INTRODUCTION:
The diagnosis of increasingly serious in the early years of life obesity has experienced a large epidemiological increased worldwide in recent decades, and especially in our country and in some groups. Many of the metabolic complications (SM) and cardiovascular have their origins in childhood and are closely related to the presence of insulin resistance (IR), which associated complications: hepatic steatosis, endothelial dysfunction, polycystic ovary syndrome (PCOS) dyslipidemia, prediabetes, type 2 diabetes, and asthma. To date there have been described in our type 2 DM in children associated with obesity.

OBJECTIVE:
To study within our cohort of obese children followed in the prevalence of IR Hospital and DMP2

MATERIAL and METHODS:

RESULTS:
250 cases initially selected, 54% (n = 135) 46% girls (n = 115) children. First consultation Age: 10.1 ± 2.2 (6-17). Weight and height at birth: 92% PAEG, 2.7% PEG, 5.4% MEG. BMI (kg/m2) average Z-score +2.8 , with DS 0.75 [2-8.5]. Tanner I (61%) T2-4 (35%), T5 (4%). Obesity grade I (44%), grade II (46%), grade III (7%) severe / morbid (5%). Intolerant GTT 30/250 (12%), criteria MS 12/250 (5%) and DMP2 2/250 (0.8%). Description cases

CASE #1

• FA: DM2
• PA: SGA Disharmonious and X-fragil
• DEBUT: 12.9y. BMI +3.5 SDS
• Glucemia 980 mgs/dl pH:6.9
Peptide C: 1.2 ng/ml [0.7-4.0]
Insulin 34 mcU/ml [0-25]
Ac IAA GAD IIA2 negatives
HbA1c: 11.8% HLA DR3/4 -/-
• Insulin: 2.8 ui/kg/d (glargina+lispro) + metformina 16% lost weight only metformina/act.

CONCLUSIONS:
Childhood obesity in our country has reached such prevalence and intensity which gives rise to cases of type 2 DM, as described in other age groups and regions.