

A Case of Fulminant Type 1 Diabetes Mellitus in a Patient with Post-pancreatectomy Diabetes

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Background: Fulminant type 1 diabetes is a subtype of type 1B diabetes, which is an acute illness with no evidence of islet autoantibodies. The occurrence of post-pancreatectomy diabetes has been already reported, but an incidence of fulminant type 1 diabetes after pancreatectomy is rarely reported. This is a case of fulminant type 1 diabetes in the patient with post-pancreatectomy diabetes. **Case:** A 43-year-old woman visited the emergency room with a drowsy mental status. She had previously been healthy without diabetes, but she was diagnosed with pancreatic tail cancer a year ago and underwent distal pancreatectomy with splenectomy. Shortly after the surgery, she developed post-pancreatectomy diabetes and started gemigliptin, then changed to basal insulin therapy. She suffered from pharyngitis two days before admission. Her laboratory findings suggested diabetic ketoacidosis (arterial blood pH 7.247, bicarbonate 13.7mmEq/L, blood β -ketone 1.4mmol/L, anion gap 27.3mEq/L). C-peptide level was 0.1 ng/mL. Serum amylase and lipase were slightly elevated (123U/L and 120U/L, respectively), but there was no abnormality in the remnant pancreas on abdominal CT. Anti-GAD antibodies were negative. Her clinical presentations and lab findings were appropriate for the diagnosis of fulminant type 1 diabetes; with rapid progression pattern, metabolic acidosis, negative autoantibody to pancreatic islet cells, the elevation of pancreatic enzyme, and loss of C-peptide secretion function. She was treated with intravenous insulin infusion therapy and discharged with multiple dose insulin injection therapies. **Conclusion:** We report a case of fulminant type 1 diabetes mellitus in patients with post-pancreatectomy diabetes. This report suggests that fulminant type 1 diabetes mellitus, which is an uncommon disease, can occur in a variety of clinical settings such as the post-pancreatectomy state.

