MULTIFACTOR RISK MANAGEMENT IN AN OBESE PATIENT WITH DIABETES MELLITUS WITH PRESERVATION OF OCULAR INTEGRITY

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Background

A 58-year-old woman of South Asian origin (Sri Lanka). With a primary diagnosis of Type 2 Diabetes Mellitus (T2DM) since March 2010 and concomitant diseases Rheumatoid Arthritis, Arterial Hypertension (140/92 mmhg), Obesity (BMI: 31.52), Dyslipidaemia (cholesterol: 229, HDL: 51, LDL:150, triglycerides: 139), Liver Haemangioma, Gallbladder Polyps and Midline Hernia.

Aim

The patient was referred to an ophthalmologist from the moment of the first diagnosis of type 2 diabetes for a specialized eye examination for diabetic retinopathy. It was shown that the woman has a complex and multifactorial clinical picture, but she did not present any particular eye problem due to diabetes although she has been living with it for 16 years (2010–2026). In recent years, she began to present cataracts, due to age-related degeneration of the crystalline lens of the eye.

Methods

The therapeutic approach focused on the simultaneous treatment of hyperglycaemia and obesity. Appropriate medication was administered, aiming at improving insulin sensitivity and cardio-renal-metabolic protection, since due to her origin she has a proven higher genetic predisposition. She was referred and a specialized ophthalmological examination of visual acuity, fundoscopy, tonometry, Optical Coherence Tomography (OCT) and Digital Fluoroangiography (FFA) is performed every six months.

Results

Our patient's results are very good in terms of the complete ophthalmological examination. She presents a visual acuity of 10/10 bilaterally. Despite prolonged hyperglycaemia (HbA1c: 9.4%), the absence of diabetic retinopathy is notable and no other ocular disorders were detected.