

GLYCOGENIC HEPATOPATHY: AN UNDERRECOGNIZED CAUSE OF HEPATOMEGALY IN UNCONTROLLED TYPE 1 DIABETES

Charlotte De Vloo

UEG Week Copenhagen 2023

Poster

Hepatobiliary

October 15, 2023

A case report describes glycogenic hepatopathy diagnosed in a 29-year-old woman with uncontrolled type 1 diabetes presenting with hepatomegaly and abdominal pain.

KEY POINTS

- The patient presented with severe hepatomegaly (18 cm craniocaudal diameter), abdominal pain, markedly elevated glucose (539 mg/dL), lactate (42.1 mg/dL), and HbA1c of 11%.
- Liver biopsy showed glycogenated nuclei and diffusely swollen hepatocytes with cytoplasm strongly positive on Periodic acid-Schiff stain, consistent with glycogenic hepatopathy.
- Extended workup excluded inherited iron-overload disorder, autoimmune hepatitis, celiac sprue, primary biliary cirrhosis, viral hepatitis, Wilson's disease, and alpha-1-antitrypsin deficiency.
- Treatment with aggressive intravenous fluid resuscitation and insulin therapy resulted in normalization of liver tests, lactate, and glucose within 24 hours.
- The case highlights glycogenic hepatopathy as an underrecognized cause of hepatomegaly in patients with poorly controlled type 1 diabetes.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/6d5f4cdc-743c-11ee-9a78-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.