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Secondary diabetes due to different etiologies: A problem worthy of attention

Zhao Wei, Xue-Jian Wang

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Abstract

There are many factors in the occurrence of diabetes, which can result in insufficient insulin secretion and insulin receptor resistance. Including pituitary tumors, can also lead to the occurrence of diabetes, if the primary disease can not be well controlled in time, such secondary diabetes control is more difficult. In the process of clinical diagnosis and treatment, these factors need to be taken into account, timely detection and treatment of primary diseases, so as to reduce the possibility of clinical missed diagnosis.

Key Words: Editorial; Secondary diabetes; Different etiologies; Pituitary tumors

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Core Tip: There are many factors in the occurrence of diabetes, which can result in insufficient insulin secretion and insulin receptor resistance. Including pituitary tumors, can also lead to the occurrence of diabetes, if the primary disease can not be well controlled in time, such secondary diabetes control is more difficult.

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TO THE EDITOR

In this editorial, we present our comments on the article by Song *et al*[1]. Secondary diabetes is a type of diabetes that has a specific cause and is often misdiagnosed clinically as the common type 2 diabetes, especially when it is caused by some rare diseases[2]. It does not stem from problems with islet function itself, as in primary diabetes. Common causes include endocrine diseases, the use of certain drugs, genetic factors, *etc.*, such as Williams-Beuren syndrome[3], Prader-Willi syndrome[4], pituitary adenoma, and IGG4-related diseases[5]. Four patients are listed in the form of case reports. We have also treated patients with growth hormone adenomas with diabetes, and in the course of treatment, we found a correlation between the two.

SECONDARY DIABETES ASSOCIATED WITH PITUITARY TUMORS

Pituitary tumors may lead to secondary diabetes, such as growth hormone adenomas and adrenocorticotrophin adenomas are particularly responsible for this disease[6,7]. Most of the patients with growth hormone adenoma often have serious complications such as abnormal glucose metabolism, hypertension, myocardial hypertrophy and respiratory diseases when they are treated. In addition, other axial systems of the anterior pituitary gland, such as the destruction of the gonadal axis function, seriously affect the quality and life span of patients[8]. The main metabolic function of GH is lipolysis, increasing the free fatty acids in the blood, which compete with glucose for binding sites on the muscle, inhibit glucose uptake, and produce insulin resistance, insulin signal transduction disorder is one of the main reasons for insulin resistance in type 2 diabetes patients. In addition, GH stimulates gluconeogenesis and inhibits muscle glycogen synthase. Insulin resistance is a recognized risk factor for cardiovascular diseases. Hyperinsulinemia can increase the incidence of cardiovascular diseases and mortality in patients with acromegaly. Controlling the disease and improving glucose homeostasis can reduce the incidence of cardiovascular diseases. Compared with the general population, diabetes is more likely to occur in patients with acromegaly[9], and diabetes will increase the mortality of patients with acromegaly[10].

The above examples suggest that there are many sources of secondary diabetes and that it is highly harmful. For such diseases, a comprehensive consideration should be taken in the diagnosis, including the presence of other disease bases and manifestations, as well as blood sugar levels and other relevant indicators[11].

In addition, for the treatment of some diseases, especially somatogen pituitary tumors, it is required to complete the preoperative examination of pituitary tumors, and also to clarify the possibility of other complications such as blood sugar control[12]. Clinical advice is to strengthen the control of blood sugar and basically achieve normal surgery to prevent adverse consequences. However, due to abnormally high hormones, some patients may have obvious blood sugar fluctuations, and blood sugar is not easy to control, which requires the coordination and participation of endocrinologists, neurosurgeons and other departments[13].

CONCLUSION

To sum up, clinicians should pay attention to improve the examination for the diagnosis and treatment of diseases to prevent missed diagnosis and misdiagnosis. Only by giving patients a comprehensive diagnosis and treatment can we achieve better therapeutic effect.

FOOTNOTES

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