

Bölüm 1

DİYABETİN TIPLENDİRMESİNE (TİP 1, TİP 2, LADA, KPD) YAKLAŞIM ve YÖNETİM

Seyfullah KAN¹

GİRİŞ

Diyabet tiplendirmesi açısından ayırıcı tanıya değinecek olursak ; geleneksel ADA(Amerikan Diyabet Derneği) sınıflamasına uymayan diyabet formları görmekteyiz . Farklı klinik seyir , insülin tedavisi , diğer otoimmün hastalıkların eşlik etmesi nedeniyle tedaviye yön verebilmek açısından ayırıcı tanıyı yapmak önemlidir.

VAKA

Dermatoloji kliniğinde vitiligo tanısıyla takip edilen 54 yaşında kadın hasta kan şekeri yüksekliği ve tiroid testlerinde bozukluk olması sebebiyle endokrinolojiye konsulte edildi. Hastanın birkaç aydır devam eden poliüri, polidipsi ,halsizlik , ağız kuruluğu şikayetleri mevcutmuş. Hastanın soygeçmişinde özellik yoktu. Fizik muayenesinde ateş:36.4 °C , Nabız :64/dk, TA :110/70 mm /hg ve BMI:22,5 kg /m² idi. Ciltte vitiligosu mevcuttu, dil parlak kırmızı renkte, papillalar silinmişti. Tiroid ele gelmedi. Laboratuvar incelemesinde Hb:7,8 g/L , MCV :110 fl (80-100), LDH: 896 u/l (120-242), Total Billirubin :1,76mg/dl (0-1,2), Direkt billirubin:0,42 mg/dl (0-0,2), demir :242ng/dl (72-180), demir bağlama kapasitesi:132 ng/dl (140-560), vitamin B12:52 pg/ml (180-642) , LDL: 164 mg/dl, HDL :36 mg/dl, Total kolesterol:204 mg/dl , Trigliserid :324 mg /dl , TSH :8,4 uIU/ML(0,34-4,2) , st4:0,32 ng/dL (0,61-1,12) , Anti-TPO :848 IU/ML (0-10) , Glukoz: 276 mg/dl, Tokluk kan şekeri:224mg/dl , HbA1c:%7,4, c-peptit:2,16 ng/ml(1,2-4) , insülin düzeyi :2,4 Uu/ml bulundu. Anti-GAD : pozitif , anti insülin ve adacık antikolları negatif bulundu. Tiroid ultrason incelemesinde tiroid parankimi heterojen , fibröz bantlarla bölünmüş hipoekoik pseudonodüler alanlar mevcuttu. Yapılan periferik yaymada makrotoz, hipersegmente parçalı hakimiyeti mevcuttu. Hasta-

¹ Dr.Öğr.Üyesi Süleyman Demirel Ün. Email: seyfullahkan76@hotmail.com

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