

JCRPE

Journal of Clinical Research in Pediatric Endocrinology

March 2024

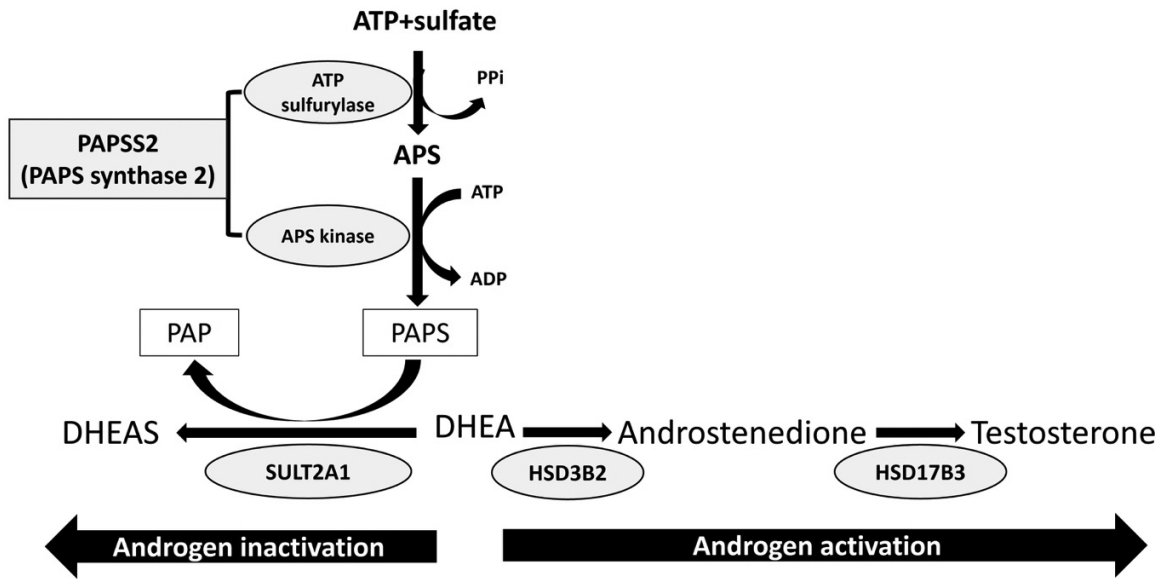
volume 16

issue 1

www.jcrpe.org

ISSN: 1308-5727

E-ISSN: 1308-5735



DHEAS production pathway. DHEA is the most abundant weak androgen precursor produced by the adrenal gland. Excess DHEA is sulfated by the enzyme SULT2A1, producing an inactive by-product, DHEAS, in the presence of a sulfate donor, PAPS. PAPS is generated by the PAPSS2 enzyme, which has ATP sulfurylase and APS kinase activities. This safeguarding reaction prevents excess DHEA from being used as a precursor to synthesize more potent androgens, such as androstenedione and testosterone, in adrenal, gonads and peripheral tissues

Bone Phenotype is Always Present But Androgen Excess is Less Frequently Seen in PAPSS2 Deficiency

Helvacioğlu D and Güran T.


Page: 4-10



Official Journal of
Turkish Society for Pediatric
Endocrinology and Diabetes


Editor in Chief

Feyza Darendeliler


Istanbul University Istanbul Faculty of Medicine, Department of Pediatric Endocrinology, Istanbul, Turkey
feyzad@istanbul.edu.tr  orcid.org/0000-0003-4786-0780

Associate Editors


Abdullah Bereket

Marmara University Faculty of Medicine, Department of Pediatric Endocrinology, Istanbul, Turkey
abdullahbereket@gmail.com
 orcid.org/0000-0002-6584-9043


Damla Gökşen

Ege University Faculty of Medicine, Department of Pediatric Endocrinology, İzmir, Turkey
damla.goksen@ege.edu.tr
 orcid.org/0000-0001-6108-0591


Korcan Demir

Dokuz Eylül University Faculty of Medicine, Department of Pediatric Endocrinology, İzmir, Turkey
korcandemir@gmail.com
 orcid.org/0000-0002-8334-2422

