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Diabetes secondary to endocrine and pancreatic disorders, E. Ghigo & M. Porta, editors (Karger, Basel, Switzerland) 2014. 184 pages. Price: US\$ 198.00 / CHF 168.00 / EUR 157.00
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This is a well written book and covers many unusual subtypes of diabetes in a clear and succinct manner. The editors have carefully chosen topics that are generally not covered in depth in medical journals. Rightly, the authors have merged clinical evidence with their expert experience.

For the researchers and the clinicians, this book has its share of surprises and treats. For example, there is an elaborate description on hyperglycaemia due to the effects of hormones like cortisol, growth hormone, thyroid hormones and glucagon. Several aspects of hyperglycaemia are unique, when it occurs in the setting of polycystic ovary syndrome which is characterized by its association with obesity, insulin resistance and diabetes. This aspect has been discussed in detail in a chapter entitled “Type 2 Diabetes in Polycystic Ovary Syndrome”.

The chapter on new onset diabetes after transplantation is well written. Though the focus is on renal transplantation and diabetes, multiple facts on diabetes after solid organ transplantation are discussed. The role of steroids, tacrolimus and cyclosporine-A are also covered. A good description of managing diabetes in patients with pancreatitis is available in another chapter. Detailed descriptions of exocrine and endocrine management are covered. “Fibrocalculous Pancreatic Diabetes”, originally described from India and the tropics is another well written chapter.

A special feature of this book is the focus on endocrine disorders leading to diabetes. It is well known that both deficiency and excess of growth hormone may lead to adverse cardio-metabolic outcomes. There are separate chapters on both these topics. Some of the topics reviewed here are quite unique in that the compilations are not otherwise available in routine articles or textbooks; for example, the features of diabetes in hyperthyroidism and hyperparathyroidism. Diabetes due to adrenal disorders is usually attributed to steroid-induced diabetes/Cushing syndrome, however, both catecholamine excess and hyperaldosteronism can lead to hyperglycaemia and these are covered in some well written chapters. The text describes the mechanisms leading to insulin persistence, beta cell dysfunction and abnormal glucose metabolism in these secondary, endocrine causes of diabetes.

While the book is a compilation of scholarly, focused reviews, the use of case studies, flowcharts, coloured and mechanistic diagrams, and more images would have enhanced the quality of this exhaustive work. Overall, this book is helpful for researchers, academicians, medical postgraduates and the practising clinicians

who would like to keep up-to-date with this rapidly advancing field.

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