Acronecrosis with Cold Agglutinin Disease Mimics Diabetic Gangrene

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Picture 1.

Picture 2.

A 60-year-old man with a 23-year history of untreated type 2 diabetes was referred to our hospital for progressive diabetic gangrene in multiple fingers despite treatment with calcium channel blockers and prostaglandin I₂ derivatives (Picture 1). A physical examination and magnetic resonance angiography revealed no apparent obstruction of the arteries of the upper extremities (Picture 2A). Although the patient's glycated hemoglobin level was normal, he had a high plasma glucose levels (417 mg/dL) and massive glucosuria. This discrepancy was considered to be responsible for the patient's hemolytic anemia, rouleau formation (Picture 2B)

and positive result for the cold hemagglutination test ($\times 65,536$). This case shows that acronecrosis with cold agglutinin disease can mimic diabetic gangrene (1). It is occasionally difficult to distinguish between ulcers caused by diabetes and those caused by venous occlusion (2). In cases of gangrene, particularly at uncommon sites, the possibility of nondiabetic causes should therefore be considered in patients with diabetes.

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