Diabetic muscle infarction is a rare complication of diabetes and seemingly associated with poor glucose control.

Elizabeth Pendry, Prash Vas, Chris Manu, Michael Edmonds.
Kings College Hospital, Diabetic Foot Clinic, United Kingdom.

- **Aim/Method**: We report 4 cases of diabetic muscle infarction to raise awareness of this condition and prevent the diagnosis being missed.

- **Results:** The patients complained of unilateral acute pain in the lower leg with ¾ cases affecting the posterior compartment and one affecting the anterior compartment. One patient also complained of pain in the thigh.

  2 male: 2 female
  1 type 1 DM: 3 type 2 DM
  3 dialysis: 1 not on dialysis
  3 palpable pedal pulses: 1 severe PAD
  MRI scans – demonstrated muscle oedema
  PET scan – in 1 patient –diffuse metabolic activity in the muscles – this patient had surgical exploration & histology – acute inflammation & necrosis.
  In the patient with PAD the blocked graft was recanalised together with fasciotomies &muscle biopsy showed coagulated necrosis.
  ¾ patients – muscle infarction resolved
  ¼ patient with PAD underwent through knee amputation

- **Discussion:** Acute unilateral muscle pain especially in dialysis patients may be due to muscle infarction and should be diagnosed by MRI. Be aware recent blood glucose control may be reasonable, CK may be normal and there may be coexistent PAD – requiring a low threshold of suspicion.

RESULTS TABLE:	
Mean blood values	
White Blood Cell count (WCC)	13.6(4.98-41.04 10*9/L)
Neutrophil count	13.2 (3.08-35.70 10*9/L)
Creatinine	440.2 (101-762umol/L)
C-reactive protein	209 (37.6-434.8mmol/L)
EGFR	22.7 (6.67ML/min)
Glycated haemoglobin	7.5 (6.5-8.0 DCCT) 58 (44-60 IFCC)
Creatinine kinase (CK)	1637 (78-4824 IU/L) normal in 2 patients.