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**DIABETIC KIDNEY DISEASE WITH MULTIPLE INFECTION , MULTIPLE
ANTIMICROBIAL RESISTANCE, AND GERIATRIC SYNDROME: A CASE REPORT**

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Case Study : A 68-year-old underweight Southeast Asian male looked pale referred to the emergency department with dyspnoea for the last 2 days, accompanied by fever and productive cough. Patient has history of controlled type-2-DM accompanied by wide ulcers. We did some diagnostic workup and found bilateral pneumonia, anaemia, moderate hypocalcaemia, moderate hypoalbuminemia and moderate hyponatremia hypo-osmolar normovolemic. The patient is a geriatric with total dependency, possible sarcopenia and frailty. Later, the patient had been diagnosed with end stage renal disease (eGFR 38 mL/min/1.73m²). The patient admitted to the ICU for the need of ventilator with septic shock, diabetic kidney disease, renal anaemia, community acquired pneumonia, complicated urinary tract infection, and multiple decubital ulcers. After 2 days, patient was stable enough to be treated in ward. Patient received keto amino acid, omeprazole, paracetamol, ampicillin sulbactam, aspart, ESA, sucralfate, candesartan, folic acid, NAC, atorvastatin, cilostazole and CaCO₃. After 8 days of hospital treatment, patient's condition had been controlled and got better, then he was discharged and told to continue the haemodialysis treatment once a week.