INTRODUCTION
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Diabetes mellitus is a syndrome of panmetabolic disorder and presents with metabolic and vascular components which are inter-related to each other. Prevalence of diabetes mellitus is high and there are about two hundred million diabetics all over the world. The vascular syndrome consists of accelerated non-specific atherosclerosis (premature ageing) and a more specific microangiopathy causing most frequently atherosclerotic heart disease, uraemia, blindness and gangrene of foot. It condemns the patients to these premature vascular complications which constitute the most important problem in clinical diabetes to-day.

Inspite of acheiving apparent adequate control of diabetes by means of insulin, the vascular complications like hypertension, angina pectoris, myocardial infarction and nephropathy have emerged as a challenging problem. The incidence of deaths due to vascular disease is two and a half times greater in diabetics between the ages of 20 and 40 years as compared to non-diabetics (Bell, 1960). Cardiac disease is the commonest cause of death among all diabetic patients with onset of disease after the age of 30 years (Bradley, 1956).
An increased frequency of cardiovascular disease as a cause of morbidity and mortality in majority of diabetics is an indicator for a study of usual and unusual features of clinical presentation of cardiovascular complications which in diabetics may occur with less severe symptom and more often may be silent. Little attention has been drawn to fascicular blocks in cardiovascular complications of diabetes. In order to discover incipient, latent or silent coronary disease in its earliest stage Master's two step exercise test assumes a place of paramount importance. Only few reports are available regarding exercise test among diabetics.

Beside cardiac involvement, the cardiovascular manifestations of diabetes resulting from progressive vasculopathy includes hypertension, retinopathy, nephropathy and peripheral vascular disease.

The association of microangiopathy and cardiovascular complications has been known from decades. The clinicians have long saved the casual connection between vasculopathy and complications. But there is still paucity of literature showing correlation of microangiopathy with age, sex, duration of diabetes, serum cholesterol and lipoprotein pattern. Recent improvement in the techniques regarding
differentiation of various lipoproteins by electrophoresis have revealed an altered lipoprotein pattern in sera of diabetics and more so when these patients have got some vascular disease. Few reports are available regarding lipoprotein patterns in diabetics with various cardiovascular complications. Though this aspect is attracting more attention, the data are variable and opinions are conflicting.

In the view of above facts, it was decided to determine the prevalence and pattern of cardiovascular complications in unselected diabetic persons with the following aims and object.

1. To study incidence of heart blocks in diabetic patients.

2. To study prevalence of positive two step master exercise test in diabetics and its significance.

3. To study prevalence of peripheral vascular disease including latent peripheral vascular disease in patients of diabetes mellitus.

4. To study incidence of microangiopathy by histological examination of skin in patients of diabetes mellitus.

5. To study lipoprotein patterns in diabetics having various type of cardiovascular complications.

6. To study prevalence and patterns of other cardiovascular complications presenting among cases of diabetes mellitus.
7. To study the relationship with age, sex, duration of diabetes, biochemical disturbances and association of one complication with others if any.