

LIPODYSTROPHIA IN A PREGNANT WOMEN WITH UNREGULATED GLYCEMIA

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INTRODUCTION

Many endocrinopathies such as acromegaly, Cushing's syndrome (CS), pheochromocytoma and lipodystrophia can be associated with insulin resistance and unregulated diabetes mellitus (DM).

CONCLUSION

Like our patient, Lipodystrophia can manifests just a loss of subcutaneous adipose tissue related to severe insulin resistance and unregulated DM.

CASE REPORT

A 37 -year- and 2 months pregnant women admitted to our outpatient clinic for regulation of hyperglycemia. On physical examination; Blood Pressure: 140/95 mmHg, Body Mass Index : 31 kg/m², central obesity, acanthosis nigricans, muscles in lower bilateral extremities were thinner than other body areas. Ectopic fat accumulation (buffalo hump) and loss of subcutaneous adipose tissue were detected. She has T2DM which is unregularly, from the beginning of the disease and dyslipidemia and hypertension for 5 years. She have not taken any pharmaceutical agents which can deteriorate glucose metabolism. A lot of tests related to CS were performed at several times. Fasting plasma glucose: 210 mg/dl, HbA1C % 8.6, tryglycerid: 806 mg/dL, HDL-C: 41 mg/dl. Abdomen USG was performed for the fetal assessment and fetal heart's sound was not found. Then, medical abortus was performed. The causes of unregulated DM were searched. For the scan of CS, the venous sampling was obtained in the morning and 08.00 plasma cortisol: 17 mg/dl ,ACTH 11 pg/ml, 24 hours urinary free cortisol level: 128 mcg (N:upper limit is: 74 mcg) and night salivary cortisol were in normal range. Overnight 1 mg dexametazon supresyon test: 1,58 mg/dl, thus CS was excluded. Acromegaly, pheochromocytoma, and thyroid disorders were excluded by scan tests of blood and urinary samples. She diagnosed with lypodystrophia because of specific physical feautres with metabolic abnormalities. Full Body MRI Spectrophotometry showed that hepatosteatosi, splenomegaly, loss of subcutaneous adipose tissue and these results were shown compatible of "Familial Parsiel Lipodystrophia". Performance of genetically analyses (LMNA, AGPAT-2, BSCLZ, LLNA, ZMPSTE24, PPAR6) and continued.

