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ENDOCRINE IMAGING

Gangrene from finger pricking

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A 54-year-old diabetic man with end-stage renal disease on hemodialysis, presented to the outpatient clinic with complaints of ulcer on his fourth finger of the right hand. Examination showed a small, well-defined area of skin necrosis involving the finger tip. He reported using that particular site for finger pricking for self-monitoring of blood glucose. In spite of conservative treatment measures, the area of skin necrosis progressed to gangrene of finger tip. The patient eventually underwent partial amputation of the right fourth finger (Fig. 1).

Repeated finger pricking can induce severe disturbances of microcirculatory skin perfusion in patients with diabetes mellitus and underlying vascular disease. Regular inspection of the sites used to obtain capillary blood samples may prevent such deterioration. Newer methods of blood glucose monitoring, such as alternate-site testing or non-invasive glucose monitoring, should be evaluated further.

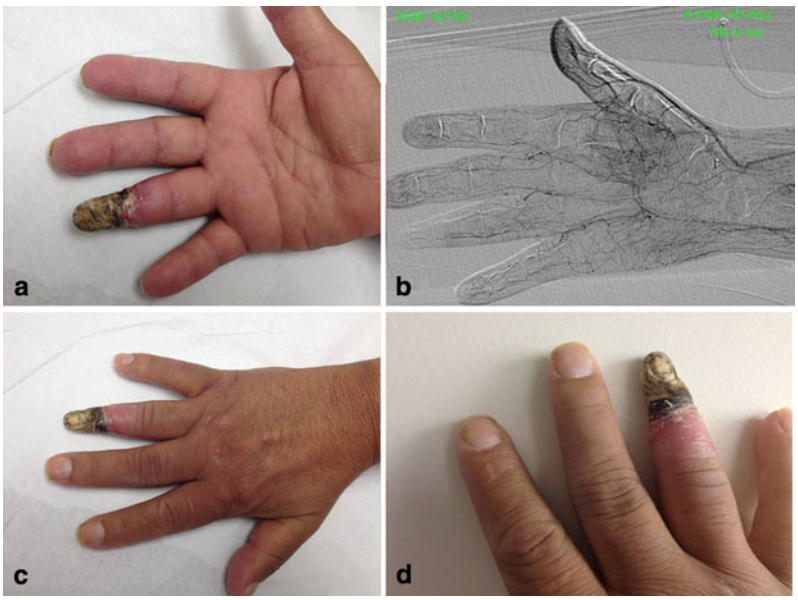

Fig. 1 **a**, **c**, **d** Gangrene of the distal fourth finger. **b** Angiogram of right hand with distal arterial cut-off

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