SLEP SUMMER SCHOOL 2020

Fellow 15. Helen Patiño

8-year-old female patient, previously healthy, without significant perinatal history, presented to the clinic with polydipsia and polyuria of 4 months of evolution.
Laboratories were requested, showing mild fasting hyperglycemia without impact at the metabolic level and asymptomatic. (Table 1)
On physical examination, she was overweight with not clinical signs of insulin resistance, no acanthosis nigricans, prepubertal Tanner.
Regarding her family history, she has a maternal cousin diagnosed with diabetes at 10 years of age, and her maternal grandfather and great-grandfather with apparently type 2 diabetes, the mother of the patient presented with gestational diabetes in her pregnancies.

With these data, the patient was evaluated by pediatric endocrinology who raises a diagnostic impression of type 1 diabetes Vs monogenic diabetes, for which expectant behavior was decided. Healthy eating and physical activity were suggested and further studies with HbA1c and controls were requested.
Preprandial blood glucose showed mild hyperglycemia with a mild elevation of glycosylated hemoglobin.

	MAY/18	**SEP/18**	**DEC/18**	**JUL/19**	**Normal V.**
Blood glucose mg/dl	134	140			70 -100
HbA1c %			6.4	6.7	5.7 – 6.2
C – Peptide ng/ml			**0.4**		1.1 – 4.4
Insulin UI/ml		5.4			2.2 – 49.6
Ketonuria		Neg			