

## Painful swollen thigh in a patient with poorly controlled diabetes

**Authors:** Hassan Mohamed Saeed Elasha,<sup>A</sup> Nada Bin Hareez,<sup>B</sup> Ahmed Shihab Al Joboori,<sup>C</sup> Jamal Teir<sup>D</sup> and Emad Saleem Mubarak<sup>E</sup>

A 55-year-old woman with an 8-year history of type 2 diabetes was admitted to the cardiology department with symptoms suggestive of congestive cardiac failure. She had also had severe left thigh pain for the past 12 days.

She was found to have had a muscle infarction (diabetic myonecrosis), which is an unusual complication of diabetes that is under-diagnosed as physicians are often unfamiliar with this condition. The clinical presentation is very distinct with abrupt onset of pain and swelling of a limb, usually the thigh and less frequently the calf. Diagnosis is based on clinical features supported by characteristic magnetic resonance imaging (MRI) findings. A high index of clinical suspicion is needed so as to avoid invasive diagnostic techniques and unnecessary surgical intervention. ■

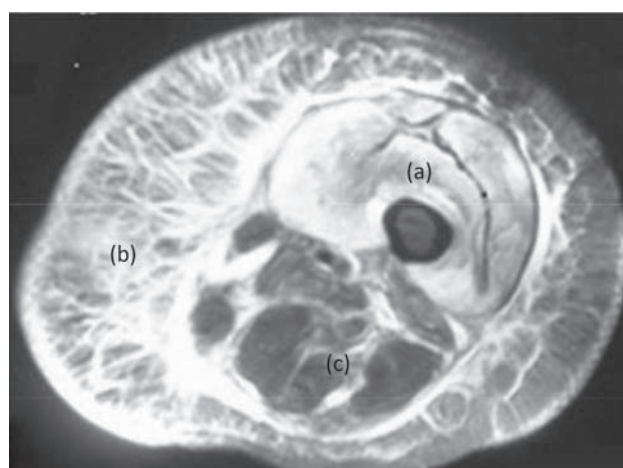
### References

- 1 Trujillo-Santos AJ. Diabetic muscle infarction: an underdiagnosed complication of long-standing diabetes. *Diabetes Care* 2003;26:211–15.
- 2 Grigoriadis EI, Fam AG, Starok M, Ang LC. Skeletal muscle infarction in diabetes mellitus. *J Rheumatol* 2000;27:1063–8.

**Address for correspondence:** Dr HMS Elasha, Imperial College London Diabetes Centre, Al Ain PO Box 222464, United Arab Emirates.

**Email:** elasha@doctors.org.uk

**Authors:** <sup>A</sup>consultant physician and endocrinologist, Imperial College London Diabetes Centre, Al Ain, Abu Dhabi, United Arab Emirates; <sup>B</sup>fellow in endocrinology and diabetes, in medicine and endocrinology, Al Ain Hospital, Al Ain, Abu Dhabi, United Arab Emirates; <sup>C</sup>specialist in medicine, Al Ain Hospital, Al Ain, Abu Dhabi, United Arab Emirates; <sup>D</sup>consultant rheumatologist, Al Ain Hospital, Al Ain, Abu Dhabi, United Arab Emirates; <sup>E</sup>specialist in radiology, Imperial college London Diabetes Centre, Al Ain, Abu Dhabi, United Arab Emirates



**Fig 1. MRI scan of the transverse section of the left mid thigh and T2 fat saturation sequence.** (a) shows muscle oedema and swelling, (b) shows subcutaneous oedema and (c) shows muscle atrophy. MRI = magnetic resonance imaging.

### Table 1. Differential diagnosis of diabetic muscle infarction.

Inflammatory	Focal myositis, polymyositis, dermatomyositis
Vascular	Deep vein thrombosis, haematoma, compartment syndrome, phlebitis
Infection	Pyomyositis, abscess, osteomyelitis, necrotising fasciitis, cellulitis
Neoplastic	Benign muscle tumours, sarcoma, lymphoma
Trauma	Muscle rupture, muscle tear, fracture
Miscellaneous	Diabetic amyotrophy, dermatitis, ruptured baker's cyst