Euglycemic Diabetic Ketoacidosis in a Patient With Type 2 Diabetes After Treatment With Empagliflozin

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Sodium–glucose cotransporter 2 (SGLT2) inhibitors have been associated with euglycemic diabetic ketoacidosis (eDKA). All reports to date have involved canagliflozin (Invokana; Janssen Pharmaceuticals), with the exception of one case associated with ipragliflozin (1). It has been anticipated that eDKA is a class effect, but no case reports of eDKA with other SGLT2s have been reported. Here, we report a case of eDKA in a patient with type 2 diabetes treated with empagliflozin.

A 64-year-old woman with a 15-year history of type 2 diabetes and a 5-day history of treatment with empagliflozin (Jardiance; Boehringer Ingelheim) presented to the emergency room (ER) for evaluation of shortness of breath. She had been treated with insulin for 10 years. At the time she started empagliflozin, she was taking liraglutide 1.8 mg per day. She had been taking NPH 40 units twice daily and regular insulin 20 units with meals but had independently discontinued insulin 3 weeks prior to presentation to determine if her blood glucose could be controlled with liraglutide alone. Capillary glucose measurements were in the low 200 mg/dL range on liraglutide alone for 10 days. In conclusion, this is the first report of eDKA during treatment with empagliflozin. Further indicating that eDKA is a class effect and that patients with type 2 diabetes may develop eDKA during treatment with SGLT2 inhibitors.

Duality of Interest. No potential conflicts of interest relevant to this article were reported.

Author Contributions. P.R. and P.S. were both involved in the care of this patient during the reported event and contributed to the content of this report. P.R. is the guarantor of this work and, as such, had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

References
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