

Type 2 Diabetes Mellitus: Sometimes the Diagnosis is not what it seems: Case Report

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Case history: 47-year-old male, smoker of about 15 cigarettes a day, BMI: 26. History of type 2 diabetes mellitus diagnosed at the age of 45. In home therapy with metformin and sulfonylureas, in poor glycometabolic compensation. Due to the appearance of epigastralgia and for frequent vomiting, he reaches our emergency room (**Table 1**); Diabetic ketoacidosis is diagnosed. Admitted to the Internal Medicine ward, on third day, the patient overcomes the acute event (table) and starts insulin therapy with Basal Bolus.

Discussion: This patient had a diagnosis of type 2 diabetes mellitus but never achieve adequate glycemic compensation and he even has an episode of ketoacidosis. It is clear that the correct diagnosis is LADA, characterized by the presence of anti-GAD (Glutamic Acid Decarboxylase) or ICA (Islet Cell Antibody) or IA-2 (protein tyrosin phosphatase), onset after age 35 and insulin independence for at least 6 months after diagnosis. About 6-10% of patients initially defined as type 2 diabetics are actually suffering from autoimmune diabetes with a slow evolution towards insulin dependence.

	At the entrance	At hospital discharge
Glicemia	526 mg/dl	190 mg/dl
Creatinina	1.7 mg/dl	1.2 mg/dl
Chetonemia	5.6 mmol/l	0.5 mmol/l
PH	7.23	7.38
PCO2	22.6 mmHg	36.6 mmHg
PO2	92.3 mmHg	94.2 mmHg
Anion Gap	23.7 mmol/l	10.2 mmol/l
Sodium	127 mEq/l	138 mEq/l
Potassium	3.9 mEq/l	4.2 mEq/l
LDL Cholesterol	112 mg/dl	
Triglycerides	122 mg/dl	
HbA1c	13.8 %	

Table 1 Laboratory tests.

References

1. (2021) ADA Standards of Medical Care in Diabetes. Diabetes Care 44: S1-S2.
2. (2018) Standard Italiani per la cura del Diabete Mellito. SID – SMD.