OCR 4

Difficult Diagnostic Case of Lower Limb Pain Syndrome in Type 2 Diabetic Patient.

Olga Gerasimenko, Olga Bondarenko, Gagik Galstyan
National Research Centre of Endocrinology, Moscow, Russia

Painful conditions in lower limb are quite general among patients with type 2 diabetes. The most common etiology of pain in that group is the distal diabetic polyneuropathy, however, even more difficult for diagnosis and treatment clinical cases occur.
A 49-year-old man applied to clinic with a very intensive burning pain and paresthesia on the anterolateral region of the left thigh. The symptoms had appeared suddenly and then lasted for 3 months with increasing intensity and the pain led to insomnia and irritability. The patient had 9-year diabetes duration of type 2 diabetes mellitus, hypertension, he had been treated by Metformin and Glibenclamide at the maximum therapeutic doses for diabetes and with angiotensin-converting enzyme (ACE) inhibitor for hypertension, he had also been smoking 20 years. Patient's physical examination was normal excepting the hypesthesia at anterolateral portion of his thigh and the light decreased vibratory sensation of the both feet. Laboratory studies revealed dyslipidemia and hyperglycemia - HbA_{1c} was 10,1%. Patient was admitted to the hospital due to severeness of pain syndrome and the treatment started with intensified insulin therapy, adjuvant analgetics (including anticonvulsants, tricyclic antidepressants), minor opioids. Despite intensive treatment significant pain relief was not achieved. Further diagnostic investigation – ultrasound duplex scanning of the lower extremities arteries revealed the superficial femoral artery occlusion at the middle third on the left leg. The diagnosis was confirmed by the angiography. Endovascular surgical procedure – balloon angioplasty with stenting was performed with the complete establishment of flow. However, the pain intensity remained unchanged. The next diagnostic investigation - multispiral computed tomography of the lumbar spine - revealed the circular hernia of intervertebral disk at the L2-L3 level with the left massive exostosis. The patient was consulted by neurosurgeon and diagnosis of meralgia paresthetica (Bernhardt-Roth paraesthesia) on the left, dorsopathy was set. Meralgia paresthetica is a mononeuropathy involving the lateral femoral cutaneous nerve of the thigh - a purely sensory nerve that runs directly off the L2-L3 roots around the pelvic brim, and passes under the inguinal ligament to supply an oval-shaped area of skin over the anterolateral thigh. So we have added to the treatment the central muscle relaxant, injections of local anesthesia and corticosteroid to the trigger points of the lateral femoral cutaneous nerve. After 5 local anesthetic blocks and 14-day period medication therapy we have achieved a complete pain relief. This clinical case demonstrates that the lower limb pain syndrome in patients with type 2 diabetes requires a multidisciplinary approach and a careful investigation.