There are very few case reports of hypoglycemia in patients on Metformin monotherapy. UK Prospective Diabetes Study has reported fewer hypoglycemic episodes with Metformin monotherapy as compared to Sulphonylurea monotherapy, but more than patients on diet alone. One or more hypoglycemic episodes were reported in 6% of patients on Metformin monotherapy and one of these episodes was severe.\(^1\)

Severe hypoglycemia in an elderly patient on Metformin monotherapy was also reported by Zitzmann.\(^2\) The patient was also on ACE inhibitor and NSAID. ACE inhibitors increase insulin sensitivity and could cause hypoglycemia in patients on anti diabetic medications.\(^3\)

Our patient was taking enalapril for 5 years and was also on metformin for a long time. Thus drug interaction between Metformin and Enalapril possibly contributed towards hypoglycemia. Other possible contributing cause could be natural improvement in insulin sensitivity due to aggressive lifestyle changes and thus reduction in need for Metformin therapy.

A case of metformin-induced severe hypoglycemia presenting with neuroglycopenic symptoms is presented to bring forward a point, that possibility of hypoglycemia should not be ignored in patients on Metformin monotherapy presenting with symptoms suggestive of hypoglycemia. ACE inhibitors are commonly co prescribed with Metformin. Since these agents increase insulin sensitivity, the chances of hypoglycemia are increased.

PG Talwalkar\(^*\), Pranali Deotale\(^**\)

\(^*\)Professor of Diabetology; **Post Graduate Student, S. L. Raheja Hospital, Mumbai.

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**REFERENCES**


**Macrophage Activation Syndrome: Experience from a Tertiary Referral Centre**

Sir,

We read with pleasure the study ‘Macrophage activation syndrome: Experience from a tertiary referral centre’ by Dr. L Pinto et al and the accompanying editorial ‘Macrophage activation syndrome’ by Dr. VR Joshi in the March 2007 issue.

Being from rheumatology practice this data includes patients with rheumatic diseases and the emphasis in the editorial also reflects the same.

While Macrophage activation syndrome (MAS) is the term applied to Haemophagocytic Lymphohistiocytosis (HLH) associated with rheumatic diseases, probably the majority of cases of Haemophagocytic Lymphohistiocytosis seen by the general physician are related to infectious agents and deserves emphasis. The diseases we have commonly seen being associated with HLH are dengue and thypoid. The relative frequency of association between Mycobacterium tuberculosis, Salmonella typhi, Leishmania, Brucella, viruses and HLH suggests that the syndrome results from a poorly regulated or inappropriate Th1 response to intracellular pathogens.\(^1\)

The presence of HLH in association with an infectious agents may obscure the diagnosis of the infectious disease itself. Therefore all patients meeting the criteria for diagnosis of HLH should undergo diagnostic tests for the above mentioned infections. The extensive testing associated with this disorder should be guided by epidemiological data including factors like the patient’s travel history, medical history and clinical characteristics including immunocompromise. Since there are associated with this syndrome it becomes all the more necessary for the physician to work in close association with the pathologist and the microbiologist to clearly define the underlying cause.

Recognition of the triggering infectious agent is important since most of these infections are treatable. While the prognosis of HLH associated with rheumatic diseases is grave, if the cause is an infectious agent, antimicrobial treatment and supportive care alone leads to complete recovery in majority of the cases.

R Soman, V Patel, Jaya Lalwani, Mayuri Trivedi

Department of Medicine and Division of Infectious Diseases, PD Hinduja Hospital, Mumbai.

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**REFERENCE**


**Reply from the Author**

Sir,

We thank Dr. Rajeev Soman for the pertinent remarks that he has made. Macrophage activation/Hamaophagocytic syndrome is a feature of many infectious diseases, some of which have been listed by Dr. Soman.

It is evident that the population we studied comprised mainly of rheumatic diseases and malignancies and in that respect it was biased. However, during the period of our study the bone marrow registry did not contain cases of infectious disease induced macrophage