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**Journal Name: The New England Journal of Medicine** **IF: 85.0**

**Title:** The Alkaptonuria

**Author**: Padhan P.; Singh P.

**Details:** Volume-395, Issue-15, 15th October, 2026

**Abstract:** A64-year-old woman with no known medical history presented to the rheumatology outpatient clinic with a 4-year history of worsening low back pain and difficulty walking. On examination, she had patches of darkly pigmented sclera (Panel A), kyphosis, and a Trendelenburg gait. Radiographs of the lumbosacral spine showed narrowing of the intervertebral disk space, disk-space calcification, and vertebral end-plate sclerosis (Panel B, lateral view). Radiographs of the pelvis showed destruction of the femoral heads (Panel C, anterior view). On further history taking, she reported that since childhood her urine had darkened when left sitting out. A urine sample turned black after being left out overnight at room temperature (Panel D). Urine levels of homogentisic acid were elevated. Molecular genetic testing was not available. A diagnosis of alkaptonuria was made. Alkaptonuria is an autosomal recessive disorder of tyrosine metabolism that results in high levels of homogentisic acid that subsequently polymerizes to form a pigment. The condition manifests in childhood with darkening of urine after oxidization by air and in adulthood with pigmentation of connective tissues (known as ochronosis) and early-onset, severe osteoarthropathy (known as ochronotic arthropathy). Treatment with nitisinone (an enzyme inhibitor that reduces homogentisic acid production) was initiated, and bilateral total hip replacement was performed. The patient was lost to follow-up 2 months after surgery.

**URL:**https://www.nejm.org/doi/10.1056/NEJMicm2607077

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**Journal Name: JAMA-Journal of the American Medical Association** **IF: 65.4**

**Title:** Histologic Features and Clinical Outcomes of Lean Metabolic Dysfunctionâ€“

**Author**: Chawla, Yogesh, Chan, Wah Kheong, Charatcharoenwitthaya, Phunchai, Choudhary, Narendra, Chowdhury, Abhijit

**Details:** 30th September, 2026

**Abstract:** IMPORTANCE Although metabolic dysfunction–associated steatotic liver disease (MASLD) is traditionally associated with obesity, it is increasingly recognized in individuals with normal weight (ie, lean MASLD). OBJECTIVE To characterize the clinical, histologic, and prognostic features of lean MASLD, and evaluate the performance of noninvasive tests for advanced fibrosis. DESIGN, SETTING, AND PARTICIPANTS Multinational, retrospective observational study of adults with biopsy-confirmed MASLD from 41 countries from the Global MASLD project. EXPOSURES Lean vs overweight/obese MASLD, defined by body mass index (BMI) and waist circumference. MAIN OUTCOMES AND MEASURES Primary outcomes were all-cause mortality and clinical events (hepatocellular carcinoma, hepatic decompensation, liver transplant, death), intermediate outcomes included histologic fibrosis severity, and tests included the Fibrosis-4 (FIB-4) score and liver stiffness measurement (LSM) by transient elastography. RESULTS Among 18 326 patients (mean [SD] age, 50.9 [13.1] years; 8714 [47.6%] male), 6.7% were lean by BMI. Among 12 202 patients with waist circumference available, 6.0% were lean by waist circumference (κ = 0.41). Lean MASLD was most prevalent in Asia (11.3% by BMI, 11.7% by waist circumference). Compared with overweight/obese MASLD, lean MASLD had lower prevalence of type 2 diabetes (38.2% vs 48.3%; difference, −10.2% [95% CI, −13.0% to −7.4%]), advanced fibrosis (29.3% vs 37.2%; difference, −7.8% [95% CI, −10.5% to −5.2%]), and Non-Alcoholic Fatty Liver Disease Activity Scores (mean [SD], 3.96 [1.81] vs 4.41 [1.68]; difference, −0.44 [95% CI, −0.56 to −0.33]).

