

PANCREATIC DIABETES

G.R. Sridhar

An international collaborative study on malnutrition related diabetes was carried out¹ in Bangladesh, India, Indonesia, Thailand and Peru. The study demonstrated heterogeneity in presenting clinical features, exocrine pancreatic function and mode of therapy. It was contended that all groups showed under-nutrition, low body mass index, low calorie intake (<1800 cal/d), lack of ketosis despite no insulin therapy, and low normal C-peptide levels. Cassava consumption, pancreatic calcification or exocrine pancreatic dysfunction were not consistently found in all the groups.

This study demonstrates that undernutrition diabetes has features which are distinct from that of classic insulin dependent or non insulin dependent diabetes mellitus, although the exact etogenesis of undernutrition diabetes is not precisely known. The subgroups PDPD and FCPD in malnutrition related diabetes mellitus cannot be differentiated.

Pancreatitis was thought to be rare in India. But cases have been reported from different parts of the country-Baroda² (Gujarat), Bombay³ (Maharashtra), Jaipur⁴ (Rajasthan), Calcutta⁵ (W. Bengal), and Chandigarh⁶ (Punjab, Haryana). Diabetes resulting from pancreatic calcification is of course, well documented in Kerala⁷, Tamilnadu⁸, Karnataka⁹ and Orissa¹⁰.

Following the development of Gastroenterology as a speciality in India, work on different aspects of pancreatitis has contributed new information. The information is summarized in Table I.

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Table 1
Overview of Pancreatitis in India

S. No.	Author	Total No. of cases	Acute	Chronic	Etiology		Features		
					GB dis.	Alcohol Nutr.	Exocr. pancr.	Calcif. Diab. pancr.	
1.	Shah, M.M. et al ² (Baroda)	15	—	100%	30%	—	20%	72%	33%
2.	Sharma, G.C. et al ³ (Bombay)	31	—	100%	9.67%	3.22%	—	6.45%	3.22%
3.	Bhansali, S.K. (Jaipur) ⁴	73	60.27%	39.72%	12.0%	25%	—	0	—
4.	Chaudhury, B. et al ⁵ (Calcutta)	30	—	100%	53%	20%	—	23.33%	33%
5.	Kausak, S.P. et al ⁶ (Chandigarh)	256	70.31%	29.68%	—	—	—	18.4%	6.6%

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