

CARBUNCULOSIS- A CASE REPORT***Anusreeraj R. S., Ayisha Jasmine K., Arya U. S., Akshara S. Kumar**

Grace College of pharmacy, India.

***Corresponding Author: Anusreeraj R. S.**

Grace College of pharmacy, India.

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ABSTRACT

A Carbuncle is an infection of the skin that may be filled with pus. The infection usually occur deep with in your skin and involves that hair follicles. It is also called a stap skin infection. If it is occur more than one area at time it is called as Carbunculosis (figure no.1). This condition can cause permanent skin scaring (figure no.2). It is mostly affected by staphylococcus aureus. The aim of this case report is to provide our experience on carbunculosis in diabetics. Here, we are discussing a 66 year old male patient with carbunculosis.

KEYWORDS: Carbuncle, Diabetics, staphylococcus aureus.**INTRODUCTION**

Carbuncle is commonly associated with diabetic patients. The treatment typically involves early administration of antibiotics and surgery. Carbuncle is mostly affected in diabetic patient why because in diabetic patient has been limited immune response when we are comparing with non-diabetic patient. Moreover, more than one carbuncle is presented at a time in diabetic patient and it is called as carbunculosis.

CASE REPORT

A 66 year old male patient had admitted in male surgery ward. Patient has chief compliance of multiple swelling over the right side of back since four days. Initially it is small size and gradually an increase the size. Patient had severe pain due to the swelling. He has also known case of uncontrolled diabetes mellitus and regularly he takes insulin. He had history of same type of multiple swelling two year back. Social habits of the patient are chronic smoking and alcoholism (alcohol stopped last 5 year).

Patient has been suffered with uncontrolled DM. Blood glucose level of the patient: (at the time of hospitalization).

Table No.1 blood glucose profile of patient.

Days	First Day	Second Day
RBS(mg/dl)	375	383
FBS(mg/dl)	281	289

At the first day of hospitalization the physician (surgeon) had done excision for the patient. Inj. Izone S 2.5g IV bd (Cefoperazone/ Sulbactam), Cap. Rbonik DSR bd (Rabiprazole), T. Dolo 650 mg bd (Paracetamol), T. Serapep forte bd (seractopeptidase), Inj. Lupisulin 30/70 8u, 10u, T. Glyciphage 500 mg tds (Metformin) these are the drugs had prescribed by physician for the patient. After hospitalization (two days) the patient has gradually recovers from the signs.

**Figure 1: Carbunculosis.****Figure 2: Carbunculosis.**

DISCUSSION

This is a prevailing impression among both physicians and laymen boils and carbuncles are commonly associated with diabetes and that the diabetic are predisposed or more likely to suffer from these pyogenic skin infections than are non diabetic. Immune system has suppressed the person who have affected with diabetic. The proper personal hygiene should be maintained in case of diabetic patient. In this case patient has suffered with uncontrolled diabetes (table no.1). Antibiotic treatment is commonly prescribed for carbunculosis and the choice of antibiotic is based on which organism present in patient.

CONCLUSION

Carbuncle in diabetics affects most commonly. *Staphylococcus aureus* is the most common isolated organism. Around 5% of diabetic patient are suffered with carbunculosis and some patient under go with surgery. But no mortality rates the person who has suffered with carbuncle in diabetics.

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