Samim Özen


Ege University Faculty of Medicine, Department of Pediatric Endocrinology, İzmir, Turkey
samim.ozen@ege.edu.tr
 orcid.org/0000-0001-7037-2713

Serap Turan

Marmara University Faculty of Medicine, Department of Pediatric Endocrinology, Istanbul, Turkey
serap.turan@marmara.edu.tr
 orcid.org/0000-0002-5172-5402

English Language Editor and Assistant to the Editor in Chief

Jeremy Jones, Kocaeli, Turkey

 The paper used to print this journal conforms to ISO 9706: 1994 standard (Requirements for Permanence).
The National Library of Medicine suggests that biomedical publications be printed on acid-free paper (alkaline paper).

Reviewing the articles' conformity to the publishing standards of the Journal, typesetting, reviewing and editing the manuscripts and abstracts in English, creating links to source data, and publishing process are realized by Galenos.

Editorial Board

Ali Kemal Topaloğlu

University of Mississippi Medical Center, Department of Pediatrics, Division of Pediatric Endocrinology, Jackson, Mississippi, USA

Aysun Bideci

Gazi University Faculty of Medicine, Department of Pediatric Endocrinology, Ankara, Turkey

Banerjee Indi

Manchester University NHS Foundation Trust, Manchester, United Kingdom

Hüseyin Onay

Ege University Faculty of Medicine, Department of Medical Genetics, İzmir, Turkey

Ayça Aykut

Ege University Faculty of Medicine, Department of Medical Genetics, İzmir, Turkey

Murat Bastepe

Massachusetts General Hospital, Harvard Medical School Endocrine Unit, Boston, USA

Justin Davies

University Hospital Southampton NHS Foundation Trust, Southampton Children's Hospital, Paediatric Endocrinology, Southampton; University of Southampton, Faculty of Medicine, Hampshire, England

Khalid Hussain

Great Ormond Street Hospital for Children, Department of Pediatric Endocrinology, London, United Kingdom

Margaret C S Boguszewski, MD, PhD

Federal University of Paraná, Department of Pediatrics, Curitiba, Brazil

Merih Berberoğlu

Ankara University Faculty of Medicine, Department of Pediatric Endocrinology, Ankara, Turkey

Neslihan Güngör

Louisiana State University Health Sciences Center-Shreveport, Department of Pediatric Endocrinology, Louisiana, USA

Nurgün Kandemir

Emeritus Professor of Pediatrics, Hacettepe University Faculty of Medicine, Department of Pediatric Endocrinology, Ankara, Turkey

Güven Özkaya (Statistical Consultant)

Bursa Uludağ University Faculty of Medicine, Department of Biostatistics, Bursa, Turkey

Ömer Tarım

Bursa Uludağ University Faculty of Medicine, Department of Pediatric Endocrinology, Bursa, Turkey

Rasha Tarif

Ain Shams University Faculty of Medicine, Department of Pediatrics, Cairo, Egypt

Violeta Iotova

Endo-ERN Work Package "Education & Training" Paediatric Chair, Department of Pediatrics, Medical University of Varna, Varna, Bulgaria



Publisher Contact

Address: Molla Gürani Mah. Kaçamak Sk. No: 21/1 34093 İstanbul, Turkey
Phone: +90 (530) 177 30 97
E-mail: info@galenos.com.tr /yayin@galenos.com.tr
Web: www.galenos.com.tr
Publisher Certificate Number: 14521

Printing at: Son Sürat Daktilo Dijital Baskı San. Tic. Ltd. Şti.

Address: Gayrettepe Mah. Yıldızposta Cad. Evren Sitesi A Blok No: 32 D: 1-3
34349 Beşiktaş, İstanbul/Turkey
Phone: +90 212 288 45 75

Date of printing: March 2024

ISSN: 1308-5727 E-ISSN: 1308-5735

AIMS AND SCOPE

The Journal of Clinical Research in Pediatric Endocrinology (JCRPE) publishes original research articles, reviews, short communications, letters, case reports and other special features related to the field of pediatric endocrinology. JCRPE is published in English by the Turkish Society for Pediatric Endocrinology and Diabetes quarterly (March, June, September, December). The target audience is physicians, researchers and other healthcare professionals in all areas of pediatric endocrinology.

