2. Comorbilities and metadiabetic syndrome are high risk factor of mortality.
3. Polipharmacy is usual and time hospitalization is aumented.

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Diabetic proliferative retinopathy and its associated conditions — A retrospective analisys form a population of pacients with diabetes

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Objectives: Diabetic proliferative retinopathy represents a serious form of diabetic retinopathy, with a significant risk of vision loss. To determine risk factors associated with diabetic proliferative retinopathy from a lot of patients with diabetes. **Methods**: A retrospective analysis was made, including 200 patients with diabetes admitted at INDNBM "N.C. Paulescu" within the following period: January–March 2013. In the studied lot there were 14.5 % ($n = 29$) patients with type 1 diabetes and 85.5% ($n = 171$) patients with type 2 diabetes. Diabetic retinopathy was evaluated through eye fundus examination according with The Early Treatment for Diabetic Retinopathy Study. We've taken into account data regarding the patients' age, type and age of diabetes, lipidic profile, metabolic control, renal function, neuropathic and cardio-vascular involvement. **Results**: From the analyzed lot there were 14% ($n = 28$) patients with diabetic proliferative retinopathy. Its presence had statistically meaning associated with high blood pressure ($p = 0.011$), peripheral arterial disease ($p = 0.036$), diabetic neuropathy ($p = 0.028$) and vegetative neuropathy ($p = 0.004$), low HDL-cholesterol ($p = 0{,}014$), an estimate glomerular filtration rate <60 mL/min/1.73 m^2 ($p = 0{,}001$) and an elevated rate of urinary albumin excretion ($p = 0{,}03$). In the studied lot, age, type of diabetes, body mass index, cholesterol level, triglycerides, the presence of peripheral arterial disease stage IV or cardiac ischemic disease couldn't be associated with diabetic proliferative retinopathy. **Conclusions**: Patients with diabetic proliferative retinopathy had a larger duration of diabetes, a lower HDL-cholesterol level, a higher blood pressure, extensive arterial and neurological damage, a lower eGFR and higher values regarding urinary albumin/ creatinine ratio. There were no significant differences regarding age, HbA1c value and lipidic profile.

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Assesing diabetic retinopathy and its association with diabetic nephropathy — An observational study

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Objective: Diabetic retinopathy represents the most serious eye complication of diabetes and the most frequent cause for eye loss worldwide. In Romania there aren't enough data regarding this complication. The objective of this study is to determine a relation between diabetic retinopathy and its associated conditions in a cohort of 173 patients with type 2 diabetes. **Methods**: A cross-sectional case–control analysis was made, which included 69 patients with diabetic retinopathy and 102 without diabetic retinopathy. Data was gathered from the observational charts of patients admitted at INDNBM "N.C. Paulescu" within January–March 2013. Regarding every patient we kept track of : age, duration of diabetes, HbA1c value, renal function involvement, lipidic profile, blood pressure values and anthropometric parameters. Diabetic retinopathy was assessed through eye fundus examination according with The Early Treatment for Diabetic Retinopathy Study. **Results**: Patients from the group with retinopathy had a statistic significantly longer duration of diabetes ($p = 0.0001$) and had values significantly statistically higher for: serum urea ($p = 0{,}002$), serum creatinine ($p = 0.03$), estimated glomerular filtration rate ($p = 0.04$), albuminuria and urinary albumin creatinine ratio ($p = 0.0001$). Regarding the prevalence of diabetic nephropathy, it was higher in the group with retinopathy (73.01%) than the one without retinopathy (47.72%) ($p = 0.0001$). **Conclusions**: In the studied lot we found a significant statistic affiliation between diabetic retinopathy and duration of diabetes, and diabetic nephropathy.

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Insulin allergy: A case report

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Introduction: Insulin is an indispensable agent for the control of type 1 diabetes mellitus. **Objective**: Demonstrate the importance of studying hypersensitivity reactions to insulin in patients with type 1 diabetes mellitus. **Methods**: We present the case of a woman, 47-year-old female with type 1 diabetes mellitus diagnosed at the age of 23 years old, intermittent rhinitis and depressive disorder. The patient was regularly treated with detemir insulin (Levemir™) tid, lispro protamine (Insulin Humalog Mix 25™), according with glucose during the day, rosuvastatin 10 mg o.d., and escitalopram 15 mg o.d. In January of this year, she nottice the appearance of non-confluent urticariform lesions on the thorax and upper limbs, totalizing 20, with a pruriginous papule at the site of subcutaneous insulin Levemir injection after 4–6 h which spontaneously regressed after 24 h of the administration-biphasic reaction. No other systemic manifestations or other triggers were verified. She had partial improvement with the introduction of non-sedating H_1 antihistamine. **Results**: Laboratory evaluation revealed negative antinuclear antibodies, anti-dsDNA, antithyroid antibodies and normal complement (C3, C4, CH50), sedimentation rate, and electrophoresis of proteins. Total IgE <0.1 UI/ml, serology (Cytomegalovirus, Epstein–Barr virus, coxsackievirus, echovirus, HIV 1/2, hepatitis B/C virus) was also negative. High serum glycated hemoglobin A_1c levels, 7.8%, and apparently affected by the cutaneous reaction. Skin tests were carried out with human insulin and analogues. Levemir insulin (100 U/ml, 3.5 mg/ml): negative prick test, intradermal skin test 1/100, 1/10 and pure, showed a papule equal to the initial one but with an extensive surrounding erythema. Humalog insulin (100 U/ml, 3,5 mg/ml): negative prick test, intradermal skin test 1/100, 1/10 and pure, with a papule equal to the initial one without surrounding erythema. Pure protamine sulfate 10 mg/ml with negative results. Specific IgE: IgE