



A Case Series of Diabetic Cardiomyopathy

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Abstract:

INTRODUCTION: In people with diabetes mellitus, the presence of myocardial dysfunction in the absence of overt clinical coronary artery disease, valvular disease, and other conventional cardiovascular risk factors, such as hypertension and dyslipidemia, has led to the descriptive terminology, diabetic cardiomyopathy.

CASE SERIES:

CASE 1: A 38 year old female presented with c/o breathlessness for 3 months(class II to class IV NYHA), pedal edema for 3 months.known T2DM on Rx with OHAs for 5 years. No H/O SHTN/CAD. HbA1c level was 8.5%.FBS-256mg/dl,PPBS-387 mg/dl at the time of admission.FLP,TFT within normal range.ECHO- showed golbal hypokinesia of LV/reduced ejection fraction-25%/severe LV dysfunction.

CASE 2: A 45 year old female came to casualty with c/o breathlessness for 5 months (class II to class IV NYHA), pedal edema for 5 months.known T2DM on irregular Rx with OHAs for 2 years. No H/O SHTN/CAD.Her HbA1c level was 8.8%.FBS-306mg/dl,PPBS-402 mg/dl at the time of admission. FLP,TFT within normal range. ECHO-showed golbal hypokinesia of LV/reduced ef-30%/severe LV dysfunction.

CASE 3: A 36 year old male came to casualty with c/o breathlessness for 3 months (class II to class IV NYHA), pedal edema for 3 months. Known T2DM irregular Rx with OHAs for 4 years. No H/O SHTN/CAD.His HbA1c level was 8.1%.FBS-229mg/dl,PPBS-311 mg/dl at the time of admission. FLP,TFT within normal range. ECHO-showed golbal hypokinesia of LV/reduced ef-30%/severe LV dysfunction.

CONCLUSION:The cardinal features of diabetic cardiomyopathy include cardiac stiffness, myocardial fibrosis, and hypertrophy with cardiac diastolic dysfunction and subsequent progression to both systolic dysfunction and clinical heart failure.Hyperglycemia and systemic and cardiac insulin resistance are independently associated with the development and progression of cardiac dysfunction and heart failure in diabetes mellitus.

Keywords: diabetes mellitus,cardiomyopathy.