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Editorial

Editorial for May/June 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/

On Pituitary-Gonadal-Adrenal Access, we share the following cases: Bilateral adrenal hemorrhage can lead to adrenal insufficiency and reported as potential complication in the acute setting of COVID-19; a delayed presentation is reported here in an 89-year-old man.[1]

Precocious puberty is seen with McCune-Albright syndrome (MAS) leading to advanced bone age and reduction in final adult height. In this case, the authors discuss that some patients may achieve normal adult height without treatment even in the absence of excess growth hormone.[2]

Another case highlighted the challenges of diagnosing and managing the rare hormonally active adrenocortical carcinoma during pregnancy.[3]

Lastly, a visual vignette described the utility of 131 I-Iodocholesterol scintigraphy in diagnosing primary aldosteronism (PA). In this case, the authors noted, "In the setting of polycystic kidney disease, a diagnosis of PA may be delayed or missed entirely because of preexisting alternative explanations for resistant hypertension and chronic kidney disease". While adrenal vein sampling is considered the gold standard for localization, alternative diagnostic methods such as 131 I-Iodocholesterol scintigraphy, can be considered as well.[4]

On Diabetes, Lipids, and Metabolism, we share a clinical case highlighting the challenges to achieve the resolution of clinical symptoms with oral niacin in a patient with excess alcohol intake and history of Roux-en-Y gastric bypass (RYGB). Bariatric surgery can lead to some micronutrient deficiencies, including niacin, which can be exacerbated by alcohol use as discussed in this case.[5]

Another case discussed the outcomes associated with chronic pancreatitis post pancreatectomy and autologous islet cell transplantation in a patient with cystic fibrosis transmembrane conductance regulator (CFTR) disorder and insulin management.[6]

In the field of Thyroid Disease, the authors described a patient with resistance to thyroid hormone beta (RTHβ) caused by mutations in the TH receptor beta (*THRB*) gene. Resistance to thyroid hormone is a clinical syndrome of reduced responsiveness of target tissues to thyroid hormone leading to high circulating thyroid hormone and unsuppressed thyrotropin (TSH).[7]

Another case reviewed the different functional classes of TSH receptor antibody (TRAb), including thyroid stimulating immunoglobulin (TSI), neutral, and blocking immunoglobulin (TBI). The authors presented a case of Graves' disease developing overt hypothyroidism due to the co-existence of both stimulating and blocking forms of TRAb.[8]

A significant amount of protein wasting, such as nephrotic syndrome, can lead to higher dose requirement for thyroid hormone replacement. In this case, authors discuss protein-losing enteropathy as another possible cause of high thyroid hormone replacement dose requirement through similar mechanism.[9]

On Bone and Calcium Disorders, a case discusses hypocalcemia as a common, treatable cause of neonatal seizures. The rapid repletion of calcium via parenteral access is essential to restore normal calcium homeostasis. The authors in this case propose continuous enteral calcium as an alternative approach to calcium repletion in neonatal hypocalcemic seizures.[10]

As always, we truly appreciate all contributing authors, reviewers, editors, and staff who help improve our journal and create an educational platform to our readers to help best manage our patients. ACCR would particularly like to thank all the reviewers who contributed to reviewing cases during the past year.

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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