Abstract

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Hyperglycemia in cirrhotic patient, a problem that shouldn't be underestimated

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Background

An association between diabetes mellitus (DM) and liver cirrhosis is well-known. Some authors estimated a prevalence of about 30% of DM in cirrhotic patients. In these patients is important apply a careful blood glucose monitoring for a early diagnosis of diabetes. We report a clinical case of common practice, but very important in its simplicity.

Case History

P.A., age 51, male, drinker about 2 L of wine daily. In April 2023, due to asthenia, the patient practiced blood test that showed anemia (Hb=6.7 g/dl). For this reason the patient hospitalized in other city Hospital. During hospitalization were performed blood transfusions, blood test, abdominal ultrasound, EGDS and Colonoscopy. On 20th April, he was discharged with diagnosis of: "Anemia due to hemorrhagic gastritis in liver cirrhosis alcohol related. Portal Hypertension.

On 26th April, the patient was hospitalized in our department of Internal medicine for acute on chronic liver failure. Blood tests performed in urgency and not fasting showed: Hb= 8.9 g/dl, INR= 2.7, Total Bilirubin= 14.3 mg/dl, Albumin= 1.8 g/dl, creatinine= 0.69 mg/dl, glycemia= 147 mg/dl, Procalcitonin and protein C reactive were normal.

Were performed: Chest radiography, ECG and ultrasound that showed ascites. We performed paracentesis without evidence of peritoneal infections. The patients presented a good clinical course, the bilirubin and INR decremented, the HbA1c was 4.7%, the glucose in urine was negative. During the observation, only a fasting glycemia was 168 mg/dl, we supposed due to acute liver failure. The patient was discharged on 10th May and recommended hepatologic follow-up in ambulatory.

On 25th May the patient presented for ambulatory control, he performed blood test that showed Bilirubin= 5.1 mg7dl, INR= 1.7, Hb= 9.2 g/dl. There was no evidence of ascites at ultrasound. Glycemia was not performed. The patient lamented severe asthenia and weight loss.

On 7th June presented urinary tract infection resolved with antibiotic therapy, prescribed by general practitioner. The urine test showed presence of glucose.

On 28th June the patient returned in ambulatory with severe asthenia and weight loss. He performed home glucose monitoring that showed Glycemia values over 500 mg/dl. The patient was referred to urgent diabetes counseling and started insulin therapy. Actually, he continues insulin therapy with normalization of glycemia values.

Discussion

The patient presented the first signs of diabetes during hospitalization (once fasting glycemia= 168 mg/dl), but was underestimated and associated to severe acute liver failure, also because the HbA1c ad urine glycemia were normal. It would be appropriate a closer monitoring of glycemia for early diagnosis of diabetes, even considering the high frequency of this pathology in cirrhotic patients.