



A CASE STUDY ON **DIABETES MELLITUS**

PRESENTED BY:

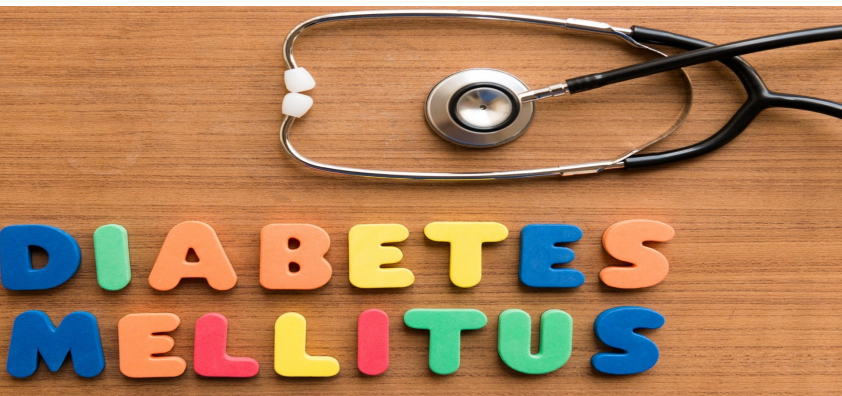
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Diabetes is not the END, it's the BEGINNING of a
new way of LIVING



Objectives of Case study Presentation

- To share experience and knowledge with participants.
- To get feedback from the participants for further improvement.
- To provide brief note on Diabetes mellitus and its complications



DIABETES MELLITUS

Diabetes mellitus is a metabolic disease characterized by high blood sugar levels due to the pancreas not producing enough insulin or the body not effectively using the insulin it produces





Incidence and prevalence of DM

Global Increase:

The number of people with diabetes rose significantly from 200 million in 1990 to 830 million in 2022, with the fastest rise in low- and middle-income countries.

India's Burden:

Diabetes prevalence and chronic complications are substantial in India, with widespread disparities between states. For instance, a large number of Indians have untreated diabetes, and rates have almost doubled in the last three decades



Patient Information

Name: Mr.X

Age: 75 years

Gender: Male

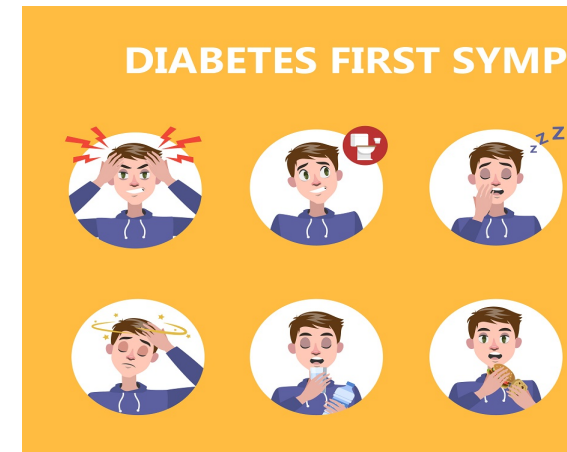
Date of admission: 10/09/25

Date of discharge: 15/09/2025


Chief complaints: chest tightness since 10 days, graft site edema since 5 days, foot numbness and tingling sensation since 4-5 months.

Present health history:

- Patient has history of HTN for 13 years under medication (Telma H 40mg OD)
- He is Diabetic and under insulin therapy for about 12 years
- Feeling of weakness since 6 months, chest tightness since 10 days, edema at graft site since 10 days and foot tingling and numbness since 4-5 months.
- Loss of weight and frequent micturition.
- Blurred vision in right eye
- Gastric symptoms like gastric irritation



Past medical history:

- Patient was a known case of hypertension since 13 years
 - He had Triple vessel disease before 1 year
 - He got graft site complications
 - No history of food and drugs allergy.
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Past surgical history:

- Patient hospitalized and under went CABG (CORONARY ARTERY BYPASS GRAFTING) in April 2024 and underwent ICU CARE treatment for 10 days

Family history:

- Having history of Hypertension, Diabetes and cardio vascular diseases in family for past 2 generations.

Personal history:

- ❑ Smoking :- patient is chronic smoker since his 18 years of age
- ❑ Alcohol : -patient is occasional drinker
- ❑ Food habit :- patient is having mixed meal pattern
- ❑ Bowel and bladder :- Regular bowel and bladder habit
- ❑ Sleeping Pattern :- having regular 8-10 hours of sleep during both day time and night time.

