

BÖLÜM 16

DİABETES MELLİTUSUN VE DİYABETLE İLİŞKİLİ GENETİK SENDROMLARIN SINIFLANDIRILMASI



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GİRİŞ

ABD, Kanada ve Avrupa'daki diyabet vakalarının %90'ından fazlasından Tip 2 diyabet sorumlu olup; %5-10'undan Tip 1 diyabet, geri kalanından ise özel etiyolojik ve patofizyolojik etkenler sorumludur. Diyabetin bilinen monogenik nedenleri (örn. gençlerin erişkin tipi diyabetine [MODY, *mature onset diabetes of the young*], ya da neonatal diyabete sebep olan nedenler), vakaların ancak ufak bir kısmını oluşturmaktadır. Tip 1 ve tip 2 diyabetin yaygın formlarının genetik temelleri halen karmaşıktır ve yaygın gen varyantları tek başlarına ancak düşük derecede risk ya da koruma sunmaktadır. Patofizyolojisi kesin olmayıp, tip 1 ve tip 2 kategorilerine net bir biçimde uymayan geniş yelpazede fenotipik diyabet türü ortaya çıkmış ve toplu olarak 'atipik diyabet' şeklinde adlandırılmaya başlanmıştır. Dahası, dünya çapındaki fazla kiloluluk ve obezite salgını da tip 2 diyabet patofizyolojisinin diğer türlere göre görünürlüğünü artırmıştır.

Bu bölümde, diabetes mellitus sınıflandırması, diyabetin yeni ortaya çıkan formlarının kısa tanımlarıyla beraber gözden geçirilecektir.

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SARS-CoV-2 (COVID-19), diyabet öyküsü olsun ya da olmasın, hastalarda, diyabetin diyabetik ketoasidoz (DKA), hiperosmolar hiperglisemik durum (HHS) ve şiddetli insülin direnci gibi ağır tezahürlerini tetikleyebilmektedir.

GESTASYONEL DİABETES MELLİTUS

Gebelik diyabeti, bir kadının insülin salgılama kapasitesinin hem gebelik esnasında plasentadan salgılanan anti-insülin hormonların (östrojen, prolaktin, human plasental laktojen, kortizol ve progesteron) yarattığı insülin direnciyle hem de büyüme gösteren anne ve fetus için gerekli olan artmış yakıt tüketimiyle başa çıkmakta yetersiz kaldığında ortaya çıkmaktadır. Genellikle ikinci ya da üçüncü trimesterde gelişmektedir.

YAYGIN OLMAYAN İMMÜN ARACILI DİYABET

Diyabetin yaygın olmayan çeşitli immün aracılı türleri tespit edilmiştir.

Katı kişi (Stiff-person) sendromu (daha önceki ismiyle katı adam sendromu), aksiyal kasları etkileyen ilerleyici kas katılığı, sertlik ve spazmla birlikte ambulasyonun şiddetli bozukluğuyla karakterize olan, merkezi sinir sisteminin otoimmün bir hastalığıdır. Hastalar genellikle yüksek anti-glutamik asit dekarboksilaz (GAD) antikorları titrelerine sahiptir ve vakaların yaklaşık üçte birinde diyabet görülmektedir.

Anti-insülin reseptörü antikorları insülin reseptörlerine bağlanmakta veya agonist rolü oynayarak hipoglisemiye yol açmakta da ya da insülinin bağlanmasını bloke ederek diyabete neden olmaktadır (78).

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