

# Preface

**A**s a rule, diagnosing diabetes is not that difficult. A constellation of clinical symptoms such as excessive thirst, polyuria, unexplained weight loss, blurry vision, and urinary tract infection, to name a few, immediately brings the diagnosis of diabetes to the top of the list of differential diagnoses in the mind of every physician. Confirmation is then obtained by measuring the level of glucose in blood and hemoglobin A1C (HbA<sub>1c</sub>). In some patients with mild symptoms or in asymptomatic individuals, laboratory findings may be the only initial manifestations of diabetes.

A more difficult step is to classify diabetes appropriately. Because the term “diabetes” refers to a large group of metabolic disorders characterized by hyperglycemia, it is important to ensure that etiology and pathophysiology of hyperglycemia are identified accurately in every patient. Proper classification of diabetes is not just a theoretical exercise, but also a critically important step in selecting the most appropriate therapy for a given patient.

While type 1 and type 2 diabetes account for up to 90% of all cases of diabetes, the remaining “atypical cases” of diabetes are frequent enough that every practitioner is likely to encounter them in his or her practice. Recognizing these cases and applying appropriate therapy are vitally important for successful treatment of these conditions.

The chapters presented in this volume describe various forms of atypical diabetes and provide insight into their etiology, pathophysiology, clinical picture, and therapeutic options. The cases that follow chapters 1, 4, and 8 illustrate multiple diagnostic and therapeutic challenges and are intended to help practitioners sharpen their clinical skills when encountering similar cases of atypical diabetes.

The authors and the editors are eager to share their knowledge and experience with the readers. We sincerely hope our readers will find the book informative and helpful to their practice.

Boris Draznin, MD, PhD