Genetic factors in DM The rule of genetic factor is under scored

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Type I	Type II
c. Although all genes not identified one is located within the insulin promoter on ch. 11 the other involve HLA region on short arm of CH 6	c. Hyperglycemia impair insulin secretion and actions known as glucose toxicity it is difficult to determine which one started the vicious cycle





• Class II DQ (DQ8 and DQ2) more strongly associate in white individuals





Type II • The mechanism however been defined in MODY type II, mutation in the gene encoding glucokinase, the enzyme responsible for the phosphorylation of glucose in B cell and liver



Type II

 Glucotxicity ;glucosamine (hexosamine pathway) induce insulin resistance by impairing insulin induced GLUT4 translocation to the cell membrane in adipocyte and skeletal muscles, activation of protein kinase C may contribute

Type II Loss of glucose-stimulated insulin secretion is followed by decreased expression of GLUT2, beta cell glucose transporter. This will lead to further loss of glucose stimulated insulin secretion

Type II • Insulin is normally secreted with amyloid like protein (amylin), chronic hyper secretion of this polypeptide with insulin lead to its deposition inside cells, that lead to impaired beta cell function

Type II

 Insulin resistance is poorly understood, a defect in insulin binding to its receptors, leprechaunism (Growth retardation and insulin resistance)

Type II • Other types of resistance; severe receptors deficiency with acanthosis nigricans, polycystic ovaries, and hirsutism, or antiinsulin receptors Abs (Acanthosis negricans and other autoimmune phenomena)





Type II • Several adipokines secreted by visceral fat affect insulin action, leptin and adiponectin seem to increase sensitivity by increasing hepatic responsiveness.



Other specific types of DM:

- 1. MODY; impaired glucose induced secretion of insulin six subtypes all, have mutation of a nuclear transcription factor that regulate islet gene expression, and type 2 have glucokinase gene defect.
- 2. DM due to mutant insulin very rare autosomal dominant gene.
- 3. DM due to mutant insulin receptors.
- 4. DM associated with mutation of mitochondrial DNA. Only the mother transmits mitochondrial genes (with hearing loss or MELAS syndrome (myopathy + encephalopathy + lactic acidosis + stroke)
- 5. Wolfram's syndrome (DI, DM, OA, D)

 Syndrome X - Non diabetic with insulin ↑ resistance, ow HDL, high TG& uric acid ,obesity, prothromotic state

