Case report

Male aged 47 with chronic infection (HIV) since 1995 after sexual route transmission, under antiretroviral treatment since 1997. At present, he undergoes a concomitant regime of lopinivir-ritonavir and abacavir-lamiduvine. In 1999, secondary diabetes was diagnosed to the antiretroviral treatment with irregular metabolic control in spite of the administration of two doses of basal insulin (determin insulin 1.02 IU/kg/day) and a sensitizer to the insulin action (metformin 1.700 mg/day). The last HbA1c control was of 8.2%. During the last 8 months, he developed generalized lipodystrophy, with predominant affectionation of the subcutaneous fat of the face (malar lipoatrophy, figures 1 and 2).

Comment

The lipodystrophic syndromes make up a heterogeneous group of congenital and acquired disorders. The most frequent one is the lipodystrophy associated to the infection by HIV, characterized by atrophy of the peripheral adipose tissue, especially in limbs and face, back-cervical region and abdomen.1 The most important risk factors associated to its onset are the antiretroviral drugs and the infection itself by HIV.2,3 The treatment with protease inhibitors lead frequently to the development of insulin resistance, intolerance to the carbohydrates and diabetes.4 The use of insulin sensitizers

References