We report a case of extensive bowel ischaemia following caesarean section, due to trapping of an intestinal loop between a congenital anomaly band and the mesentery. **Results:** A 42-year-old, Gravida 2 Para 1, who has no history of prior abdominal surgery or trauma, presented in spontaneous labour and underwent an uncomplicated emergency lower segment caesarean section, for fetal distress. Postoperatively, she had worsening abdominal distension and pain, followed by vomiting. Computed Tomography Scan of the abdomen showed gross fluid retention with marked small bowel dilatation and fluid filled bowel loops. An emergency exploratory laparotomy was performed which revealed a congenital band, extending between the right fimbrial end and the small bowel mesentery, looping over the small bowel, causing extensive small bowel ischemia. Post-operative course was uneventful. **Conclusion:** Congenital anomalous band resulting in small bowel obstruction is a rare entity that should be considered in the differential in patients with clinical features of bowel obstruction, and no prior history of abdominal surgery or trauma. Surgical treatment should be prompt to prevent ischaemia and reduce morbidity and mortality.

**KEY WORDS:**

*Bowel ischaemia, congenital band, bowel obstruction*