

Is protein-deficient diabetes mellitus a pancreatitis?

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Abstract

BACKGROUND: Malnutrition-related diabetes mellitus is a distinct clinical entity subdivided into protein-deficient diabetes mellitus (PDDM) and fibrocalculus pancreatic diabetes (FCPD). Whereas FCPD has obvious pancreatitis manifested by pancreatic duct calculi, the evidence for involvement of the pancreas in PDDM is limited to the presence of ketosis-resistant hyperglycaemia. **METHODS:** We studied 10 patients with PDDM biochemically and radiologically. Endoscopic retrograde cholangiopancreatography was performed to determine if they had any evidence of chronic pancreatitis. **RESULTS:** Their mean faecal chymotrypsin level was low (13.2 ± 5.72 microg/g), as was their basal c-peptide value (0.35 ± 0.15 mmol/L). Islet cell antibodies were not detected in any of these patients. Ultrasound examination revealed pancreatic atrophy. In two patients, however, the pancreas was bulky. The ERCP showed generalized thinning of the pancreatic duct, measuring 2.4 ± 0.06 mm in the head, 2.01 ± 0.08 mm in the body and 1.02 ± 0.03 mm in tail region; side branches were seen but they were too sparse and thin. **CONCLUSIONS:** The significance of these changes is not clear, but they may represent an ongoing pancreatic disease and may, indeed, be the earliest changes of chronic pancreatitis.