Editorial Note

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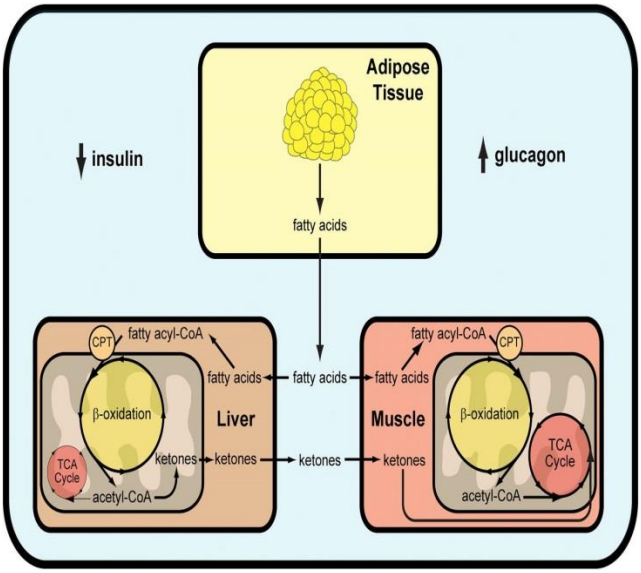
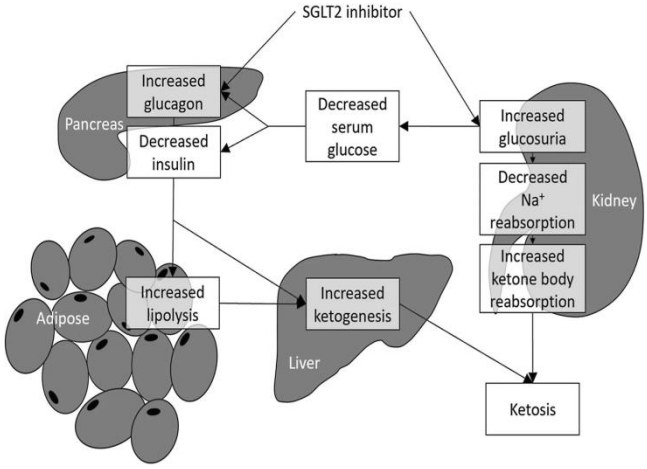
'Atypical ketosis-prone' diabetes is a form of diabetes seen in Africa, or in African migrants. It is characterised by an abrupt onset with hyperglycaemia or ketoacidosis (DKA), followed by periods of partial or complete remission. The causes of this syndrome, and whether it is a variant of type 1 (T1DM) or type 2 (T2DM) diabetes remain uncertain. This paper from Cameroon has investigated a group of classical T2DM patients (n = 124) with a group with ketosis-prone diabetes (n = 49). The latter group included 34 in the ketotic and 15 in the non-ketotic phase of disease. Investigations carried out included assessment of endogenous insulin secretion (C-peptide) and insulin resistance (HOMA). There were no significant differences between the type 1 and nonketotic phase atypical diabetic patients. However, the ketotic-phase patients had lower BMI, lower C-peptide and lower HOMA-IR values. The authors conclude that atypical ketosis-prone diabetes is likely to be a variant of T2DM rather than T1DM. It also appears to be associated with transiently reduced insulin secretion at the time of and just after diagnosis, as well as during subsequent ketotic phases. The cause of the syndrome remains, however, mysterious.





At diagnosis, a significant number of people will present with ketosis or DKA and, clinically, impaired insulin secretion and action. There can be a notable absence of autoimmune markers, with no islet cell antibodies or glutamic acid decarboxylase (GAD) autoantibodies. These individuals require insulin replacement; however, over the long term, many will be able to discontinue insulin treatment. The literature describes this unusual type of diabetes as ketosis-prone diabetes (KPD). DKA predominantly occurs in people with type 1 diabetes, although more recently it has been observed in those with type 2. In people with type 2 diabetes, DKA usually develops when there is an intercurrent illness. In people with KPD, the incidence of DKA at diagnosis has been reported to be as high as 75% of cases. KPD cases tend to present with a similar biochemical and acid–base picture that would be expected in type 1 diabetes