

DIABETIC MYONECROSIS: AN EASILY MISDIAGNOSED COMPLICATION OF LONG-STANDING DIABETES

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INTRODUCTION:

Diabetic myonecrosis is a rare complication of long-standing diabetes mellitus, which is self-limiting and rarely requires surgical intervention. It is easily misdiagnosed as a more sinister skin and soft tissue infection (SSTI) such as necrotizing fasciitis as it usually presented as acute painful soft tissue swelling[1]. Magnetic resonance imaging (MRI) is sufficient [2], in the appropriate clinical context, to enable the diagnosis, hence avoiding inappropriate treatment.

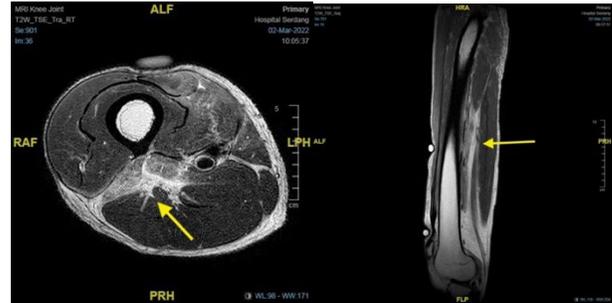
REPORT:

A 50-year-old diabetic male, with poorly controlled diabetes mellitus presented with worsening acute pain and swelling on his right distal thigh for 2 months. There was no history of injury or any constitutional symptoms. Local examination showed distal right thigh firm swelling which was warm to touch and mildly tender with limited range of motion of right knee. There were no overlying skin changes.

His infective and tumor markers were normal. His HbA_{1c} was 16.2%. Ultrasonography of right thigh showed thickened medial aspect muscle with overlying subcutaneous edema without focal intramuscular lesion. MRI showed a patchy area of peripheral rim enhancement with central non-enhancement within the rectus femoris as well as within short and long heads of bicep femoris suggestive of muscle infarction.

He was empirically treated for soft tissue infection with antibiotics, which resulted in minimal improvement in symptoms.

Later, he was started on anti-platelet agent and showed improvement in symptoms after 1 week of treatment.



T2 weighted MRI of the right thigh

CONCLUSION:

Diabetic myonecrosis is uncommon. However, the global prevalence of diabetes is projected to increase the incidence. This entity should always be included in the differential diagnosis of diabetic acute muscular pain. An MRI can provide an early noninvasive diagnosis. To minimise complications and lengthy hospitalisation, cautious care is advised.

REFERENCES:

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