

Did You Know? Brain Iron Overload in Type 2 Diabetes

Take-home message

- Globally, an estimated number of 422 million adults lived with diabetes in 2014.
- Type 2 diabetes usually occurs from the age of 40.
- Symptoms of type 2 diabetes may not develop for a very long time.
- Type 2 diabetes could accumulate more iron and lead to neuronal death.



In Olea Sphere®?

• Type 2 diabetes, also known as non-insulin dependent diabetes, is the most prevalent and most insidious form of the disease, representing 90% of diabetes. Type 2 diabetes affects obese or overweight people. Its origin is often genetic.

Diabetes can lead to complications that affect many parts of the body. Indeed, type 2 diabetes is due to a decrease of insulin secretion.

It is well-known that there are bi-directional relationships between the brain, obesity and insulin resistance. Iron overload is significantly increased in obese subjects.

Iron seems to play a direct and occasional role in the pathophysiology of type 2 diabetes.

Patients with type 2 diabetes accumulate more iron and this can be a major factor triggering increased oxidative stress leading to neuronal death (Ref. 2).





Complications

- In the long term, can affect the heart, blood vessels, eyes, kidneys and nerves.
- Renal failure and iron overload are frequent consequences of type 2 diabetes.
- Brain iron overload could lead to neurologic desorder and dementia.

Possible therapy

- Regular glucose monitoring.
- Food precautions, physical activity.
- Blood presure and lipid monitoring to reduce cardiovascular risks and other complications.

In MRI, T2 * and R2 * are sensitive markers of the iron content in tissue (**Ref. 1**). The quantitative study of T2 * and R2 * in Olea Sphere[®] makes it possible to estimate iron loading in the brain. Thus, cognitive dysfunctions in diabetes type 2 patient may be a marker of iron overload in the brain (Ref. 2).

An MRI-acquired 8-echo gradient echo sequence will produce T2 * and R2 * maps with the **Relaxometry** plugin. In the **Analysis plugin**, «Regions of Interest» (ROI) can be drawn on target regions. **Olea Sphere**[®] **makes the use of several ROIs possible on several slices**, thus displaying the R2* (or T2*) curves on the same graph. **This ensures optimal visualization for a radiologist**.

The decline in cognitive function in obese and insulin- resistant patients is poorly understood. The quantification of iron in the brain

will help for a better understanding.

Sources: Ref [] Quantitative MR Imaging of brain iron : A postmortem validation study ; Christian Langkammer MSc, Nikolaus Krebs MD, Walter Goessler PhD, Eva Scheurer MD, MSc, Franz Ebner MD, Kathrin Yen MD, Franz Fazekas MD, Stefan Ropele, PhD ; Radiology: Volume 257: Number 2—November 2010 Ref [2] Brain Iron Overload, Insulin Resistance, and Cognitive Performance in Dises Subjects: A Preliminary MR Case-Control Study ; Geard Blaco, Losep Puij, Losep Dauins-Estadella, Navier Molina, German Xitra, Fernando E-ranadez-Aranda, Salador Pedraza, Wifredo Ricart, Manuel Portero-Ottn and Lose Manuel Fernandez-Real ; Diabetes Care 2014;37:3076-3083 | D0I: 10:2337/dc1-0664 • https://tisatistacom/ statistigues:S6000/control-de-case-dated-ed-type 2 = http://workpasspectra/dcd-edlatel-type 2 = http://workpasspectra/dcd-edlatel-type 2 = http://diabete.org.2014;73:3076-3083 | D0I: 10:2337/dc1-0664 • https://tisatistacom/ • Brain foro Overload, Insulin Resistance, and Cognitive Performance in Dises Subjects : A Preliminary Case-Control Study, Diabetes Care 2014;37:3076-3083 | D0I: 10:2337/dc1-0664 • http://workpasspectra/dcd-edlatel-type 2 = http://apsswho.int/iis/bitstream/10665/2546481/19789242565256+tepdf • Brain foro Overload, Insulin Resistance, and Cognitive Performance in Dises Subjects : A Preliminary Case-Control Study, Diabetes Care 2014;37:3076-3083 | D0I: 10:2337/dc1-0664 • http://workpasspectra/dcd-edlatel-type 2 = http://apsswho.int/iis/bitstream/10665/2546481/19789242565256+tepdf • Brain foro Overload, Insulin Resistance, and Cognitive Performance in Dises Subjects : A Preliminary Case-Control Study, Diabetes Care 2014;37:3076-3083 | D0I: 10:2337/dc1-0664 • http://workpasspectra/dcd-edlatel-type 2 = http://apsswho.int/iis/bitstream/10665/2546481/1978924256556+tepdf