

Gangrenous Lower Extremity and Social Aspects of Medicine

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Case

- 79 y/o female presents from nursing home with lower abdominal pain for two days
- Patient has indwelling Foley catheter
- Denies fever or change in mental status
- Patient mostly Spanish speaking and history comes from son

Past medical and social history

- Diabetes Mellitus Type 2
- Hypertension
- Hyperlipidemia
- Coronary Artery Disease
- Peripheral Arterial Disease
- Pressure Ulcers
- Appendectomy
- Tonsillectomy
- Never smoker or drinker

Medications

- Clopidogrel 75mg PO daily
- Enalapril 10mg PO daily
- Hydrocodone/acetaminophen 5/325mg PO daily
- Insulin Glargine 14 units Subq BID
- Insulin lispro 6 units Subq with meals

Review of Systems

- All systems negative EXCEPT:
 - GI: Constipation
 - GU: Dysuria and Pelvic Pain
 - MSK: Decubitus ulcers on lumbar spine

Physical Exam

- **Vital Signs**
 - Temp: 97.9 F
 - HR: 112
 - RR: 16
 - BP: 181/90
 - Pulse Ox: 97
- **General appearance:** chronically ill appearing, frail, no respiratory distress
- **Neuro/CNS:** disoriented, focal weakness
- **Cardiovascular:** decreased cap refill, pedal pulses (absent), normal heart sounds, regular rate & rhythm
- **Respiratory:** aerating well, clear to auscultation
- **Abdomen:** tenderness, normal bowel sounds, soft, no distention
- **Genitourinary:** foley, urine
- **Musculoskeletal:** decreased ROM
- **Skin:** abnormal color, abnormal temperature, rash
- **Extremities:** abnormal capillary refill, decreased range of motion
 - Right foot and ankle: necrotic tissue, odor



Lab Values

- Na: 133 L
- Glucose: 293 H
- Calcium: 8.4 L
- AST: 169 H
- ALT: 200 H
- Alk Phos: 265 H
- Lipase: 598 H
- Albumin: 2.0 L
- Lactic Acid: 6.3 H
- UA: Positive
- WBC: 10.8

Assessments & Plan

Assessments

- Severe Sepsis secondary to chronic gangrenous right foot
- CAUTI
- Insulin Dependent Diabetes Mellitus with hyperglycemia
- Transaminitis with hyperbilirubinemia
- Stage I decubitus ulcer
- Electrolyte Derangements

Plan

- **AKA of RLE scheduled**
- Blood, urine and wound cultures
- Doxycycline, Flagyl, Aztreonam
- Electrolyte replacements
- Catheter change
- Blood sugar control with insulin + Sliding scale insulin, adjust as indicated
- **Consultants**
 - Infectious Diseases
 - Vascular Surgery
 - Cardiology
 - Wound Care

Case Limitations

- Patient refused above the knee amputation (AKA) without cause at first
- History review and further questioning discovered patient had religious beliefs that prevented AKA
- Principle of Autonomy VS Beneficence
- Offered multiple solutions to satisfy religious beliefs but still treat
- Patient ended up agreeing to below the knee amputation (BKA)
- Had to be transferred to different hospital for procedure due to vascular surgeon refusing to perform BKA
- Patient transferred but never got the surgery

References

- Uptodate. (2020). UpToDate. Retrieved 21 June 2020, from https://www.uptodate.com/contents/noninvasive-diagnosis-of-arterial-disease?sectionName=Exercise%20testing&search=peripheral%20artery%20disease&topicRef=8208&anchor=H146789783&source=see_link#H58544704
- UpToDate. (2020). UpToDate. Retrieved 21 June 2020, from https://www.uptodate.com/contents/clinical-features-and-diagnosis-of-lower-extremity-peripheral-artery-disease?search=peripheral%20artery%20disease&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H110186508