

Hypertriglyceridemia Masking Hyperglycemia

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Clinical Image

A 42 year old female diabetic poorly compliant to therapy presented with left facial pain and classic osmotic symptoms of hyperglycemia. Clinical findings revealed dehydration and the features of a lower motor neuron lesion of the left facial nerve. Blood glucose measured by bedside glucose reflectance device (TRUEresult[®]) was 460 mg/dl compared with a value of 1280 mg/dl obtained on an identically timed specimen but measured by spectrophotometry (Figure 1). Plasma was noted to be markedly lipemic (Figure 2), and plasma triglyceride level was 9460 mg/dl. Glycemic control was achieved over several days with intensive insulin therapy. As plasma became less lipemic, the disparity between bedside and laboratory-derived values diminished steadily, eventually becoming identical. Blood glucose reflectance devices have revolutionized the management of diabetes but are unreliable when plasma is lipemic [1].

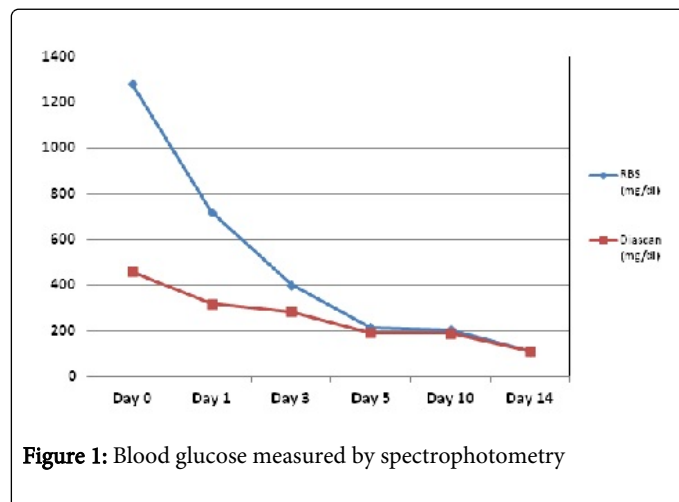


Figure 1: Blood glucose measured by spectrophotometry

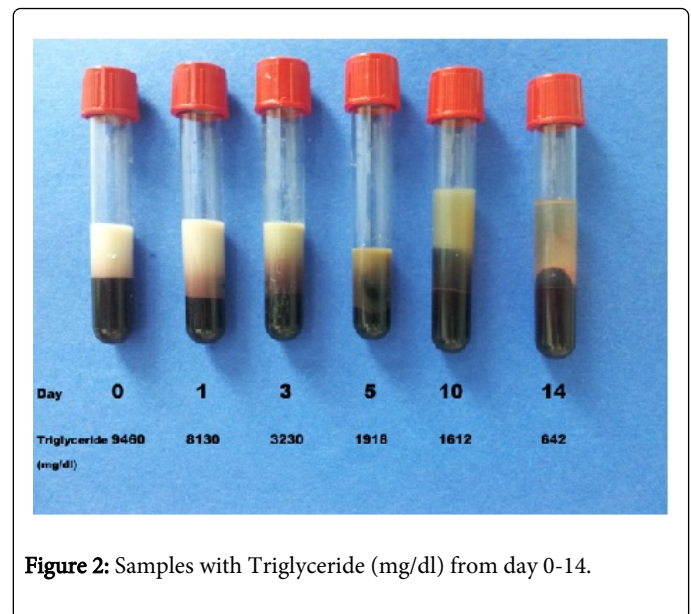


Figure 2: Samples with Triglyceride (mg/dl) from day 0-14.

References

1. Tonyushkina K, Nichols JH (2009) Glucose meters: a review of technical challenges to obtaining accurate results. J Diabetes Sci Technol 13: 971-980.