

# A Editorial Note on Vascular Thrombosis in Diabetes Mellitus

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## Abstract

The individuals are at a high risk for cardiovascular events, and this increased risk does not appear to be completely explained by the association of IGT or type II diabetes with such classical risk factors as hypertension, hypercholesterolemia, or cigarette smoking.

**Keywords:** Diabetes; Type 2 diabetes; Vascular thrombosis.

## Introduction

The endothelial dysfunction appears to involve macrophage adhesion to endothelial cells, followed by macrophage migration to the sub-endothelial space. Here, macrophages may be transformed into foam cells. While the endothelial dysfunction is a primary diabetic neuropathy, pain and neuropathy have developed more rapidly and extensively in the elderly with diabetes. In a recent study, it was found that 25% of people with type 2 diabetes, but only 10% of people without diabetes (nondiabetic limbic acidopathy neuropathy). A history of type 2 diabetes is a major risk factor. It can happen to people who have never had diabetes before or who have diabetes type 1 on a certain occasion. Infection, stroke, amputation, and heart attack are all

potential triggers. Blood glucose levels of more than 30 mmol/L (600 mg/dL), an osmolarity level of more than 320 mOsm/kg, and a pH level of less than 7. A series of growth factors and cytokines may be released from damaged endothelial cells, macrophages, and smooth muscle cells. Platelet adhesion to the surface of macrophages, activation and release of growth factors. Smooth muscle cells may proliferate and migrate, accompanied by thrombogenesis, calcification, and occlusion. On the other hand, many neuropathies remain. A longstanding, heterogeneous acceleration of atherosclerosis in diabetes is a clinically complicated, and it is probably implicated in peripheral vascular imbalance in one sense, which is a beneficial sense, in the major contribution. Finally, many conditions are associated with peripheral neuropathy, such as obesity, certain forms of type II diabetes, acromegaly, and in lymphoma, which do not appear to have accelerated atherosclerosis.

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