Diabetes Secondary to Endocrine and Pancreatic Disorders
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Diabetes Secondary to Endocrine and Pancreatic Disorders

Volume Editors

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27 figures, 2 in color and 14 tables, 2014
Professor Francesco Minuto accepted our belated invitation to write a chapter for this volume and completed it despite a rapidly progressive, unforgiving disease. Sadly, he passed away without seeing the completed book. We wish to dedicate this volume to his memory, strength and dedication.

With enduring friendship,

_Ezio Ghigo, Massimo Porta_
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Introduction

The American Diabetes Association defines diabetes mellitus as a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both [1]. The well-known classification includes type 1, which requires insulin for survival, type 2, a condition resulting from a progressive insulin secretory defect on the background of insulin resistance [2], gestational diabetes, which is still undergoing changes in definition, and the category of ‘other specific types of diabetes’. This includes a long list of genetic defects of the beta cell and of insulin action, diseases of the exocrine pancreas, endocrinopathies, drug- or chemical-induced diabetes, infections, uncommon forms of immune-mediated diabetes and other genetic syndromes sometimes associated with diabetes [1].

We felt that this hazy area deserves more attention than it usually receives. Physicians dealing primarily with diabetes are mostly concerned with the mechanisms of beta cell damage and options for preventing and treating type 1 and type 2. Specialists dealing with other disorders of internal secretion also tend to focus their attention on specific endocrine glands. Somehow, diabetes secondary to other endocrine disorders ends up not receiving all the attention it deserves. The same applies to individuals suffering from diseases of the exocrine pancreas. This may lead to tardy diagnosis of diabetes in these patients and, even more worrying, to delayed diagnosis of occult conditions that may have diabetes as an initial manifestation, pancreatic cancer being the most dreaded. The literature is not extensive on the matter and there are no guidelines or recommendations to suggest a sensible clinical course.

The idea of dedicating a volume of the series Frontiers in Diabetes to diabetes secondary to endocrine and pancreatic disorders was born out of such considerations. For most physicians, knowledge of this matter rests upon information gathered indirectly from previous study or occasional research. That secondary diabetes has remained a neglected area was an even stronger stimulus to engage a series of leading experts in the writing of a comprehensive update. We wish to express our deepest gratitude to the publisher for their customary enthusiastic support leading to the
completion of this volume. We hope it will be of help to all physicians dealing with this large part of medicine and that it might even grow to be regarded as a reference source.

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References
