ЛД-16 ИН

Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical Academy"
Ministry of Health of the Russian Federation
(FGBOU VO SOGMA MRussian Health Ministry)

DEPARTMENT OF INTERNAL DISEASES №2

THE SCHEME OF WRITING THE HISTORY OF THE DISEASE IN THE ENDOCRINOLOGICAL CLINIC

METHODOLOGICAL MATERIALS
main professional educational program of higher education - specialty program in the specialty 31.05.01 General Medicine

Vladikavkaz

Methodological materials are intended for teaching 5th year (9th semester) students of the medical faculty of the Federal State Budgetary Educational Institution of Higher Education SOGMA of the Ministry of Health of the Russian Federation in the discipline "Endocrinology".

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THE HISTORY OF THE DISEASE OF A PATIENT WITH DIABETES MELLITUS

1 TYPE.

1. Passport part 1. Full name of the patient 2. Age, date of birth 3. Place of residence 4. Place of work, position 5. Date of admission 6. Who was sent to 7. Diagnosis with which the patient was sent to the hospital 8. Clinical diagnosis (underlying disease, complications, concomitant diseases) 2. Patient's complaints (from a new sheet) All complaints at the time of supervision are listed, complaints at the time of admission are indicated. Pay attention to the general state of health of the patient (weakness, headache, dizziness, impaired appetite, sleep, etc.). At the same time, it is imperative to conduct an additional survey, actively finding out data on changes in well-being, and with what the patient connects them. Example: At the time of supervision, the patient complains of aching pains in the epigastric region of a constant nature, radiating to the back, heaviness in the stomach after eating, lack of appetite,

3. Medical history

The history of the disease is collected in chronological order to maximize the dynamics of the development of clinical symptoms. Find out what kind of treatment the patient received before supervision, because many therapies change the clinic of the disease. Example: Considers himself sick since 2000, when spasmodic character, hungry pains in the epigastrium first appeared. According to the patient: "it pressed downward." Usually pains appeared in the late afternoon or morning. The pain disappeared after taking a glass of water.

On 12.3.2001, constant, intense, dull, compressive pains in the upper abdomen appeared, assuming a shingles character, radiating to the back. Nausea, vomiting, no relief. On 16.3.2001, he turned to the city clinical hospital No. 3, from where he was referred to the ICBS No. 2 for a consultation with a surgeon.

4. Life history

Biographical information: place of birth, what kind of birth, how he grew up and

developed. study, specialty, marriage, pregnancy, childbirth, etc. Labor history: the beginning of labor activity, profession, its changes, working conditions, industrial injuries, participation in the war. Housing and living conditions at different periods of the patient's life, family composition. Nutrition: regime, regularity, variety, calorie content, etc. Past illnesses, traumas, operations, injuries, venereal diseases, with a description of the severity and duration of the illness, complications. Treatment, various interventions, contact with patients. Epidemiological history: contacts with infectious patients. Bad habits. Family history and heredity (parents, brothers, sisters, children - their state of health, causes of death). Allergic history: the presence of allergic reactions in the patient, his relatives and children. 5. Objective status First, the general condition of the patient at the time of supervision is described (satisfactory, moderate, severe). Further Consciousness of the patient, position, gait. Physical data: constitutional type (normosthenic, asthenic, hypersthenic), height, weight. Skin and visible mucous membranes, the presence of a rash (erythema, roseola, papule, pustule, vesicle, blister, petechiae, scab, bruising , erosion, cracks, ulcers, scratching); scars, spider veins, skin moisture; skin turgor; type of hair growth). The development of subcutaneous fat (poorly developed, moderately, excessively), indicate the places of the greatest fat deposition; presence of pastiness, characteristics of edema in localization and prevalence. We determine the size, consistency, soreness, mobility, lymph nodes (submandibular, cervical, supra- and subclavian, ulnar, axillary, inguinal). Determine the degree of muscle development (normal, excessive, weak, muscle atrophy - general or local, muscle hypertrophy - general or local), muscle tone (increased, decreased, normal). Soreness on palpation and movement; tremors or tremors of individual muscles; paresis, paralysis of the limbs. Examine the bones of the skull, chest, pelvis and extremities in order to detect deformity, periostitis, curvature, acromegaly, changes in the terminal phalanges of the fingers and toes, drum fingers, tenderness on palpation. Joint configuration (normal, swelling, deformity). Special inspection. Head: shape, size, proportionality of the structure of the cerebral and facial parts of the skull. Hair: type of head and face hair; male or female; hair loss and graying.

