Diabetes and Exocrine Pancreas

Book Review

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Diabetes Mellitus has been a disorder with wide spectrum of presentations, varied etiopathogenesis and contrasting progression to complications between individuals. Apart from type 1, type 2 and Gestational diabetes mellitus, other forms of diabetes have been overlooked. Many patients with diabetes due to endocrinopathies, monogenetic forms, exocrine pancreatic diabetes and diabetes due to other syndromes have been diagnosed and treated as Type 2 diabetes, which is most common form and by itself has heterogeneous presentation. This notion is more relevant at least to diabetes due to exocrine pancreatic disease in tropical countries like India. Henceforth, there is a serious underestimation of “Pancreatic diabetes” which needs to be addressed. The common form of pancreatic diabetes, the “Tropical chronic pancreatitis” occurs primarily in tropical countries and their incidence in the west is unheard of, so it is impossible for us to look up data, literature or guidelines for this group of diabetes from the west, as we do for other diseases. Hence, analysis, interpretation and publishing of Indian data on “pancreatic diabetes” becomes mandatory. This book “Diabetes and exocrine pancreas” serves this purpose of analyzing the research data available from the country so far on this topic. Also this book could be a tool in educating and guiding physicians and general practitioners on diagnosing and managing various types of pancreatic diabetes.

The first chapter on tropical chronic pancreatitis(TCP), explains about various theories in etiopathogenesis, clinical picture and management of TCP. This chapter deals primarily on the Indian data of the disease, which is sensible. It underlines the influence of exocrine pancreatic insufficiency on the endocrine function leading to diabetes. The author goes on to say that the incidence of TCP is under-estimated owing to misdiagnosis of TCP as type 2 DM.

Secondly, the Topic discussing “Exocrine and Endocrine Interplay - Pancreatic disease” explains the ways in which the disease of exocrine pancreas influences endocrine part and Vice versa. This chapter highlights the proximity of two parts of pancreas, their mutual relation and influence. It serves as a summary and is exactly in line with the perspective of the book. Also a short note on pancreatic diabetes is mentioned.

Endocrine dysfunction of pancreas, the diabetes mellitus can impact its exocrine function. The mechanisms by which diabetes, (both type 1&2) could affect exocrine pancreas are briefed in this section. The author also summarizes the management of exocrine dysfunction of pancreas

The topic on Incretin based therapies and pancreatitis have been a debate recently. The subsequent chapter deals the issue through meticulous evaluation of available evidences and papers. The author depicts that these group of drugs have risen with the expectations to address various aspects of pathophysiology of diabetes, but signifies the controversial “pancreatitis” tag over mem. However, the conclusion stresses that the incretin based therapies are approved by various bodies and shall be used widely but to remain pharmacovigilant.

A chapter on diabetes due to exocrine dysfunction, the chronic pancreatitis appears to be extension of the first chapter. This segment deals with differentiation of pancreatic diabetes from type land 2, criteria for diagnoses of Pancreatic diabetes and management. Finally, a surgical cause of diabetes pancreatic surgery has been discussed. It is interesting to find that diabetes risk after pancreatic surgery depends on the region of resection of pancreas.

Overall the book is not an exhaustive resource of exocrine pancreas and diabetes, but is a concise collection about the less recognized form of diabetes, interaction between the two distinct components of pancreas, guidance for physicians to suspect, identify and manage the disorder of both exocrine dysfunction and pancreatic diabetes.

Reviewed by
Prof. Vijay Viswanathan
Head & Chief Diabetologist, M.V. Hospital for Diabetes (P) Ltd., Chennai