

“DIABETIC CASE TREATED WITH STEROID”

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INTRODUCTION

- Isolated eosinophilic pancreatitis is very rare disease and usually occurs either as hypereosinophilic syndrome or as part of eosinophilic gastroenteritis (1).

We report a case of a patient with history of few weeks of lethargy, pruritis and subsequently polydipsia and polyuria. Investigations showed marked elevated eosinophilic count and hyperglycemia both which were treated effectively with steroids.

CASE REPORT

- A 55 years old man presented to his general practitioner (GP) with 3 weeks history of flu like symptoms, pruritus, weight loss and diarrhoea. Initial investigations showed eosinophilia ($32.210^9/L$) and normal random plasma glucose.

He was seen 3 weeks after the initial referral in the general medicine out-patient clinic, at this point he had symptoms of polyuria and polydipsia. He was previously well and not on any regular medications. He denied illicit drug abuse. There had been no recent travel abroad. Physical examination was unremarkable.

Investigations revealed eosinophilia ($33.5 \times 10^9/L$), elevated random plasma glucose (15.9 mmol/L), elevated HbA1c (89mmol/mol), raised serum creatinine ($171 \mu\text{mol/L}$) and normal liver function test. There were no ova, cysts and parasites in urine and stool. Strongyloides, HIV and hepatitis serology were negative as were ANA and ANCA. A cytogenetic analysis test and F1P1L1-PDGRFA (to rule out eosinophilia leukaemia) was also negative. CT chest and abdomen showed generally swollen and bulky pancreas (figure 1).

In the context of eosinophilia, elevated HbA1c and CT finding, the diagnosis of diabetes mellitus secondary to eosinophilic pancreatitis was established and the patient was commenced on insulin and on prednisolone (40mg/day) a week after. Shortly after started the steroids, the eosinophilia count fell (Graph 1) and insulin requirement decreased. After 2 months of a reduced steroids regimen, the insulin was stopped and eosinophilia count remained normal.

Patient was still off all his medications, normal eosinophilic count with HbA1c 50mmol/L in 4 months, with further reduction of 48mmol/L after 1 year follow up.

CONCLUSION

Eosinophilic pancreatitis is a rare medical condition. The interesting aspect in our case is that steroid treatment, which usually causes hyperglycaemia, was in this almost unique situation effectively used to treat diabetes mellitus.

REFERENCE

- 1-Euscher, E., K. Vaswani and W. Frankel (2000). "Eosinophilic pancreatitis: a rare entity that can mimic a pancreatic neoplasm." *Annals of diagnostic pathology* 4(6): 379-385.

