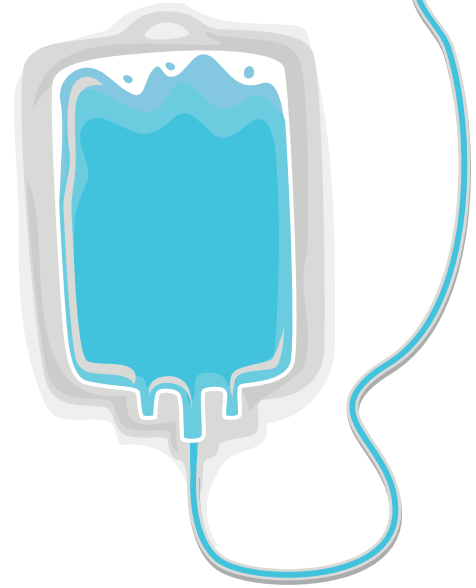


Fast forward yet again to mid-1990s and I have returned to a consultant pathologist's post in Malta. It is Christmas time and a young bachelor friend of ours returns from work overseas for the festive season. He is, however, ill-looking and says he's pyrexia. A family doctor refers him to St Luke's Hospital where a medical senior registrar suspects he's very immune compromised, excludes Leishmaniasis with a negative bone marrow aspirate, and asks him whether he would take an HIV test. The patient is septicaemic and Professor CP Mallia warns his parents that he's in danger of dying. Patient refuses to have an HIV test, saying that he would commit suicide if it were positive. I reassure him that there is now treatment, if positive. He improves with i.v. antibiotics and goes back overseas. A few days later he phones saying he's feverish and weak again. I insist he gets to the nearest hospital immediately. There he goes into total system failure, almost dies in intensive care, he's found to be HIV-positive, and Leishmaniasis is now diagnosed on a bone marrow aspirate. After a slow recovery, including renal dialysis for a couple of months, he returns to health after lengthy treatment for Leishmaniasis. He of course is still on HIV drugs, but is now in his early fifties, healthy and fit, and has held a number of very senior positions overseas.



Addendum: the update on Cholesterol & Statins (Issue 4) did not clarify that the C-reactive protein (CRP) test referred to in cardiology circles is the high-sensitivity (hsCRP) variety. The normal CRP has little better sensitivity for inflammation than an ESR and is useless for atherosclerosis risk assessment. HsCRP is available in the profiles of some local private laboratories but apparently still unavailable at Mater Dei Hospital. ❌

DIABETES

November is diabetes awareness month. WHO estimates that 8.5% of the global population suffers from diabetes.¹ Diabetes is a chronic metabolic disease characterized by hyperglycemia resulting from abnormalities in insulin secretion, insulin action or insulin sensitivity. This chronic disease is associated with long term impairment, dysfunction and deterioration of different organs.

There are three types of diabetes:

Type 1 Diabetes in which the individual's immune system destroys insulin-producing cells in the pancreas. This leads to a reduction in the capability of the body to produce insulin, requiring daily administration of insulin. The most common delivery devices are syringes, pens or pumps. Client education is vital and should encompass comprehensive information on caring for and using insulin, prevention, recognition and treatment of hypoglycaemia, adjustments of food intake and self-monitoring of blood glucose. Multiple daily injections is the most common method to attempt to mimic pancreatic insulin secretion.



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Type 2 Diabetes results from a progressive increase in resistance of the body to insulin. This type is most common in the middle-aged and elderly, however it is becoming more common in younger populations. Medications such as metformin and sulfonylureas are normally prescribed. However, insulin therapy is given to patients with severe diabetes. In the past insulin was used as a last resort, nevertheless nowadays insulin is prescribed earlier because of its benefits.

The last type of diabetes is **Gestational Diabetes** which is the onset of diabetes during pregnancy in an individual with no previous symptoms. This type is caused by insulin defiance during pregnancy and may lead to Type 2 Diabetes.

During the diabetes awareness month, MPSA launches a health campaign to further draw the attention of the public to possible symptoms. ❌

REFERENCE

1. <http://www.who.int/mediacentre/factsheets/fs312/en/>