

## **PS1.200**

### **Severe acute renal failure secondary to noncompliance of insulin-treatment**

*Juan Paz Galiana(1), JP García Paine(1), LA Calleja Cartón(1), J Bueno Fonseca(1), J Zarco Manjavacas(1), CM López Ríos(1)*  
*Hospital Regional Universitario de Málaga, Spain*

*Corresponding author: Dr Juan Paz Galiana, Hospital General de Tomelloso, Emergency, Tomelloso, Spain. E-mail: jpazgaliana@yahoo.es*

Personal History: Woman 36 years with no known drug allergies. Type 1 diabetes mellitus with poor compliance.

Home treatment: 20-0-14 Levemir insulin and rapid insulin.

Actual illness: He goes to the emergency room for visual impairment in both eyes for 12 hours, you begin to see with white lights and decreased visual acuity. holocraneal headache with no other neurological symptoms. Upon arrival to the emergency it presents blood pressure levels of 210/110 sagging after taking captopril and sublingual diazepam.

Physical examination: Good general condition, conscious, oriented, eupneic at rest.

Cardiopulmonary auscultation: rhythmic and regular without murmurs. breath sounds preserved without added noise.

Neurological examination: Alert, isochoric and normorreactivas pupils, cranial unaltered, no neurological deficit.

Investigations: Analytics: 9.8 out hemoglobin, and a creatinine of 5.19 (on 2010 0.9).

Evolution: While in the emergency room was valued by Ophthalmology where moderate diabetic retinopathy appreciated - grave. Nephrology is contacted who decides to enter it in their treble unit where he was discharged after a few days with a diagnosis of diabetic nephropathy possibly ala hemodialysis.

Conclusion: It is very important to explain to diabetic complications of the disease to have a good adherence to not have early target organ damage.