Letters to the Editor

Islet transplantation with 15-Deoxyspergualin

Dear Sir,

Concerning our rapid communication "Prolongation of graft survival in allogeneic islet transplantation by (–)15-Deoxyspergualin in the rat" [1] we apologise for a double publication in Transplantation Proceedings (1986) 18: 1860–1861, which we considered originally as a symposium report.

We hope that this misunderstanding will be excused.

Yours sincerely,

P. Walter, G. Feifel, S. Jäger, G. Seitz, G. Dickneite, H. U. Schorlemmer and H. H. Sedlacek

References

1. Walter PK, Dickneite G, Schorlemmer HU, Sedlacek HH, Jäger S, Feifel G, Seitz G (1987) Prolongation of graft survival in allogeneic islet transplantation by (–)15-Deoxyspergualin in the rat. Diabetologia 30: 38–40

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Heterogeneity of diabetes mellitus

Dear Sir,

In a recent article Groop et al. [1] demonstrated the relationship between B-cell function and HLA antigens in patients with Type 2 (non-insulin-dependent) diabetes asserting that it might be possible to distinguish a subgroup of patients with Type 2 diabetes that in the

course of time may develop insulin dependence, and a subgroup of patients with Type 2 diabetes that may not develop such a dependence. The first subgroup of patients showed an increased frequency of HLA-B8, DR4, B8/B15 and DR3/DR4 and significantly lower concentrations of C-peptide than patients without these HLA anti-

Table 1. Clinical features of patients with Type 1 (insulin-dependent) diabetes

No.	Age (years)	Sex (M/F)	Duration of diabetes (years)	Fasting C-peptide (normal range: 1–3 ng/ml)	Relatives with Type 2 (non-insulin-dependent) diabetes
1	26	F	5	0.49	Mother, maternal uncle, aunt, grandmother. Sister with Type 1 diabetes
2	32	M	5	0.85	Father
3	30	F	13	0.50	Mother
4	33	F	20	0.55	Mother
5	24	F	7	0.89	Mother
6	35	M	8	0.40	Mother, brother
7	33	M	13	0.34	Father
8	28	F	12	0.75	Mother
9	28	M	5	0.85	Father
10	24	M	7	0.35	Father, maternal aunt
11	46	F	25	0.54	Mother
12	31	M	7	0.97	Father
13	37	F	9	0.67	Father
14	35	F	10	0.78	Father
15	11	M	2 months	0.86	Paternal grandfather, maternal grandmother, father with IGT ^a
16	22	F	6	0.85	Maternal grandmother, maternal aunt, mother with IGT

^a IGT = impaired glucose tolerance

gens. On the other hand, the second subgroup patients showed HLA DR5 and DRw8 and higher levels of C-peptide.

Winter et al. [2] have recently reported the data concerning the identification of an atypical form of diabetes in black Americans, different from the classical form of Type 1 (insulin-dependent) diabetes and classifiable as a particular form of maturity-onset diabetes of youth (MODY).

With regard to the individualisation of uncommon features concerning diabetic patients we would like to report the preliminary data, though not supported by the confirmation of the HLA-DR antigen data which we consider to be interesting. This data is drawn from research still in progress, of about 3000 clinical records of diabetic patients attending the Diabetic Clinic Casa di Cura S.Rita in Taranto, Italy. From the analysis of the first 570 clinical records, it has emerged that 43 patients were suffering from Type 1 diabetes mellitus. Moreover 16 of these 43 (37%) had the peculiarity of being related to at least one Type 2 diabetic patient (Table 1). In some cases these young patients were members of families with a strong incidence of Type 2 diabetes (cases 1, 15, 16). It must be said that there were no doubts about the specific diagnoses of Type 1 and Type 2 diabetes. In fact, the patients with Type 1 diabetes, deprived of their usual insulin administration for 2 or 3 days at the most, showed the tendency to rapidly become strongly ketoacidotic. On the other hand, patients with Type 2 diabetes did not present any ketosis or ketonuria, even if they were deprived of the therapy for about 10 days.

If the reported data is as significant after having observed all our clinical records, we should be able to affirm that the possibility exists, of distinguishing a subgroup of patients who are distinctive in that they are the offspring of patients with Type 2 diabetes.

It would be useful to verify such observations with genetic or immunological studies.

Yours sincerely,

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References

1. Groop L, Groop P-H, Koskimies S (1986) Relationship between B-cell function and HLA antigens in patients with Type 2 (non-insulin-dependent) diabetes. *Diabetologia* 29: 757–760
2. Winter WE, Maclaren NK, Riley WJ, Clarke DW, Kappy MS, Spillar RP (1987) Maturity-onset diabetes of youth in black Americans. *N Engl J Med* 316: 285–291

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