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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). ACCR continues to grow in both manuscript submissions and readership; this growth would not have been possible without the dedication of our associate editors, editorial board members, and editorial/publication staff. Special thank you to our excellent reviewers that provided meaningful and constructive reviews to help the educational value of the published cases.

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/

Few adrenal and neuroendocrine cases were reported to highlight the rare but possible cortisol secretion in pheochromocytoma due to ACTH scretion, metastatic pheochromocytoma to the bones in a patient with neurofibromatosis type 1 (NF1), and the presentation of dopamine-secreting head and neck paragangliomas in a patient with succinate dehydrogenase subunit B (SDHB).[1-3] Moreover, a case reports on additional adverse events associated with immune checkpoint inhibitors in cancer patients.[4]

In transgender care, we highlighted the case Hematospermia in a Transgender Woman with Evidence for Endometrial Tissue in the Prostate in this ACCR issues as well as hosted a podcast to summarize the significance of this case at https://pro.aace.com/podcast/episode-49-hematospermia-transgender-woman-evidence-endometrial-tissue-in-prostate.[5]

On Diabetes and Metabolism, authors share their thoughts on how to minimize Hypoglycemia unawareness in patients with type 1 diabetes.[6]

In the area of Bone and calcium disorders, a case described dysphagia as a presentation of primary hyperparathyroidism,[7] and a case of primary hyperparathyroidism in pediatric population.[8]

This issue includes variable collection of interesting visual vignettes describing bone complications in Systemic Mastocytosis,[9] Sodium disorders in infiltrative pituitary disease,[10] Another presentation of Malignant pheochromocytoma[11] and Malignant Insulinoma.[12] All are detailed in this issue for the readers.

As always, we truly appreciate all contributing authors, reviewers, editors, and staff that help improve our journal and create an educational platform to our readers to help best manage our patients.

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.

Warmest regards,

References

1. Moctezuma S, Perez JL, Baraban E, et al. Cushing Syndrome Due to a Corticotropin-Releasing Hormonee and Adrenocorticotropic HormoneeSecreting Silent Pheochromocytoma. *AACE Clinical Case Reports*. 2024;10:84–88.
2. Yunasan E, Ning X, Shaik MR, et al. Recurrent Pheochromocytoma With Bone Metastasis Eight Years After Bilateral Adrenalectomies in a Patient With Neurofibromatosis Type 1. *AACE Clinical Case Reports*. 2024;10:93–96.
3. Mustafa K, Zadeh S, Culver SA. Dopamine-Secreting Carotid Body Paraganglioma in a Patient With SDHB Mutation. *AACE Clinical Case Reports*. 2024;10:109–112.
4. Tavdy T, Samavedam JM, Mathias P, et al. Severe Hyponatremia Triggered by Immune Checkpoint Inhibitor Therapyin a Patient With Mulvihill-Smith Syndrome. *AACE Clinical Case Reports*. 2024;10:105–108.
5. Coleman-Belin J, Amakiri UO, Deng F-M, et al. Hematospermia in a Transgender Woman with Evidence forEndometrial Tissue in the Prostate. *AACE Clinical Case Reports*. 2024;10:80–83.
6. Escudero C, Husain A, Arnaout A. Hypoglycemia Unawareness and Recurrent Severe Hypoglycemia in an Individual With Type 1 Diabetes Mellitus on Insulin. *AACE Clinical Case Reports*. 2024;10:101–104.
7. Čulina D, Peček M, Gregurić T, et al. Hypercalcemia Associated With Severe Dysphagia in a Patient With Parathyroid Adenoma and Significant Cervical Spondylophytes. *AACE Clinical Case Reports*. 2024;10:89–92.
8. Ray GJ, Liles JS, Lim WY. A Case of Primary Hyperparathyroidism Secondary to Parathyroid Adenoma in a Pediatric Patient. *AACE Clinical Case Reports*. 2024;10:97–100.
9. Nguyen CN, Boggs NA, Maxwell DB, et al. A Vertebral Fracture Unmasking Systemic Mastocytosis in a 29-Year-Old Man. *AACE Clinical Case Reports*. 2024;10:113–114.
10. Pechenenko AV, Van Der Veer SJ, Clutter CA. Polyuria, Sinopulmonary Symptoms, and Pituitary Mass. *AACE Clinical Case Reports*. 2024;10:115–116.
11. Yu R, Allen-Auerbach MS, Yeh MW. Malignant Pheochromocytoma Presenting as a Large Adrenal Mass With Cavoatrial Tumor Thrombus. *AACE Clinical Case Reports*. 2024;10:117–118.
12. Kishore S, Eerhart M, Hijazi M, et al. Malignant Insulinoma. *AACE Clinical Case Reports*. 2024;10:119–120.

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