Introduction:
The modern antidiabetic class of SGLT2-inhibitors, that are known to reduce the risk for cardiac events [1], are increasingly used in the last few years.

A 68-year old male patient with diabetes mellitus suffered 10 days after colectomy surgery from abdominal pain and nausea. The patient had an antidiabetic therapy with empagliflozin that was paused until day 5 after surgery (nutrition start on day 5, weaning on day 6).

Methods:
This is a case report of one male patient seen in the ICU setting. Daily blood values including arterial blood gases, vital parameters and clinical status of the patient were observed and evaluated.

Results:
The blood gases showed this metabolic acidosis: pH 7,38; pCO2 20,3mmHg, Bicarbonat 12mmol/l, BE -11,63 mmol/l, Lactat 1,6mmol/l, Glucose 7mmol/l. A ketonuria despite normal blood glucose values was noticed, so that the diagnosis of ketoacidosis was clear. After analyzing the possible causes we found out, that empagliflozin in times of catabolism and fasting can cause this severe symptomatic. We terminated the therapy with empagliflozin and under the treatment with insulin the symptoms disappeared within 3 days and the patient could be discharged from the ICU on day 17 after surgery. After one episode of ketoacidosis the therapy with SGLT2-inhibitors should lifelong never be started again.

Conclusion:
We recommend that intensivists should be aware of the modern SGLT2-inhibitors because of the shown severe complications and the increased use of this medication.

References: