

THE CONTRIBUTION OF DERMATOGLYPHICS TO THE PREDICTION OF TYPE 1-DIABETES MELLITUS (T1DM)

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The present study is devoted to the pathology of dermatoglyphics on a group of 133 subjects (58 males and 75 females) affected by T1DM, of which 58 are children and teen-agers (33 boys and 25 girls) with ages between 4 and 18 years, in whom the disease started between 2 and 17 years, while 75 are adults and old people (25 men and 50 women) with ages between 24 and 79 years, in whom the malady started between 22 and 76 years, respectively. In about 75% of the cases, the diabetes is primarily insulin-dependent, the other patients being insulin-requrers or only secondly insulin-dependent; at the level of the whole batch, 266 palmary prints have been collected.

A first observation was that both the primarily insulin-dependent and insulin-requiring patients evidence in their palmary print – regardless of the age at which the malady occurred, or of the presence of another affection in the spectrum of their clinical picture – multiple distortions or anomalies bearing deep clinical significance which, at the level of the whole group, attain percent values by which the diabetes-affected ones are significantly different from those recorded in normal populations, being nevertheless quite close to the behaviour of the severe CVD and OD affected ones. Present both in the masculine and in the feminine series, and on both palms of the affected persons, having, to a considerable extent, a bilateral disposition in the carriers, the distortions put into evidence demonstrate that the intervention of the factors responsible for the self-immune process of β insulinic cells' destruction is manifesting as early as the intrauterine life, when the papillary ridges are formed, which supports the idea of their possible utilization as "markers" in predicting the persons with diabetogeneous risk.

INTRODUCTION

Diabetes Mellitus (DM), considered as an epidemy occurring at the planetary scale [7, 19, 20] is nowadays defined as a *metabolic syndrome*, including a *heterogeneous group of disorders, all characterized by hyperglycemia, associated with significant blood proteic and blood lipidic modifications, all of them the result of either a relative or an absolute deficit in insulin secretion, accompanied, too, by the resistance of the periphic tissues, to utilize this "hormon of life" – necessary in the transformation of glucose into glycogen – as a reserve energetic substance* [1, 3, 6, 12, 20].