AACE Clinical Case Rep. 8 (2022) 103–104

Contents lists available at ScienceDirect

AACE Clinical Case Reports

journal homepage: www.aaceclinicalcasereports.com

Editorial

Editorial for May/June Issue of AACE Clinical Case Reports

Dear Colleagues,

Welcome to another issue of *AACE Clinical Case Reports*! The current issue includes many interesting and educational case reports to share. We are excited to publish our first case under the "Endocrine Testing" category. 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, authors described the utility of desmopressin stimulation test in diagnosing Cushing's disease in a pregnant patient.[1] Another case described the clinical course and treatment challenges in a young patient with a pituitary adenoma due to a novel aryl hydrocarbon receptor interacting protein (AIP) gene mutation, highlighting the limitations of somatostatin receptor immunohistochemistry to predict clinical responses to somatostatin analogs in acromegaly.[2] Another case highlighted sex hormone secretion by epithelial cell ovarian carcinomas should be considered in the differential diagnoses of new-onset steroid hormone excess in postmenopausal women.[3]

In the field of Thyroid Disease, authors report case series of post COVID-19 vaccination induced thyroiditis[4] and recurrent subacute thyroiditis in a patient with human leukocyte antigen (HLA) associated predisposition to Graves disease[5] as well as a case of thyroid storm caused by hyperemesis gravidarum.[6] Another interesting case highlighted a rare metastatic location for isthmic papillary thyroid carcinoma presented as incidental solitary 4.7 cm adrenal incidentaloma.[7]

Two additional cases under visual vignettes highlighted the differential diagnosis of thyroid/neck masses due to hyperplastic thyroid nodule within the remnant pyramidal lobe and branchial cleft remnant.[8,9]

On Diabetes, Lipid, and Metabolism, authors reported on two genetically confirmed cases of Wolfram Syndrome, a rare endoplasmic reticulum disorder characterized by insulin-dependent diabetes mellitus, optic nerve atrophy, and progressive neurodegeneration. Highlighting the importance of considering monogenic diabetes genetic testing, including WFS1 gene, for patients with early-onset diabetes who are negative for islet autoantibodies and lean in order to offer proper management and improved quality of life in patients with this rare medical condition.[10] Another case reported on the phenotype related to the gain-of-function alteration in the AKT2 gene (c.49G>A, p.Glu17Lys), a serine/threonine kinase that plays a key role in regulating insulin signaling. This case described facial dysmorphic features and non-ketotic hypoglycemia associated with this gene alteration.[11]

Lastly, we are excited to include our first case published under "Interpretation of Endocrine Testing" category. This case discussed proper timing of oral hypoglycemic agents screening in a case with sulfonylurea-induced hypoglycemia.[12]

ACCR is also excited to have received various submission categories other than case reports, small series and visual vignettes as we received submissions under the new categories of Video Vignettes and Interpretation of Endocrine Testings. We are also accepting commentaries and letter to the editor submissions. For detailed description of each category, please refer to "guide to authors" link: 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. We look forward to seeing you in person at the ACCE Annual Meeting in May!

Warmest regards,

References

1. Parksook WW, Porntharukchareon T, Sunthornyothin S. Desmopressin stimulation test in a pregnant patient with Cushing's disease. *AACE Clin Case Rep*. 2022;8(3):105–108.
2. van Santen SS, Daly AF, Buchfelder M, et al. Complicated clinical course in incipient gigantism due to treatment-resistant aryl hydrocarbon receptor—interacting protein—mutated pediatric somatotropinoma. *AACE Clin Case Rep*. 2022;8(3):119–123.
3. Rajamani K, Moore RG, Standard SM, Astapova O. Testosterone-secreting endometrioid ovarian carcinoma presenting with hyperandrogenism. *AACE Clin Case Rep*. 2022;8(3):135–138.
4. Pandya M, Thota G, Wang X, Luo H. Thyroiditis after COVID-19 mRNA vaccine: a case series. *AACE Clin Case Rep*. 2022;8(3):116–118.
5. Yamakawa T, Sakakibara T, Terauchi Y. Recurrent subacute thyroiditis in a patient with human leukocyte antigen—associated predisposition to Graves disease. *AACE Clin Case Rep*. 2022;8(3):113–115.
6. Zimmerman CF, Ilstad-Minnihan AB, Bruggeman BS, et al. Thyroid storm caused by hyperemesis gravidarum. *AACE Clin Case Rep*. 2022;8(3):124–127.
7. Karalis JD, Jia L, Murvelashvili N, et al. Incidental solitary adrenal metastasis as the initial manifestation of a solid variant of papillary thyroid carcinoma, with emphasis on pathologic diagnosis and clinical management. *AACE Clin Case Rep*. 2022;8(3):131–134.
8. Hoang LTM, Snitchler AN, Orestes MI, Shakir MKM, Hoang TD, et al. Branchial cleft remnant masking as a thyroid mass in an adult patient. *AACE Clin Case Rep*. 2022;8(3):145–146.

https://doi.org/10.1016/j.aace.2022.04.007

9. Spagnuolo GM, Tierney HT, Eldeiry LS, et al. Pyramidal lobe nodule or thyroglossal duct lesion? Approach to diagnosis and treatment. *AACE Clin Case Rep*. 2022;8(3):142–144.
10. Silvestri F, Tromba V, Costantino F, Palaniappan N, Urano F. Two cases of Wolfram syndrome who were initially diagnosed with type 1 diabetes. *AACE Clin Case Rep*. 2022;8(3):128–130.
11. Ochoa Molina MF, Poggi H, De Toro V, Mendoza C, Hussain K. Facial dysmorphic features in a patient with nonketotic hypoglycemia and a pathogenic variant in the AKT2 gene. *AACE Clin Case Rep*. 2022;8(3):109–112.
12. Folick A, Cheng C, Chu SN, Rick JW, Rushakoff RJ. Discordant timing of hypoglycemic agent screening causing delayed diagnosis of sulfonylurea-induced hypoglycemia. *AACE Clin Case Rep*. 2022;8(3):139–141.

Sina Jasim, MD, MPH
Editor-in-Chief