
Preface

We welcome you to the second edition of *Pediatric Endocrinology: A Practical Clinical Guide*. The aim of this edition remains similar to the first: to provide practical detailed and concise guidelines for the clinical management of pediatric endocrine diseases and disorders. Thus, the audience is all pediatric endocrinologists, pediatricians, and primary care physicians who provide medical care for children and adolescents.

The scope of the text includes the most common and the most challenging diseases and disorders seen by both primary care physicians and pediatric endocrinologists. We have encouraged the involvement of a junior coauthor for many articles to give recognition to our young investigators in the field. We believe we have assembled a state-of-the-art, comprehensive text on the practice of pediatric endocrinology.

Although the main focus of this text is on diagnosis and treatment, each author has included a brief discussion on pathophysiology and molecular mechanisms. The chapters have been organized in such a way to consistently present the following: (1) an introductory discussion with background information, (2) a brief overview of recent progress on the mechanism involved, (3) a discussion of the clinical features that characterize each condition, (4) a delineation of the criteria used to establish a diagnosis, (5) a new section in this edition discussing the genetics of the disorder where relevant, (6) a therapy section which comprehensively reviews the options available, the risks and benefits of each approach correlated with clinical trial and outcome data, and also includes information on the long-term safety and efficacy of the treatment modality, (7) where relevant, psychosocial, and quality-of-life issues are discussed, and (8) finally, guidelines are cited when available.

Due to the dynamic clinical practice of pediatric endocrinology, extensive revisions and significant changes have been made to reflect current knowledge and practice. We have added chapters on type 2 diabetes mellitus and obesity, dislipoproteinemias, and the treatment needs of children who have survived malignancies presenting with the endocrine sequelae due to the growing number of patients presenting with these disorders. Finally, the relatively brief discussions of skeletal dysplasias, non-thyroidal illness syndrome,

and autoimmune endocrinopathy of the previous text have been expanded to comprise additional chapters to provide more comprehensive information on these disorders.

We are most thankful for the generous contributions of our author colleagues. We hope you find the textbook helpful, and we are, of course, open to your comments.

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Pediatric Endocrinology

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