A Case of Pyomyositis in a Patient with Diabetes

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Pyomyositis is a primary pyogenic infection of skeletal muscle which can lead to abscess formation. Although it is endemic in tropical regions, it has been increasingly recognized in temperate climates, especially in human immunodeficiency virus-infected and diabetic patients. We report a rare case of pyomyositis in a diabetic patient. A 34-year-old woman visited emergency center due to fever and painful swelling on left lower leg. She had poorly controlled diabetes (HbA1c 11.8%), and diabetic ketoacidosis was noted. Although intravenous cefazedone was commenced empirically, fever and pain were sustained. Magnetic resonance imaging revealed multiple intramuscular abscesses, and emergent pus drainage was performed. She had no recent history of trauma, and we could not find the route of infection. According to the result of wound culture (Staphylococcus aureus), antibiotics were switched to intravenous cefazolin and ciprofloxacin. She received antibiotic therapy for 4 weeks. Following surgical drainage and antibiotic therapy, her symptoms were improved, and insulin requirement decreased markedly. A delay in diagnosis and appropriate treatment of pyomyositis may lead to sepsis and eventually death. Therefore, pyomyositis should be suspected in a febrile patient with poorly controlled diabetes. Antibiotic therapy will not be sufficient alone, and surgical drainage will be required.

A case of Pseudohypoparathyroidism type Ib in adult

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Pseudohypoparathyroidism (PHP) is endocrine disease, common feature of which is resistance to PTH. PHP type can be classified into four different subtypes (Ia, Ib, Ic, II) based on the presence or the absence of additional endocrine abnormality, deficiency of the -subunit of the stimulatory G protein, and the dysmorphic features of Albright’s hereditary osteodystrophy (AHO). We report a case of PHP type I-b diagnosed by Ellsworth-Howard test.