豒潇泳攤餥受讌譺藍**腉甇泳隵蕖籒坧霻騘轋媽籆** 秗蔁釋 碼**籱**韇霻穅坧泳霻睭

Tays during person-time were divided to determine the overall

From the pilot version of the Finnish National Diabetes Registry, three controls for each DKA patient were collected [5]. ese controls

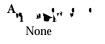
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A retrospective, descriptive case-control study was conducted at #ajigtott@Hisily[Tg]hight@hitm@clatificiglabsFill.blobblithg)Ddf<Beatidsdogffgel Goldman J (2023) Ketoalkalosis in Diabetics: A Diabetic Ketoacidosis Alkalemic Variant Commonly Overlooked in Relation to Mixed Acid-Base Disorders. J Obes Metab 6: 155. there was insu cient information regarding diabetic complications; However, autonomic dysfunction was present in both of our patients, indicating either poor glycemic control or prolonged disease duration. Although only four of the patients, including ours, had their HbA1c measured, all of them had HbA1cs greater than 10%, indicating poor glycemic control and the possibility of delayed gastric emptying.

All of the patients in this case report had alkalemia upon admission. However, in order to avoid underdiagnosing metabolic acidosis, particularly DKA, clinicians must obtain arterial blood gas and calculate AG. Patients run the risk of developing unnecessarily complicated conditions if the presence of DKA is not detected promptly, delaying the necessary treatment [10]. e treatment of DKA with alkalaemia is the same as for pure DKA: DKA can be treated with intravenous insulin and enough uid replacement, and nausea and vomiting go away in a few days.

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In conclusion, our case report revealed that DKA with alkalemia can occur in poorly controlled diabetics with an HbA1c of more than 10%. With alkalaemia, autonomic neuropathy appeared to accelerate DKA and predicted additional admissions.



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None
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