JCRPE is indexed in PubMed/MEDLINE, Index Medicus/PubMed, PubMed Central (PMC), British Library, EBSCO, SCOPUS, EMBASE, Engineering Village, Reaxys, CINAHL, ProQuest, GALE, Turk Medline, Tübitak Ulakbim TR Index, Turkey Citation Index, Science Citation Index-SCI-E, Hinari, GOALI, ARDI, OARE, AGORA, J-GATE, IdealOnline and DOAJ.

JCRPE has an impact factor 1.9 in 2022.

****The 5-year impact factor 2.3 in 2022.**

The journal is printed on an acid-free paper.

Permissions

Requests for permission to reproduce published material should be sent to the publisher.

Galenos Publishing House

Address: Molla Gürani mah. Kaçamak Sok. 21/1 Fatih, Istanbul, Turkey

Telephone: +90 212 621 99 25

Fax: +90 212 621 99 27

Web page: <http://www.galenos.com.tr/en>

E-mail: info@galenos.com.tr

Copyright Notice

The author(s) hereby affirms that the manuscript submitted is original, that all statement asserted as facts are based on author(s) careful investigation and research for accuracy, that the manuscript does not, in whole or part, infringe any copyright, that it has not been published in total or in part and is not being submitted or considered for publication in total or in part elsewhere.

Completed Copyright Assignment&Affirmation of Originality Form will be faxed to the JCRPE Editorial Office (Fax: +90 212 621 99 27).

By signing this form,

1. Each author acknowledge that he/she participated in the work in a substantive way and is prepared to take public responsibility for the work.
2. Each author further affirms that he or she has read and understands the "Ethical Guidelines for Publication of Research".
3. The author(s), in consideration of the acceptance of the manuscript for publication, does hereby assign and transfer to the Journal of Clinical Research in Pediatric Endocrinology all of the rights and interest in and the copyright of the work in its current form and in any form subsequently revised for publication and/or electronic dissemination.

Open Access Policy

This journal provides immediate open access to its content on the principle that making research freely available to the public supports a greater global exchange of knowledge.

This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

GENERAL INFORMATION

Manuscripts must be written in English and must meet the requirements of the journal. Papers that do not meet these requirements will be returned to the author for necessary revision before the review. Manuscripts submitted to JCRPE are evaluated by peer reviewers. Authors of manuscripts requiring modifications have two months to resubmit a revised paper. Manuscripts returned after this deadline will be treated as new submissions. The journal is in compliance with the uniform requirements for manuscripts submitted to biomedical journals published by the International Committee of Medical Journal Editors (NEJM 1997; 336:309-315, updated 2001). Upon submission of the manuscript, authors are to indicate the type of trial/research and provide the checklist of the following guidelines when appropriate: Consort statement for randomized controlled trials (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement revised recommendations for improving the quality of reports of parallel group randomized trials. JAMA 2001 ; 285 : 1987 - 91), the QUOROM statement for meta-analysis and systemic reviews of randomized controlled trials (Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUOROM statement. Quality of Reporting of Meta-Analyses. Lancet 1999; 354 : 1896 - 900) and the MOOSE guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting Meta-analysis of observational studies in Epidemiology (MOOSE) group. JAMA 2000; 283: 2008 - 12). Keywords are included according to MeSH (Medical Subject Headings) National Library of Medicine.

Once the manuscript is accepted to be published in The Journal of Clinical Research in Pediatric Endocrinology, it receives a Digital Object Identifier (DOI) number. Uncorrected full text files can be reached online via PubMed and Ahead of Print section of the journal's website (<http://www.jcrpe.org/ahead-of-print>). All contents will be printed in black and white.

NEW

Article Publication Charges for accepted case reports is \$100. Please contact the editorial office for detailed information by the following link: info@jcrpe.org

In case of exceeding 4000 word limit, the author is charged with \$50 for each page.

All other forms of articles are free of publication charge.

