



EDITORIAL

Dear Colleagues,

This being the first issue for 2014, entails very important challenges for Turk JEM history. As announced in our previous issue, we have started the use of "QR Code" during the recent three issues (March, June and Fall 2013) which enables us to reach to Turk JEM articles with our smart phones. With this new feature, all we have to do is downloading "QR Code" from the market of our smart phones. The second announcement is related to the language of Turk JEM articles. Starting from January 2014 on all articles on our journal shall be published in English. Applicant or candidate authors, researchers, academicians can find the new rules of the papers in our Journal's instructions for author's page. Another important announcement is related to financial support offered by The Society of Endocrinology and Metabolism of Turkey (SEMT); SEMT offers original articles accepted internationally also be applicable to Turk JEM. Articles published on Turk JEM cited in international publications will also be supported. At this stage I would like to express my sincere thanks to who devoted their time and effort to improve the international awareness of Turk JEM. But both the humanitarian and financial aspect of Diabetes and Metabolism disorders are strongly affecting daily lives and tax payers budgets assuming that there are 3.679.000 people with Diabetes in Turkey and average per patient treatment costing 572 USD in Turkey was spending 2.1 billion dollars for Diabetes solely. Just for a comparison this cost is around 141 billion dollars in EU. One negative element with the Turkish case is that patients with Diabetes are increasing twice as much with respect to Europe. Thus, 2030 projections ask for more research and more government funds and leadership.

For the winter 2014 issue we will focus on; Diagnosis and Prognostic Value of TSH Levels in Differentiated Thyroid Cancers, Postoperative Histopathological Comparison of Follicular, Hurthle Cell Neoplasm and Oncocytic Changes diagnosed By Fine Needle Aspiration Of Thyroid Nodules, Late Diagnosed Type II Autoimmune Polyglandular Failure Syndrome, Metastatic Papillary Thyroid Carcinoma Masked with Diffuse Parenchymal Calcification, Circulating antibodies to T4 Causing Discordant Tests of Thyroid Function, Therapeutic Plasmapheresis in Preparation of Toxic Multinodular Goiter for Surgery, Isolated Adrenocorticotrophic Hormone Deficiency Associated with Hashimoto 's Disease, 46, XX SRY(+) Male Sexual Differentiation Disorder with Metabolic Syndrome and A Rare Cause of Hypokalemia; Aldosterone Secreting Adrenocortical Carcinoma.

With my highest regards,

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Editor-in-Chief