Growth abnormalities in patients with
Type 1 diabetes

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INTRODUCTION
Autoimmune type 1 diabetes is the most common endocrine disease in children. Like any other chronic disease, it can affect their growth. The aim of our work was to describe the different growth abnormalities observed in type 1 diabetic patients followed-up in the department of Endocrinology-Diabetology-Nutrition of Mohammed-VI University Hospital Center of Oujda, in the eastern of Morocco.

RESULTS
The mean age was 14.9 ± 4 years, sixteen percent of patients were below 10 years old and the sex ratio (Boy/Girl) was 1. The duration of diabetes was less than 13 months for half of patients, with a mean duration of 3.2 years. Twenty percent of patients had an onset of type 1 diabetes. All of the patients were poorly controlled patients with an average of Hba1C of 10.9 ± 2.5%. Seventy-eight percent of patients had a normal weight (-1SD≤ Weight ≤+1SD) (figure 2) and 84% had a normal height (-1SD≤ height ≤+1SD) (figure 1). Fourteen percent of our patients had a weight ≥2SD, and only 8% had a weight below 2SD. On the statural level, 10% of patients had a height ≥2SD, and short stature was observed in only 5% of cases (≤2SD). In our series, no statistical correlation was found between diabetes duration, diabetes imbalance and growth abnormalities.

CONCLUSIONS
The effect of glycemic control on growth is debated in literature. At the time of diabetes diagnosis, some studies reported a statural advantage in diabetic children compared to non-diabetic children. The incidence of short stature in type 1 diabetes is rare; its presence is often correlated with the existence of other chronic diseases, like celiac disease. Therefore, it seems necessary to investigate growth delay in the presence of type 1 diabetes.

PATIENTS-METHODS
This is a retrospective descriptive and analytical study including 183 type 1 diabetic patients, under the age of 21, hospitalized in the department of Endocrinology-Diabetology-Nutrition of Mohammed-VI University Hospital Center of Oujda. Weight and height were read into Sempe-Pedron growth curve

REFERENCES

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