

# Letter to the Editor Regarding: Patterns and Impact of Hypoglycemia, Hyperglycemia, and Glucose Variability on Inpatients with Insulin-Treated Cystic Fibrosis-Related Diabetes

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As noted recently by Jones et al., hypoglycemia is common in hospitalized patients with cystic fibrosis-related diabetes (CFRD) and is associated with an increase in readmission or death [1]. Though insulin therapy has been blamed for episodes of hypoglycemia, we noted ketonemia (elevated fingerstick 3-hydroxybutyrate) in several hospitalized patients with CFRD and hypoglycemia [2]; serum glucagon was low in one of these patients. Ketotic hypoglycemia is unlikely to be due to insulin therapy in this setting, and further study of this phenomenon is needed.

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## REFERENCES

1. Jones GC, Chong ZM, Gilmour J, Matheson C, MacGregor G, Sainsbury CA. Patterns and impact of hypoglycemia, hyperglycemia, and glucose variability on inpatients with insulin-treated cystic fibrosis-related diabetes. *Diabetes Ther.* 2016;7:575–82.
2. Sanzone AM, Baird JS. 3-Beta hydroxybutyrate in cystic fibrosis and diabetic ketoacidosis: 46. *Pediatr Crit Care Med.* 2005;6:114.

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