Through a Clearer Glass: The Endocrine Window in Sharper Focus

Measurement, the Uncommon, and the Discipline of Seeing Clearly

In the preceding issue of this Journal, I wrote of an endocrine window widening. That editorial marked a moment of institutional transition following the long and distinguished stewardship of Professor Elizabeth Paz-Pacheco, welcomed the Journal's expansion to three issues each year, and argued that our regional community is increasingly generating evidence for its own patients rather than importing it wholesale from elsewhere. If that issue was concerned chiefly with the breadth of what the window reveals, the present issue turns to something more exacting: the clarity of the glass itself. Across twenty-two contributions—eleven original articles, two reviews, six case reports, a case series, a brief communication, and an image in endocrinology—drawn from the Philippines, Indonesia, Malaysia, Vietnam, Sri Lanka, India, Algeria, Saudi Arabia, Singapore, and Thailand—a recurring preoccupation emerges with how we measure, how we diagnose, and how we come to recognize the uncommon.

The Reliability of What We Measure

Several contributions remind us that the instruments of endocrine practice are not population-neutral. The comparative study of point-of-care testing against the traditional reference laboratory method for congenital hypothyroidism speaks directly to a question of screening policy, for a diagnosis delayed in the newborn period is a diagnosis that exacts a lifelong neurodevelopmental cost. The comparison of the European Kidney Function Consortium equation with the CKD-EPI 2021 formula for estimating glomerular filtration rate among Algerians with type 2 diabetes makes the point still more pointedly: equations derived in one population and applied to another may mislead precisely those clinicians who trust them most. That this analysis reaches us from North Africa is itself instructive, for the window between our region and the wider world admits light in both directions.

Two further papers extend this theme from the laboratory to the bedside. The case of an undetectable HbA1c in an asymptomatic patient with hemoglobin E and beta-thalassemia minor is a cautionary tale of consequence, for hemoglobinopathies are far from rare in our populations, and the gold standard test on which we stake so many management decisions can, in their presence, deceive. The Malaysian study profiling skin and subcutaneous fat thickness by ultrasound to guide insulin delivery in overweight and obese adults addresses an act performed millions of times each day, yet seldom examined with rigor. Collectively, these works insist that measurement in endocrinology must be validated and contextualized in the very populations that rely upon it.

Diabetes: Complications, Costs, and Culture

Diabetes mellitus remains, as ever, the discipline's center of gravity, and this issue interrogates it along several axes. The analysis of risk factors for multidrug resistant organisms in infected diabetic foot ulcers situates our specialty at the uneasy intersection of metabolic disease and antimicrobial resistance—two of the most formidable challenges in contemporary medicine, here converging in a single wound. The examination of erectile dysfunction among Filipino men with type 2 diabetes gives overdue attention to a complication that carries considerable psychological and relational weight yet is too often left unspoken in the clinical encounter.

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Questions of mechanism, cost, and real-world effect are well represented. The review of sodium-glucose cotransporter-2 inhibitors and their effects on peripheral nerve and skeletal muscle function invites us to consider these agents beyond their glycemic and cardiorenal indications. The cost-effectiveness analysis of triple oral antidiabetic combination therapy in Indonesia, and the real-world retrospective cohort from Saudi Arabia examining cardiovascular and renal outcomes with dapagliflozin alone or combined with semaglutide, together address the pharmacoeconomic and pragmatic realities that ultimately determine what is deliverable rather than merely desirable. And the assessment of glycemic control among prospective Hajj pilgrims with type 2 diabetes exemplifies the culturally embedded scholarship this Journal is well placed to champion—a natural companion to the Ramadan-related research of our previous issue, and a reminder that faith and physiology are not separable in the lives of our patients.

The Person Behind the Hormone

Endocrine disease is lived, not merely measured, and three contributions keep the patient's experience firmly in view. The study of long-term outcomes and quality of life among patients with pituitary adenoma following endoscopic endonasal transsphenoidal surgery, employing the Indonesian version of the SF-36, affirms that survival and biochemical remission are necessary but insufficient measures of success. The systematic review of reproductive health, mental health, and quality of life in women with classical congenital adrenal hyperplasia illuminates a lifelong psychosocial burden that the biomedical literature has too often treated as peripheral. And the survey of healthcare workers' knowledge, attitudes, and practices regarding obesity in a Vietnamese tertiary hospital reminds us that the beliefs of clinicians themselves shape the care their patients receive—an echo of the attention our preceding issue paid to the perception of obesity across the region.

The Uncommon and the Long Road to Diagnosis

It is in this issue's case reports that the discipline appears at its most demanding and, arguably, its most humane. A phosphaturic mesenchymal tumor is traced from invisibility to bedridden morbidity, capturing with painful precision the diagnostic odyssey of oncogenic osteomalacia, a condition frequently unrecognized for years. An adrenocortical carcinoma with suspected dual cortisol and aldosterone secretion, a VIPoma presenting improbably with obstructive jaundice, and an insulinoma recognized only after recurrent syncope, behavioral change, and weight gain—yet followed to thirteen years of disease-free survival—each testify to the vigilance that rare hormone-secreting tumors demand. Hirata's disease, the insulin autoimmune syndrome, completes a quartet of hypoglycemic and secretory puzzles that will sharpen the reader's index of suspicion.

These narratives are not incidental to the Journal's mission; they are central to it. A rare entity recognized in one center is recognized more swiftly in the next, and the regional publication of such cases shortens the diagnostic odyssey for patients who might otherwise wait years for an answer. In this sense, the case report—so often undervalued—is an instrument of collective learning as consequential as any clinical trial.

A Closing Reflection

A window is only as useful as the clarity of its glass and the discernment of the eye behind it. Where the previous issue celebrated the widening of our regional view, this issue attends to the conditions that make that view trustworthy: measurement validated in the populations that depend on it, attention to the person and not merely the pathology, and a shared readiness to recognize the uncommon. The presence of contributions from Algeria and Saudi Arabia alongside those from across Southeast and South Asia reminds us that the endocrine window is not a boundary but a passage, through which evidence and experience travel in both directions to the benefit of patients everywhere.

Ultimately, it is the patients—those whose conditions animate these pages—who are the silent collaborators in every study that follows. May this issue serve them, and those who care for them, with clarity.

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