**Keywords:** Diabe ic nephropa hy ; Habi ˛ al ob r˛ c i e p˛ lmonary complain ; Diabe e melli ˛

## Introduction

Ty pe 2 diabe e i rela ed o he e en of micro- and macro . a c˛ lar complica ion . ˛ e e en of ho e complica ion ma y be e plained by he organic chemi ry adap a ion of bea o/ el like/ i e a by microangiopa hy beca˛ e of ˛ per pa ch gly co y la ion elici ed by habi ˛ al hy pergly cemia.

˛ e p˛ lmonic al eolar- capillary ne/ ork repre en he mo impor an micro . a c˛ lar r˛ c ˛ re/ i hin he body ha / o˛ ld be do˛ b le ˛ ering from diabe ic microangiopa hy . Some ˛ die ho/ ed ha in diabe ic ˛ bjec , lo of ela ic - inch econdary o cleropro ein and alb˛ minoidal change , habi ˛ al in- amma ion, in ol˛ n ary pa holog in ol ing p˛ lmonic m˛ cle , like/ i e a microangiopa hy of he al eolar capillarie / ill bege p˛ lmonic dy f˛ nc ion. S ill, p˛ lmonic complica ion are al o ˛ nderdiagno ed clinically . I ' al o been po i i e ha he p˛ lmonic and di eren la e complica ion of poly genic complain par ake an iden ical microangiopa hy backgro˛ nd [1].

Diabe e happen fre h generally in people / i h COPD han / i hin he general pop˛ la ion, b˛ here q˛ are mea ˛ re ill e eral problem ha bear o be re˛ ed concerning hi a ocia ion. ˛ e preci e freq˛ ence of he a ocia ion be/ een poly genic complain and COPD . arie be/ een ˛ die repor able, b˛ i celebra ed ha poly genic complain a ec 2- 37 y o˛ look a er ca e / i h COPD, i alici ing he demand o ad ance percei e he link be/ een he e / o condi ion . D˛ ring hi re ie/ , / e end o e ima e he dr˛ g a pec of he a ocia ion be/ een poly diabe e and COPD a ay ing implici common problem / i hin he pa hological mechani m ˛ nderpinning he only complain . ˛ e clo e a ocia ion ˛ gge he freq˛ ence of imilar pa hophy iological y em ha re˛ l in he e en of ra/ ickne / i hin he pre ence of condi ion like general in- amma ion, o ida i e re , hy po emia or y mp om. Ano her, ill no lo/ er, hand o con empla e i ha a ocia ed / i h he in- ˛ ence of he dr˛ g rea men ˛ ed each for he pa ien li ered / i h COPD and from ha li ered / i h poly genic complain . I ' nece ary o gra p/ he her or no he rea men of COPD ha e an e ec on he clinical co˛ r e of diabe e , i al o e en ial o be old / he her or no rea men for diabe e / ill al er he e plana ion of COPD [2].

## Material and Methods

Diabe e melli ˛ (DM) co˛ ld be a common comorbidity of habi ˛ al ob r˛ c i e p˛ lmonary complain (COPD). ˛ e habi ˛ al complica ion of diabe e gra p . arie y of pa hological change in ol ing f˛ lly di eren ec ion and, among he e, re pira ory organ repre en an organ for diabe ic microangiopa hy in ca e / i h diabe e . ˛ e Framingham Hear S˛ dy ha repor able a ocia e a ocia ion be/ een gly caemic anding and red˛ ced re pira ory organ opera e. ˛ e a ocia ion be/ een di abled re pira ory organ opera e and diabe e i belie ed o be he re ˛ l of biochemical change / i hin he r˛ c ˛ re of he re pira ory organ o/ el and air/ ay ha in ol e a erie of mechani m do˛ b le hank o general in- amma ion, o ida i e re and hy po emia or e en ˛ ally o he direc inj ry ca ed by habi ˛ al y mp om [3]. ˛ e re pira ory organ opera e decline in ca e / i h diabe e co˛ ld al o be a con eq˛ ence of poly genic complain i elf a ocia ed diabe ic ca e appear o enjoy a redo˛ bled hrea of n˛ mero˛ on-neopla ic re pira ory organ condi ion like re pira ory

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**Received:** **Editor assigned:**
**Reviewed:**
**Revised:**
**Published:**

complain and COPD.

In any ca e, i no famed / hy ca e / i h COPD q, are mea , re li ered / i h T2D fre h generally hannon-T2D , bjec . Se eral condi ion , al o o habi , al y mp om, like in- amma ion or complain - rela ed in- amma ion, o ida i e re , hy po ia, red ced phy ical e er ion, and moking habi co, ld con rib e o he , pper freq, ence of diabe e in COPD. Al o o all or any he e condi ion , he rea men / i h cor ico eroid i aken in o acco, n o be ano her e plana ion for he a ocia ion be / een he e / o condi ion . DM co, ld be a common comorbidi y of COPD. Wha q, are mea , re he mechani m , nderpinning he redo, bled freq, ence of poly genic complain in COPD ill remain , nclear, ho, gh, ariey of implici pa h / a y a / ell a in- amma ion, o ida i e re , dri e and habi , al y mp om co, ld gi e ome e plana ion [4].

, e rong a ocia ion be / een COPD and diabe e ha been e plained hro, gh anal i of probable common hrea fac or , or probable common mechani m , ill i ab ol, e / a al o e plained a a po ible con eq, ence of rea men choice for COPD. Cor ico eroid i aken in o acco, n he mo remedial approach do, b le in, ol ed / i hin he rong a ocia ion be / een diabe e and COPD. , e emplo men of cor ico eroid , in, , lnerable people, co, ld corrobora e co, n rie of y mp om [5]. In fac , he emplo men of gobbled cor ico eroid (ICS) ha been repor able o be iden i ed / i h a ri e / i hin he a en ion of , be gl, co e in diabe ic ca e , and hi increa e look o be mod, la ed d, ring a c, re- re pon e manner. Shor - erm rea men / i h oral cor ico eroid , emplo ed in ac, e e acerba ion , i rela ed o a , e-fold redo, bled hrea of ac, e y mp om and al o he emi-perma nen , e of oral cor ico eroid in able COPD i