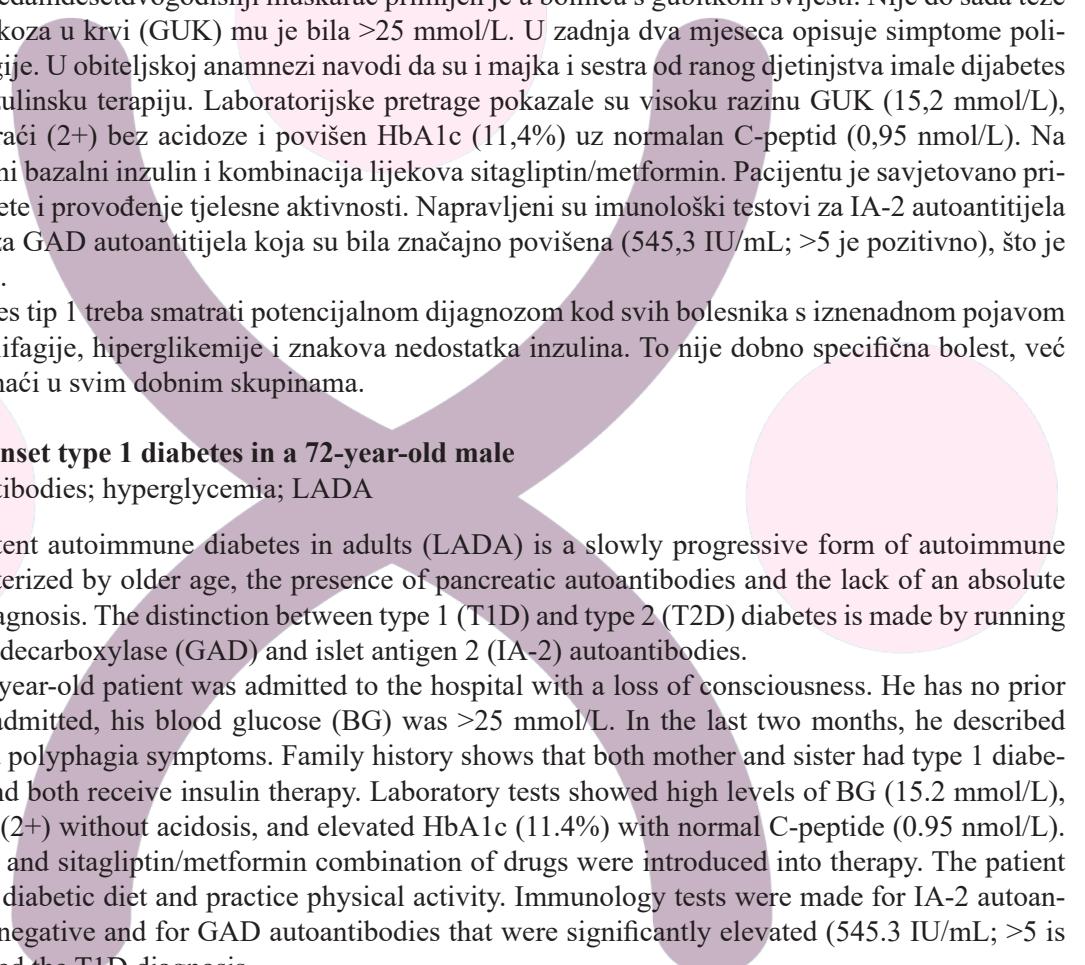


**PS32 Što je LADA? Dijabetes tipa 1 s kasnim početkom u 72-godišnjeg muškarca**Tin Rosan<sup>a</sup>, Nikolina Novak<sup>b</sup>, Ivana Kraljević<sup>c</sup><sup>a</sup> Medicinski fakultet Sveučilišta u Zagrebu<sup>b</sup> Objedinjeni hitni bolnički prijem, Klinička bolница Dubrava<sup>c</sup> Zavod za endokrinologiju i dijabetologiju, Klinički bolnički centar ZagrebDOI: <https://doi.org/10.26800/LV-144-supl6-PS32>