Eyes: width of the palpebral fissure, the state of the conjunctiva; pupils, their shape, size, uniformity, reaction to light, glitter of eyes, lacrimation, convergence. Lips: coloration, dryness, smoothness of the border of the lips (“lacquered lips”), cracks in the corners of the mouth. Neck: shape, symmetry. Thyroid gland: size, consistency, surface.

6. Survey on systems and organs

Respiratory system. Examination: nose, larynx, chest, breathing. Palpation. Lung percussion: comparative percussion, topographic percussion. Auscultation. Cardiovascular system. Examination: neck and heart areas. Apical impulse, cardiac output, palpation, percussion. Auscultation. Examination of blood vessels. Examination and palpation. Digestive system. Examination: oral cavity, abdomen. Palpation (approximate superficial palpation of the abdomen, deep methodical sliding palpation of the abdomen). Percussion of the abdomen. Auscultation of the abdomen. Examination of the liver. Inspection: (determine the presence of limited or diffuse swelling, pulsation in the right hypochondrium.) Percussion. Palpation. Liver size. Examination of the gallbladder. Inspection (In the inspiratory phase, the presence or absence of protrusion is determined, fixation in the area of the projection of the gallbladder on the right hypochondrium) Palpation. Examination of the spleen. Inspection. (The presence or absence of bulging in the left hypochondrium during breathing is determined.) Percussion. Palpation. Spleen size. Auscultation. Urinary organs. Inspection. (Determine the presence of swelling of the lumbar region, redness and swelling of the skin.) Palpation. Percussion.

Auscultation. 7. Provisional diagnosis and its rationale Provisional diagnosis is made on the basis of complaints, medical history data, life history and results of physical examination. It is necessary to use only the manifestations and signs typical for this disease, generalizing them. In this case, it is unacceptable to repeat, sequential presentation of anamnesis and other data. The most probable disease in a given patient should be put in the first place and other similar diseases should be indicated, for the exclusion of which additional research is needed. Example: Based on the patient's complaints (specify which ones), medical history data, and the results of physical examination (specify which ones), one can think about ... 8. Examination plan

9. Laboratory data

The medical history records the results of all laboratory, instrumental and X-ray studies. It is also necessary to indicate deviations from the norm. 10. Differential diagnosis It is necessary to list the general symptoms that may occur in the disease with which differentiation is made. Then differences in clinical symptoms are noted using anamnestic data, physical examination, laboratory results. 11. Justification of the final diagnosis On the basis of the patient's complaints (indicate which), the history of the disease, and the results of physical examination (indicate which), the data of laboratory and instrumental research (indicate which) you can think about ... Indicates the form, severity of the disease, as well as complications and concomitant diseases. 12. Treatment 1. Mode; 2. Diet; 3. Physical activity;

4. Drug treatment: 4.1. Etiotropic; 4.2. Pathogenetic; 4.3. Symptomatic; 4.4. Fortifying;

4.5. Herbal medicine; 5. Physiotherapy; 6. Massage; 7. Spa treatment; 8. Surgical treatment; 9. Dispensary observation and anti-relapse therapy. When describing the treatment, one-time and daily doses, the duration of the course of treatment, side effects of the drug, contraindications to their use are described, prescriptions are written. The following describes the method of physiotherapeutic treatment for this disease, the mechanism of action of physiotherapeutic procedures, the method of application, indications and contraindications to their appointment. 13. Prevention

14. Forecast and its rationale

Based on the dynamics of the disease, the patient's age, the presence of concomitant diseases, bad habits, living conditions, profession of the sick person, it is necessary to give a specific justification for the prognosis for life and work. 15. Epicrisis Epicrisis should contain in a short form all the main content of the medical history, creating an impression of the patient's examination, diagnosis, clinical course of the disease and its features, therapy and outcome. The epicrisis should reflect the assessment of the form of the disease, taking into account atypical symptoms, analysis of certain clinical data, assessment of the applied methods of therapy, etc. 16. List of used literature.

