# Deaths due to diseases of Endocrine system

Case 1

Shortly after dinner on the day prior to admission to the hospital, this 48-year-old male developed a cramping, epigastric pain, which radiated to his back, followed by nausea and vomiting.

The pain was not relieved by positional changes or antacids. The pain persisted, and 24 hours after its onset, the patient sought medical attention. He had a 10-year history of excessive alcohol consumption and a 2-year history of frequent episodes of similar epigastric pain. The patient denied diarrhea, constipation, heamatemesis, or melena.

The patient was admitted to the hospital and was diagnoses of an acute exacerbation of chronic pancreatitis. Radiological findings included a duodenal ileus and pancreatic calcification. Serum amylase was 4,032 units per liter.

The day after admission, the patient seemed to improve. However, that evening he became disoriented, restless, and hypotensive. Despite intravenous fluids and vasopressors, the patient remained hypotensive and died. Autopsy findings revealed many areas of fibrosis in the pancreas with the remaining areas showing multiple foci of acute inflammation and necrosis.

Case 2

A 75-year-old female had a 15-year history of noninsulin-dependent diabetes mellitus, a 13-year history of mild hypertension treated with thiazide diuretics, and an uncomplicated myocardial infarction 6 years prior to the present illness.

She was found disoriented in her apartment and brought to the hospital. On admission she was noted to be unresponsive, without focal neurologic signs, and severely dehydrated with a blood pressure of 90/60. Initial laboratory tests disclosed severe hyperglycemia, hyperosmolarity, azotemia, and mild ketosis without acidosis. A diagnosis of hyperosmolar nonketotic coma was made.

The patient was vigorously treated with fluids, electrolytes, insulin, and broad-spectrum antibiotics, although no source for infection was documented. Within 72 hours, the patient’s hyperosmolar, hyperglycemic state was resolved. However, she remained anuric with progressive azotemia. Attempts at renal dialysis were unsuccessful, and the patient died on the 8th hospital day in severe renal failure.