hossam maghraby

شبكة المعلومات الجامعية

بسم اللّه الرحمن الرحيم

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التوثيق الالكتروني والميكروفيلم

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شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

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بالرسالة صفحات
لم ترد بالأصل

GASTRODUODENAL CHANGES IN DIABETICS WITH NON ULCER DYSPEPSIA

THESIS

Submitted to Partial fulfillment of the Requirement of M.D. Degree .

In

Internal Medicine

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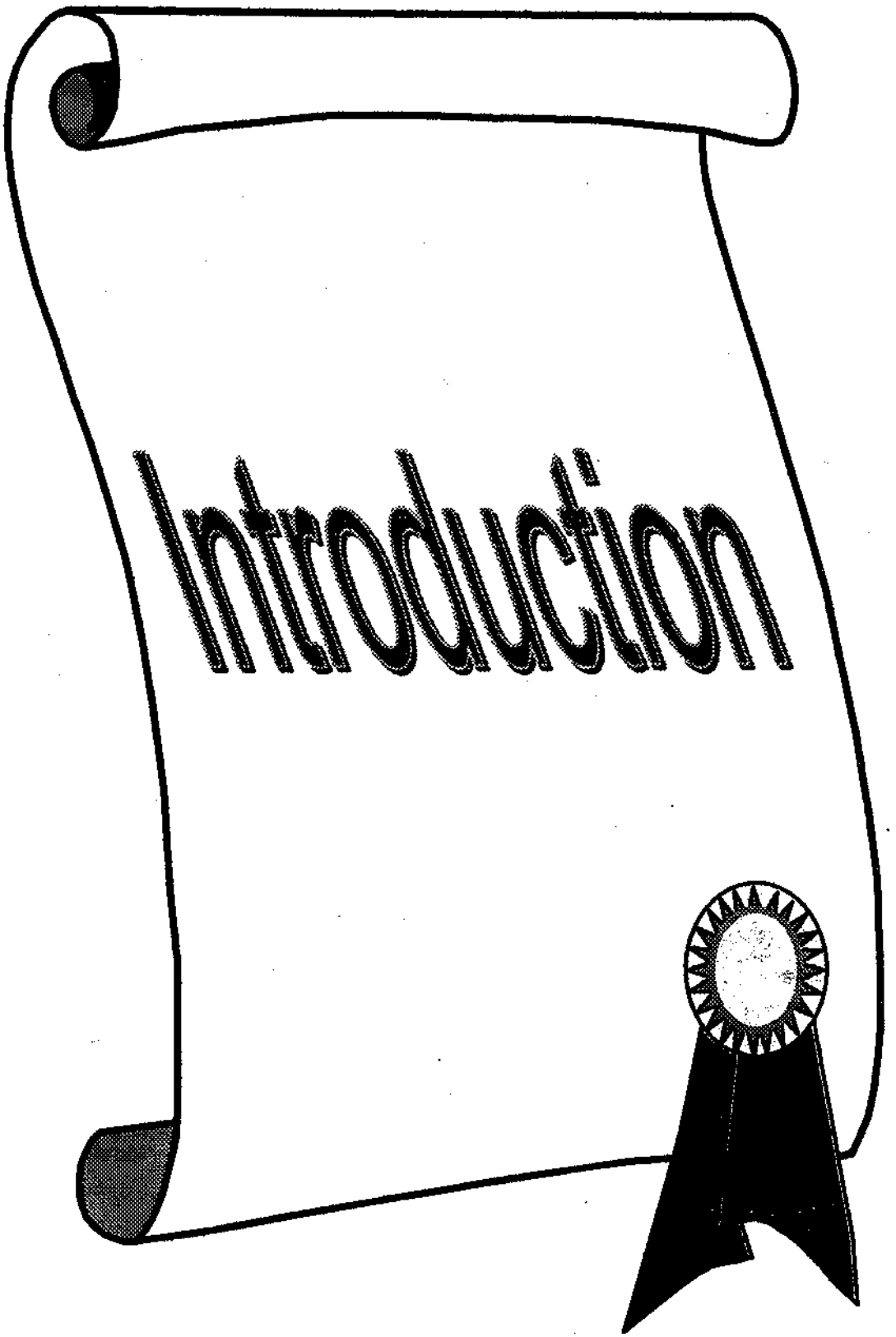
Introduction

INTRODUCTION

Diabetes mellitus is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both. The chronic hyperglycemia of diabetes is associated with long-term damage, dysfunction and failure of various organs[1].

Gastrointestinal symptoms may occur in up to three quarters of diabetic patients and in one study one fifth of asymptomatic patients has radiological evidences of gastric retention[2].

