Abstract

Diabetes mellitus will be a Ceaseless malady described Toward hyperglycemia normally effects from a passing about insulin response handling β phones in the pancreas prompting a lack for insulin response (type 1 diabetes) or reduction of insulin response affectability. Kind 2 diabetes (T2D) makes dependent upon about85-90%ofallcases. It happens for those reality Anyway its regular in the created nations particularly kind 2. However happening to creating nations in asia and Africa, the place A large portion patients will Presumably a chance to be discovered by 2030 organize of the pancreas improvement. For egypt the Weight particularly visceral adiposity Furthermore physical movement would real danger figures to diabetes. There need aid half for egyptian men Furthermore 65 - 80% about egyptian ladies are overweight.

1. Introduction

Diabetes mellitus (DM) will be an aggregation from claiming metabolic infection for which the blood glucose level is raised coming about because of abandon for insulin response emission , insulin response movement or both. Dm may be connected with long expression harm , brokenness What's more disappointment of huge numbers organs particularly the eyes, kidney, nerves, heart Furthermore vein [1]. Those indications of checked hyper glycaemia incorporate polyuria, polydipsia, weight misfortune ,polyphagia , smeared dream What's more defenselessness should infections. The in length haul difficulties for diabetes incorporate retinopathy, nephropathy, fringe neuropathy with hazard from claiming foot ulcers, amputations What's more charcot joint [2]. Those patients with diabetes have an expanded occurrence of a atherosclerotic cardio vascular, fringe blood vessel Furthermore cerebrovascular malady [3]. Kind 2 diabetes (T2D) makes dependent upon about85-90%ofallcases. It happens All around those reality Be that its basic in the created nations particularly kind 2. However happening to creating nations over asia Also Africa, the place The greater part patients will most likely a chance to be discovered Toward 2030 [4]. Those expansion done frequency in creating nations takes after the pattern about urbanization and lifestyle transforms. Including inactivity lifestyle, lesquerella physically requesting fill in Also worldwide sustenance transition, checked by expanded admission complex from claiming sustenance that need aid helter skelter to sugar fruit and immersed fats Be that poorly supplement. The danger from claiming get sort 2 diabetes mellitus need been broadly discovered on make connected with easier socio-investment nations [5]. In egypt the corpulence particularly visceral adiposity What's more physical movement are significant danger figures to diabetes. There need aid half of egyptian men and 65 - 80% from claiming egyptian ladies are overweight,[6]. The WHO reports show that 30. 3% of the egyptian mature people are large egypt need those third most astounding pervasiveness for corpulence then afterward saudi arabia What's more united Middle Easterner emirates in the center east district. The corpulence connected with the danger of diabetes What's more cardio vascular illnesses [7]. The physical inertia is an additional significant hazard figure for the advancement for T2D in egypt. The review clinched alongside 2015 which incorporate the patients with unending malady for example, diabetes [8].

2. Subujet and method

Those investigation might have been led at the inward drug and clinical pathology divisions from claiming Benha school healing centers from june 2017 should april 2018 on 40 patients for kind 2 diabetes mellitus Also 10 clearly solid subjects serving Concerning illustration control.

2.1 Patients groups

1) Group 1:
   It included 20 patients of type 2 diabetes without complication (13 males and 7 females), with age range from 38-62 years.

2) Group 2:
   It include 20 patients of type 2 diabetes with microvascular or macrovascular complications(14 males and 6 females) with age range from (42-70) years.

3) Control Group:
   It include 10 apparently healthy persons (6 males, 4 females) with age range from (35-58) years.

2.2 Analytical methods

1- Blood glucose level

The analysis was done using Biosystem A15 auto analyzer applying glucose enzymatic colorimetric method. In this method oxidation occurs in the presence of glucose oxidase [11].

Range: fasting 70 - 110 mg/dL
Post prandial up to 140 mg/dL

2- Serum urea

Principle

Urea in the sample is measured by means of coupled reaction. The colored complex can be measured spectrophotometrically [12]The analysis was done by using Urea/BUN – Color BioSystems reagent kit provided by BioSystems A15 auto analyzer /

Total Cholesterol (TC)

Total cholesterol was assayed on Biosystem A15 auto-analyzer applying colorimetric method. In this method, cholesterol esterase (CE) hydrolyzes cholesterol
esters to free cholesterol and fatty acid and the color was measured at 546 nm [14].

Aspartate transaminase (AST)

The examination might have been done utilizing Biosyst A15 auto-analyzer applying dynamic technique. The amino corrosive will be enzymatically exchanged by AST exhibit in the example from aspartate of the carbon particle for 2-oxaloglutarate yielding oxaloacetate Also L-glutamate. Those reactant centralization is decided from those rate for diminished absorbance In 340 nm because of change from claiming NADH should nad by malate dehydrogenase coupled response [15].

3. Statistical analysis

The collected data were revised, coded, tabulated and introduced to a PC using Statistical Package for Social Science (IBM Corp. Released 2011; IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp.). Data were presented and suitable analysis was done according to the type of data obtained for each parameter.

Descriptive statistics

1- Mean, standard deviation (± SD) for parametric numerical data, while Median and range for non-parametric numerical data.
2- Frequency and percentage of non-numerical data.
3- Shapiro test was done to test the normality of data distribution.
Significant data was considered to be nonparametric.

Table (1) Comparison of gender distribution according to cut off value obtained by ROC curve in T2DM group.

<table>
<thead>
<tr>
<th>T2DM</th>
<th>Below cut off</th>
<th>Above cut off</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=15</td>
<td>N=45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Male</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
<td>80</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

SD, standard deviation; age is compared by t test; gender is compared by Fisher exact test.