PHYSICAL EXAMINATION

General Inspection:

Gait : Uncoordinated

Body Build : General

Consciousness : Conscious and alert

Weight : 70kgs

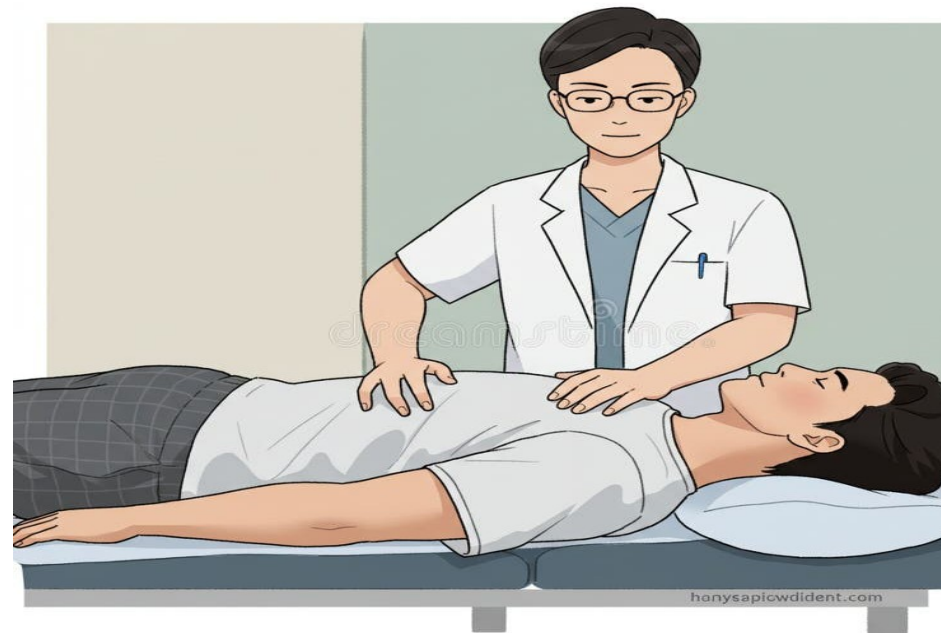
Vital signs

Temperature : 98f


Pulse : 88b/minute

Respiration : 20 /minute, regular

Blood Pressure : 150/90 mm Hg in both arms (supine)



General examination

- Pallor Absent
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- Icterus absent
 - Lymph node not palpable
 - Clubbing, cyanosis absent
 - Edema present at graft site on left leg
 - Dehydration absent.
 - Skin normal
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Physical examination

Examination of head ,face and neck

1.Head

Hair colors and texture normal, clean hair no any injury

2.Eyes

Partial vision loss in right eye, watering of the eyes and no redness of the eye lid

3. Ears

No discharge but difficulty in hearing

4. Nose

No discharge , bleeding and smelling problem.

5. Mouth

Missing teeth and dental carries

6. Neck

No enlarged lymph node and thyroid gland, normal neck mobility is present

7. Extremities

Edema present in lower limb of left leg (graft site), redness around the area and slight pain




SYSTEMIC EXAMINATION

Respiratory examination

- Inspection- normal
 - Palpation- Non tender
 - Percussion- Resonant in all side of the chest.
 - Auscultation- Normal breath sound in both site (22 breaths/min)
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Cardiovascular system

- Inspection: long surgical scar present in the middle of chest
 - Palpation: Non tenderness,
 - Auscultation: regular heart beat 88beats/ min.
- 

Abdominal examination:

Inspection- no distension, moving symmetrically with respiration, no dilated superficial veins, no scar marks

Palpation- tenderness present in the epigastric region

liver- no enlargement

Percussion- Dullness present

Auscultation- Bowel sounds present (normal)

