Case Study: A patient with Type 2 Diabetes diagnosed acute gastroenteritis and essential hypertension.

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Abstract
Objective: The present a case report of well-known type 2 diabetes mellitus having acute gastroenteritis and essential hypertension with uncontrolled hyperglycemia.

Case report: A 59 years old male patient having type 2 diabetes mellitus since three years, admitted with abdominal discomfort and generalized weakness. Physical examination and laboratory diagnosis suggested mild hypertension and abdominal infection along with hyperkalemia and hyperuricemia.

Conclusion: The patient was treated with probiotics capsule, anti-bacterial and antihypertensive drugs along with previously recommended anti-diabetic therapy to overcome abdominal discomfort, acute gastroenteritis, essential hypertension and hyperglycemia.

Keywords: Type 2 diabetes mellitus, acute gastroenteritis, and hypertension.

Introduction:
Diabetes mellitus, a non-communicable disease commonly that emerges various health issues globally along with huge social and economic consequences. High incidence of diabetes mellitus categorized by the metabolic activity of hyperglycemia those results in imperfection of insulin oozing, insulin exploits or both. Chronic hyperglycemic complications are seen in nephropathy, retinopathy, neuropathy, cardiovascular disease, kidney, blood vessels, stroke, and death; they can be prevented with appropriate treatment (American Diabetes Association, 2010: Ozougwu JC et.al., 2013).

Diabetes mellitus can be controlled by maintaining proper lifestyle, physical activities, and maintain body weight. The study note on anti-bacterial infection affects patients who suffer from type 2 diabetes mellitus and affects essential hypertension.

Case Report
A 59 years old male was admitted at Apollo BGS Hospital, Mysore (Karnataka) with a history of multiple episodes of loose stools-watery, non-bloody since yesterday. He had also developed vomiting, 2-3 episodes, and non-projectile, non-bilious since before admit. He had noticed abdominal discomfort, easy fatally and generalized weakness, with no history of fever, GI bleed, and jaundice or decreased urine output. The case study was well known of type 2 diabetes mellitus, with essential hypertension on treatment was suggested. He has no history of similar episodes in the past.

He was diagnosed with acute gastroenteritis and treated with IV fluids, antibiotics, antiemetic and other supportive measures. Renal function test (RFT) showed hyperkalemia, with low sugars level during the time of admit, and hence OHAs has been stopped and anti-diabetic medications were adjusted according to blood sugar as per physician advice. He gradually improved symptomatically during the course period.

Physical examination
The patients appeared with acute gastroenteritis and essential hypertension. No pallor, icterus, dubbing, cyanosis, lymphadenopathy or pedal edema with following interpretation, Pulse – 80/min, Blood Pressure – 130/70 mm Hg, P/A – Soft, BS+, CVS – S1, S2+, No murmur, RS – NVBS+, No added sounds and CNS – No focal neurodefectis.

Laboratory Investigation: Blood sample was taken in order to study Hematological test, urea, creatinine, uric acid, sodium, potassium, chloride, random blood sugar (RBS) and potassium for ISE (Table No 1). The tested report shows elevated in uric acid on 13/08/2015 during the time of discharge again laboratory investigation conducted this report shown normal readings on 15/08/2015,
Medications:
Prescribed medications with anti-bacterial and anti-diabetic drugs are advised during discharge (Table No 2).

<table>
<thead>
<tr>
<th>Table No 2: Medication</th>
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<tr>
<td>Prescribed Medication</td>
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<tr>
<td>BIFILAC SACHET capsule for week, twice a day</td>
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<tr>
<td>ORNI-O for four days, twice daily.</td>
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<tr>
<td>PANTOCID DSR capsule twice daily before meal for a week.</td>
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<tr>
<td>NOVAMIX (30/70) insulin (18-0-18 unit) twice a day</td>
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<tr>
<td>OLMIGHTY 20mg once a day</td>
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<tr>
<td>ISTAMET (50/500) twice a day</td>
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<tr>
<td>TRIMETADAY V2 twice a day before meals</td>
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<tr>
<td>SR PEVESCA PLUS twice a day</td>
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Discussion:
Diabetes mellitus can be treat by using variant drug therapy, the main drug to control diabetes mellitus is metamorphine high dose of this medicine may cause life threaten. The supplements drugs are used to control diabetes along with reduced form with the combination of different medicine. It is used with meals that reduce acute gastroenteritis discomfort, latent it causes lactic acidosis. Acute gastroenteritis appearance may strikes through acute pancreatitis by their coexisting activity. Occurrence of acute gastroenteritis can cause nausea, vomiting, non projectile, non bilious, of loose stools-watery, non-bloody, abdominal discomfort, easy fatigally and generalized weakness (Kalantar-Zadeh K, et al., 2013).

Several metabolic abnormalities are expansion due to conflict of insulin that may affects type 2 diabetes mellitus, obesity and the metabolic syndrome. Increased stress oxidative process by metabolic altitude of glucose and free fatty acid level in blood vessels. Decreased sensitivity of insulin can note the extent level of oxidative stress (Gordon LA et al., 2008: C Kumar et al., 2017). Consequence of beta cells dysfunction from extended exposure to glucose concentration higher range that can be induce mitochondrial reactive oxygen species that may restrain induced glucose insulin secretion in first phase (Lee BY, et al., 2009).

Angiotension converting enzyme (ACE) inhibits largely seen patients who treated with type 2 diabetic mellitus during the treatment of acute hypertension or hypertensive. Diabetic nephropathy treated by using captopril which has been approved while in certain clinical cases physician suggest supplement drug that works as captopril, its ACE inhibitors appears more effective. Instead of captopril they suggest omighty 20mg in this case. Sluggish sequence of nephropathy may show by the activation of ACE inhibitor. Blood pressure management has to be made according to their existen ce changes (Luerding JA, 2000). This study proves that taking proper diet; regular exercise may helps to control blood glucose level and maintains optimal body weight.

Consent for publication
The authors declare that this article is original, has never been published, and has not been submitted to any other journal.

Ethics approval and consent to participate
Not applicable

Authors' contribution
Praveen N M wrote the manuscript, edited and finalized the manuscript read and approved the final manuscript.

Competing interests
The authors declare that they have no competing interest.

Reference: