

A 66-Year-Old Woman With Sudden Onset of Disseminated Intravascular Coagulation, Lactic Acidosis, and Hypoglycemia



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A 66-year-old woman presented to an urgent care clinic for 2 to 3 weeks of general malaise, nausea/vomiting, night sweats, and dyspnea. On examination, she was tachycardic, and her laboratory evaluation was normal except for a lactate level of 4.4 mmol/L and platelet count of $118 \times 10^9/L$. CT imaging was performed. Two days later in the follow-up clinic, the patient's international normalized ratio (INR) was elevated, and she was hospitalized with initial findings of disseminated intravascular coagulation (DIC) (ie, INR > 10, platelets $97 \times 10^9/L$, fibrinogen < 60 mg/dL, positive D-dimer result). Bone marrow aspirate and peripheral blood smears were unrevealing. On day 4 of her hospitalization, the patient developed severe lactic acidosis (24 mmol/L) and hypoglycemia (11 mg/dL), and she was transferred to our institution. The patient had a history of a benign ovarian tumor, was a nonsmoker, did not drink alcohol, and was not taking any medications prior to admission. No ingestions or environmental exposures were noted.

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Physical Examination Findings

The patient was tachypneic with a respiratory rate of 31 breaths/min and oxygen saturation of 100% on 5 L nasal cannula. She was afebrile and had a heart rate of 108 beats/min and BP of 113/60 mm Hg. She was alert and oriented but was in moderate distress secondary to tachypnea. Her oropharynx was clear and without petechiae, and her heart, lungs, and abdomen were unremarkable. Her left and right upper extremities had large purple ecchymosis extending from bicep to wrist and hand; pulses were intact, and there was 1+ bilateral lower extremity pitting edema. No peripheral

adenopathy was detected. The remainder of the physical examination was normal.

Diagnostic Studies

The following diagnostic study results were reported: hemoglobin level, 9.1 g/dL; WBC count, 8,700/ μ L; and platelet count, $36,000 \times 10^9/L$. The patient's sodium level was 132 mmol/L, potassium level was 3.4 mmol/L, bicarbonate level was 10 mmol/L, BUN level was 38 mg/dL, creatinine level was 1.16 mg/dL, and glucose was 66 mg/dL. The alanine aminotransferase level was 29 U/L, the aspartate aminotransferase level was

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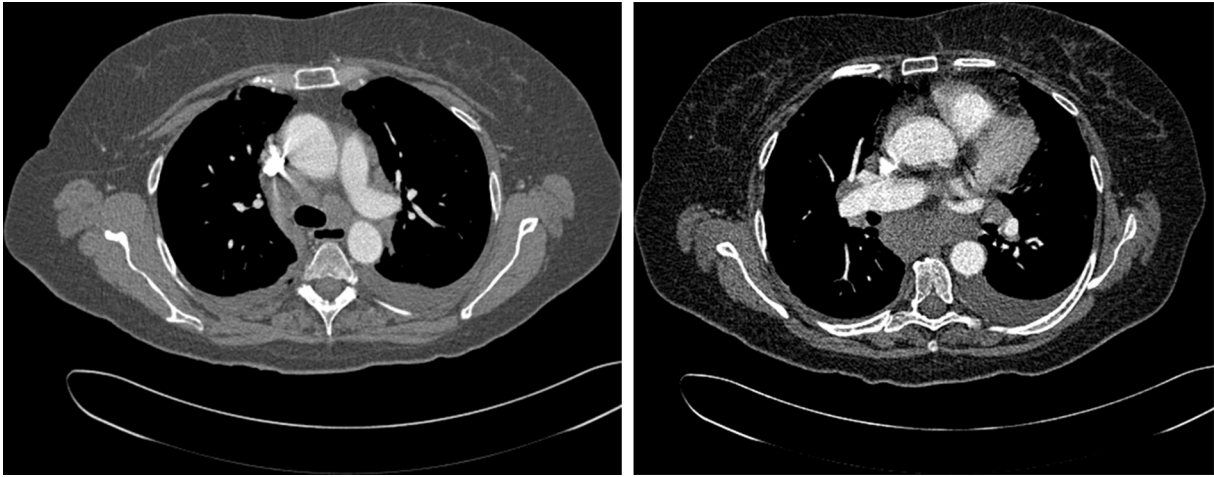


Figure 1 – Representative images from CT imaging of the chest.

113 U/L, and total bilirubin was 7.9 U/L. Lactic acid measurement was 27 mmol/L. INR was 4.79, fibrinogen was 149 mg/dL, and D-dimer finding at the previous institution was 1.2 μ g/mL. Arterial blood gas analysis showed a pH of 7.23, P_{O_2} of 127 mm Hg, and P_{CO_2} of 21 mm Hg. Results of blood cultures from the previous institution showed no growth to date and previous CT imaging was reviewed (Fig 1).

What is the diagnosis?

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