DISEASE HISTORY BY ENDOCRINOLOGY

Clinical diagnosis: Diabetes mellitus, type 1, severe form, subcompensation Angioretinopathy. Nephropathy III. Symptomatic hypertension. Distal sensory polyneuropathy. Angiopathy of the lower extremities. Trophic disorders of the heel areas of both feet. Amputation stump of the V toe of the left foot, III toe of the left hand. Fatty degeneration of the liver, biliary dyskinesia. IHD, exertional angina. Ph II. Normochromic anemia.

PASSPORT DATA

1. Surname, name, patronymic: Ivanov Ivan Ivanovich 2. Age: 46 years old 3. Gender: male 4. Nationality: Russian 5. Education: secondary technical 6. Place of work, profession: does not work - disabled person of the II group; carpenter by profession 7. Home address. Gizel 8. Date of admission to the clinic: 07/15/20029. Referring institution diagnosis: Diabetic angiopathy of the lower extremities

COMPLAINTS OF THE PATIENT AT ADMISSION

Aching, bursting, sometimes - shooting pains in the lower extremities, especially pronounced in the area of the calcaneus, Achilles tendon and on the border of the metatarsal bones and phalanges of the fingers. The patient associates pain, burning, tingling in the feet with purulent wounds on them. Purulent wounds in the Achilles tendon. Cramps in the calf muscles, which often occur when the patient does not take the prescribed medication on time. Convulsions are often accompanied by profuse sweating, trembling in the arms and throughout the body, significant weakness. Severe pressing headaches, especially bright in the occipital and on the border of the frontal and temporal lobes, which intensify with changes in the weather, emotional stress. With significantly pronounced headaches, accompanied by dizziness and nausea, the patient measured blood pressure, and it turned out to be significantly increased - 240 and 130 mm Hg. Visual impairment: all objects seem to be shrouded in a light haze, a veil often appears before the eyes, which becomes denser ("like milk") during an attack of severe headaches. The patient sees more clearly when he is resting and does not experience any emotional discomfort. Heaviness, pressure behind the sternum, sometimes joined by squeezing pains. Unpleasant sensations go away on their own within 10-15 minutes, at rest they subside much faster (after 5-7 minutes). Shortness of breath that occurs with minor physical exertion. Without shortness of breath, he can climb to the 1st floor on crutches. Loss of appetite, dry mouth, constant heartburn. Occasional pain in the right hypochondrium, sometimes accompanied by a feeling

of bitterness in the mouth. Swelling of the abdomen and right leg. Aching pains in the lower back, the occurrence of which the patient does not associate with anything. The pains do not intensify, stop on their own, last from 30-40 minutes to 1.5 hours, do not cause unpleasant emotions. Urination 2-4 times a day. The patient does not get up at night. Stool is regular, once a day. An increase in the evening temperature to 37.5 ° C.

HISTORY OF THE PRESENT DISEASE

Considers himself sick for 21 years. I first consulted a doctor 21 years ago (at the age of 25) about a sharp weight loss (45-50 kg) in 2-3 years. He also complained of weakness, lethargy, apathy, significant fatigue after light physical exertion, and heavy sweating. In the polyclinic at the place of residence, a general blood test was made - a glucose level of 23 mmol / l. The patient was hospitalized, a course of insulin therapy was carried out. He felt satisfactory, went to work, used insulin preparations at home. At the age of 36 and 41, he was admitted to hospitals with a diagnosis of hypoglycemic coma, which occurred due to the fact that the patient did not eat on time. Loss of consciousness lasted no more than 3 minutes (according to the patient). Constantly bothered by the teeth - destroyed and hurt, in about 1997 (the patient does not remember exactly) - false teeth (all). In the

