
EDITORIAL

In this issue of the journal, we feature three publications on thyroid disease. The first, by Naidu et al., is entitled *Clinical and ultrasound characteristics distinguishing benign and malignant thyroid nodules in Johannesburg, South Africa*. Sonography is an increasingly important modality in the initial evaluation and follow-up of patients with nodular thyroid disease. This paper evaluated a cohort of over 300 patients from a single centre. The authors found a prevalence of malignancy of 8% and further showed that hypoechogenicity and microcalcifications on ultrasound were associated with malignancy.

We also have two interesting case reports highlighting unusual entities. Naidu et al. report on a thyroid paraganglioma, one of the rarest thyroid neoplasms, with an incidence of less than 0.01%. We also feature a case report by Ollivry and Joubert on thyrotoxic periodic paralysis. Although the condition is encountered more frequently in Japan, the case highlights the risks of profound hypokalaemia and the importance of maintaining an index of suspicion for unusual presentations in any setting.

In addition, we have three diabetes- and metabolism-related offerings. *Comparison of formulae for calculating the corrected QT (QTc) interval in an adult population attending a diabetes clinic at a rural hospital in South Africa* by Mkhwanazi et al. highlights the

importance of accurately assessing the QT interval as a marker of diabetic (specifically cardiac) autonomic neuropathy. In a small study, Sydney et al. evaluate *Lipid profiles of HIV-infected diabetic patients*. While they found very few significant differences between HIV-infected and -uninfected groups, it is interesting to note the mean HDL in patients with HIV infection was higher than their HIV-uninfected counterparts. Lastly, in a study from Ethiopia, Tolossa et al. report on the *Incidence and predictors of diabetes mellitus among severe COVID-19 patients in western Ethiopia*. Among other factors, they found higher age and urban residence to be associated with the development of diabetes. Although these results are not surprising, it is a valuable reminder for clinicians to be aware of the metabolic associations of COVID-19 and their impact on morbidity and mortality.

This editorial usually concludes with a request for SEMDSA members to contribute to their journal. However, the call now is far more urgent. The number of submissions has decreased over the last few years. Furthermore, the availability of reviewers has also dwindled significantly. The success of the journal rests with SEMDSA members. We once again urge you to contribute meaningfully to ensure the longevity of JEMDSA!

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