

Eksokrinska insuficienca pankreasa pri bolnikih s sladkorno boleznijo

Exocrine pancreatic insufficiency in patients with diabetes mellitus

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UVOD

Pri bolnikih s sladkorno boleznijo (SB) se lahko pojavi eksokrinska insuficienca pankreasa (EPI). Tako pogostost EPI kot njena klinična pomembnost ostajata sporni. Cilj študije je bil določiti, ali je pri bolnikih s SB prisotna EPI.

BOLNIKI IN METODE

V raziskavo smo vključili 150 zapovrstnih bolnikov z več kot 5 let trajajočo SB in sicer 50 bolnikov s SB tipa 1, 50 bolnikov s SB tipa 2, ki se zdravijo z inzulinom ter 50 bolnikov s SB tipa 2 na peroralni antidiabetični terapiji. Starost preiskovancev je bila $59,0 \pm 12,0$ let, trajanje SB pa $15,0 \pm 9,9$ let. EPI smo definirali kot koncentracijo elastaze-1 v blatu (E1) pod $200 \mu\text{g/g}$ (ELISA metoda).

INTRODUCTION

Exocrine pancreatic insufficiency (EPI) can occur in patients with diabetes mellitus (DM). Incidence of EPI and its clinical significance remain poorly defined. The aim of our study was to determine whether exocrine pancreatic function is impaired in patients with DM.

PATIENTS AND METHODS

One hundred and fifty consecutive patients, mean age $59.0 (\pm 12.0)$ years, with DM lasting at least 5 years were included in the study. We included 50 patients with type 1 DM (DM1), 50 insulin-treated patients DM type 2 (DM2-ins) and 50 non-insulin treated patients with DM type 2 (DM2-non-ins). Diagnosis of DM was established from health records, lasting 15.0 ± 9.9 years on average. EPI was diagnosed with a fecal elastase-1 concentration (FE1) of less than $200 \mu\text{g/g}$ (ELISA).

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REZULTATI

EI je bila znižana pri 8 bolnikih (5,4 %): pri 4 (2,7 %) blago (100–200 µg/g) in pri 4 (2,7 %) pomembno znižana (<100 µg/g). V skupini bolnikov s SB tipa 1 je bila EPI prisotna pri treh, v skupini s SB tipa 2, ki se zdravijo z insulinom pri petih bolnikih. V skupini bolnikov s SB tipa 2 na peroralni terapiji EPI nismo dokazali pri nobenem preiskovancu.

ZAKLJUČEK

EPI se pri naših bolnikih s SB pojavlja redkeje, kot je bilo opisovano v prejšnjih študijah, najverjetneje zaradi strogih izključitvenih kriterijev (starost, vnos alkohola). Kljub temu imajo rezultati lahko pomemben klinični vpliv pri vsakdanjem delu različnih specialistov (gastroenterologi, diabetologi, specialisti družinske medicine). Spremljanje pacientov s SB bi moralo vsebovati tudi oceno tveganja za EPI.

RESULTS

EI was reduced in 8 (5.4%) patients: mildly reduced (100–200 µg/g) in 4 patients (2.7%) and markedly reduced (< 100 µg/g) in 4 patients (2.7%). Frequency of EPI was 3 in DM1, 5 in DM2-ins and none in DM2-non-ins groups.

CONCLUSIONS

EPI in DM occurred less frequently than in previous studies, probably due to our strict exclusion criteria (age, alcohol intake). However, these results may have an impact on the daily work of clinicians from different fields of medicine (gastroenterology, diabetology and general practice). Follow-up of patients with DM should also include the evaluation of exocrine pancreatic function.