

# Implications of Coexistence of Diabetes and Liver Cirrhosis: Are Two Worse Than One?

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Dear Editor,

I read with interest, the study by Ramachandran TM et al., in September issue of the journal and wish to congratulate the authors for their study [1].

Type 2 Diabetes Mellitus (DM) is common in liver cirrhosis, this relationship is even stronger in patients with non-alcoholic fatty liver disease, where metabolic syndrome is highly prevalent. It has been shown that DM is independent risk factor for progression of liver fibrosis in patients with non-alcoholic fatty liver disease [2]. In a recent study, it was observed that a quarter of patients with alcoholic liver disease had DM [3].

There are interesting aspects related to the diagnosis of DM in patients with liver cirrhosis, fasting plasma glucose is considered inadequate and often misses the diagnosis of DM when compared to oral glucose tolerance test [4]. Similarly, HbA1c has been found unsuitable to diagnose DM in these patients [5].

Diabetes Mellitus has been shown to be an important prognostic factor in these patients, a French study showed a lower transplant free survival in patients with hepatitis C related cirrhosis with DM versus those without DM. Moreover, there was higher risk of renal dysfunction, ascites and hepatocellular carcinoma in patients with DM [6].

To conclude, presence of diabetes is a risk factor for disease progression in patients with liver cirrhosis. Further studies to look for outcome of early diagnosis and optimal management of DM in patients with liver cirrhosis may firmly stress the importance of co-existence of these two chronic diseases.

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