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Editorial

Editorial for November/December Issue of AACE Clinical Case Reports

Dear Colleagues,

Welcome to another issue of *AACE Clinical Case Reports* (ACCR). The current issue includes interesting and educational cases to share. We will provide a summary of some of those cases below. For more details, please access ACCR online journal available at https://www.aaceclinicalcasereports.com/

Under the pituitary-gonadal-adrenal access in this issue, a case discussed the diagnosis and management of hypogonadotropic hypogonadism in 4 H syndrome, a rare form of leukodystrophy characterized by hypomyelination, hypodontia, and hypogonadotropic hypogonadism.[1]

Severe hypercortisolemia from pulmonary carcinoid tumors can represent a more aggressive course with significant morbidity and mortality and requires rapid tumor localization and surgical resection, the authors describe a case of severe Cushing Syndrome due to ectopic ACTH production from carcinoid tumor.[2] A visual vignette describes a pituitary abscess causing hypopituitarism.[3]

On Diabetes, Lipids, and Metabolism, authors reported on a presentation of Diabetes ketoacidosis in a patient with acute pancreatitis and no known diagnosis of diabetes arguing this might be a temporary event.[4] The issue also included a case on the management challenges of glycemic disorders in a Fanconie Bickel Syndrome, an inherited disorder of glucose metabolism resulting from functional loss of glucose transporter 2 characterized by fasting hypoglycemia oscillating with postprandial hyperglycemia.[5] Another case describes the management of hyperglycemia due to toxicity with calcium channel blocker.[6]

Authors shared a report of patient with hypertriglyceridemia, genetic testing revealed homozygosity for c.11delC of the apolipoprotein A5 gene, confirming the diagnosis of familial chylomicronemia syndrome.

The case highlights the importance of genetic testing in refractory cases.[7] Another case discussed the risk of developing deep venous thrombosis after rapid and severe weight loss associated with using tirzepatide.[8]

In the field of thyroid disease, a case series reviewed various presentations of iodine deficiency hypothyroidism in children. Universal salt iodization led to decline in iodine deficiency hypothyroidism. This series suggest possible reemergence of this problem due to various dietary limitations.[9]

The authors describe a rare complication associated with medullary thyroid cancer with elevated calcitonin levels, which can cause systemic calcitonin amyloidosis and subsequent nephrotic syndrome in patients with metastatic medullary thyroid cancer.[10] Another case of medullary thyroid carcinoma was diagnosed on a baseline of toxic multinodular goiter.[11]

Finally, a case described a successful radiofrequency ablation of an intrathyroidal parathyroid adenoma after failed parathyroidectomy.[12]

As always, we truly appreciate all contributing authors, reviewers, editors, and staff that help improve our journal and create an educational platform to our readers to help best manage our patients.

Thank you again for your interest in ACCR. We welcome all feedback, questions, and comments from our readers. Please feel free to reach us at publications@aace.com.

Warmest regards,

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