MANUSCRIPT CATEGORIES

All manuscripts must adhere to the limitations, as described below, for text only; the word count does not include the abstract, references, or figure/table legends. The word count must be noted on the title page, along with the number of figures and tables. Original Articles should be no longer than 4000 words and include no more than six figures and tables and 50 references.

Short Communications are short descriptions of focused studies with important, but very straightforward results. These manuscripts should be no longer than 2000 words, and include no more than two figures and tables and 20 references.

Brief Reports are discrete, highly significant findings reported in a shorter format. The abstract of the article should not exceed 150 words and the text/article length should not exceed 1200 words. References should be limited to 12, a maximum of 2 figures or tables.

Clinical Reviews address important topics in the field of pediatric endocrinology. Authors considering the submission of uninvented reviews should contact the editors in advance to determine if the topic that they propose is of current potential interest to the Journal. Reviews will be considered for publication only if they are written by authors who have at least three published manuscripts in the international peer reviewed journals and these studies should be cited in the review. Otherwise only invited reviews will be considered for peer review from qualified experts in the area. These manuscripts should be no longer than 5000 words and include no more than four figures and tables and 120 references.

Case Reports are descriptions of a case or small number of cases revealing novel and important insights into a condition's pathogenesis, presentation, and/or management. These manuscripts should be 2500 words or less, with four or fewer figures and tables and 30 or fewer references.

Consensus Statements may be submitted by professional societies. All such submission will be subjected to peer review, must be modifiable in response to criticisms, and will be published only if they meet the Journal's usual editorial standards. These manuscripts should typically be no longer than 4000 words and include no more than six figures and tables and 120 references.

Letters to the Editor may be submitted in response to work that has been published in the Journal. Letters should be short commentaries related to specific points of agreement or disagreement with the published work. Letters should be no longer than 500 words with no more than five complete references, and may not include any figures or tables.

Note on Prior Publication

The journal publishes original research and review material. Material previously published in whole or in part shall not be considered for publication. At the time of submission, authors must report that the manuscript has not been published elsewhere. Abstracts or posters displayed at scientific meetings need not be reported.

MANUSCRIPT SUBMISSION PROCEDURES

JCRPE only accepts electronic manuscript submission at the web site www.jcrpe.org. After logging on to the website www.jcrpe.org click 'Submit an Article' icon. All corresponding authors should be provided a password and a username after providing the information needed. If you already have an account from a previous submission, enter your username and password to submit a new or revised manuscript. If you have forgotten your username and/or password, e-mail the editorial office for assistance. After logging on the article submission system with your own password and username please read carefully the directions of the system to provide all needed information. Attach the manuscript, tables and figures and additional documents.

All Submissions Must Include:

1. A cover letter requesting that the manuscript be evaluated for publication in JCRPE and any information relevant to your manuscript. Cover letter should contain address, telephone, fax and e-mail address of the corresponding author.
2. Completed Copyright and Disclosure of Potential Conflicts of Interest Form. The corresponding author must acquire all of the authors' completed forms and mail to info@galenos.com.tr / yayin@galenos.com.tr or submit to the Manuscript Manager.
3. Completed Disclosure of Potential Conflict of Interest Form. The corresponding author must acquire all of the authors' completed disclosure forms and fax them to the editorial office at +90 212 621 99 27.

Authors must complete the online submission forms. If unable to successfully upload the files please contact the editorial office by e-mail.

MANUSCRIPT PREPARATION

General Format

The Journal requires that all submissions be submitted according to these guidelines:

- Text should be double spaced with 2.5 cm margins on both sides using 12-point type in Times Roman font.
- All tables and figures must be placed after the text and must be labeled.
- Each section (abstract, text, references, tables, figures) should start on a separate page.
- Manuscripts should be prepared as word document (*.doc) or rich text format (*.rtf).

Title Page

The title page should include the following:

- Full title
- Short title of not more than 40 characters for page headings
- Authors' names, and institutions, and e-mail addresses
- Corresponding author's e-mail and post address, telephone and fax numbers
- At least five and maximum eight keywords. Do not use abbreviations in the keywords
- Word count (excluding abstract, figure legends and references)
- Name and address of person to whom reprint requests should be addressed
- Any grants or fellowships supporting the writing of the paper
- The acknowledgements, if there are any
- If the content of the manuscript has been presented before, the time and place of the presentation
- The ORCID (Open Researcher and Contributor ID) number of the all authors should be provided while sending the manuscript. A free registration can be done at <http://orcid.org>.

