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Editorial

Editorial for March/April Issue of AACE Clinical Case Reports

Dear Colleagues,

Welcome to another issue of *AACE Clinical Case Reports* (ACCR)! ACCR continues to grow in both manuscript submissions and readership. We are excited to start 2022 with the great news of accepting ACCR for indexation by Scopus. This would not have been possible without the dedication of our associate editors, editorial board members, and editorial/publication staff. Special thank you to our excellent reviewers that provided meaningful and constructive reviews to help the educational value of the published cases.

The current issue includes many interesting and educational case reports 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/

We have a variety of cases related to the Pituitary-Adrenal Access in this issue, including a case of autoimmune adrenal insufficiency diagnosed after COVID-19 infection[1] and an interesting case that highlights the challenges of management of Cushing disease during pregnancy where, in this particular case, the patient was treated with metyrapone.[2] Another case describes acromegaly in a patient with germline *CHEK2* mutation and multiple tumors highlighting the potential role of CHEK2, a cell-cycle checkpoint kinase and part of the ATM-CHEK2-p53 cascade, in the pathogenesis of acromegaly.[3]

In the field of Thyroid Disease, authors report a case on the possible association of Graves' disease and subacute thyroiditis in a genetically predisposed Asian man.[4] In another case, authors also discussed potential risk factors associated with the rare but serious side effect of methimazole, agranulocytosis, in patients with Graves disease.[5]

On Diabetes, Lipid, and Metabolism, a case highlights the management options of a patient with lipoprotein lipase deficiency who experienced recurrent hypertriglyceridemia-induced pancreatitis.[6]

Finally, on Bone and Calcium Disorders, a case of Camurati-Engelmann disease is described, a genetic condition that mainly affects the bones and is caused by a mutation in the *TGFB1* gene, whose symptoms remained refractory while on routine treatment with glucocorticoids and bisphosphonates and reports the use of losartan, which acts by downregulation of transforming growth factor b1, leading to some relief in patient symptoms.[7] Another case of Camurati-Engelmann disease reports on the potential development of pituitary insufficiency when the skull base is involved with the disease process.[8] Authors also reported an interesting case of "vanishing bone disease" in a 22-year-old man,[9] and another case of ectopic ACTH secretion due to Ewing sarcoma in a 9-year-old girl is reported.[10]

In this issue, authors also report on the phenotype in male and female siblings carrying the same novel inactivating variant in *PAPSS2* (3' -phosphoadenosine 5'-phosphosulfate synthetase 2) gene and discuss the spectrum of this disease.[11]

We have also included a commentary by Drs Kelley and Davidge-Pitts titled "Breaking Down Barriers to Reproductive Care for Transgender People"[12] in response to a recently published case of successful in vitro fertilization in a cisgender female carrier using oocytes retrieved from a transgender man maintained on testosterone (https://doi.org/10.1016/j.aace.2021.06.007).

Last, we are very excited to include a Visual and a Video Vignette in this issue to highlight the increasing use of non-surgical minimally invasive thyroid procedures, such as radiofrequency ablation in the field of Thyroid Disease.[13,14] We believe our readers will enjoy and benefit from those short educational videos.

ACCR is also excited to have received various submission categories other than case reports, small series, and visual vignettes, as we received submission under the new categories of Video Vignettes and Interpretation of Endocrine Testing. We are also accepting Commentaries and Letters to the Editor submissions. For detailed description of each category, please refer to our "Guide for Authors": https://www.elsevier.com/ journals/aace-clinical-case-reports/2376-0605/guide-for-authors

As always, I 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. I 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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