

CASE REPORT ON ANOREXIA INDUCED HYPOGLYCEMIA AND HYPOTENSION

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Article Received on
22 Feb 2016,

Revised on 13 March 2016,
Accepted on 03 April 2016

DOI: 10.20959/wjpr20164-6037

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ABSTRACT

Eating disorder often called as Anorexia which is characterized by losing body weight, and has a strong desire to decrease body weight. Complications may include infertility, osteoarthritis and loss of menstrual cycle in case of women. Globally anorexia estimated 0.9% to 4.3% in women and 0.2% to 0.3% in men. Eating disorder is uncommon but it is a life threatening syndrome which causes mortality and morbidity. Here our case report describes a patient with anorexia, who rapidly developed hypoglycemia, hypotension. The patient was rapidly improved the normal concentration of glucose and blood pressure by intake of large quantity of carbohydrates 5 times per a day.

KEYWORDS: Anorexia, hypotension, hypoglycemia.

INTRODUCTION

Anorexia nervosa, often referred to simply as anorexia, is an eating disorder characterized by a low weight, fear of gaining weight, a strong desire to be thin, and food restriction. Many people with anorexia see themselves as overweight even though they are underweight. If asked they usually deny they have a problem with low weight. Often they weigh themselves frequently, eat only small amounts, and only eat certain foods. Some will exercise excessively, force themselves to vomit, or use laxatives to produce weight loss. Complications may include osteoporosis, infertility and heart damage, among others. Women will often stop having menstrual periods. The cause is not known. There appear to be some genetic components with identical twins more often affected than non-identical twins.

Cultural factors also appear to play a role with societies that value thinness having higher rates of disease. Additionally, it occurs more commonly among those involved in activities that value thinness such as high level athletics, modelling, and dancing. Anorexia often begins following a major life change or stress inducing event. The diagnosis requires a significantly low weight.

CASE REPORT

A 40 years south Indian male patient with a known case of CKD on MHD and hypertension, was admitted in to the hospital with a chief complaints of shortness of breath, decreased urine output, swelling of lower limbs and facial puffiness. On laboratory investigations showed that progressive anemia (hemoglobin 8.3gr %), serum creatinine (7.7mg/dl), Blood urea nitrogen (117mg/dl), uric acid (2.6mg/dl).

The patient was diagnosed to CKD, hypertension and hemodialysis was performed. After first hemodialysis the patient was felt psychologically ill and he was rejected to take food for 5 days due to vomit sensation. On the second day the patient was developed severe hypoglycemia and hypotension with full of sweat. The physician has suggested to take food and carbohydrate. He was developed normal levels of sugar and blood pressure after two days on continuous administration of carbohydrate with 30 min time cycle.

DISCUSSION

Our case report describe a patient with anorexia, who rapidly developed hypoglycemia, hypotension. The patient was rapidly improved the normal levels of sugar and blood pressure by intake of large quantity of carbohydrates.

CONCLUSION

In conclusion, Anorexia is potentially life-threatening, with significant morbidity and estimated mortality. In many studies it was found that anorexia will develop so many complications like infertility, hypothyroidism, osteoarthritis, loss of regular menstrual cycles. There is no evidence for anorexia induced hypoglycemia and hypotension, for further study is required .We concluded that food plays an important role in maintenance of sugar as well as blood pressure levels when the patient on drug treatment for CKD, hypertension.

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