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# **Serum Lp (A) lipoprotein concentration in type I diabetics with Micro Albuminuria**

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In the present work we study lipoprotein patterns in insulin dependent diabetic patients with and without microalbuminuria in a trial to find out the relation between lipoproteins including Lp(a) and diabetic nephropathy. This study included 40 subjects they were categorized into three main groups: Group I: 10 Healthy normal controls Group II: 15 IDDM patients without microalbuminuria Group III: 15 IDDM patients with microalbuminuria Patients and controls were of the same age group and were subjected to the following:-- Careful history and clinical examination . • Fundus examination to exclude diabetic retinopathy . • The following laboratory investigations 1. Complete urine analysis. 2. Detection of microalbuminuria 3. Fasting and postprandial serum glucose. 4. Serum total cholesterol. 5. Serum triglycerides. 6. Serum HDLc. 7. Serum LDLc. 8. Serum VLDLc. 9. Serum Lp(a). The results of this work revealed:-- 1. The mean plasma triglycerides levels in diabetics with microalbuminuria is significantly higher than that of both the control group and diabetics without microalbuminuria. 2. The mean plasma VLDLc levels in diabetics with microalbuminuria is significantly higher than that of both the controls and diabetics without microalbuminuria. 3. The mean plasma Lp(a) levels in diabetics without microalbuminuria is significantly higher than that of the control group. Moreover, the mean plasma Lp(a) levels in diabetics with microalbuminuria is significantly higher than that of both the controls and diabetics without microalbuminuria. 4. Significant positive correlation between serum Lp(a) and fasting serum glucose, postprandial glucose, total cholesterol, and LDLc, in diabetics with and without microalbuminuria. As an increased plasma concentration of Lp(a) is strongly correlated with the risk of CHD, finding of higher level of Lp(a) in microalbuminuric patients may be important in understanding the increased prevalence of CHD in diabetic patients with nephropathy. So elevated levels of Lp(a) independent of other plasma lipoproteins can be used as an early marker for the development of diabetic nephropathy as it increases in patients with IDDM without microalbuminuria more than the control and higher levels were detected in microalbuminuric patients in spite of good control of the diabetic state and non significant changes in the other lipoprotein patterns.