Structured Abstracts (According to the The Journal of the American Medical Association)

Original Articles should be submitted with structured abstracts of no more than 250 words. All information reported in the abstract must appear in the manuscript. The abstract should not include references. Please use complete sentences for all sections of the abstract. Structured abstract should include background, objective, methods, results and conclusion.

What is already known on this topic?

What this study adds?

These two items must be completed before submission. Each item should include at most 2-3 sentences and at most 50 words focusing on what is known and what this study adds.

Review papers do not need to include these boxes.

Introduction

The article should begin with a brief introduction stating why the study was undertaken within the context of previous reports.

Experimental Subjects

All clinical investigations described in submitted manuscripts must have been conducted in accordance with the guidelines in the Declaration of Helsinki and has been formally approved by the appropriate institutional review committees. All manuscripts must indicate that such approval was obtained and that informed consent was obtained from subjects in all experiments involving humans. The study populations should be described in detail. Subjects must be identified only by number or letter, not by initials or names. Photographs of patients' faces should be included only if scientifically relevant. Authors must obtain written consent from the patient for use of such photographs.

Clinical Trials Registration

All clinical trials must be registered in a public trials registry acceptable to the International Committee of Medical Journals Editors (ICMJE). Authors of randomized controlled trials must adhere to the CONSORT guidelines, and provide both a CONSORT checklist (for protocols, see the SPIRIT guidance) and flow diagram. We require that you choose the MS Word template at www.consort-statement.org for the flow chart and cite/upload it in the manuscript as a figure. In addition, submitted manuscripts must include the unique registration number in the Abstract as evidence of registration.

You can register for clinical trials by visiting the following link:

<https://clinicaltrials.gov/>

To register the relevant record in the system and learn more about the protocol to be followed, please review the link below:

<https://classic.clinicaltrials.gov/ct2/manage-recs/how-register>

Graphical Abstract

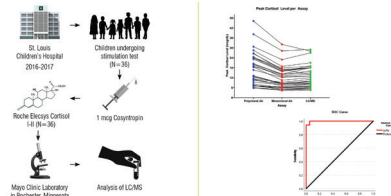
The Journal of Clinical Research in Pediatric Endocrinology aims to enhance the visibility of authors' publications and contribute to the scientific community as much as possible. In this regard, our journal encourages authors to publish graphical abstracts. The provided example abstract below reflects the standards accepted by our journal. Therefore, our journal expects authors to adhere to the following instructions:

- 1) Unless authors specify otherwise, the vectors used in the example will be used as the standard. Information to be placed beneath the vectors will be provided by the authors.
- 2) The article graphics used in the example will be revised with graphics of the authors' preference.

Once these two stages are completed successfully, the prepared graphical abstract will be integrated into the article. Our journal aims to support authors in this process and enhance the impact of their scientific work.

Peak Serum Cortisol Cutoffs to Diagnose Adrenal Insufficiency Across Different Cortisol Assays in Children

JCRPE
Journal of Clinical Research in Pediatric Endocrinology



Experimental Animals

A statement confirming that all animal experimentation described in the submitted manuscript was conducted in accord with accepted standards of humane animal care, according to the Declaration of Helsinki and Genova Convention, should be included in the manuscript.

Materials and Methods

These should be described and referenced in sufficient detail for other investigators to repeat the work. Ethical consent should be included as stated above.

The name of the ethical committee, approval number should be stated. At the same time, the Ethics Committee Approval Form should be uploaded with the article.

Results

The Results section should briefly present the experimental data in text, tables, and/or figures. Do not compare your observations with that of others in the results section.

The raw results of weight, length/height, body mass index, and blood pressure measurements can not be compared among groups since they normally change with age and according to gender. Instead, standard deviation scores of those values should be reported and compared.