GRAPHS & FIGURES

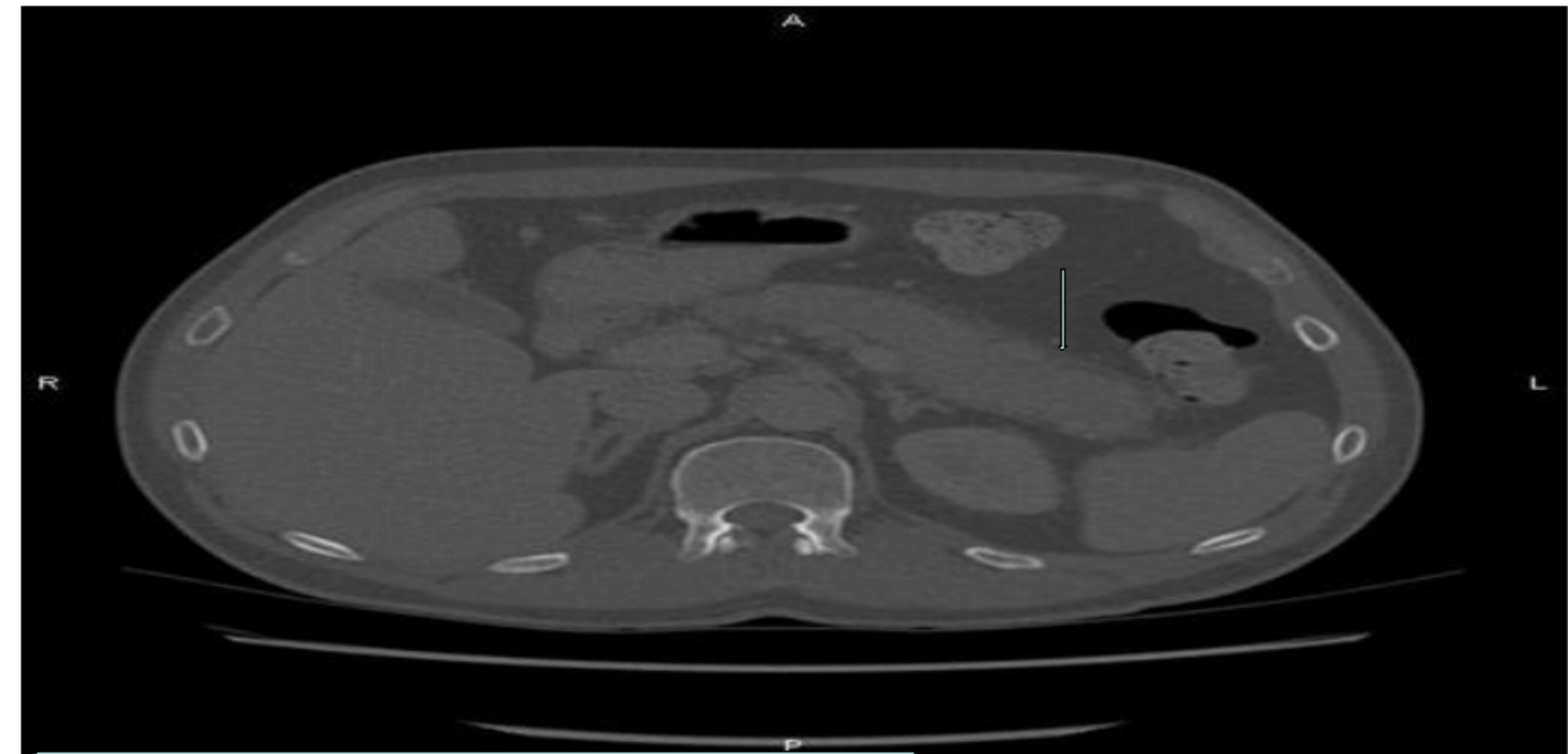
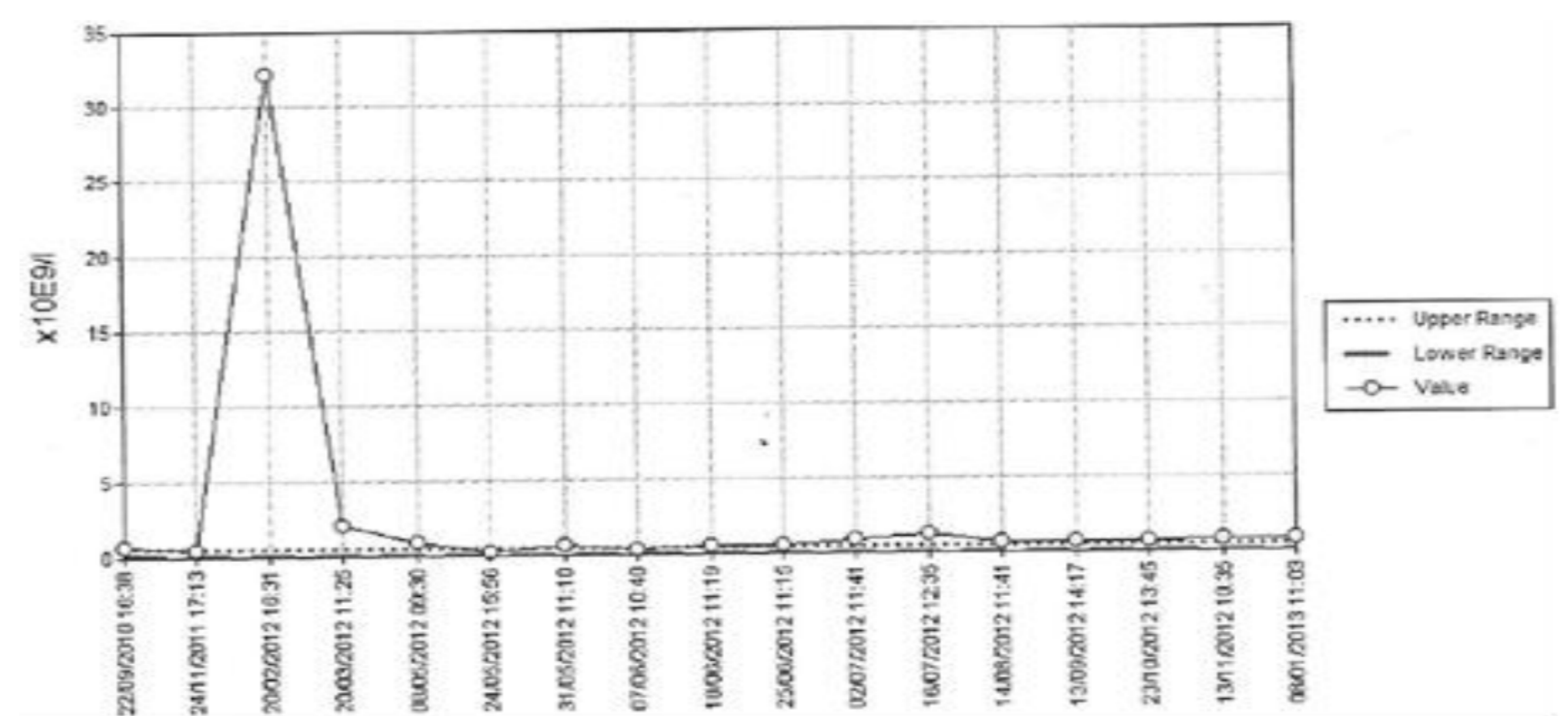
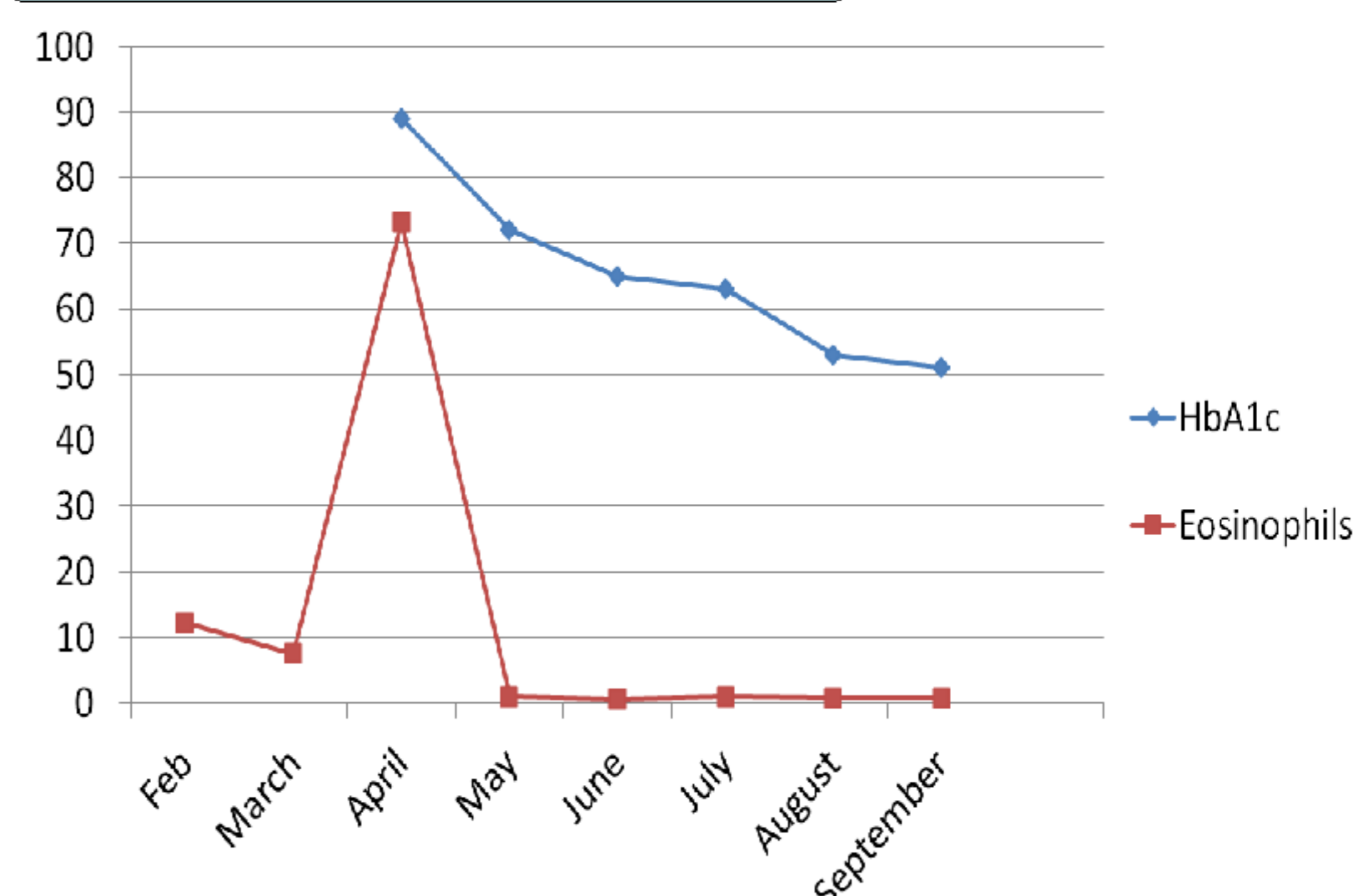


FIGURE 1: Demonstrate a bulky pancreas (Arrow)



GRAPH 1: Shows the trend of eosinophilia count



GRAPH 2: The relationship between eosinophilia count and HbA1C

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