

Comment on Article: Validity of Fasting Blood Glucose as a Diagnostic Test for Gestational Diabetes during the First Trimester of Pregnancy

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In the publication of his article, "Validity of fasting blood glucose as a diagnostic test for gestational diabetes during the first trimester of pregnancy" [1]. The definition of what is gestational diabetes from the International Association of Diabetes and Pregnancy Study Groups (IADPSG), but it would be convenient to add the definition of this by the American Diabetes Association (ADA) being: "Gestational diabetes is that diabetes that is diagnosed for the first time in the second or third trimester of pregnancy that clearly does not its pre-existing type 1 or type 2 diabetes. Women diagnosed with diabetes according to standard diagnostic criteria in the first trimester should be classified as having pre-existing pre-gestational diabetes" [2].

We would like to add that the ADA recommended one-step oral glucose tolerance test increases the incidence from 5 - 6% to 15 - 20%, mainly because only one abnormal value, not two, became sufficient to make the diagnosis. So, if you want to avoid overdiagnosis, it is more convenient to perform the two-step test recommended by The American College of Obstetricians and Gynecologists (ACOG) [2].

Because the negative predictive value (NPV) in his study to detect Gestational Diabetes in the first trimester through the fasting glucose value is not very high (75%) and for it to be performed as a diagnostic test it must have a high NPV, we disagree with the conclusion that "if the result is positive, it allows the glucose tolerance curve to be omitted in the subsequent weeks of pregnancy. And it is more reliable if the patient is overweight or obese". The oral glucose tolerance test (PTGO) should not be omitted since it is the gold standard, on the contrary, if the value is greater than or equal to 126 mg/dL it would be pre-gestational diabetes and if it is between 92 - 125 mg/dL should still have a PTGO as a universal screening measure as recommended by the Fifth International Workshop Conference on Gestational Diabetes (GDM) [3].

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