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Editor Note

Internal medicine deals with disease prevention, diagnosis, pathogenesis, treatment and also health promotion. The topic encompasses multiple disease processes and pharmacology including chronic illness. The current issue of the Archives of General Internal Medicine deals with the most contemporary, unique and clinically relevant aspects of pancytopenia (a haematological deficiency condition), diabetes, coronary artery disease (CAD) as well as hepatitis associated hypersensitivity. The issue attempts to bring forth certain specific observations to foreground that help in being proactive in dealing with etiology and treatment modality. In a prospective haematological study of pancytopenia patients based on bone marrow aspiration and trephine biopsy, Bijaya et al. [1] observed that megaloblastic anaemia (44%) caused by nutritional deficiency, followed by dimorphic anaemia (24%) and aplastic anaemia (9%) were the common etiology of pancytopenia. In a cross sectional study matched for age, sex and socioeconomic status, Lacine et al. [2], have proposed that osteocalcin level as a important indicator of glycemic control since its level was significantly lower in diabetic than non-diabetic subjects and hs-CRP could indicate atherosclerosis since CAD subjects had relatively higher hs-CRP level compared to non-CAD subjects. In a unique case study, Vacarezza et al. [3] observed co-occurrence of clinical manifestation of pseudotumor cerebri and chronic kidney disease in an 18-year old obese female with elements of anti-neutrophil cytoplasmic antibodies associated vasculitis (AAV) which is quite uncommon. In an another case report, Swan et al. [4], noticed that in a 74-year male hepatitis affected patient showed hypersensitivity following the successful eradication of the virus using a combination of ledipasvir-sofosbuvir, which had been previously well tolerated, thus indicating that complete eradication of the viral load by the drug combination might unmask the immunosuppression. Hence monitoring and treatment following eradication of hepatitis has been recommended to prevent hypersensitivity. These new insights make us even more attentive with regard to the prognosis, diagnosis and treatment modalities particularly with diabetes as well as haematological, coronary and liver diseases and there is a need to be more proactive, preventive, comprehensive and collective while taking clinical and laboratory profile of individual patient into account.

References

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