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**COMBINATION OF DIABETES MELLITUS TYPE 1 AND CELIAC DISEASE IN A 15 YEAR OLD TEENAGER**

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INTRODUCTION: Type 1 Diabetes (T1D) and Celiac disease are immune mediated diseases that share common susceptibility factors notably HLA genetics. Environmental factors also gut micro biota and infectious agents all play a role according to recent evidence. TID is characterized by antibody-mediated destruction of beta cells so that blood glucose levels cannot be maintained in physiological range without exogenous insulin. CD is a polygenic systemic immune mediated enteropathy triggered by dietary gluten, characterized by specific serum antibody response. The mean prevalence of CD in patients with T1D is about 8-15%. Classic intestinal symptoms of CD may not present in T1D, leading to recommendations for active case finding in this higher risk group.

 CASE REPORT: In endocrinology department of Ternopil children’s hospital, a 15 year old girl was admitted for diabetic crisis. Child diagnosed with T1D from two years of age (13 years), receives continuous insulin therapy. Clinical examination data: general condition is grave due to intoxication and edema syndrome, smell of acetone in exhaled air. Girl is significantly retarded in growth: height 129 cm (-3Ϭ), and sexually underdeveloped. There is edema of legs and feet. Hair is dry, skin of head covered with gneiss, scales. HR 112b/m, BP 180/120 mmhg. RR 18 /min. The abdomen is protruding, soft, non painful. Liver enlarged by 4cm, non painful. On labs glycated hemoglobin is 9,2 %, urea 6.95, creatinine 124, albumin 24.9, GFR 56ml/min. Except of glycemic control with high risk for life the concomitant disease has been suspected. Screening for celiac disease has been done (blood total immunoglobulin A and tissue transglutaminase IgA) and was positive. Patient’s condition began to improve on gluten free diet.

 CONCLUSION: To improve life quality for T1D patients, and early diagnosis, Celiac disease screening is highly recommended. This is due to increased probability of having both diseases, especially with frequent lack of classical intestinal symptoms in T1D.