

CONTRIBUȚII LA DIAGNOZA DERMATOGLIFICĂ A DIABETULUI ZAHARAT TIPUL 2 (DZ₂) SAU NON-INSULINODEPENDENT

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CONTRIBUTIONS TO THE DERMATOGLYPHIC DIAGNOSIS OF THE TYPE 2 (DZ₂)-OR NON-INSULIN DEPENDENT-DIABETES. The paper is a dermatoglyphic study on a group of 190 patients suffering from non-insulin dependent or Type 2 diabetes mellitus (DZ₂) with ages between 40 and 82 years, all coming from Moldova; at the level of the whole group, the affection appeared between 34 and 80 years (in 60% of the cases, having been installed at ages between 50 and 65 years, which corresponds to the menopause, in the case of women and andropause – respectively, in the case of men). 380 finger and palmar prints – analyzed as a function of sex and laterality, from a pathological perspective – have been taken over.

An interesting observation was that, regardless of the age at which the DZ₂ had been discovered or of the secondary affections accompanying it, all patients evidence, in their finger and palmar print – important anomalies or distortions, bearing deep clinical significance (10 at digital level and again 10 at palmar level), which are grouped between 3 and 7, in various combinations, in each patient's finger and palmar print, so that, at the level of the whole sample, they attain percent ratios, which considerably differentiate the series under study from the reference group of Moldova.

Thus observation supports the hypothesis according to which the causal factors – of either genetic or teratological nature – involved in the genesis of DZ₂ had acted as early as the first 3–5 months of intrauterine life, when the epidermal papillary ridges become final. Responsible for the beginning of the malady as such, in the post-natal period, are actually the multiple secondary stress-generating factors, among which especially important are the absence of physical activities, a sedentary life, an unrationed, hypercaloric alimentary regime, which – as unanimously known – induce, after the age of 40, hormonal and metabolic disorders and, implicitly, over-weight and obesity, known as factors of risk in the installation of the affection in 80% of the DZ₂ cases.

Present in both men and women and on both hands of the affected people, yet especially on the left one, the dermatoglyphic anomalies evidenced in DZ₂ have been also found out in patients suffering from insulin-dependent diabetes (DZ₁) a considerable part of them occurring in quite close ratios, on keeping identical even the line of sexual dimorphism and bilateral differences, all such similitudes explaining, from a dermatoglyphic view, the presence, in both types of diabetes, of the same clinical signs in the debut of the malady (such as: asthenia, fatigue, polyuria, polydipsia, polyphagia). The striking similitude – from a dermatoglyphic perspective – between DZ₂ and DZ₁ is to be observed, as well in the succession of distortions' distribution on the cumulated five fingers, as well as in the uni- or bilateral manner in which they occur on the carriers' palm. As the results here discussed are the first recorded at national level, they may be considered as reference information in the screening methods applied for a precocious discovery of both DZ₂ and DZ₁, at populational level (at least in the region of Moldova to which the patients belong), while the anomalies as such – as “markers” for the persons with a high risk to DZ₂ and DZ₁.