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DIABETES MELLITUS IN THE CASE OF ADOLESCENT WITH CYSTIC FIBROSIS

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**Introduction.** Cystic fibrosis (CF) is a hereditary autosomal recessive disease with the

damage of exocrine glands, which leads to the formation of highly viscous secretions

with obstruction of the prominent ducts of the pancreas and lungs.

This causes functional insufficiency of vital organs and their fibrosis. Over time,

against the background of fibrous degeneration of the pancreatic stroma and damage

to the islets of Langerhans, pancreatic endocrine insufficiency develops with the

formation of diabetes mellitus (DM). Diabetes mellitus is diagnosed in approximately

20% of adolescents and 40-50% of adults with CF.

**The aim.** To study special features of the MVSD in adolescents.

**Clinical case.** A 15-year-old girl was under observation with a diagnosis of cystic

fibrosis (genotype F50 8del), pulmonary-intestinal form, inflamed bronchitis, enlarged

bronchiectasis, pulmonary heart disease, diabetes, cirrhosis, portal hypertension,

hypersplenism.

A girl is sick from birth, with symptoms of fatty, smelly and abundant feces. At 3

weeks, she suffered pneumonia, after which a constant, intrusive cough persisted. The

diagnosis of cystic fibrosis was established at the age of 8 months. She constantly

received enzyme therapy with pancreatin, then "creon", symptomatic therapy. At the

age of 8, exacerbations of the bronchopulmonary process became more frequent, the

indicators of lung function worsened, the patient began to lose weight against the

background of increased appetite. Later, polydipsia and polyuria appeared with

hyperglycemia, diabetes was diagnosed. Insulin therapy with insulin aspart and detemir

was prescribed. The course of MVCD in the girl is characterized by sharp fluctuations

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in the level of glucose in the blood, a sign of ketoacidosis, micro and macroangiopathy.

Difficulties arose in maintaining the nutritional status of the patient, for which a high-

calorie diet with a high content of fats and proteins was prescribed. She periodically

received enteral nutrition "nutricom fiber for diabetics", which allowed to adjust the

nutritional status of the patient.

**Conclusions.** The special feature of MVTS in this teenager is the early manifestation

of diabetes at the age of 8 (MIVTS is very rare in patients under 10 years old), MVTS

occurred against the background of reduced nutritional status with the absence of

ketoacidosis, micro- and macroangiopathy.