Bölüm
2

MODY (MATURİTY ONSET DİABETES OF THE YOUNG) VAKASINA YAKLAŞIM/ YÖNETİM

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GİRİŞ

Farklı klinik seyir ve oral antidiyabetik ya da insülin tedavisine karar vermek açısından ayırcı tanıyı yapmak önemlidir. Tip 2 diyabetik hastalar genellikle ileri yaşta ortaya çıkan , insülin direnci bulgularının eşlik ettiği , obez, otoantikor negatifliği olan hastalardır. Tip 2 diyabetik hastalarda tedavide öncelikle yaşam tarzı değişikliği ve oral anti diyabetik tedavi düşünülür. Tip 1 diyabette ise pankreas beta hücrelerinin %90 otoimmün yıkımı sonucu mutlak bir insülin eksikliği söz konusudur. Beta hücre hasarı sıklıkla genç yaşlarda otaya çıkar. Tedavide mutlak insülin gereklidir.Bu nedenle tip 1 diyabet ile benzer yaşlarda ortaya çıkan MODY 'li hastalara ayırıcı tanı yapılması ile gereksiz insülin başlanması önlenmiş olur. Çünkü bu hastalar oral antidiyabetiklerle de tedavi olabilmektedir.

VAKA

33 yaşında kadın hasta son zamanlarda sıklığı artan baş ağrısı, baş dönmesi , halsizlik , terleme,çarpıntı şikayetleriyle endokrinoloji polikliniğine başvurdu. Hastaya 15 yıl önce diyabet teşhisi konulmuş ve insülin tedavisi başlanmış. İlk başlarda günde 4 kez insülin kullandığını ifade eden hasta son birkaç yıldır şekerinin çok düşmesi ve birkaç kez baygınlık geçirmesi üzerine kendisi günde bir veya iki kez insülin yaptığını ifade ediyor. Teyzesi ve anneannesinde diyabet varmış. Fizik muayenesinde Ateş:36,7'C , Nabız :86/dk, TA:100/70 mm/hg ve BMI:24,2 kg/m^2 idi. Muayenesinde insülin direnci bulgusu yoktu. Laboratuvar incelemesinde açlık kan şekeri :152 mg/dl ,Hba1c: %8,2 , Total kolesterol:186 mg /dl , LDL:69mg / dl , HDL :42mg/dl, trigliserid 84mg/dl , spot idrarda glukoz (-), microalbuminüri(-),ketonüri(-), c-peptit düzeyi 2,42 ng/ml , insülin otoantikorları negatif idi.

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Tablo 2: MODY'de yaygın olarak tanımlanmış gen mutasyonları			
Type	GENETİK DEFEKT	SIKLIK	OPTİMAL TEDAVİ
1	Hepatosit nükleer faktör-4-alfa	%<10	Sülfonilüre
2	Glukokinaz geni	% 15 to 31	diyet
3	Hepatosit nükleer faktör-1-alfa	% 52 to 65	Sülfonilüre
4	İnsülin promoter faktör 1	Nadir	
5	Hepatosit nükleer faktör-1-beta	Nadir	İnsülin
6	Nörojenik diferansiasyon faktör -1	Nadir	İnsülin

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