

Comment on Sanjay Kalra et al (J Pak Med Assoc. 2017; 5: 810-813)**Diabetes mellitus, malaria and HbA1c levels**Jan Broz,¹ Lucie Hoskovcová,² Ludmila Brunerová³

We have read with great interest the review by Kalra S. et al. published in the May 2017 issue of JPMA which focuses on various aspects of the relationship between malaria and diabetes mellitus. We wonder whether the authors, while carrying out their search, have come across a communication dealing with kinetics of HbA1c changes in diabetic patients affected by malaria. We assume that episodes of red blood cells destruction especially if resulting in anaemia and subsequent accelerated haematopoiesis (not to mention possible blood

transfusions) resulting from malaria which disrupt the long-term stable red blood cell turnover could potentially lead to a false HbA1c values not corresponding to the real level of diabetes metabolic control. Changes in the treatment of diabetes mellitus, based on the HbA1c value obtained in such a situation, would not reflect the real glycaemic values in the period before it was determined. Provided this assumption is correct, then changes in antidiabetic medication in diabetic patients with malaria, particularly in its chronic form, should be performed with greater accentuation of structured self-monitoring of glycaemia than usual.

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Reference

1. Kalra S, Khandelwal D, Singla R, Aggarwal S, Dutta D. Malaria and diabetes. *J Pak Med Assoc.* 2017; 67: 810-813.