Several gastrointestinal tract (GIT) disorders such as reflux oesophigitis[3], candida oesophigitis and gastric ulcer have been associated with delayed gastric emptying[4], but not all upper GIT symptoms in diabetics are due to motor abnormalities[4].

Infections of various types come to clinical attention more often in diabetics not because invasion by bacteria is more common among diabetics, but because they handle the invaders less well than do non diabetics[5], this is because diabetics always have disturbances in both humoral and cell mediated immune response as well as neutrophil function[6]. Campylobacter pylori (Helicobacter pylori) has emerged in the last few years as a bacterium of great interest in view of its close association with gastritis and peptic ulcer disease in man[7], whether an overgrowth of H. pylori in upper GIT is responsible to some what about gastrointestinal symptoms in diabetics is still unclear.


Review
Of Literature

REVIEW OF LITERATURE

DEFINITION, CLASSIFICATION AND DIAGNOSIS OF DIABETES MELLITUS

Definition and description of diabetes mellitus

Diabetes mellitus is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both. The chronic hyperglycemia of diabetes is associated with long-term damage, dysfunction and failure of various organs, especially the eyes, kidneys, nerves, heart and blood vessels[1].

Several pathogenic processes are involved in the development of diabetes. These range from autoimmune destruction of the β-cells of the pancreas with consequent insulin deficiency to abnormalities that result in resistance to insulin action. The basis of the abnormalities in carbohydrate, fat and protein metabolism in diabetes is deficient action of insulin on target tissues. Deficient insulin action results from inadequate insulin secretion and/or diminished tissue responses to insulin at one or more points in the complex pathways of hormone action. Impairment of insulin secretion and defects in insulin action frequently coexist in the same patient and it is often unclear which abnormality, if either alone, is the primary cause of the hyperglycemia[1].

Symptoms of marked hyperglycemia include polyuria, polydipsia, weight loss, sometimes with polyphagia and blurred vision. Impairement of growth and susceptibility to certain

infections may also accompany chronic hyperglycemia. Acute, life-threatening consequences of diabetes are hyperglycemia with ketoacidosis or the nonketotic hyperosmolar syndrome[1].

Long-term complications of diabetes include retinopathy with potential loss of vision; nephropathy leading to renal failure; peripheral neuropathy with risk of foot ulcers, amputation, and Charcot joints; and autonomic neuropathy causing, genitourinary and cardiovascular symptoms and sexual dysfunction. Glycation of tissue proteins and other macromolecules and excess production of polyol compounds from glucose are among the mechanisms thought to produce tissue damage from chronic hyperglycemia. Patients with diabetes have an increased incidence of atherosclerotic cardiovascular, peripheral vascular and cerebrovascular disease. Hypertension and abnormalities of lipoprotein metabolism are often found in people with diabetes. The emotional and social impact of diabetes and the demands of therapy may cause significant psychosocial dysfunction in patients and their families.

The vast majority of cases of diabetes fall into two broad etiopathogentic categories (discussed in greater detail below). In one category (type I diabetes), the cause is an absolute deficiency of insulin secretion. Individuals at increased risk of developing this type of diabetes can often be identified by serological evidence of an autoimmune pathologic process occuring in the pancreatic islets and by genetic markers. In the other, much more prevalent category (type 2 diabetes), the cause is a combination of resistance

to insulin action and an inadequate compensatory insulin secretory response. In the latter category, a degree of hyperglycemia sufficient to cause pathologic and functional changes in various target tissues, but without clinical symptoms, may be present for a long period of time before diabetes is detected. During this asymptomatic period, it is possible to demonstrate an abnormality in carbohydrate metabolism by measurement of plasma glucose in the fasting state or after a challenge with an oral glucose load.

Classification of diabetes mellitus and other categories of glucose regulation:

A major requirement for epidemiological and clinical research and for the clinical management of diabetes is an appropriate system of classification that provides a framework within which to identify and differentiate its various forms and stages. While there have been a number of sets of nomenclature and diagnostic criteria proposed for diabetes, no generally accepted systematic categorization existed until the National Diabetes Data Group (NDDG) classification system was published in 1979[8]. The World Health Organization (WHO) Expert Committe on Diabetes in 1980 and later the WHO study group of Diabetes Mellitus[9] endorsed the substantive recommendations of the NDDG. These groups recognized two major forms of diabetes, which they termed insulin-dependent diabetes mellitus (IDDM, type I diabetes) and non insulin-dependent diabetes mellitus (NIDDM, type 2 diabetes), but their classification system went on to include evidence that diabetes mellitus was an etiologically and clinically heterogeneous group of disorders that share hyperglycemia in common.