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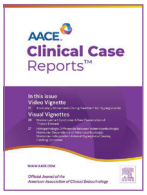

Editorial

Editorial for January/February Issue of AACE Clinical Case Reports

Dear Colleagues,

Happy New Year and welcome to another issue of *AACE Clinical Case Reports* (ACCR)!

The current issue of ACCR is particularly special to me, as this will be my last editorial as ACCR Editor-in-Chief, as we transition our journal to a new, rebranded format, aims and scope under the upcoming leadership of Dr. Vin Tangpricha starting January 2025!

We are very proud of the many meaningful milestones ACCR has achieved during my term, including indexation in PubMed Central (PMC), inclusion in the Directory of Open Access Journals (DOAJ), and most recently, inclusion in Clarivate's *Emerging Sources Citation Indexes*, which will provide a Journal Impact Factor for ACCR beginning in 2025. Also, we have watched the visibility of the journal grow tremendously, from 300,000 annual article downloads in 2021 to more than 450,000 downloads annually to date. In addition to the various educational cases and interesting visual vignettes, we expanded content to also include endocrine videos, and published podcasts with expert authors to highlight some of those educational cases. Rebranding ACCR provides an exciting opportunity to expand content and reach a wider audience, as the new journal will also accept original research and reviews in addition to case reports and vignettes currently published.

The current issue of ACCR 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 topics in this issue, a case emphasized the critical importance of promptly recognizing and quickly treating ectopic source of adrenocorticotropic hormone (ACTH) secretion resulting in severe hypercortisolism and possibly death if left undiagnosed or treated. In this case, this was due to a carcinoid tumor in the chest in a young 18-year-old patient.[1]

In another adrenal case, authors proposed osilodrostat, a steroidogenesis inhibition, with block-and-replace dosing regimen as an off-label alternative to traditional management of Cushing syndrome due to adrenocortical carcinoma.[2] Another case highlights the importance of active surveillance in paraganglioma cases and discussed rare sites of metastasis and reviewed treatment options.[3]

Pheochromocytomas can rarely coexist with other tumors, most commonly ganglioneuromas, and are termed composite pheochromocytoma-ganglioneuromas. Authors presented 2 cases of composite pheochromocytoma-ganglioneuromas and reviewed the diagnosis and management of these rare tumors.[4]

Although most gonadotroph cell derived pituitary adenomas (PAs) give rise to nonfunctional PAs, hormonally active functional gonadotroph adenomas are rare. A case report on the diagnosis of large invasive functional gonadotropic pituitary macroadenoma and treatment with surgery followed by radiotherapy is discussed.[5]

Pituitary stalk interruption syndrome (PSIS) is a rare congenital disorder that is characterized by a triad including a thin or interrupted pituitary stalk, absent or ectopic posterior lobe, and agenesis or dysgenesis of anterior lobe. A case described a patient with PSIS presenting with multiple anterior pituitary hormone deficiencies and reviewed pathogenesis and treatment options.[6]

Men with cystic fibrosis (CF) have a high prevalence of low testosterone levels. A case discusses a young man with CF and low serum testosterone value who was found to have an additional unsuspected cause of male hypogonadism. The authors argue that all men with CF whose serum testosterone is < 300 ng/dL should undergo additional studies to identify any coexisting reasons for hypogonadism.[7]

On diabetes, lipids, and metabolism categories, authors described a patient with type 1 diabetes mellitus complicated with pregnancy induced euglycemic diabetic ketoacidosis and discussed diagnosis and management aspects.[8]

Alpelisib, a phosphatidylinositol 3-kinase inhibitor, used in cancer therapy can cause hyperglycemia through inhibition of the insulin signaling cascade. A case discussed the event of alpelisib-induced diabetic ketoacidosis and management issues.[9] A case highlighted the utility of minimally invasive procedures in treating insulinoma.[10]

In the field of thyroid disease, a case described incidental diagnosis of papillary thyroid microcarcinoma presented with neck lymphadenopathy and reviewed images, pathology and molecular testing and their significance.[11] A case documented the cooccurrence of thyrotoxic periodic paralysis in a patient with hyperthyroidism treated with methimazole and complicated with agranulocytosis.[12]

In the area of bone disease and calcium metabolism, a case described the presentation and treatment of uremic leontiasis ossea, a progressive overgrowth of the facial bones, which develops as a complication of resistant hyperparathyroidism in end-stage renal disease.[13]

A case discussed the prevalence of central precocious puberty in patients with X-linked hypophosphatemia and reviewed combined use of gonadotropin-releasing hormone analogs and burosumab as a safe therapeutic strategy,[14]

On the topic of nutrition and obesity, a case describes the development of Wernicke's encephalopathy post bariatric surgery, due to the use of over-the-counter transcutaneous multivitamin patch

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rather than recommended vitamin tablets, questioning this mode of multivitamin supplementation.[15]

A case of polycystic ovary syndrome (PCOS) with various metabolic sequences was enrolled in the Digital Twin (DT) platform, which uses artificial intelligence (AI) and Internet of Things (IoT) to deliver personalized nutrition by predicting postprandial glucose responses (PPGR) and suggesting alternative food with lower PPGR through a mobile app. The case shows the effective use of DT technology for managing PCOS in improving those parameters.[16]

An editorial is also included in this issue relevant to a recently published case[17] and highlights the proposal to include methoxytyramine routinely for biochemical assessment of pheochromocytomas and paragangliomas.[18]

This issue of ACCR also includes interesting visual vignettes of skin/mucosal manifestation of Multiple Endocrine Neoplasia (MEN) 2B due to rearranged during transfection (RET)-M918T mutation in a pediatric patient [19]and a case of arm swelling due to extravasation of Lutathera® used in treatment of a patient with metastatic pheochromocytoma.[20]

Finally, this issue highlights a unique visual case series of bilateral adrenal tumors. Bilateral masses may herald the diagnosis of germline pathogenic variants, hereditary tumor predisposition syndromes, malignancy, or even infection. Imaging characteristics play an important role in making the diagnosis in addition to biochemical evaluation. The authors include 10 unique presentations and images of bilateral adrenal masses and summarize images characteristics in a table.[21]

As always, we truly appreciate all contributing authors, reviewers, editors, and staff that help improve our journal and create an educational platform for our readers to help best manage our patients. We specifically thank our Associate Editors, Drs. Charles Emerson, Mira Sofia Torres, Warner Burch, and our valued guest editor, Dr. Ann Sweeney. We appreciate all members of our journal editorial board and excellent reviewers. We also want to thank our top reviewers, who peer reviewed the most articles in 2024: **Drs. Vera Fajitova, Christina Lovato, Anupam Kotwal, Leslie Eldeiry, Julie Silverstein, Kyaw Soe, Kalpana Muthsamy, Inderpreet Madahar, Vicky Cheng,** and **Penny Feldman.**

We are happy to share the plans for *AACE Clinical Case Reports* journal to expand in Spring 2025 to include Open Access original research and reviews, alongside case reports and visual content. We look forward to seeing the journal rebranded with a new name and expanded scope to engage a wider audience and offer broader content to better serve the scientific endocrine community at large. We will continue to accept case reports and visual vignettes in addition to reviews, commentaries, editorials, and original research. I am confident that the journal will achieve a bigger impact and benefit the endocrine community under the leadership of Dr. Tangpricha.

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.

I wish you all a great 2025!

Warmest regards,

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