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Diabetic Dilemma: A Case of Nonspecific Abdominal Symptoms

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Uncontrolled diabetes has an abundance of sequelae, often accompanied by nonspecific signs and symptoms. Complications are generally classified as microvascular or macrovascular and include retinopathy, neuropathy, nephropathy and infections among others. We present a case of a patient with subacute, nonspecific abdominal symptoms who presented in diabetic ketoacidosis secondary to a bacteremia with intra-abdominal abscess. A 46-year-old male with past medical history of latent autoimmune diabetes of adults and bipolar disorder presented with nausea and vomiting, unmeasured fever and insulin noncompliance. He reported six weeks of increasing bloating, early satiety, dyspepsia, poor appetite and constipation without associated abdominal pain. On presentation to the ED, he was tachycardic, normotensive, and afebrile. Exam was significant for a nontender, distended abdomen, rigors, and intact skin without evidence of cellulitis. He was admitted to the ICU for management of diabetic ketoacidosis and started on empiric broad spectrum antibiotics. After 48 hours, his blood and urine cultures returned Staphylococcus aureus, and transthoracic and transesophageal echocardiograms were negative for vegetations. Despite defervescence and resolution of ketoacidosis he continued to have poor appetite, bloating and constipation. This prompted CT abdomen, which revealed an 8 cm multiloculated abscess with mass effect on his left kidney and a portion insinuating into the spleen This was drained percutaneously with return of over 200cc of purulent fluid which grew methicillin-sensitive Staphylococcus aureus, with almost immediate improvement in appetite, bloating and early satiety. Follow-up CT abdomen showed near complete resolution of the perinephric/perisplenic abscess, and he was discharged home to complete a six-week course of cefazolin. Infection is common in the diabetic population; however, the incidence of intraabdominal abscess formation is not well studied. In contrast, up to 50% of diabetic patients who are suboptimally controlled have delayed gastric emptying, often presenting as bloating, early satiety and dyspepsia. Diabetes mellitus represents a significant risk factor for S. aureus bacteremia, particularly in those with poor glycemic control, type 1 disease, disease duration for greater than 10 years, and those with diabetic complications. This case underscores the importance of having a high index of suspicion for deep seated infection in diabetic patients with S. aureus bacteremia despite non-specific subacute symptoms which could have otherwise been easily attributed to another common diabetic complication.