# JCRPE

Journal of Clinical Research in Pediatric Endocrinology

September 2024

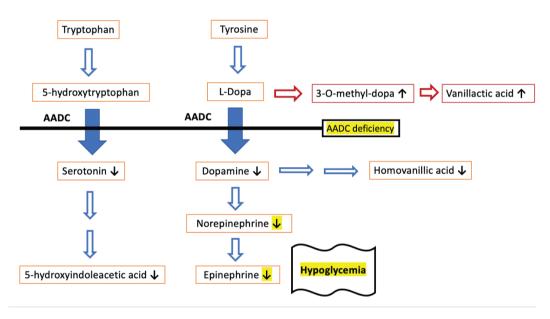
volume 16

issue 3

www.jcrpe.org

ISSN: 1308-5727

E-ISSN: 1308-5735



Hypoglycemia in AADC deficiency is probably only the consequence of the altered synthesis of dopamine-derived catecholamines

Mild Aromatic L-Amino Acid Decarboxylase Deficiency Causing Hypoketotic Hypoglycemia in a 4-year-old Girl Yoldaş Çelik M et al.

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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: September 2024 ISSN: 1308-5727 E-ISSN: 1308-5735

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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.

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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 uninvited 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.

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- 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
- Manuscripts should be prepared as word document (\*.doc) or rich text format

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- Short title of not more than 40 characters for page headings
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- At least five and maximum eight keywords. Do not use abbreviations in the kevwords
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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.

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

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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.

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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/

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### **Graphical Abstract**

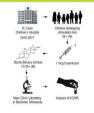
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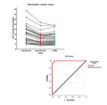
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The Results section should briefly present the experimental data in text, tables, and/or figures. Do not compare your observations with that of others in the results section

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.

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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.

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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.

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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.

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The kind of contribution of each author should be stated.

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### 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.

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

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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?

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### 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?

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**Clinical Trials** Observational Studies Systematic Review **Diagnostic and Prognostic Studies** 

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Current Management of Type 1 Diabetes in Children: Guideline-based Expert Opinions and Recommendations Şükrü Hatun, Tuğba Gökçe, Ecem Can, Elif Eviz, Kağan Ege Karakuş, Carmel Smart, Ragnar Hanas, Gül Yeşiltepe Mutlu

### **Original Articles**

- Adherence to Growth Hormone Treatment in Children During the COVID-19 Pandemic

  Erdal Eren, Semra Çetinkaya, Yasemin Denkboy Öngen, Ummahan Tercan, Şükran Darcan, Hande Turan, Murat Aydın, Fatma Yavuzyılmaz,

  Fatih Kilci, Beray Selver Eklioğlu, Nihal Hatipoğlu, Kübra Yüksek Acinikli, Zerrin Orbak, Emine Çamtosun, Şenay Savaş Erdeve, Emrullah Arslan,

  Oya Ercan, Feyza Darendeliler
- Reversibility of Hyperglycemic States in Children with Obesity Diagnostic Pitfalls in the Assessment of Glucose Metabolism in Children and Adolescents with Obesity

  Anna Iwańska, Małgorzata Wójcik, Ewa Szczudlik, Anna Stępniewska, Jerzy B. Starzyk
- Assessment of Thyroid Gland in Children with Point-of-Care Ultrasound (POCUS): Radiological Performance and Feasibility of Handheld Ultrasound in Clinical Practice

  Ahmet Anik, Mustafa Gök, Göksel Tuzcu
- Estrogen Receptor 1 Gene Polymorphism and its Association with Idiopathic Short Stature in a North Indian Population Ravi Shankar Patel, Roshan Daniel, Chitra Bhardwaj, Anu Kumari, Pratibha Bawa, Ankita Tyagi, Devi Dayal, Anupriya Kaur, Inusha Panigrahi, Harvinder Kaur, Priyanka Srivastava
- Comprehensive Insights Into Pediatric Craniopharyngioma: Endocrine and Metabolic Profiles, Treatment Challenges, and Long-term Outcomes from a Multicenter Study

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