summer of 1999, the patient injured his foot in the heel area. I did not go to the doctor, because I did not feel pain, I did not find redness and swelling in the wound area. The wound did not heal for 2 weeks, then signs of inflammation appeared: pain, swelling, redness, swelling, it became uncomfortable to step on the heel. A yellowish purulent discharge appeared. X-ray examination revealed osteoporosis of both calcaneus (according to the patient). Long-term treatment of a purulent wound turned out to be unsuccessful, exacerbations periodically occur. In 2000, the patient pricked the little toe of his left foot, the wound also did not heal, then purulent inflammation began to spread, and gangrene began. This finger was amputated. In the same year (2000), the middle finger of the left hand was amputated for diabetic gangrene. Since 2001, the patient has been experiencing attacks of very high blood pressure (240 and 130 mm Hg), accompanied by severe pressing headaches. In 2001, visual impairments (a veil before the eyes) appeared. At the beginning of 2002, purulent wounds that did not heal for a long time appeared on the other leg, with complaints of an exacerbation of which the patient was hospitalized at the moment. According to the patient, he has been undergoing treatment for the last 3 years. in a hospital at least 2 times a year. Therapy is carried out for high blood pressure and diabetic foot. He was last admitted to hospital in April 2002. At the moment he is taking 8.00 - humulin NPH 16 U + actropid 8 U; 17.00 - humulin R 5 units, 22.00 - humulin NPH 10 units. In total, the patient receives 39 units per day. Since 2001, the patient has noted attacks of very high blood pressure (240 and 130 mm Hg), accompanied by severe pressing headaches. In 2001, visual impairments (a veil before the eyes) appeared. At the beginning of 2002, purulent wounds that did not heal for a long time appeared on the other leg, with complaints of an exacerbation of which the patient was hospitalized at the moment. According to the patient, he has been undergoing treatment for the last 3 years. in a hospital at least 2 times a year. Therapy is carried out for high blood pressure and diabetic foot. He was last admitted to hospital in April 2002. At the moment he is taking 8.00 - humulin NPH 16 U + actropid 8 U; 17.00 - humulin R 5 units, 22.00 - humulin NPH 10 units. In total, the patient receives 39 units per day. Since 2001,

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LIFE STORY OF THE PATIENT

Born in Voronezh, in a working class family. Grew and developed in accordance with age. At school he studied satisfactorily, with a certain diligence - well. Graduated from prof. those. school, received the specialty of a carpenter-joiner. He worked at construction sites. From time to time I had to work outside in unfavorable weather conditions (snow, rain, strong wind). Of the occupational hazards, he notes the frequent lifting of weights, contact with caustic and strong-smelling substances (drying oil, paints, solvents). At work, I tried not to enter into conflicts, I easily found a common language with colleagues and superiors. Currently not working, receiving a pension as a disabled person of the II group. On weekends and vacations, he worked at the dacha, sometimes at construction sites requiring urgent commissioning. Smokes from 17-18 years old. Now smokes a pack in 3 days 3 years ago I smoked 2 packs a day. He has not been drinking alcohol for the last 5-7 years, before that he had been abusing it (“he drank decently.”) He denies tuberculosis, cancer, venereal diseases and AIDS. Allergy to food and drugs, allergic diseases denies. Married, son 19 years. Parents and close relatives have never had diabetes.

THE PRESENT CONDITION OF THE PATIENT

General examination: the patient's condition is of moderate severity, the consciousness is clear, but the patient is slightly inhibited: he answers questions slowly, very thoughtfully, but correctly. The patient's position is active. The expression on the face is calm, somewhat detached. The physique is normosthenic. Height is 184 cm, body weight is 85 kg. Body mass index: 85 / 1.842 = 25.1 kg / m2 General nutrition is normal. The skin is pale, slightly yellowish, the lips are slightly cyanotic, the face is somewhat puffy; on the feet, legs, back of the shoulders and in the area of the elbow joint, there are multiple light brown pigment spots with a diameter of 0.5 to 1 cm.The skin is dry, cold, on the legs and feet, rough, flaky, with white large (0.3- 0.5 cm) with scales, its turgor is reduced. In the right iliac region - a scar after appendectomy. On both feet in the area of the Achilles tendons - purulent wounds 1 * 2 and 2 * 3.5 cm - trophic ulcers. The nails are convex, reminiscent of the shape of watch glasses. Male-type hair growth, moderate. The hair on the abdomen, especially along the white line, is long and coarse. The hair on the head and body is almost completely gray; the right lower leg is swollen. Ascites (fluid level not determined). Cervical, subclavian lymph nodes are not enlarged, submandibular lymph node 0.5-0.7 cm is palpable on the right, slightly painful, not adhered to the skin. The muscular system is well developed, muscle tone and strength are sufficient, pain muscles of the lower leg, their cramps are occasionally observed. Bones and joints of the correct shape, undeformed, painless when feeling and palpation. The fifth toe of the left foot and the third toe of the left hand were amputated. The body temperature was subfebrile - 37.5 ° C. Respiratory system: chest of normal form, type of abdominal breathing, NPV = 16, the rhythm of breathing is correct, breathing is deep. At rest, there is no shortness of breath. Percussion sound clear over all pulmonary fields. The border

