

CASE REPORT

Clinical Vignettes: “Ants on Diapers” A Modern Twist on an Old Theme**Salah Abdelsalam Elhasi**

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A Case of Permanent Neonatal Diabetes Mellitus: A mother of a 50 day old infant male presented to the pediatrician with a concern raised by a family member who noticed ants were attracted to the baby's wet diapers as shown in Fig. 1& 2. After further questioning, the mother reported symptoms of polydipsia, frequently wet diapers, persistent napkin dermatitis, and no weight gain since birth. It was eventually confirmed that the infant had permanent neonatal diabetes mellitus (insulin gene mutation).

Discussion

The “osmotic” symptoms of polyuria and polydipsia are well known classical presentations of diabetes in both adults and older children. The Hindu physicians, Charak and Sushrut, who wrote between 400 and 500 BC, were probably the first to recognize the “sweetness” of diabetic urine. The ancient Indians tested for diabetes by observing whether ants were attracted to a person's urine, and called the ailment “sweet urine disease” (Madhumeha) (1). In modern

times, frequent change of wet diapers, persistent severe diaper dermatitis, and failure to thrive has been observed as presenting symptoms of diabetes. However, to our knowledge, ants attracted to discarded wet diapers because of its high sugar content had not been previously documented. We wished to share this curiosity with the readership of the Journal. Increasing awareness of the presentations of diabetes in infants and young children among doctors, nurses, and parents should lead to earlier recognition and diagnosis of diabetes, with reduction of late presentations as diabetic ketoacidosis and its associated morbidity and mortality (2).

References

1. Tattersall, RB. The history of diabetes mellitus. In: Richard I. G. Holt, Clive Cockram, Allan Flyvbjerg and Barry J. Goldstein (eds.) Textbook of Diabetes, 4th Ed. 2010, Wiley-Blackwell, Oxford, UK.
2. Olge G and Silnik M. IDF child sponsorship: life for a child with diabetes. Diabetes Voice 2003;48(4):39-42.



Figure 1. The inside view



Figure 2. The Outside View.