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FIBROCALCULOUS PANCREATIC DIABETES IN INDONESIA: A CASE SERIES

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INTRODUCTION
Fibrocalculous pancreatic diabetes (FCPD) is a rare form of secondary diabetes that is related to malnutrition and low socioeconomic status. We would like to report this case series with FCPD in Hasan Sadikin Hospital.

CASE
In the first case, a 30-year-old female came with loss of consciousness, abdominal pain, and steatorrhoea. She has history of low birth weight and underweight (BMI 17.9). She was later diagnosed with diabetic ketoacidosis, anemia and severe malnutrition. Second case, a 31-year-old female came with malaise, weight loss, and dysuria. She has history of giving birth to a large baby and underweight (BMI 15.8). She was diagnosed with severe dehydration, urinary tract infection, acute kidney injury and malnutrition. Third case, a 24-year-old male came with abdominal pain, chronic diarrhea and weight loss. He was underweight (BMI 16.9). He was diagnosed with dehydration, anemia and thrombocytosis. Fourth case is a 46-year-old female with normal weight who was admitted to hospital due to relapsing abdominal pain. Fifth case, a male 24-year-old came with decreased consciousness, dyspnea, cough, headache, orbital pain and weight loss. He was later diagnosed with diabetic ketoacidosis, pneumonia, mycosis of the lungs, non arteritic anterior ischemic optic neuropathy, acute kidney injury, severe malnutrition, and anemia. In all patients we found calcification in the pancreas on plain xray of the abdomen.

CONCLUSION
FCPD should be included as a differential diagnosis of diabetes among the young in Indonesia. We recommend to check plain xray of the abdomen in young patients with diabetes.

KEY WORDS
fibrocalculous pancreatic diabetes, indonesia

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HEMICHOREA-HEMIBALLISM SYNDROME CAUSED BY NONKETOTIC HYPERGLYCEMIA IN A NEWLY DIAGNOSED DIABETES MELLITUS TYPE II PATIENT WITH EUGLYCEMIA AT PRESENTATION

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INTRODUCTION
Nonketotic hyperglycemia among type II diabetic patients has recently been documented to cause the rare movment disorder called hemichorea-hemiballism syndrome. This syndrome is a hyperkinetic movement disorder presenting as continuous, non-patterned, involuntary movements caused by a basal ganglia dysfunction. It has an overall incidence rate of 1 in 500,000 of the general population, while the incidence directly caused by nonketotic hyperglycemia is yet to be determined.

CASE
A 76-year-old male presented with involuntary movements of the right extremities. An increase in the frequency and intensity of the invouluntary movements over a span of 10 days prompted consult. On admission, the patient was conscious with stable vital signs. Involuntary flailing movements of the right upper and lower extremities were observed. He was not a known diabetic and had no prior history of stroke. He presented with normal glucose levels with random blood sugar of 156 mg/dl, with further laboratory investigation confirming uncontrolled diabetes with an HbA1c of 12.6% and fasting blood sugar of 128 mg/dl. The brain MRI with contrast demonstrated T1 hyperintensity signals involving the left caudate and left lentiform nucleus. The t2/FLAIR weighted imaging showed mixed hyperintense and hypointense signals on the left basal ganglia consistent with abnormal MRI findings in patients with HC-HB syndrome caused by nonketotic hyperglycemia. He was treated for diabetes and was maintained on risperidone and clonazepam for the hemichorea-hemiballism. After 5 months, his diabetes has been controlled, and the involuntary movements have completely resolved.

CONCLUSION
This case report highlights hemichorea-hemiballism synsrome in a newly diagnosed patient with type 2 DM who had normal glucose level at presentation. The prompt recognition and correction of uncontrolled newly diagnosed diabetes lead to a rapid improvement of symptoms, less neurologic sequelae and an overall favorable prognosis.

KEY WORDS
hemichorea-hemiballism, nonketotic hyperglycemia, basal ganglia, diabetes mellitus type II, movement disorder