Diabetic ketoacidosis is an acute complication of diabetes, defined as metabolic acidosis with a high anionic gap, associating hyperglycemia > 16 mmol / l (3 g / l), positive ketonuria, or superior or equal ketonuria to ++, it is a medical emergency which can occur in a known diabetic patient, or not.

INTRODUCTION

To describe the clinical therapeutic and prognostic aspects of diabetic ketoacidosis in the intensive care Pediatric service at the EHS Canastel Oran, Algeria

OBJECTIF

▪ Retrospective study carried out over a period of two years. From January 1, 2015 to January 1, 2017, in the intensive pediatric care service. The data was entered and analyzed using Excel 2007.

MÉTHODES AND PATIENTS

16 cases were retained on 450 hospitalizations per year, 95% of cases had no history with diabetes, 5% occurred in known diabetics with insulin, but are not followed medically. Our patients were aged from 10 months to 15 years. The average age of these patients was 6 years and 5 months, with a female predominance.

coma was preceded by 75% of cases polydipsy polyuria syndrome and 12% weight loss, triggered by an infectious syndrome including 31% of ENT cases, 12% of respiratory infections and 12% of cases with digestive infections characterized by fever, abdominal pain and vomiting. The delay between diagnosis and admission to ICE was 24-7 days.

Signs of dehydration and ionic disorders, namely hypokalemia and hyper-natremia, blood glucose at admission varies between 3.5 and 5 g / l with glycosuria at +++ and ketonesuria between ++ and +++; in only 18% of the patients had metabolic acidosis, a cerebral computed tomography (CT) performed in 13% of cases found a slight cerebral edema. Therapeutic management was the rehydration, correction of metabolic disorders and introduction of insulin into SAP, with monitoring and subcutaneous relaying due to ketonuria negativity. The outcome was favorable for all patients.

At admission 80% of patients were scored at 11/15 on the Glasgow scale, with presence of the cough reflex, and 20% were scored at < 7/15 requiring tracheal intubation and mechanical ventilation of 48 hours.

CONCLUSION

Diabetic ketoacidosis is a major complication of diabetes which can be avoided by a good prevention campaign and systematic screening of any child suspected of diabetes, recognition of risk situations such as infections and clinical manifestations in order not to delay the management.