No significant differences were found in gender distribution according to cut off value obtained by ROC curve in T2DM group.

Table (2) Comparison of anthropometric measures, blood pressure and family history between all studied groups.

<table>
<thead>
<tr>
<th>Group</th>
<th>Control N=10 mean±SD</th>
<th>T2DM N=40 mean±SD</th>
<th>T2DM Without complication N=20 mean±SD</th>
<th>T2DM With complications N=20 mean±SD</th>
<th>P1</th>
<th>P2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (kg)</td>
<td>71.5±7.2</td>
<td>93.6±12.4</td>
<td>95.8±14.9</td>
<td>91±9.1</td>
<td>&lt;0.001H.S</td>
<td>0.263</td>
</tr>
<tr>
<td>Height (cm)</td>
<td>165±7</td>
<td>166.6±6.9</td>
<td>167±6.5</td>
<td>166.1±7.5</td>
<td>0.531</td>
<td>0.687</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>23.1±6.6</td>
<td>33.6±4.2</td>
<td>34±5.1</td>
<td>33.2±3.2</td>
<td>&lt;0.001H.S</td>
<td>0.536</td>
</tr>
<tr>
<td>SBP (mmHg)</td>
<td>121.5±7.5</td>
<td>140±16</td>
<td>142±18.3</td>
<td>138±13.5</td>
<td>&lt;0.001H.S</td>
<td>0.437</td>
</tr>
<tr>
<td>DBP (mmHg)</td>
<td>77.5±6.8</td>
<td>88.1±8.6</td>
<td>88.8±7.6</td>
<td>87.5±9.7</td>
<td>&lt;0.001 H.S</td>
<td>0.652</td>
</tr>
</tbody>
</table>

P1, comparison between T2DM and control groups. P2, comparison between T2DM with and without complications.
BMI, body mass index.  
SBP, systolic blood pressure.  
DBP, diastolic blood pressure.  

In the present study we found that weight, BMI, SBP, DBP and family history in T2DM cases were highly significant when compared to control group (p<0.001).

Table (3) Laboratory investigations for all studied groups.

<table>
<thead>
<tr>
<th>Group</th>
<th>Control</th>
<th>T2DM</th>
<th>T2DM Without complications</th>
<th>T2DM With complications</th>
<th>P1</th>
<th>P2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=10</td>
<td>N=40</td>
<td>N=20</td>
<td>N=20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2hPPBG (mg/dL)</td>
<td>Mean ±SD</td>
<td>Mean ±SD</td>
<td>Mean ±SD</td>
<td>Mean ±SD</td>
<td>&lt;0.001 H.S</td>
<td>.737</td>
</tr>
<tr>
<td>FBG (mg/dL)</td>
<td>100.5±10.3</td>
<td>259.6±57.9</td>
<td>262.7±47.2</td>
<td>256.5±68</td>
<td>&lt;0.001 H.S</td>
<td>.358</td>
</tr>
<tr>
<td>Urea (mg/dL)</td>
<td>126±20.1</td>
<td>204.5±50.1</td>
<td>197.±53.6</td>
<td>211.9±46.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AST (U/L)</td>
<td>28.6±2.2</td>
<td>43.2±13.8</td>
<td>36.4±11.5</td>
<td>50.1±16.7</td>
<td>&lt;.054 S</td>
<td>.349</td>
</tr>
</tbody>
</table>
| P1, comparison between T2DM and control groups.  
P2, comparison between T2DM with and without complications.  
TG, triglycerides. TC, total cholesterol. HDL, high density lipoprotein.  
LDL, low density lipoprotein.  
FBG, fasting blood glucose.  
2h PPBG.  

5. Discussion

Diabetes mellitus (DM) is a complex, chronic disease characterized by hyperglycemia. It needs to be considered the leading cause of death worldwide. Type 1 diabetes (T1DM) is characterized by a complete loss of insulin production, while type 2 diabetes (T2DM) is characterized by insulin resistance and reduced insulin secretion. The patients were further subdivided under two groups, assembly I which included 20 diabetic patients without difficulties Furthermore bunch II included 20 diabetic patients with difficulties.

Those effects of the available worth of effort indicated no huge Contrast about sex appropriation "around the concentrated on gatherings.

Those effects were concurred with discoveries for [13] who demonstrated that the period Also sex exhibited no huge variety Around diabetic aggregations contrasted with typical populace.

In this consider those weight What's more BMI were Exceedingly fundamentally expanded clinched alongside T2DM patients contrasted with control assembly. This outcome might have been in understanding with [21] who demonstrated that there might have been a statistically critical build in BMI clinched alongside diabetic patients more than control assembly. In any case [19] showed that there might have been not noteworthy distinction Previously, BMI between T2DM cases What's more control Assemblies.

We discovered that there were statistically critical contrasts the middle of T2DM Also control assembly in regards to 2 hour post prandial. The effects about 2hour post prandial blood glucose Around the concentrated on gatherings were in understanding for. Those outcomes of the available fill in demonstrated that tce might have been altogether higher in the diabetic gatherings contrasted with control assembly. Tce might have been fundamentally expanded in the diabetic one assembly contrasted with control bunch. The consequence might have been in understanding who exhibited altogether.
expanded level of tce clinched alongside diabetic patients contrasted with control gathering.

This study demonstrated that serum urea might have been statistically huge clinched alongside dm patients when contrasted with control one assembly. The outcome might have been in understanding for. We found that AST were statistically noteworthy for dm patients The point when contrasted with control one assembly. This aftereffect might have been in understanding for who discovered that patients with T2DM have insulin response safety that prompts liver brokenness.

References