BÖLÜM 15

NEONATAL DİYABETES MELLİTUS

Nurdan ÇİFTCİ[1]

GİRİŞ

Neonatal Diyabetes Mellitus (NDM) genellikle yaşamın ilk 6 ayında sebat eden ve insülin tedavisi gerektiren hiperglisemi olarak tanımlanmakla birlikte, 6-12 ay arasında tanı alan vakalar da bildirilmiştir. 100.000-500.000 canlı doğumdan 1'ini etkilediği tahmin edilmektedir. Akraba evliliğinin sık olduğu toplumlarda bu oranlarda artış görülmektedir (1).

KLİNİK BULGULAR

İntrauterin dönemdeki insülin eksikliğine bağlı olarak, NDM'li hastalarda düşük doğum ağırlığı sık görülür. Beslenmeye rağmen kilo alamama, büyümede duraksama, sık idrar yapma bulguları olan hastalarda kan şekeri ölçümü yapılmalıdır (2). NDM dışında, parenteral glukoz alımı, sepsis, ilaçlar, stres ve prematüriteye bağlı da hiperglisemi gözlenebilir (3). Semptomları geç farkedilen hastalar dehidratasyon ve hatta diyabetik ketoasidoz ile hastaneye başvurabilir (4). Altta yatan genetik bozukluğa bağlı ekzokrin pankreas yetmezliği veya pankreas dışı patolojiler de gözlenebilir (5).

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Sonuç olarak NDM çok farklı genetik mutasyonlardan kaynaklanabilir ve mümkün olan en kısa sürede genetik analiz yapılması, tedavi seçimi konusunda yönlendirici olacaktır.

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