EDITORIAL

Welcome to the first edition of JEMDSA for 2026. Endocrinology continues to evolve at a pace, driven by rigorous science, careful clinical observation, and collaborative networks that bridge disciplines and geographies. This journal provides a credible platform for disseminating academic research that informs practice, improves outcomes, and shapes the questions we need to ask.

We encourage clinicians, scientists, trainees, and allied professionals to submit their work – original research, audits and quality-improvement projects, reviews, brief reports, case-based learning, and clinical signs. High-quality local data and real-world experience are particularly valuable, especially where resource constraints and population diversity demand context-specific solutions. By contributing, you strengthen the evidence base, support emerging investigators, and help build an academic community that is both critical and constructive.

In sub-Saharan Africa, where human immunodeficiency virus (HIV) prevalence is highest, and women comprise most people living with HIV, there is a growing urgency to improve the prevention and identification of fragility fractures in black postmenopausal women. Antiretroviral therapy has shifted HIV to a chronic, survivable condition, with increasing numbers of women reaching menopause, a life stage marked by rapid bone loss, while also being exposed to HIV- and treatment-related factors that may further compromise skeletal health. However, most fracture prediction tools and bone mineral density (BMD) thresholds were developed in high-income settings and non-African populations, raising the risk of misclassification when applied to black African women living with HIV. Defining the relationship between fracture risk and BMD in this group is therefore essential to inform pragmatic screening, enable targeted prevention, and support the integration of bone health into routine HIV care – particularly in resource-limited systems where fractures can lead to substantial disability, loss of independence, and healthcare costs. Van der Merwe et al. address this gap by evaluating the association between fracture risk and BMD in black postmenopausal women living with HIV.

Maternal glycaemic control remains a central modifiable determinant of perinatal outcomes in pregestational diabetes, and the question of whether HbA1c levels during pregnancy predict offspring birth weight has direct clinical relevance. Birth weight, particularly large-for-gestational-age status, is a pragmatic marker of intrauterine metabolic exposure and is strongly associated with obstetric and neonatal complications. If routinely collected HbA1c measurements reliably correlate with birth weight in real-world settings, they could strengthen risk stratification, inform the timing and intensity of treatment escalation, and refine antenatal counselling – especially where access to continuous glucose monitoring or detailed glucose metrics is limited. Retrospective data addressing this relationship can therefore provide important, locally applicable evidence to guide resource-efficient, outcome-focused care for pregnant women with pregestational diabetes and their infants. Hassim et al. present their retrospective data on the association between HbA1c levels during pregnancy and birth weights in women with pregestational diabetes.

Diabetes mellitus has a wide clinical spectrum, and patients often present with multiple comorbidities/systemic features. It is also associated with a range of dermatological manifestations that may precede diagnosis, parallel disease activity, or signal poor glycaemic control. Recognising these cutaneous clues is clinically valuable – not only for earlier diagnosis and risk stratification, but also as a trigger to intensify metabolic optimisation and evaluate for associated microvascular complications. Moola et al. present a case report of an underrecognised and uncommon dermatological manifestation of diabetes, the "diabetic back" (type 3 scleredema). In a similar vein, reflecting the broader burden of associated comorbidities in people living with diabetes, Naran et al. report on the prevalence of hypothyroidism among patients with type 2 diabetes attending the diabetic clinic at Helen Joseph Hospital, while Jacob et al. describe a case of Mauriac syndrome in someone with type 1 diabetes from Chris Hani Baragwanath Academic Hospital.

We look forward to receiving your submissions and to publishing work that is methodologically sound, clinically relevant, and written with clarity. Hopefully, this first edition will set the tone for 2026: active participation, scholarly generosity, and a commitment to advancing endocrine care through shared knowledge.

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