



The 7<sup>th</sup> World Congress on  
**Controversies to Consensus in Diabetes,  
Obesity and Hypertension (CODHy)**  
Sorrento, Italy April 11-13, 2019  
[www.codhy.com](http://www.codhy.com)      [codhy@codhy.com](mailto:codhy@codhy.com)

## **AWARENESS OF TYPE 3C DIABETES: A CASE REPORT**

S. Mendonça, D. Tavares, L. Veloso, **L. Infante**

*General and Family Medicine, USF Cidadela, Portugal*

**Purpose:** Diabetes mellitus secondary to pancreatic diseases is classified as pancreatogenic or type 3c diabetes mellitus (T3cDM). It refers to diabetes due to an impairment in pancreatic endocrine function related to pancreatic damage due to pancreatitis (of any etiology), cystic fibrosis, hemochromatosis, pancreatic cancer, and pancreatectomy. It is a clinically relevant condition with a prevalence of 5%-10% among all diabetics but studies suggest that this condition might be consistently under- and misdiagnosed. **Methods:** Personal clinical file and national health database checks. **Results:** 37 year old male, with background of overweight and family history of diabetes. In medical appointment on 08/18/2018, presented blood tests with glycemia of 155 mg/dL. Asymptomatic, regular physical exam. Further blood tests were requested to confirm the diagnosis of diabetes (09/04/2018) - HbA1c 8.9% and glycemia 181 mg/dL. Medicated with metformin in growing doses. Returned on 11/22/2018 after discharge from hospital for acute lithiasic pancreatitis; during its hospitalization without needing any anti-diabetic medication, which were resumed after discharge. At the appointment, HbA1c presented 6.2% and glycemia 52 mg/dL, without any hypoglycemia symptoms. Metformin was weaned out until halted, with blood glucose values refrained within normal range. **Conclusions:** Type 3c diabetes mellitus is more common than generally thought. Misclassification of these patients as type 2 diabetes mellitus is very common, yet identification of these patients is very important due to some specific diagnostic and therapeutic considerations in this subset of patients.



[www.comtecint.com](http://www.comtecint.com)

### **Headquarters and Administration:**

1 Rothschild Boulevard  
PO Box 68  
Tel Aviv 61000, Israel  
Tel: +972-3-5666166  
Fax: +972-3-5666177  
Email: [info@comtecmed.com](mailto:info@comtecmed.com)

### **Comtec Spain:**

Bailén, 95-97  
prat. I. a - 08009  
Barcelona, Spain  
Tel: +34-93-2081145  
Fax: +34-93-4579291  
Email: [spain@comtecmed.com](mailto:spain@comtecmed.com)

### **Comtec China:**

Suite 504, Universal Center Building  
175 Xiang Yang Road South  
Shanghai 200031, China  
Tel: +86-21-54660460  
Fax: +86-21-54660450  
Email: [china@comtecmed.com](mailto:china@comtecmed.com)