

OBESITY OF INFECTIOUS ORIGIN – A REVIEW

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INTRODUCTION

Obesity has become the number one public health problem in America.¹ Obesity is a complex, multifactorial disease that involves the interaction of genetic, metabolic, social, behavioral and cultural factors. In the decade from 1980 to 1990, the number of people with obesity increased by 30% in the US; the number of obese adults further increased to 61% between 1991 and 2000.² The numerous health risks associated with obesity are well known to the medical community.

The epidemic increase in obesity, its medical consequences, and the rapidly escalating health care costs associated with it have prompted a multidisciplinary approach by health professionals, government, and non-governmental

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From The Editor's Desk

Obesity has reached epidemic proportions worldwide; the term "globesity" defines the current situation. If the prevalence of obesity remains unabated this will be the first generation of children who die before their parents! The disease is now attracting the attention of pediatric endocrinologists. At the LWPE/APS there were multiple presentations on the subject and a symposium on adiposity. Obesity is now recognized to be at the crossroads of insulin resistance, a condition implicated in the "deadly quartet" of western civilization: diabetes mellitus, hyperlipidemia, hypertension and cardiovascular disease, as well as other common pediatric endocrine conditions, ie, PCOS, acanthosis nigricans, glucose intolerance, etc. The obesity epidemic has its roots in a lifestyle which facilitates consumption of excess calories over and above energy expenditures.

Adipocytes function as an endocrine organ and play an important role in the pathogenesis of obesity and its complications. However the potential role of infectious agents triggering or being associated with obesity and/or its co-morbidities is rarely discussed, nor are the potential endocrine alterations that may be induced by infective processes. In this issue of *GGH* such an omission is addressed by Drs. Dhurandhar, Atkinson and Ahmed. Their review should shed light and attract attention to this poorly understood area and facilitate an understanding of obesity in its entirety. Filling the void of this often neglected aspect may also stimulate research by pediatric endocrinologists wishing to clarify the endocrine interactions with adipocytes and infective agents.

The editors have reviewed a variety of papers addressing subjects of great interest. Noteworthy in the growth field are the papers on the long-term mortality of recipients of pituitary derived growth hormone, the novel dysfunctional growth hormone variant, the growth hormone and IGF-I effects on longitudinal growth, and cancer risk. Also note the papers disproving the risk of type 1 diabetes mellitus with childhood vaccinations as well as those addressing new discoveries of leptin action and a novel treatment of osteogenesis imperfecta. I also want to highlight the 2 papers on intersex, intersexuality and sexual identity which denote the current state of treatment controversies.

I am also pleased to bring to your attention enhancements in the print and web-based journal with the addition of color figures and a more efficient search capability. Please keep us posted with your comments and suggestions so we may continue improving the journal.

Respectfully,
Fima Lifshitz, MD