of the lungs along the mid-clavicular line is the lower edge of the 6th rib, along the middle axillary line - the lower edge of the 8th rib. The mobility of the pulmonary edge on the right is 3 cm, on the left - 4 cm. On auscultation, hard breathing is heard in the upper third of the lungs, then vesicular. Single dry wheezing. Circulatory system: the borders of the heart are displaced to the left: the right border is 1-2 cm to the left of the right edge of the sternum, the upper is the upper edge of the 4th rib, the left is displaced to the left by 2-3 cm from the midclavicular line .At auscultation: rhythmic heart sounds, tachycardia (up to 100 beats per minute), the rhythm is correct. At the apex, heart sounds are intensified, especially the 1st. On the aorta - accent and splitting of the 2nd tone. There are no noises. The pulsation of the vessels of the neck and forearm is well pronounced. Ripple a. dorsalis pedis is weakened on both legs. Rhythmic pulse, 96 beats per minute, good filling and tension. BP at the time of examination - 150 and 90. Maximum - 240 and 130. At rest - 140 and 90. Digestive system: bad breath not. The lips are slightly cyanotic, the mucous membrane of the inner surface of the lips, cheeks, hard and soft palate, gums are pale, moist. No teeth - false teeth. The tongue is of normal size, bright crimson, slightly moist, with smoothed papillae, with a dark yellowish bloom, more pronounced on the right. The belly is enlarged, "froglike", participates in the act of respiration. Superficial palpation revealed moderate pain in the right hypochondrium and in the epigastric region. Ascites. The liver protrudes 0.5-1 cm beyond the costal margin. Sizes according to Kurlov: 9, 10 and 12 cm. The edge of the liver due to the severity of subcutaneous fatty tissue and ascites could not be palpated well. The spleen is not palpable. Urinary system: urination is free, painless, 3-4 times a day. Occasionally, there is a slight soreness in the lumbar region. Pasternatsky's symptom is negative on both sides. Endocrine system: height 184 cm, weight 85 kg, body mass index 25.1: FROM 93 cm, OB 102 cm, FROM / OB = 93/102 = 0.9. The isthmus of the thyroid gland with a thickness of 0.5-0.7 cm is palpated. The patient has no smell of acetone from the mouth. Vision has deteriorated over the past year. Legs are cold, burning and tingling sensations - polyneuropathy. The eye slits are of the usual shape, the

patient has a proportional physique, normal growth. Secondary sexual characteristics are well expressed. Nervous system: consciousness is preserved, speech is clear, slightly slowed down, slight lethargy. The memory for current events is well preserved, reduced for past events (the patient cannot remember how long ago the event occurred, he forgets the names of the drugs). The mood is even, lowered. The patient is anxious. Pupils with a diameter of 3 mm on both sides. Direct and friendly reactions to light are expressed, symmetrical. There are no paresis and paralysis, pain sensitivity in the area of both feet is reduced. Direct and friendly reactions to light are expressed, symmetrical. There are no paresis and paralysis, pain sensitivity in the area of both feet is reduced. Direct and friendly reactions to light are expressed, symmetrical. There are no paresis and paralysis, pain sensitivity in the area of both feet is reduced.

DATA OF LABORATORY AND INSTRUMENTAL SURVEY METHODS:

General blood analysis: 17.00 - 13.0, 21.00 - 15.2 mmol / L. Glycemic profile (13.09): 8.00 - 9.7, 11.00 - 12.4, 14.00 - 8.4 mmol / L ECG: Sinus tachycardia, EOS - normal position, heart rate = 100 beats / min, signs of left atrial and left ventricular hypertrophy. Ischemic changes in the anterior wall and septum of the heart. sowing for the sensitivity of flora to antibiotics: oxacillin, erythromycin, cefazolin, ciprofloxacin, vancomycin.

DIAGNOSIS

Diabetes mellitus, type 1, severe form, subcompensation. Angioretinopathy. Angiopathy of the lower extremities. Distal sensory polyneuropathy. Trophic disorders of the heel areas of both feet. Amputation stump of the V toe of the left foot, III toe of the left hand. Nephropathy III. Symptomatic hypertension.

