Gastroparesis

TO THE EDITOR: We read with great pleasure the article by Sharayah et al about acute gastro- paresis in a patient with diabetic ketoacido-osis.1 However, in the case description, the authors reached a diagnosis of gastroparesis secondary to diabetic ketoacidosis without aptly ruling out some of its most common causes such as hypokalemia and other electrolyte imbalances seen in diabetic patients (in the setting of recurrent vomiting).

The authors also did not include the patient’s duration of diabetes or hemoglobin A1c level, both of which are linked with gastroparesis in diabetic patients.2 Pertinent biochemical information that can help readers formulate a rational approach and journey to making a diagnosis appears elusive in their article.

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REFERENCES
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