Discussion

The Discussion should focus on the interpretation and significance of the findings with concise objective comments that describe their relation to other work in that area and contain study limitations.

Study Limitations

Limitations of the study should be detailed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

Conclusion

The conclusion of the study should be highlighted.

Acknowledgments (Not Required for Submission)

An acknowledgment is given for contributors who may not be listed as authors, or for grant support of the research.

Authorship Contribution

The kind of contribution of each author should be stated.

References

References to the literature should be cited in numerical order (in parentheses) in the text and listed in the same numerical order at the end of the manuscript on a separate page or pages. The author is responsible for the accuracy of references.

Number of References: Case Report max 30 / Original Articles max 50

Examples of the reference style are given below. Further examples will be found in the articles describing the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Ann Intern Med.1988; 208:258-265, Br Med J. 1988; 296:401-405). The titles of journals should be abbreviated according to the style used in the Index Medicus.

Journal Articles and Abstracts: List all authors. The citation of unpublished observations, of personal communications is not permitted in the bibliography. The citation of manuscripts in press (i.e., accepted for publication) is permitted in the bibliography; the name of the journal in which they appear must be supplied. Citing an abstract is not recommended.

Books: List all authors or editors.

Sample References

Papers Published in Periodical Journals: Gungor N, Saad R, Janosky J, Arslanian S. Validation of surrogate estimates of insulin sensitivity and insulin secretion in children and adolescents. *J Pediatr* 2004;144:47-55.

Papers Only Published with DOI Numbers: Knops NB, Sneeuw KC, Brand R, Hile ET, de Ouden AL, Wit JM, Verloove-Vanhorick SP. Catch-up growth up to ten years of age in children born very preterm or with very low birth weight. *BMC Pediatrics* 2005 doi: 10.1186/1471-2431-5-26.

Book Chapters: Darendeliler F. Growth Hormone Treatment in Rare Disorders: The KIGS Experience. In: Ranke MB, Price DA, Reiter EO (eds). *Growth Hormone Therapy in Pediatrics: 20 Years of KIGS*. Basel, Karger, 2007;213-239.

Books: *Practical Endocrinology and Diabetes in Children*. Raine JE, Donaldson MDC, Gregory JW, Savage MO. London, Blackwell Science, 2001;37-60.

Tables

Tables must be constructed as simply as possible. Each table must have a concise heading and should be submitted on a separate page. Tables must not simply duplicate the text or figures. Number all tables in the order of their citation in the text. Include a title for each table (a brief phrase, preferably no longer than 10 to 15 words). Include all tables in a single file following the manuscript.

Figures Legends

Figure legends and titles should be submitted on a separate page. Figure legends and titles should be clear and informative. Tables and figures should work under "windows". Number all figures (graphs, charts, photographs, and illustrations) in the order of their citation in the text. Include a title for each figure (a brief phrase, preferably no longer than 10 to 15 words).

Figures & Images

At submission, the following file formats are acceptable: AI, EMF, EPS, JPG, PDF, PPT, PSD, TIF. Figures may be embedded at the end of the manuscript text file or loaded as separate files for submission purposes.

All images MUST be at or above intended display size, with the following image resolutions: Line Art 800 dpi, Combination (Line Art + Halftone) 600 dpi, Halftone 300 dpi. See the Image quality specifications chart for details. Image files also must be cropped as close to the actual image as possible.

Units of Measure

Results/Tables should be expressed in metric units. If needed please apply this usage in your manuscript.

If p values are significant in the tables you have prepared, the relevant p values should be indicated in bold font.

Validation of Data and Statistical Analysis

Assay validation: Bioassay and radioimmunoassay potency estimates should be accompanied by an appropriate measure of the precision of these estimates. For bioassays, these usually will be the standard deviation, standard error of the mean, confidence limits. For both bioassays and radioimmunoassays, it is necessary to include data relating to within-assay and between-assay variability. If all relevant comparisons are made within the same assay, the latter may be omitted. Statistical analysis should be done accurately and with precision. Please consult a statistician if necessary.

Proofs and Reprints

Proofs and a reprint order are sent to the corresponding author. The author should designate by footnote on the title page of the manuscript the name and address of the person to whom reprint requests should be directed. The manuscript when published will become the property of the journal.