JUSTIFICATION OF DIAGNOSIS AND DIFFERENTIAL DIAGNOSTICS

Considering that the disease began at a young age (23-25 years old), was malignant (high blood glucose levels, a tendency to hypoglycemic coma, rapid progression, early development of severe complications), a family history of diabetes mellitus, we assume: diabetes mellitus, 1 type, severe form. Considering the patient's complaints of visual impairment only in the last year, lack of physical exertion, stressful situations, injuries, we assume: angioretinopathy, complication of diabetes mellitus. To clarify the patient's condition and diagnosis: consultation with an ophthalmologist, viewing the patient's outpatient card. Considering the pallor, coldness of the skin of the legs, weakening of the pulse a. dorsalis pedis, typical patient complaints, long smoking experience, we assume: angiopathy of the lower extremities. We can think about the beginning obliterating endarteritis. For clarification - consultation with an angiosurgeon. Considering the patient's complaints of paresthesias, cramps in the calf muscles, changes in pain sensitivity, the presence of trophic ulcers, dryness and peeling of the skin, we assume: distal sensory polyneuropathy. Trophic disorders of the heel areas of both feet ("diabetic foot"). For clarification: consultation with a neurologist, X-ray of the legs and feet. Considering the presence of purulent discharge from the wound, significant edema of only one leg (right), persistent subfebrile increase in the patient's body temperature, we assume bacterial infection of the trophic ulcer of the right foot. To confirm the diagnosis: tank. culture, determination of the sensitivity of microorganisms to antibiotics, blood culture for sterility. Given the pronounced proteinuria (2.3 g / l), severe arterial hypertension, normal glomerular filtration rate, disease duration about 23 years, patient complaints of aching, pulling pain in the lumbar region, we assume: nephropathy III. To clarify the diagnosis: ultrasound of the kidneys, consultation with a nephrologist. Considering the cases of an increase in blood pressure to 240 and 130, the patient's complaints of severe headaches that arose years ago, some puffiness of his face, we assume: symptomatic hypertension (renal). To clarify: a more thorough questioning of the

patient: were there any patients with hypertension in the family, whether he himself had bouts of increased blood pressure, whether they were accompanied by unpleasant sensations. Study of the patient's outpatient card. Considering the patient's lethargy, memory impairment: suppose: initial signs of encephalopathy? Given the presence of pain on palpation in the right hypochondrium, a feeling of bitterness in the mouth, alcohol abuse a few years ago, suppose: biliary dyskinesia. To clarify the diagnosis: consultation with a gastroenterologist, conduct duodenal intubation, investigate the chemical properties of bile. It is possible that fatty degeneration of the liver is observed (history of diabetes mellitus, alcohol abuse). Given the low hemoglobin and erythrocyte counts, normal CP, severe tachycardia, pallor of the patient's skin, we assume normochromic anemia. Taking into account the progression of anemia, soreness in the epigastric zone, the presence of fluid in the abdominal cavity, as well as the patient's smoking, we assume: bleeding. Considering that in patients with diabetes pain sensitivity may be reduced, conduct: macroscopic and chemical examination of feces (to assess the color, consistency, presence of blood). Consultation with a surgeon, gastroenterologist. Recommend anti-anemic drugs (Durules, Totema). Considering the patient's complaints of pain in the region of the heart, ischemic changes in the myocardium, signs of left heart hypertrophy (according to the ECG), constantly high blood pressure, we assume: ischemic heart disease, angina pectoris. Differentiation is required: tension or rest: a detailed questioning of the patient about his position, condition, mood at the time of the onset of heart pain. If necessary, a test with physical activity. It is also possible: Ischemic heart disease and myocardiosclerosis as a result of diabetic macroangiopathy (heart vessels are affected). Consultation of a cardiologist, when deciding on the need for coronary arteriography - a cardiac surgeon. Given the lethargy of the patient, some puffiness of his face, the presence of a history of severe endocrine disease - donate blood for TSH and T4. Let us refute hypothyroidism. Thus, the diagnosis can be supplemented with the following points: fatty degeneration of the liver, biliary dyskinesia, diabetic macroangiopathy, ischemic heart disease, exertional angina. Anemia.

