I welcome you to the new issue of *Journal of Diabetes and Endocrine Practice* (JDEP). We have a mixture of common and rare endocrine encounters. We have also invited a couple of experts to provide thoughtful commentaries to put the studies in a clinical context.

Kaplan and colleagues share their experiences with insulin glargine and insulin detemir in adolescents with type 1 diabetes during Ramadan fasting. Hassan-Beck and Deeb come from a team well recognized for Ramadan-related research and clinical practice in pediatric and adolescent diabetes. They take the opportunity to recall the continuing debate on the optimal choice of insulin type and regimen for adolescents with type 1 diabetes during Ramadan fasting. There is no alternative for large multicenter studies with in-depth evaluations to settle this debate.

Rare conditions are either truly rare or simply get missed and not recognized. The second original article depicts the findings of an online survey from Africa and the Middle East that addressed the regional doctors’ perceptions of rare bone disorders, particularly a very rare condition, namely, X-linked hypophosphatemia. The survey is similar but not identical to a recent report on Arab pediatric endocrinologists. Professor M. Zulf Mughal from Manchester, U.K., is a world-class expert in these conditions. He wrote a very thoughtful commentary to put the findings of the two surveys in a clinical and professional context; he compared and contrasted their salient findings and also made proposals on how best to improve the knowledge of X-linked hypophosphatemia among clinicians in the Arabian Gulf and African countries. I recommend the commentary to those interested in rare metabolic disorders. The concise clinical review on rational management of prolactinomas outlines the practical aspects of diagnosis, evaluation and medical management of this common tumor. The author also touches briefly some less common scenario.

There are two interesting case reports of rare emergency manifestations of common endocrine conditions in the current issue of JDEP. Alhaj and Afandi (from Al Ain, United Arab Emirates [UAE]) report what sounds very stereotypical case of diabetic ketoacidosis (DKA) soon after presentation. However, the uniqueness here includes the atypical euglycemic type DKA. The second interesting feature is that it occurred after the initiation of the treatment in a patient with new-onset diabetes. The second case report presented by Al Neyadi et al, also from Al Ain (UAE), is that of a thyroid storm, itself very rare. Still, it presented a rare neurological manifestation of isolated acute bulbar myopathy. Although endocrine emergencies are inherently rare, ordinary endocrinologists are expected to offer an expert opinion on these matters that they do not see often. To increase their exposure to these cases, young and senior endocrinologists should come forward and get involved in all cases of typical endocrine emergencies and other cases of potential endocrine involvement. Also, endocrinologists should include endocrine emergencies in their departmental rounds and weekly meetings periodically or opportunistically so they do not get surprised. The clinical vignette illustrates a very rare situation of eosinophilic pancreatitis, perhaps a unique situation where glucocorticoids are used as a treatment rather than implicated as a cause for diabetes.
The issue is admittedly small. We invite all regional endocrinologists to think of JDEP when they complete their next original article, review, or case report. Many are striving for publishing in indexed journals. However, emerging (nonpredatory) journals, particularly in their regions, deserve help and support; please do.

Author’s Contribution
Single author.

Compliance with Ethical Principles
No ethical approval is required.

Funding and Sponsorship
None.

Conflict of Interest
None declared.