

Introduction and comments

Dear Readers!

Forwarded to you the number of "Progress in Medicine" I would like to dedicate especially to the participants of educational events titled "Autumn School of Endocrinology" taking place in Zakopane annually for 20 years. These conferences, organized by professors Stefan Zgliczyński and Wojciech Zgliczyński and a team of faculty Department of Endocrinology, Medical Centre of Postgraduate Education, gained immense importance, gathering at each occasion more than half a thousand of listeners. These meetings were superb, modern form of postgraduate education not only for endocrinologists.

In the current issue of "Progress in Medicine" there are five original papers devoted to the selected pathologies of the: pituitary (clinical symptoms and hormonal pattern in patients with the "empty" sella), thyroid (security of iodine contrast use in patients treated for hypothyroidism), adrenals (strategy to deal with cases of bilateral adrenal tumours in patients with subclinical Cushing's syndrome), gonads (dependence of the occurrence of metabolic disorders in women with PCOS of the coexistence of non-alcoholic hepatic steatosis).

Another topic that could be interesting for endocrinologists and for doctors concerning the choice of specialization, is analysis of factors affecting the choice of specialization – a study based on broad, anonymous surveys. According to this analysis, for doctors taking this specialization of paramount importance are: its interdisciplinary nature, a large variety of cases, the desire to increase own professional prestige and to satisfy own ambitions.

In the publication analyzing the clinical symptoms and the results of hormonal investigations in patients with the "empty" sella it has been shown that such problem affects mainly women, especially multiparous and overweight people. It should be emphasized that in almost 1/4 of patients presenting a picture of "empty" sella hypopituitarism was detected usually in gonadotropic function of this gland.

For thyreologists could be important the results of the work showing that in patients treated for hypothyroidism with antithyroid drugs application of iodinated contrast during a retrograde cholangiopancreatography (ECPW) doesn't cause iodine-induced thyroid dysfunction.

From the publication on handling with difficult cases of bilateral adrenal tumours running with symptoms of subclinical Cushing's syndrome appears the need for an individual approach to each patient. Decision about surgical treatment should not be undertaken only on the basis of the results of hormonal investigations.

For clinical practice are important work results indicating the frequent incidence (in almost half of the cases) of non-alcoholic fatty liver disease (NAFLD) in patients with polycystic ovary syndrome (PCO-S). These data may suggest that in either case of PCO-S we should look for NAFLD in non-invasive way because it affects the metabolic disorder of this syndrome.

In the section of case studies three extremely rare in clinical practice cases are presented; the foetal neck teratoma, parathyroid cancer leading to hypercalcemic crisis and the consequent acute renal failure, and a case of the impaired metabolism of histamine leading to the occurrence of clinical symptoms of carcinoid syndrome.

In a case report of foetal neck teratoma should be paid attention to the possibility of carrying out a differential diagnosis based mainly on hormonal investigations and ultrasonography but without the need for biopsy.

In a very well documented case of parathyroid carcinoma authors draw attention to the possibility of hypercalcemic crisis and the consequent acute renal failure. Renal failure prevents the use of bisphosphonates as a standard therapy of acute hypercalcemia. Therefore, authors propose the use of calcimimetic – cinacalcet (Mimpara) which proved to be original and very effective solution.

Section of case studies closes the description of the history of woman with persistent for many years symptoms of carcinoid syndrome and improperly high blood concentration of histamine, but without somatic features of malignancy. As it turned out, such a condition was caused by the reduced activity of diaminoxydase – an enzyme that breaks down histamine.

The section of the review papers is initiated by article concerning chromogranin A (CgA), its biological function, and analytical and clinical aspect of its measurements in blood. Authors present valuable remarks and practical recommendations for monitoring the concentration of CgA and list some drugs and pathological conditions which have influence on the CgA blood level.

In extremely valuable for each clinician paper discussing ways to prevent and monitor the side effects of chronic steroidotherapy authors propose a scheme how to deal with a patient subjected to such a therapy.

Many practical and new concepts interesting not only for gynaecologists can be found in two other papers concerning premature ovarian failure and the role of vitamin D in pregnancy.

The section of review papers close the work which concerns the not noted until recently problem of psychiatric disorders accompanying the endocrinological diseases. It seems that we will hear more and more often about the psychoendocrine syndrome.

I hope that presented in this issue of "Progress in Medicine" papers will be interesting not only for endocrinologists but also for physicians of other specialities, who in their clinical practice meet with an interdisciplinary dimension of endocrinology.

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