CNS examination

- Mental function is adequate

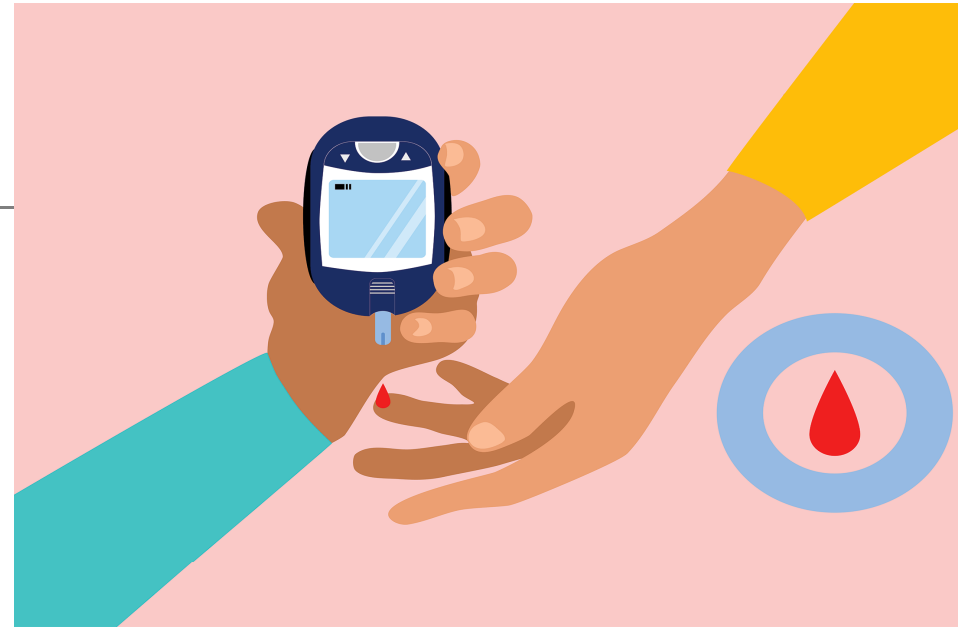
- Motor examination eg position of limbs normal ,no atrophy, uncoordinated gait
 - No abnormal movement.
- Sensory normal
- Numbness and tingling sensations in the both foot

Investigations (10/09/2025)

Hematological

- RBS-180mg/dl
- Sodium-141mg/dl
- Potassium-4.5mmol/dl
- Creatinine-1.2mg/dl
- Blood urea-35mg/dl/gm

☐ **CBP:** Normal findings



Urine analysis

- Color-light yellow
- Reaction-Acidic
- Albumin- traces
- Sugar-3+
- Transparency -Clear
- Pus cells-5-6/HPF
- Epithelial cells-4-5/HPF



Blood Sugar levels:

FBS:220 mg/dl

RBS:180mg/dl

PPBS:170mg/dl



Complications

- **Sensory complications:** Developed blurred vision in right eye since 3 years.
- **Cardio vascular complications:** Having Acute MI in 2013 and underwent Angiogram, 2D Echo and ECG under medical management. And placed on Tab: Ecosprin 75mg and Tab: Atorvastatin 40mg.
- Triple vessel disease and under went CABG in April 2024.
- **Neurological complications:** having **peripheral neuropathy** symptoms like **foot numbness and tingling sensation**

Treatment

Initial treatment:

- During initial diagnosis of condition, patient is placed on

 - Tab.Amlodipine 5mg OD for 1 year (HTN)
 - Tab.Telma H 40mg (HTN) since then
 - Tab.Metformine + Glimipride = 500mg+1mg BD for 4 years (DM)
 - Tab.Gabapentine – 300mg OD (nervous weakness)
- Later on Insulin is added into course of treatment
 - Insulin Mixtord BD dose 40IU.....30IU initially,
30IU.....20IU later on

➤ After **CABG** the treatment course is

- metformin 1000mg + glimiperide 2mg+voglibuse 0.3mg

- Insulin Mixtord 35IU.....25IU

- Tab: Ecosprin 150mg OD

- Tab: Clopodogrel 150 mg OD

- Tab: Atorvastatin 40mg OD

- Tab:Pragabalin 50mg + Gabapentin 300mg OD

- Tab A-Z (multivitamin + Antioxidant)

- Tab: Pantaprozole 40mg (proton pump inhibitor) for gastric

irritation



Recommendations (Informal Health Teaching)

1. Diabetic Diet plan with strict salt restriction to control Hypertension.
2. Foot care – using MCR chappals and frequent foot massag
3. Exercises- brisk walking (concern about the age of patient)
4. Adequate fluid intake (3-4lt daily)
5. Choosing different sites for insulin injection to avoid pain and tissue damage



"It all starts in the mind. Just keep reminding yourself that you can beat this"

