

Letter to the editor

Hyperproinsulinaemia in cirrhosis

Dear Sir,

We read with interest the report by Kasperska-Czyzykova et al. [1] which compared serum proinsulin levels in cirrhotic and 'healthy' subjects. Their finding of a twofold increase in fasting serum proinsulin levels in cirrhosis accords with unpublished observations of our own. However, the validity of any comparison between the response to oral glucose of the cirrhotic and control groups of Kasperska-Czyzykova et al. must be uncertain. Examination of the data from 100-g oral glucose tolerance tests, given in tabular form, suggests that the 'healthy' group were far from normal.

Two hours after the 100-g glucose load, the mean venous blood glucose of the control group was 6.9 ± 2.1 mmol/l. Blood glucose profiles in normal subjects vary little following 50- or 100-g glucose loads [2]. The control group fell just short of the impaired glucose tolerance category as defined for the 75-g oral glucose tolerance test [3]. Nearly half of the control subjects must have been clearly abnormal.

The serum immunoreactive insulin and C-peptide profiles of the control subjects were similarly bizarre. Serum insulin reached a sustained plateau around 50 mU/l by 60 min and remained elevated until 120 min (55 mU/l), instead of falling sharply after 60 min as in the normal response to a 100-g glucose load [3]. C-peptide levels climbed slowly to a peak at 90 min rather than 45–60 min [4]. The authors comment that the shape of the C-peptide curves did not differ between cirrhotic and 'healthy' subjects. Indeed they did not, but the abnormal C-peptide response of cirrhotic subjects is well documented [5, 6].

In the same study, blood glucose data from 50-g oral glucose tolerance tests are presented, and the occurrence of two 'borderline' glucose intolerance results amongst the control subjects were noted. This discrepancy between the results of 50- and 100-g oral glucose tolerance tests has been reported to exist only in states of compromised pancreatic function [2]. How were the 'healthy' group selected? Could they have been patients undergoing tests for suspected intestinal or pancreatic disease?

Although the hyperproinsulinaemia of cirrhosis must be recognised, comparison of such data with data from subjects with abnormal blood glucose, serum insulin and serum C-peptide responses to oral glucose is unfortunate.

Yours sincerely,

R. Taylor and K.G.M.M. Alberti

References

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Announcements

2nd Meeting of the Diabetes and Nutrition Study Group of the EASD

The 2nd Meeting of the Diabetes and Nutrition Study Group of the EASD will be held in Düsseldorf, FRG from 28 June to 1 July 1984. *Abstract forms and further information from:* Professor Dr. F. A. Gries or Dr. M. Toeller, Diabetes Forschungsinstitut der Universität Düsseldorf, Auf'm Hennekamp 65, D-4000 Düsseldorf 1, FRG. *Deadline for Abstracts:* 10 March 1984.

XV Annual Meeting of the EASD Study Group 'Diabetic Pregnancy Study Group'

The XV Annual Meeting of the EASD Study Group 'Diabetic Pregnancy Study Group' will be held from 8–11 September 1984 in Belfast, Northern Ireland. Submission of abstracts by 4 February 1984. *Further details contact:* Dr. D. Hadden, Metabolic Unit, Royal Victoria Hospital, Belfast BT12 6BA, Northern Ireland.

The EASD Lipoprotein Study Group meeting: abnormalities of lipid and lipoprotein metabolism in diabetes

The EASD Lipoprotein Study Group meeting entitled "Abnormalities of lipid and lipoprotein metabolism in diabetes" will be held on

Tuesday 11 September at St. Bartholomew's Hospital, London. *Deadline for abstracts:* 2 July 1984. *For further details contact:* Dr. D. J. Galton, Diabetic Office, St. Bartholomew's Hospital, West Smithfield, London EC1A 7BE (tel.: (01) 600 9000, ext. 2796)

Rheology and blood flow in diabetes and limb ischaemia

A meeting on rheology and blood flow in diabetes and limb ischaemia will be held on Tuesday 11 September in London, UK. *Details from:* Miss B. Komoniewska, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE, UK

International Symposium on Substrate and Energy Metabolism in Man

The Third Medical Research Council, Clinical Research Centre Symposium is to be held at the Clinical Research Centre, Harrow, London, UK from 17 to 19 September 1984. Emphasis of meeting: Recent advances in amino acid and energy metabolism relevant to endocrinology, surgery and enteral and parenteral nutrition. *Further details contact:* Dr. J. S. Garrow, Nutrition Research Group, Clinical Research Centre, Watford Road, Harrow, Middlesex, HA1 3UJ, UK (tel.: 01 864 5311). *Deadline for poster abstracts:* 30 June 1984