APPOINTMENT SHEET:

1. Table number 9.
2. 8.00 - humulin NPH 16 U + actropid 8 U; 17.00 - humulin R 5 units, 22.00 - humulin NPH 10 units. In total, the patient receives 39 units per day.
3. Tab. Erythromycini 0.25 - 2 tablets 5 times a day.
4. Dressings with washing wounds with 3% H2O2 solution (Sol. Hydrogenii peroxydi diluta - 20 ml) and chlorhexidine (
5. Sol. Chlorhexidini 0.05% - 500 ml). Aseptic dressing.

DIARY OF THE PATIENT

18.09. Surgeon. Granulating wounds on the sides of the Achilles tendon, with an area of about 7 cm2. On the walls of the wound - purulent-necrotic discharge, partial excision of the walls and bottom of the wound was carried out. Positive dynamics is observed, the area of the wound surface decreases. Continue dressing. Curator. Complaints of aching pain in the legs and feet. Mild headache, a veil before the eyes. Subfebrile temperature (37.1 ° C) Soreness on palpation in the epigastric region. The patient is pale, inhibited, tired. BP 150 and 90, pulse 96, NPV 16. Tachycardia, rhythmic heart sounds, clear, increased tones at the apex of the heart, accent and splitting of the 2nd tone in the aorta. 19.09. Surgeon. Trophic ulcer with scanty serous-hemorrhagic discharge. Curator. The patient has recently woken up, therefore he looks inhibited. The head does not hurt, the veil before the eyes remains. Complaints of aching pain in the calf muscles. Temperature 37.0 ° C. HELL 145 and 80 mm Hg, pulse 92 beats per minute, NPV 14. No nystagmus. Pain sensitivity on the feet is reduced.

Epicrisis

Ivanov Ivan Ivanovich, 46 years old, was admitted on 15.07 with complaints of

pain, burning, tingling in the calf muscles, the presence of purulent wounds that did not heal for a long time on both legs. The 5th toe on the left foot and the 3rd on the left hand were amputated. Notes dry mouth, headaches, dizziness, a blur in front of the eyes. severe weakness. Suffering from diabetes mellitus for 21-22 years. He fell ill at the age of 23-25, acutely, lost> 40 kg in weight. At the initial hospitalization, the blood glucose level was 23 mmol / L. She is constantly taking insulin preparations. Over the past 3 years, the condition worsened: trophic ulcers appeared, vision deteriorated, headaches appeared and blood pressure increased to 240 and 130. Objectively: the presence of trophic ulcers with yellowish purulent discharge on both feet in the Achilles tendon area. Severe tachycardia (pulse rate of about 100-105 per minute). The patient is pale, there is profuse sweating. There is no acetone smell. The blood glucose level at 11.00 (15.07) was 23.8 mmol / L. Wounds were infected with staphylococcal flora sensitive to erythromycin, oxacillin, cefazolin. Severe proteuria (2,3). The ECG shows signs of ischemic changes in the anterior wall and septum of the heart. On the basis of anamnesis, questioning, examination, data of laboratory and instrumental methods of treatment, the diagnosis was made: Diabetes mellitus, type 1, severe form, subcompensation. Angioretinopathy. Angiopathy of the lower extremities. Distal sensory polyneuropathy. Trophic disorders of the heel areas of both feet. Amputation stump of the V toe of the left foot, III toe of the left hand. Nephropathy III. Symptomatic hypertension. Fatty degeneration of the liver, biliary dyskinesia. Ischemic heart disease, exertional angina. Normochromic anemia. The disease is difficult, with a large number of painful complications, the prognosis is not favorable. The patient received insulin preparations (39 units per day), the antibiotic erythromycin (2.5 g per day), wound dressings were performed; assigned table number 9. While in the hospital, the patient's condition in terms of diabetes correction improved (the glucose level was much closer to normal), but the patient's general condition was complicated by anemia. In general, the treatment can be assessed as effective. Recommendations to the local doctor: advise the patient to do exercises to maintain and improve trophism of the extremities, follow

a diet, control blood glucose levels, eat well and varied. The patient should quit smoking. Advise him to wear comfortable clothes and shoes. Monitor the patient's blood pressure, select antianginal drugs for him,

LITERATURE:

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