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Ključne riječi: GAD autoantitijela; hiperglikemija; LADA

**UVOD:** Latentni autoimuni dijabetes kod odraslih (LADA) je sporo progresivni oblik autoimunog dijabetes melitus karakteriziran starijom životnom dobi, prisutnošću autoantitijela gušterače i nedostatkom apsolutne potrebe za inzulinom u trenutku postavljanja dijagnoze. Razlika između dijabetesa tipa 1 (T1D) i tipa 2 (T2D) provodi se testiranjem na autoantitijela dekarboksilaza glutaminske kiseline (GAD) i tirozin fosfataza povezani antigen 2 (IA-2).**PRIKAZ SLUČAJA:** Sedamdesetvogodišnji muškarac primljen je u bolnicu s gubitkom svijesti. Nije do sada teže bolovao. Po dolasku glukoza u krvi (GUK) mu je bila  $>25$  mmol/L. U zadnja dva mjeseca opisuje simptome polidipsije, poliurije i polifagije. U obiteljskoj anamnezi navodi da su i majka i sestra od ranog djetinjstva imale dijabetes tipa 1 i obje primaju inzulinsku terapiju. Laboratorijske pretrage pokazale su visoku razinu GUK (15,2 mmol/L), pozitivne ketone u mokraći (2+) bez acidoze i povišen HbA1c (11,4%) uz normalan C-peptid (0,95 nmol/L). Na kraju su u terapiju uvedeni bazalni inzulin i kombinacija lijekova sitagliptin/metformin. Pacijentu je savjetovano pridržavanje dijabetičke dijete i provođenje tjelesne aktivnosti. Napravljeni su imunološki testovi za IA-2 autoantitijela koja su bila negativna i za GAD autoantitijela koja su bila značajno povišena (545,3 IU/mL;  $>5$  je pozitivno), što je potvrđilo dijagnozu T1D.**ZAKLJUČAK:** Dijabetes tip 1 treba smatrati potencijalnom dijagnozom kod svih bolesnika s iznenadnom pojmom polidipsije, poliurije, polifagije, hiperglikemije i znakova nedostatka inzulina. To nije dobno specifična bolest, već dijagnoza koja se može naći u svim dobnim skupinama.**What is LADA? Late-onset type 1 diabetes in a 72-year-old male**

Keywords: GAD autoantibodies; hyperglycemia; LADA

**INTRODUCTION:** Latent autoimmune diabetes in adults (LADA) is a slowly progressive form of autoimmune diabetes mellitus characterized by older age, the presence of pancreatic autoantibodies and the lack of an absolute insulin requirement at diagnosis. The distinction between type 1 (T1D) and type 2 (T2D) diabetes is made by running a test for glutamine acid decarboxylase (GAD) and islet antigen 2 (IA-2) autoantibodies.**CASE REPORT:** A 72-year-old patient was admitted to the hospital with a loss of consciousness. He has no prior severe illnesses. When admitted, his blood glucose (BG) was  $>25$  mmol/L. In the last two months, he described polydipsia, polyuria, and polyphagia symptoms. Family history shows that both mother and sister had type 1 diabetes since an early age, and both receive insulin therapy. Laboratory tests showed high levels of BG (15.2 mmol/L), positive urinary ketones (2+) without acidosis, and elevated HbA1c (11.4%) with normal C-peptide (0.95 nmol/L). Eventually, basal insulin and sitagliptin/metformin combination of drugs were introduced into therapy. The patient was advised to uphold a diabetic diet and practice physical activity. Immunology tests were made for IA-2 autoantibodies that came back negative and for GAD autoantibodies that were significantly elevated (545.3 IU/mL;  $>5$  is positive), which confirmed the T1D diagnosis.**CONCLUSION:** T1D should be considered a possible diagnosis in all patients presented with sudden onset of polydipsia, polyuria, polyphagia, hyperglycemia, and signs of insulin deficiency. It is not an age-defined type of illness but a diagnosis that can be found in all age groups.