

Editorial

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From Acute Events to Chronic Trajectories: Clinical Decision-Making Across the Spectrum of Modern Medicine

This issue brings together a diverse yet conceptually unified collection of clinical and scholarly contributions that reflect the evolving realities of contemporary medical practice. Although the topics range from acute respiratory emergencies to chronic metabolic disease, reproductive endocrinology, and cognitive disorders, a common thread emerges: the need for nuanced clinical judgment that integrates early recognition, individualized decision-making, and long-term outcome awareness.

The case report of persistent primary spontaneous pneumothorax in a young smoker highlights a critical lesson in frontline medicine: clinical stability can be misleading. Young patients may compensate remarkably well despite severe underlying pathology, underscoring the enduring importance of clinical suspicion, careful history taking, and timely imaging. The case also reminds clinicians that “benign-appearing” presentations may rapidly evolve into life-threatening emergencies, reinforcing the value of vigilance in primary and urgent care settings.

In contrast, the review comparing letrozole and clomiphene citrate for ovulation induction in women with polycystic ovary syndrome exemplifies how evidence-based medicine reshapes long-standing therapeutic paradigms. The shift toward letrozole as a preferred first-line agent reflects

a broader movement in medicine: away from tradition-driven practice and toward outcome-oriented, patient-centered care. Beyond fertility outcomes, this discussion highlights the importance of minimizing treatment-related harm while optimizing long-term reproductive and metabolic health.

The concept paper proposing obesity as an irreversible atherosclerotic endpoint challenges conventional thinking by reframing obesity not merely as a risk factor, but as a structural and systemic manifestation of chronic endothelial injury. This perspective compels clinicians to reconsider prevention timelines, therapeutic targets, and the biological limits of reversibility. It also aligns with growing recognition that cardiometabolic diseases, once established, often represent cumulative vascular damage rather than isolated metabolic disturbances.

Finally, the comprehensive review on vascular dementia illustrates how advances in neuroimaging, neuropathology, and cognitive neuroscience have transformed our understanding of late-life cognitive impairment. The increasing recognition of mixed dementia—where vascular injury interacts with neurodegenerative pathology—reinforces the importance of aggressive vascular risk factor control across the lifespan. Cognitive decline, in this context, becomes not an inevitable consequence of aging, but a partially preventable outcome shaped by decades of vascular health.

Taken together, the contributions in this issue reflect medicine’s shifting focus from episodic disease management toward longitudinal, systems-based thinking. Acute events are no longer viewed in isolation, and chronic conditions are increasingly understood as the downstream consequences of earlier biological and behavioral trajectories. This integrated perspective is particularly relevant for clinicians practicing in primary care, internal medicine, geriatrics, and family medicine, where continuity of care and early intervention are paramount. We hope this issue encourages readers to look beyond diagnostic labels

and immediate outcomes, and instead to consider how early recognition, evidence-guided choices, and preventive strategies can meaningfully alter disease trajectories. In doing so, it reaffirms a central principle of modern medicine: that thoughtful clinical judgment remains as essential as ever, even in an era of expanding technology and specialization.

In closing, this issue deliberately foregrounds two papers that challenge prevailing clinical narratives and invite readers to reconsider how widely accepted concepts are defined, communicated, and applied in practice. The conceptual paper redefining obesity through the lens of excess fat tissue rather than body weight alone directly confronts the limitations of traditional BMI-based classifications, reframing adiposity as a cumulative, systemic, and often irreversible manifestation of chronic endothelial injury. This perspective has profound implications for prevention, clinical counseling, and the realistic expectations of reversibility in cardiometabolic disease. In parallel, the critical review of glutathione for skin lightening exemplifies the editorial responsibility to scrutinize emerging, and often commercially driven therapies, clearly distinguishing between cautiously supported oral and topical use and the ethically and clinically concerning practice of unregulated intravenous administration. Together, these papers reinforce a central editorial message of this issue: modern clinical practice must move beyond surface-level metrics and short-term outcomes, and instead be anchored in pathophysiology, long-term risk assessment, regulatory responsibility, and patient safety. By challenging complacency in both metabolic medicine and aesthetic therapeutics, these contributions exemplify the role of scholarly journals not merely as repositories of information, but as active forums for critical reflection, professional accountability, and evidence-informed clinical judgment.

Warm regards,
Dr. Abdulrazak Abyad
Editor-in-Chief
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