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Original scientific paper

SKIN MANIFESTATIONS AS A REASON FOR EARLY DETECTION OF TYPE 2 DIABETES MELLITUS: A CASE REPORT

Arben EMURLAI, Andrej PETROV, Martina GJORGJIEVSKA KAMCEVA
Faculty of Medical Sciences, Goce Delcev University, Stip, North Macedonia1
Corresponding Author email:* ***arben.311136@student.ugd.edu.mk*

Abstract

Diabetes mellitus type 2 is actually the most common type of diabetes that occurs most often after the age of forty and is the result of insensitivity of cells to insulin. Its occurrence is associated with obesity, increased cholesterol levels, triglycerides, and elevated blood pressure. The onset is gradual and sometimes requires a longer period of time to be diagnosed.
Diabetes mellitus is one of the most common diseases in Western industrialized nations with an estimated 300 million people affected worldwide. Skin changes can also develop during diabetes mellitus, but sometimes they are related to internal organs and their complications or occur as a side effect of antidiabetic therapy. The worldwide prevalence according to National Diabetes Data Group in 2020 was 7.4% with an estimated 385 million affected adults and is expected to increase to 424 million by 2025. In the following, we present a case report of a 60-year-old female patient, who is a primary school teacher by profession and has been standing most of the time for 20 years. She comes for examination due to the appearance of red, round skin changes in the upper parts of the upper arm, both scapulae and the lower third of the lower legs, itching is present, and the changes have appeared on several occasions in the last six months. She also reports cramps in both lower legs, especially at night, a feeling of spinning in the legs and occasional pain in the calves, and complains of occasional itching all over the body. She has tried various modalities of local and systemic therapy with occasional relief of symptoms and their recurrence. On clinical examination, small erythematous macular efflorescence are noted in places with visible reticular veins in the lower legs.

Keywords: diabetes mellitus, blood vessels, ulcus crurum, peripheral artery disease

Introduction

Diabetes mellitus is a chronic metabolic disease that manifests itself with elevated blood glucose levels due to insufficient secretion of the hormone insulin in the pancreas or due to reduced sensitivity of cells to insulin. There are two types, namely diabetes mellitus type I and diabetes mellitus type II. Diabetes mellitus type 2 is actually the most common type of diabetes that occurs most often after the age of forty and is the result of insensitivity of cells to insulin. Its occurrence is associated with obesity, increased cholesterol levels, triglycerides, and elevated blood pressure. The onset is gradual and sometimes requires a longer period of time to be diagnosed.

Case report

In the following, we present a case report of a 60-year-old female patient, who is a primary school teacher by profession and has been standing most of the time for 20 years. She comes for examination due to the appearance of red, round skin changes in the upper parts of the upper arm, both scapulae and the lower third of the lower legs, itching is present, and the changes have appeared on several occasions in the last six months. She also reports cramps in both lower legs, especially at night, a feeling of spinning in the legs and occasional pain in the calves, and complains of occasional itching all over the body. She has tried various modalities of local and systemic therapy with occasional relief of symptoms and their recurrence. On clinical

examination, small erythematous macular efflorescences are noted in places with visible reticular veins in the lower legs. The patient underwent color Doppler of the lower extremities to assess the degree of venous insufficiency with the following findings: Arterial flow registered a regular three-phase Doppler signal at the level of AF, AP, AT, while a weaker three-phase Doppler signal was registered on ADP. The deep veins are flowing and without signs of DVT. The superficial venous system - SFJ is competent bilaterally. The right leg has a dilated VSM in the rural region with a diameter of 0.7x0.7 with numerous varicose branches also in this part, the VSP is regular and with a normal flow into the VP. The left leg has a less dilated VSM in the rural region 0.65x0.6, numerous varicose veins are also visible, the VSP is of regular diameter and with a normal flow into the VP. Perforator veins are noted bilaterally in the lower middle Coquette. The laboratory tests obtained were with deviations in certain parameters, glyc 11 mmol/L, HbA1c 7 mmol/L. Due to the elevated values, an endocrinologist was consulted with a recommendation for therapy with tbl. Agnis 50 mg 1x1, we provided antihistamine therapy in larger doses to soothe the itching, local emollient therapy and local and oral venotonics. The patient denied other diseases or chronic therapy and that she was currently not using any other local therapy. At the first control examination after three weeks of starting the therapy, the changes were almost completely in the recovery phase. However, due to the patient's complete history, a recommendation was given to continue using the local emollient therapy for a longer period of time.

Discussion

In patients who have symptoms and signs for a longer period of time that, despite using various therapeutic modalities, do not resolve but only occasionally subside, we should always consider a primary immunological disease that may be the cause of the visible clinical manifestation.

Conclusion

Diabetes mellitus is a chronic disease that, if left undiagnosed for many years, can lead to numerous unwanted complications, therefore early and timely detection of symptoms and signs is very important in order to promptly begin therapy.

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