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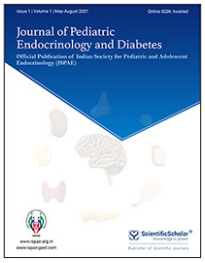

*Editorial*

# Editor's Page

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**Quick Response Code:**

It is our pleasure to welcome you to the biennial scientific meeting of the Indian Society of Pediatric and Adolescent Endocrinology being held in Bengaluru, India, from 17 to 19 November, 2023.

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

The research paper by *Lim et al. from Perth, Australia,* describes a study that evaluates the efficacy of the MiniMed™ 670 G hybrid closed loop (HCL) system in managing postprandial glucose excursion with high-protein high-fat (HPHF) foods in children and adolescents with type 1 diabetes (T1D) under free-living conditions. Postprandial excursions from 38 meals in seven participants were analyzed. There were no significant differences between auto-mode and manual-mode for the mean net incremental area under the glucose × time curve, irrespective of the meal type. Semi-structured end-of-study interviews revealed that five of seven families felt more confident eating HPHF meals in auto-mode. Although most families felt confident with auto-mode for postprandial HPHF excursions, it was not reflected in postprandial blood glucose levels. This paper serves as a pilot study for investigation in the field of HCL systems for the management of glycemic excursions after HPHF-containing meals.

*Lahoti and Kamboj from Columbus, Ohio, USA,* in an editorial commentary, critically look at the study and comment on the limitations of the study and the interpretations in a global framework. They suggest that more studies with newer HCL systems involving a larger number of subjects and/or special forms of meals and longer duration of follow-up, up to 12 h after the meal, are needed to further assess their efficacy. These data will be significant in guiding the development of improved HCL algorithms in the near future to address not only the consumption of a variety of meal types but also other daily life activities that influence glycemic excursions with the global aim of providing improved and safe glycemic management in patients with T1D.

*Salis from Mumbai, India*, a diet counselor, looks at this study from the perspective of less privileged countries and India in particular. Diabetes awareness education and access to healthcare continue to be a challenge in India. Yet, diabetes technology is evolving to improve the quality of life and care for persons with diabetes. The reviewer highlights the potential for the advanced HCL system to bridge the gap between dietary habits and diabetes management in India, where traditional foods often consist of HFHP meals.

Monitoring the growth of children with T1D is crucial for their overall well-being, as youth with suboptimal control may have poor growth while those with adequate control maintain normal growth. *Mynepally et al. from Visakhapatnam, Andhra, India,* observed that children with T1D

from South India generally exhibited shorter stature and lower weight than their age-matched peers. Interestingly, the age at which T1D was diagnosed did not significantly impact their height and weight, but younger children tended to show better growth parameters. The duration of diabetes had a notable effect, with longer diabetes duration associated with greater deficits in height and weight. Regular monitoring of the growth of children with T1D is crucial, and maintaining good glycemic control, preferably through a more intensive insulin regimen, is essential for supporting their growth. We would welcome long-term studies on the growth of T1D patients from low-resource countries.

In our section on interesting case reports, *Jena et al. from Cuttack, Orissa, India,* present case reports of two sisters with complete androgen insensitivity syndrome reared as female, presenting with primary amenorrhea. Diagnosis is important not only in the context of timely removal of undescended testis but also in appropriate counseling of the adolescents in terms of the psychological outcome.

*Priyadarshini et al. from Meerut, India,* report an adolescent girl with Mauriac syndrome diagnosed in merely three years of diagnosis of type 1 diabetes mellitus with poor glycemic control and associated celiac disease.

*Patra et al. from New Delhi, India,* report an interesting case of β-ketothiolase deficiency with an unusual presentation of high anion gap metabolic acidosis mimicking diabetic ketoacidosis (DKA) at presentation.

In our section on Genetics for the Pediatric Endocrinologist, *Phadke from Lucknow, India,* discusses the nuances in the genetics of osteogenesis imperfecta. Identification of causative genes has strengthened the understanding of bone formation and mineralization. Genetic diagnosis is essential for genetic counseling. In this era, each case needs to be diagnosed by deoxyribonucleic acid-based methods. The evolving novel therapies are likely to be specific to the disease mechanisms and will supplement the current treatment with bisphosphonates, and better outcomes are expected in the future.

In our regular section on *Ped Endo Journal Scan, Joshi from Brisbane, Australia,* summarizes interesting reports on research studies across the world. These include a randomized clinical trial on effect of verapamil on pancreatic beta-cell function in newly diagnosed pediatric T1D patients by the CLVer Study Group; a population-based study on continuous glucose monitoring versus blood glucose monitoring for risk of severe hypoglycemia and DKA in children, adolescents, and young adults with T1D; genotype-specific cortisol reserve in a cohort of subjects with non-classic congenital adrenal hyperplasia; a translational cohort study on rare variants in the *MECP2* gene in girls with central precocious puberty; risk factors associated with incident vertebral fractures in steroid-treated males with Duchenne muscular dystrophy; longitudinal and cross-sectional analyses of residual insulin secretion in individuals with T1D in Finland; and a randomized, controlled trial of the effect of zoledronate on bone mineral density in non-ambulant children with cerebral palsy. We do hope that these articles are stimulating for the young readers.

In our spotter series, *George et al. from Chandigarh, India,* present an interesting case of subcutaneous fat necrosis of the newborn in a 7-week-old male infant presenting with erythematous skin nodules and hypercalcemia.

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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