Page and Other Charges

Archiving

The editorial office will retain all manuscripts and related documentation (correspondence, reviews, etc.) for 12 months following the date of publication or rejection.

Submission Preparation Checklist

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

1. The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).
2. The submission file is in Microsoft Word, RTF, or WordPerfect document file format. The text is double-spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end. Please do not send the manuscript in docx.
3. Where available, URLs for the references have been provided.
4. A completed Copyright ve Disclosure of Potential Conflicts of Interest Form must be uploaded with other files during the submission. The corresponding author must acquire all of the authors' completed forms and mail to info@galenos.com.tr / yayin@galenos.com.tr or submit to the Manuscript Manager.
5. The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines, which is found in About the Journal.
6. Completed Disclosure of Potential Conflict of Interest Form. The corresponding author must acquire all of the authors' completed disclosure forms and fax them, together, to the editorial office along with the Author Disclosure Summary.

Privacy Statement

The names and email addresses entered in this journal site will be used exclusively for the stated purposes of this journal and will not be made available for any other purpose or to any other party.

Peer Review Process

1. The manuscript is assigned to an editor, who reviews the manuscript and makes an initial decision based on manuscript quality and editorial priorities.
2. For those manuscripts sent for external peer review, the editor assigns reviewers to the manuscript.
3. The reviewers review the manuscript.
4. The editor makes a final decision based on editorial priorities, manuscript quality, and reviewer recommendations.
5. The decision letter is sent to the author.

The Reviewer is Asked to Focus on the Following Issues:

1. General recommendation about the manuscript

How original is the manuscript?
Is it well presented?
How is the length of the manuscript?

2. Publication timing, quality, and priority

How important is the manuscript in this field?
Does it present original data?
Does it carry priority in publishing?

3. Specific questions regarding the quality of the manuscript

Does the title describe the study accurately?
Is the abstract informative and clear?

Do the authors state the study question in the introduction?

Are the methods clear?

Are ethical guidelines met?

Are statistical analyses appropriate?

Are the results presented clearly?

Does the discussion cover all of the findings?

Are the references appropriate for the manuscript?

4. Remarks to the editor

Accepted in its present form

Accepted after modest revisions

Reconsidered for acceptance after major changes

Rejected

5. Remarks to the author

What would be your recommendations to the author?

Conflict of interest statement for the reviewer (Please state if a conflict of interest is present)

For further instructions about how to review, see Reviewing Manuscripts for Archives of Pediatrics & Adolescent Medicine by Peter Cummings, MD, MPH; Frederick P. Rivara, MD, MPH in Arch Pediatr Adolesc Med. 2002;156:11-13.

GUIDELINES FOR MANUSCRIPT PREPARATION

The authors can also benefit from the following guidelines in the process of preparing the article:

Clinical Trials

Observational Studies

Systematic Review

Diagnostic and Prognostic Studies

Editorial

- 1 Diagnosis and Therapy in MCT8 Deficiency: Ongoing Challenges
Matthijs E.T. Freund, Floor van der Most, W. Edward Visser

Review

- 4 Bone Phenotype is Always Present But Androgen Excess is Less Frequently Seen in PAPSS2 Deficiency
Didem Helvaciođlu, Tülay Güran

