

Accepted Manuscript

Letter to the Editor

Considerations on Lipoatrophic Skin Lesions Far from Insulin Injection Sites.

S. Gentile, G. Guarino, E. Martedì, T. Della Corte, F. Strollo, on behalf of the Italian Study Group on Injection Techniques,

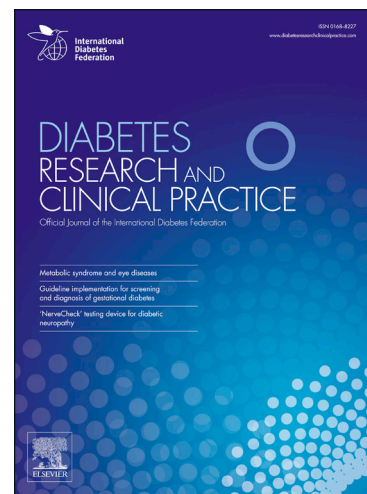
PII: S0168-8227(18)30506-0
DOI: <https://doi.org/10.1016/j.diabres.2018.04.019>
Reference: DIAB 7334

To appear in: *Diabetes Research and Clinical Practice*

Received Date: 27 March 2018
Accepted Date: 9 April 2018

Please cite this article as: S. Gentile, G. Guarino, E. Martedì, T. Della Corte, F. Strollo, on behalf of the Italian Study Group on Injection Techniques, Considerations on Lipoatrophic Skin Lesions Far from Insulin Injection Sites., *Diabetes Research and Clinical Practice* (2018), doi: <https://doi.org/10.1016/j.diabres.2018.04.019>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



Considerations on Lipoatrophic Skin Lesions Far from Insulin Injection Sites.

Gentile S¹, Guarino G¹, Martedì E², Della Corte T¹ and Strollo F³ on behalf of the Italian Study Group on Injection Techniques.

¹Campania University "Luigi Vanvitelli", Department of Clinical and Experimental Medicine, Naples, Italy;

²Diabetes Unit, AID Portici, Italy; ³San Raffaele Research Institute, Rome, Italy

*AID: Italian Diabetes Association (Outpatient Diabetes Centers)

Corresponding Author: Felice Strollo

Sir,

we would like to present you an interesting case referring to us which might be instructive for many people and trigger new studies in the field.

A 38-year-old man with type 1 diabetes mellitus (T1DM) referred to us for two deep skin hollows in abdominal areas where he had never injected insulin before.

T1DM had been suddenly diagnosed in 2008 on hospitalization for ketoacidosis related pre-coma. At that time high ICA and GAD antibody titers were identified along with euthyroid Hashimoto's disease.

Since the very beginning he had been on glulisine and glargine analogs only. He had been trained to best injection practices and had proven to be compliant to the rules as for site rotation, but unfortunately he had been often reusing needles three to four times. About one year after treatment start he noticed the occurrence of two hollows on the right and left sides of the abdomen, where in fact he had never been injecting insulin before: they were just barely visible at first but became deeper and deeper over time (Figure 1, panel **a** and **b**) and were unresponsive to topic corticosteroid administration.

In September 2016 he finally referred to us at a BMI of 41.8 Kg/m², with bilateral background retinopathy as the only diabetes-related complication, and normal chemistry results including urinary albumin and estimated glomerular filtration rate. His mealtime glulisine boluses were 9, 16 and 12 IU, respectively, his bed-time glargine dosage was 28 IU, amounting to 65 IU/day (0.56 IU/kg). Unfortunately the patient did not consent to skin biopsy, yet we were able to perform MRI, which showed lipoatrophy within the abdominal hollows (Figure 2), and ultrasound scans, which confirmed adipose cells to be replaced by very thin fibrous-

Download English Version:

<https://daneshyari.com/en/article/8630083>

Download Persian Version:

<https://daneshyari.com/article/8630083>

[Daneshyari.com](https://daneshyari.com)