PP128 INFANTILE DIABETIC KETOACIDOSIS: A RARE CASE

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INTRODUCTION:

Infantile Diabetic Ketoacidosis (DKA) is rare, but most common presentation for diabetes of infancy (NDM) at onset. DKA frequency vary between 30-75% at diagnosis. It is due to severe metabolic derangement produced as a result of insulin deficiency and counterregulatory hormone excess. We report a case of a 54-day-old infant who came in severe DKA requiring intubation and paediatric intensive care unit admission (PICU).

CASE PRESENTATION:

A 54-day-old infant was referred with the diagnosis of severe bronchopneumonia and presumed meningitis. The patient came in shock and in severe DKA. She was given fluid boluses and 10% correction over 48 hours. She required intubation for severe metabolic acidosis. Intravenous insulin infusion 0.1unit/kg was started, and she was admitted to PICU. Her type of NDM is yet to be categorised as she is still under investigation.

DISCUSSION:

The biochemical criteria for diagnosis of DKA are a venous pH <7.3 or serum bicarbonate concentration <15 mmol/L, serum glucose concentration more than 11 mmol/L, and ketonemia or moderate to large ketonuria. The typical presentation of DKA may be difficult to recognise in an infant if the possibility of DKA not even entertained, putting the patients at increased risk for delays in diagnosis. Which is shown in a study where only half of infant presented with DKA at onset initially diagnosed to have either diabetes or diabetic ketoacidosis.

CONCLUSION:

In conclusion, although NDM is rare, it can present with DKA at onset. High degree of suspicion required by healthcare provider to detect this life threatening complication of Infantile diabetes**.**