Original Articles

- 11 Cardiovascular Risk Factors in Adolescents with Type 1 Diabetes: Prevalence and Gender Differences
Dođuş Vurallı, Lala Jalilova, Ayfer Alikasıfođlu, Z. Alev Özön, E. Nazlı Gönc, Nurgün Kandemir
- 21 Association of Vitamin D Deficiency and Vitamin D Receptor Gene Polymorphisms with Type 1 Diabetes Risk: A South Indian Familial Study
Ramasamy Thirunavukkarasu, Ayyappan Chitra, Arthur Asirvatham, Mariakuttikan Jayalakshmi
- 31 Childhood Obesity as a Global Problem: a Cross-sectional Survey on Global Awareness and National Program Implementation
Aman B. Pulungan, Helena A. Puteri, Amajida F. Ratnasari, Hilary Hoey, Agustini Utari, Feyza Darendeliler, Basim Al-Zoubi, Dipesalema Joel, Arunas Valiulis, Jorge Cabana, Enver Hasanođlu, Naveen Thacker, Mychelle Farmer
- 41 SHOX Variations in Idiopathic Short Stature in North India and a Review of Cases from Asian Countries
Priyanka Srivastava, Ankita Tyagi, Chitra Bhardwaj, Anu Kumari, Harvinder Kaur, Saurabh Seth, Anupriya Kaur, Inusha Panigrahi, Devi Dayal, Subhodip Pramanik, Kausik Mandal
- 50 Minipuberty in Male Full-term Neonates Appropriate and Small for Gestational Age and in Preterm Babies: Data from a Single Centre
Alessandra Boncompagni, Elisa Pietrella, Erica Passini, Chiarina Grisolia, Mara Tagliazucchi, Enrico Tagliafico, Licia Lugli, Alberto Berardi, Lorenzo Iughetti, Laura Lucaccioni
- 60 Neurodevelopmental Outcome of Infants with Transient Hypothyroxinemia of Prematurity in a Newborn Intensive Care Unit
Erhan Aygün, Seda Yılmaz Semerci, Adviye Çakıl Sağlık, Emine Yurdakul Ertürk
- 69 Relationship of Glucagon-like Peptide 1 and Peptide YY with Catch-up Growth in Children Born Small for Gestational Age
Li Wang, Zhe Su, Yu-Chuan Li, Bing-Yan Cao, Chang Su, Chun-Xiu Gong
- 76 Clinical Variability in a Family with Noonan Syndrome with a Homozygous PTPN11 Gene Variant in Two Individuals
Ruken Yıldırım, Edip Ünal, Şervan Özalkak, Akçahan Akalın, Ayça Aykut, Nevzat Yılmaz
- 84 Effect of Adrenocorticotrophic Hormone Stimulation on Ischemia-modified Albumin Levels *in vivo*
Nursel Muratođlu Şahin, Senem Esen, Şenay Savaş Erdeve, Salim Neseliođlu, Özcan Erel, Semra Çetinkaya

Case Reports

- 91 A Novel KISS1R Loss-of-function Variant in a Chinese Child with Congenital Hypogonadotropic Hypogonadism
Peng Zhou, Jin Wu

- 95** Identification of a Novel *CYP11B2* Variant in a Family with Varying Degrees of Aldosterone Synthase Deficiency
Mark R. Garrelfs, Tuula Rinne, Jacquelin J. Hillebrand, Peter Lauffer, Merijn W. Bijlsma, Hedi L. Claahsen-van der Grinten, Nicole de Leeuw, Martijn J.J. Finken, Joost Rotteveel, Nitash Zwaveling-Soonawala, Max Nieuwdorp, A.S. Paul van Trotsenburg, Christiaan F. Mooij
- 102** Early Diagnosis of Wolfram Syndrome by Ophthalmologic Screening in a Patient with Type 1B Diabetes Mellitus: A Case Report
Takahide Kokumai, Shigeru Suzuki, Noriko Nishikawa, Hinako Yamamura, Tokuo Mukai, Yusuke Tanahashi, Satoru Takahashi
- 106** Long-term Survival in a Child with Malignant Insulinoma After Liver Transplantation
Elżbieta Moszczyńska, Arnika Wydra, Klaudia Zasada, Marta Baszyńska-Wilk, Dorota Majak, Anna Śliwińska, Wiesława Grajkowska
- 111** Gastroparesis in Adolescent Patient with Type 1 Diabetes: Severe Presentation of a Rare Pediatric Complication
Fortunato Lombardo, Bruno Bombaci, Stefano Costa, Mariella Valenzise, Nino Giannitto, Davide Cardile, Sergio Baldari, Giuseppina Salzano, Stefano Passanisi
- 116** Impact of Early Intervention with Triiodothyroacetic Acid on Peripheral and Neurodevelopmental Findings in a Boy with MCT8 Deficiency
Yağmur Ünsal, Gamze Hayran