INTRODUCTION

Type 1 diabetes (T1DM) is a chronic disease with many chronic complications as nephropathy, retinopathy and neuropathy or macrovascular complications as coronary artery disease and peripheral vascular disease due to the effects of hyperglycemia and dyslipidemia on vascular endothelial function. Moreover, in patients with T1DM, hypertension (HTN) is a significant contributor to the development of both micro- and macrovascular complications.

OBJECTIVES

To determine the prevalence of HTN in children with T1DM attending pediatric diabetes clinic and to study the relation between HTN, glycemic control and presence of other chronic complications such as nephropathy and retinopathy in these children with T1DM.

METHODS

Fifty children and adolescents with T1DM attending our diabetes clinic were subjected to history and full examination including blood pressure (BP) measuring and classification according to the National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents to: Pre-hypertensive, Stage 1 HTN and Stage 2 HTN. HbA1c, microalbuminuria, lipid profile and ophthalmoscopy were done.

RESULTS

Seven out of the 50 cases with T1DM (14%) had HTN. Most of the hypertensive cases were post pubertal (6 cases: 3 cases in Pre HTN stage, 2 in Stage 1 HTN and 1 in Stage 2 HTN). Significant positive correlation between BMI and systolic BP was found (p<0.05). HbA1c was significantly higher among the post-pubertal hypertensive group compared to pre-pubertal group (p ≤ 0.05) with significant positive correlation between HbA1c and systolic BP in the whole group (p=0.039). Early nephropathy was detected in 85.7% of the hypertensive group (p ≤ 0.001). The hypertensive diabetic children had a higher mean of lipid profile parameters (p ≤ 0.05) with significant positive correlation between cholesterol level and systolic BP in the whole group as (p =0.002). Only one case had diabetic retinopathy.

CONCLUSION

HTN is common among T1DM children and their blood pressure should be screened annually to guard against the development and progression of chronic complications.

REFERENCES