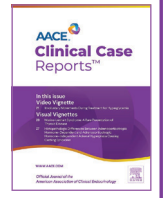




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Editorial

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/>

We have many cases under the Pituitary-Gonadal-Adrenal Access in this issue. One case nicely describes the utility of ovarian vein sampling to help lateralize Leydig cell ovarian tumor when images are not helpful in doing so in a patient suspected to have this tumor.¹

Another case discusses the diagnosis and management of primary adrenal insufficiency due to *Cryptococcus* infection as well as long-term follow-up.²

A case reviews the diagnosis and management of Paraganglioma in young patient with congenital heart disease.³

The issue also includes a report on two patients with primary sellar atypical teratoid tumor and another with rhabdoid tumor, both of whom presented with acute-onset headache and visual symptoms and reviewed management course and prognosis.⁴

The last report under this category discusses the use of subdermal testosterone pellets as a potential suitable mean of delivering testosterone for gender affirmation in transgender men.⁵

In the field of Thyroid Disease, a unique case of intrathyroidal parathyroid cyst successfully treated with ethanol sclerotherapy is described.⁶

Authors also presented a case arguing the debatable diagnosis of steroid-responsive encephalopathy with associated thyroiditis (SREAT) as a distinct autoimmune condition characterized by cognitive dysfunction, elevated thyroid autoantibodies, and therapeutic response to corticosteroids. This is generally a diagnosis of exclusion. While debatable, it is worth reviewing the course in this case.⁷

In the area of Bone and Calcium Disorders, a case reviews the potential use of sclerostin inhibitors such as Romosozumab in the treatment of osteoporosis in patients with osteogenesis imperfecta, a genetic disorder that affects type 1 collagen

synthesis causing increased bone fragility, low bone mass, and skeletal deformity.⁸

This issue also includes a visual vignette of atypical femur fracture as initial presentation of follicular thyroid cancer.⁹

As always, I 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 welcome your educational cases.

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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