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Management of hypertriglyceridemia in uncontrolled type-2 diabetes mellitus patients: 2 case studies

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Introduction: One of the known causes of hypertriglyceridemia (HTG) is type-2 diabetes mellitus (DM). We aimed to present two uncontrolled type-2 DM associated with severe HTG who were treated successfully with insulin infusion.

Case 1: A thirty-two-year-old woman previously healthy was admitted to our outpatient clinic because of abdominal pain and polydipsia. Her physical examination was normal. Her laboratory investigations showed a fasting glucose (FG) 35 mg/dL, triglyceride (TGC) 1316 mg/dL, C-peptide 0.78 mg/dL, HbA1c% 14.7, pH: 7.35, ketonuria and glycosuria. Her serum amylase and lipase levels were 27 U/L and 26 U/L, respectively. There was no sign of acute pancreatitis (AP) on radiological examinations. Intravenous fluid therapy and continuous insulin perfusion started to decrease glucose levels. With this treatment her TGC levels decreased as well. At 48th hour it dropped to 199 mg/dL. To exclude type-1 DM; insulin and anti GAD antibodies were negative. Later her glycemic control was continued with subcutaneous intensive insulin. After achieving glycemic control, she had no recurrence of HTG during her follow-up visits.

Case 2: A second case of 52 years old woman with type-2 DM and severe HTG. Before 5 years she had an attack of AP (3 years after diagnosis of DM). Her FG, TGC and HbA1c were 393 mg/dL, 9283 mg/dL, and 14%, respectively. She also had ketonuria and glycosuria but no acidosis. AP attack was excluded and insulin infusion started. There was a progressive decrease in her TGC levels (380mg/dL at the 6th day of insulin treatment). Behind subcutaneous insulin therapy, omega 3 fatty acids and fibrates treatment were started too at discharge of hospital. After 3 months of follow-up, her TGC was 200 mg/dL.

Conclusion: Lowering blood sugar in DM may lower the increased TGC levels as well. Bearing in mind this point may help in managing DM associated HTG.

Biography

Betul Erismis has graduated from Medicine Faculty of Ankara University and completed her Residency at the Ankara Baskent University Medical Faculty Hospital, Internal Medicine Department. Presently she is working at the Bakirkoy Dr. Sadi Konuk Training and Research Hospital, Internal Medicine Department and responsible for the training of internal medicine residents.

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