

Editorial

ENDOCRINOLOGY

Dear colleague,

It's a great pleasure for me to present this 20th issue of the MédiS annals which treats a theme related to endocrinology.

I find this continuing medical education very pertinent, because of its practical orientation, axed on the daily physicians' exercise.

I like to thank and encourage all the MédiS team for their efforts supporting the Tunisian endocrinology.

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Clinical data

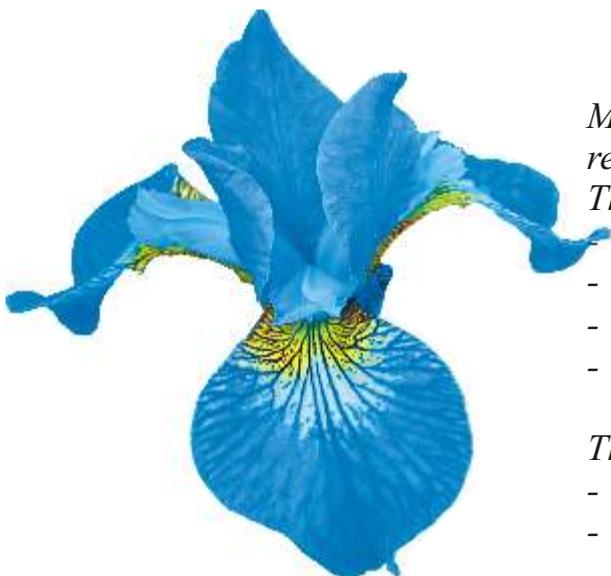
Mrs. S., 53 years old, housewife, sedentary, consults for recently diagnosed diabetes.

The examination:

- *Weight : 75 kg*
- *Height : 1.60 m*
- *Body mass index : 29.3 kg/m²*
- *Blood pressure : 15/10 cmHg, controlled at 14/9 cmHg*

The biological exams:

- *Fast glycemia : 2 g/l*
- *Glycated Hb : 8%*



What is your diagnosis?

Solutions and comments

Mrs. S. presents a metabolic syndrome (type 2 diabetes, obesity and hypertension)

Mrs. S.'s file should be completed by:

1. Her history
2. A physical examination
3. A lipid checkup
4. A rest ECG
5. An eye ground
6. Creatinemia and microalbuminuria

Responses: 1.2.3.4.5 and 6

The history is essential in this patient, looking for smoking, familial history of cardio-vascular accidents and functional signs of diabetes.

The clinical examination should be completed by the waist measure (80cm, confirming the android obesity) and a macroangiopathy searching (lower limbs arteriopathy and rest ECG).

Furthermore, we should search a microangiopathy (eye ground with pupillary dilation, the micro-albuminuria checking on the 24hours urines coupled to a urines cyto-bacterial exam and the blood creatine checking) and seeking for an eventual associated dyslipidemia (total cholesterol, triglycerides, HDL cholesterol and LDL cholesterol calculation).

The different results are as follows :

- Rest ECG : normal
- Pathologic blood pressure profile
- Optimal lipid checkup
- Early diabetic retinopathy
- Creatinemia : 80µmol/l
- 24 hours microalbuminuria : 100mg/24h

What treatment would you propose?

1. A diet
2. Metformine
3. Sulfonamide
4. Alfa-glycosidase inhibitor
5. Physical activity
6. Antihypertensive treatment

Responses : 1.2.5 and 6

This patient presents diabetes complicated by a microangiopathy (diabetic retinopathy and glomerular nephropathy) and a hypertension.

The treatment objectives proposed, in this patient, are:

- A glycosated hemoglobin at 7%
- A blood pressure < 13/8cmHg

The means to reach these objectives are:

- The physical activity, after being sure that there are no cardio-vascular or retinal contraindications, such as 30 to 45mn daily walk.

- An adequate anti-diabetic diet, with low salt diet for her hypertension

- An oral mono-therapy with metformine, because of her overweight (metabolic syndrome)

- The antihypertensive treatment should be an angiotensin II antagonist (LOSAR 50mg, 1 tablet/day) or a ACE Inhibitors because of the glomerular nephropathy combined to the hypertension.

After three months and despite a maximal dose of metformine (3 tablets at 850mg per day), the Hb1Ac was at 7.6% and the blood pressure profile at 12/8cmHg.

What would you propose to this patient?

1. No therapeutic change
2. Association : Sulfonamide + Metformin
3. Association : Alfa-glycosidase inhibitor + Metformin
4. Association : Insulin + Metformin

Responses : 2

A drug combination is necessary. We should combine a Sulfonamide to the Metformin. We start by glimepiride (IRYS) at 1mg per day; this dose will be adjusted every ten to fifteen days according to the glycemic cycles. The therapeutic efficiency will be evaluated every three months with the glycosated hemoglobin measure.



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IRYS[®]
Glimépiride