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Editorial

Editor's Page

P. S. N. Menon[1]

[1]Department of Pediatrics, Jaber Al-Ahmed Armed Forces Hospital, Kuwait.

***Corresponding author:**
P. S. N. Menon,
Department of Pediatrics,
Jaber Al-Ahmed Armed Forces Hospital, Kuwait.

psnmenon@hotmail.com

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It is our pleasure to welcome you all to yet another interesting issue of our journal covering a host of original articles, case reports, reviews, and journal updates. We do hope that these articles are academically stimulating to the readers, especially the postgraduate students and fellows in training.

We have a special guest editorial in this issue from *Kamran Abbasi, and colleagues,* a group of 11 editors of the leading medical and health journals representing the World Association of Medical Editors and the leaders of the International Physicians for the Prevention of Nuclear War issuing a joint call for urgent steps to decrease the growing danger of nuclear war and move rapidly to the elimination of nuclear weapons. The editorial is timely as it coincides with the anniversary of the bombing of Hiroshima and Nagasaki, Japan. The Editorial Board of JPED unequivocally supports this initiative.

It is often difficult to distinguish between type 1 and type 2 diabetes mellitus in children by clinical features and conventional laboratory testing. There are scanty reports on the utility of routine screening with pancreatic autoantibodies in children diagnosed clinically with type 2 diabetes and/or obesity. There are currently five known pancreatic autoantibodies associated with type 1 diabetes. In this issue, *Jeffrey Ernest Ferrell and colleagues from the University of California, USA* provide a cross-sectional study and review of medical records of 87 patients with type 2 diabetes aged 10–30 years and compared the characteristics of autoantibody-positive patients with autoantibody-negative patients. Positive antibodies were present in 11 patients with type 2 diabetes. These patients had significantly lower HbA1c at the time of antibody testing. The authors discuss the promising role of pancreatic autoantibodies in differentiating type 1 from type 2 diabetes and initiating appropriate management.

In an invited editorial commentary, *Professor Ravinder Goswami, AIIMS, New Delhi* highlights the importance of pancreatic autoantibodies early in the course of childhood diabetes mellitus. Insulin autoantibodies are usually the first pancreatic autoantibodies occurring in 70% of type 1 diabetes, followed by autoantibodies against GAD65, Zn-finger-8 transporter, and IA2 antigens. The general principle holds true that the more the number and titer of pancreatic autoantibodies, the more are the chances of these manifesting as type 1 diabetes at an earlier age. It is important to keep a watch on the occurrence of pancreatic autoimmunity in youth-onset diabetes even if the phenotype is type 2 diabetes.

This issue also has some unusual, yet noteworthy case reports. *Kathryn Hitchcock and Stephanie Oliveira, from Cincinnati, Ohio, USA* describe their experience of continuous glucose monitoring in two pediatric gastroenterology patients with glycogen storage disorder and autoimmune enteropathy with good results. The authors highlight the potential for collaboration between

pediatric gastroenterologists and endocrinologists which allow personalized nutrition support care in hospital settings.

Sweekruti Jena and colleagues from Cuttack, Odisha, India present an unusual case of pituitary stalk lipoma manifesting as central precocious puberty in a 5-year and 3-month-old girl who was medically managed without the need for surgery. Intracranial lipomas are rare and usually asymptomatic but their excessive growth in unusual locations may be associated with neuroendocrine manifestations.

K. G. Sachin and colleagues from Chennai, Tamil Nadu, India, describe the challenges faced in the management of a very preterm infant with refractory hyperinsulinemic hypoglycemia. Early diagnosis including molecular genetic diagnosis and aggressive management of intractable hypoglycemia are essential to prevent hypoglycemia-induced brain damage. They also provide their experience with continuous intravenous glucagon infusion in the management of refractory hypoglycemia.

Prashant P Patil and colleagues from Mumbai describe two siblings born to consanguineous parents with progressive early-onset obesity associated with hyperphagia. Genetic analysis revealed a novel homozygous mutation in the *LEPR* gene. This report provides further insight into the physiologic role of leptin and its receptor in monogenic obesity.

In our series on "Genetics for the Pediatric Endocrinologists," *Inusha Panigrahi and colleagues*, in *Chandigarh, India* discuss the genetic diagnosis of skeletal dysplasia causing short stature. The clinical clues that point toward skeletal dysplasia, the common types that cause short stature, the screening tests, the genetic studies to confirm the diagnosis, and the current therapeutic strategies are reviewed.

In the images section, *Sheeja Madhavan and colleagues from Thiruvananthapuram, India* highlight the importance of differential diagnosis of young infants with clinical features and radiological features typical of vitamin D deficiency rickets especially when there is no response to the conventional replacement therapy. Metaphyseal dysplasia is a mimicker of rickets and awareness of this entity helps in early diagnosis and appropriate management.

In our regular feature on "Ped Endo Journal Scan," *Kriti Joshi, Brisbane, Australia* discusses five recent publications on closed-loop control in type 1 diabetes, residual insulin secretion in type 1 diabetes, zoledronate in cerebral palsy, testicular function in Klinefelter syndrome, and growth hormone therapy in childhood craniopharyngioma. We do hope that these articles are stimulating for the young readers.

We have endeavored our best to present to you a variety of interesting clinical situations requiring astute observations, clinical acumen, and supportive laboratory in the diagnosis and management of common endocrine situations. We look forward to your comments and suggestions and welcome contributions to the forthcoming issues of our journal.

Happy reading!

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