JAMA
The Journal of the American Medical Association

**URL:** https://jamanetwork.com/journals/jama/article-abstract/2854668

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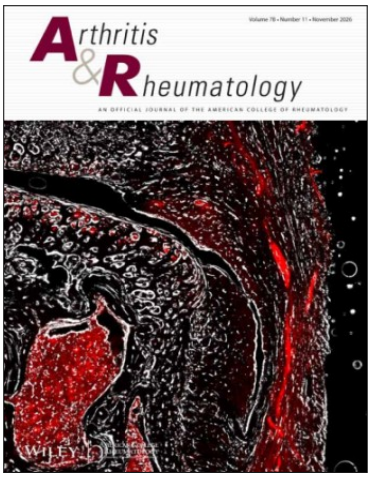
**Journal Name: Arthritis & Rheumatology** **IF: 9.9**

**Title:** Clinical Images: String of pearls embellishing lupus

**Author**: Ahmed, S; Vaidh, P; Sethy, M; Macwan, PI

**Details:** 7th September, 2026

**Abstract:**




**URL:** https://acrjournals.onlinelibrary.wiley.com/doi/10.1002/art.70328

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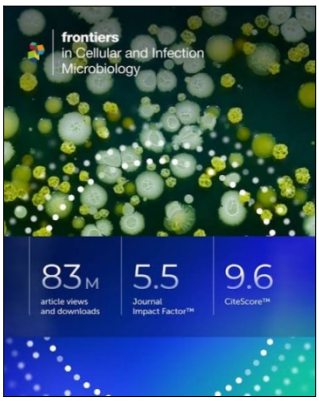
**Journal Name: Frontiers in Cellular and Infection Microbiology** **IF: 5.5**

**Title:** Molecular mechanisms, pathogenesis and therapeutic advances of Candida albicans in oral candidiasis

**Author**: Sahu B.K.; Debta P.; Patra S.K.; Sahu M.C.; Mohanta T.K.; Panda S.K.

**Details:** Volume-16, 15th September, 2026

**Abstract:** Oral candidiasis (OC), caused mainly by Candida albicans, is a common opportunistic fungal infection and typically affects immunocompromised individuals. The rise in antifungal resistance, biofilm-associated persistence, and immune evasion mechanisms has complicated OC management. This review examines in depth the molecular pathogenesis of C. albicans in OC, including virulence factors associated with adhesion, morphogenesis, quorum sensing, immune evasion, and biofilm formation. The review highlights the central roles of the cAMP-PKA, MAPK, Rim101, and TOR signaling pathways in regulating yeast-to-hyphal transition, virulence, stress adaptation, and biofilm development. In particular, dysregulation of these pathways promotes filamentation and biofilm maturation, contributing to persistent infection and reduced antifungal susceptibility. Conventional antifungal therapies, including azoles, polyenes, and echinocandins, remain important for OC management; however, biofilm-associated tolerance and emerging resistance can limit their effectiveness, emphasizing the need for complementary therapeutic approaches. Emerging strategies, including host-directed therapies, probiotics, photodynamic therapy (PDT), phytotherapeutics, essential oils, phenolic compounds, nanoparticles, and antimicrobial peptides, show promising antibiofilm and adjunctive potential. Clinical and experimental evidence indicates that PDT can reduce Candida burden, while probiotics may reduce oral Candida colonization and interfere with biofilm development. Furthermore, natural products, nanoparticles, and antimicrobial peptides may enhance conventional antifungal activity through complementary mechanisms.




**URL:** https://www.frontiersin.org/journals/cellular-and-infection-microbiology/articles/10.3389/fcimb.2026.1918424/full

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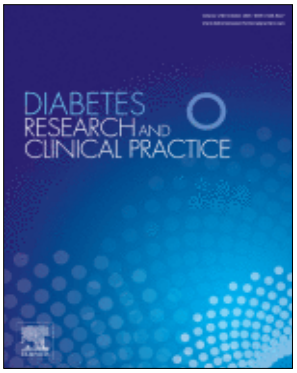
**Journal Name: Diabetes Research and Clinical Practice** **IF: 4.6**

**Title:** Efficacy of dapagliflozin on hepatic steatosis and fibrosis in patients with type 2 diabetes mellitus and metabolic dysfunction-associated steatotic liver disease: a pre-specified single-arm analysis from a randomized controlled trial

**Author**: Sambit D.; Ketan D.B.; Devadarshini S.; Kumar C.A.; Dayanidhi M.; Preetam N.; Sourav P.; Binod P.; Vishal A.; Kumar S.S.

**Details:** Volume-240, October 2026

**Abstract:** Aim: To evaluate the association of dapagliflozin therapy with changes in hepatic steatosis and non-invasive fibrosis surrogate markers in patients with type 2 diabetes mellitus (T2DM) and Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) over 12 months. Methods: This is a pre-specified single-arm analysis from a randomised, open-label, parallel-group trial. Of 54 participants randomised to dapagliflozin 10 mg daily, 50 (92.6%) completed the 12-month follow-up and were included in the per-protocol analysis. Assessments at baseline, 3, 6, and 12 months included transient elastography (CAP and LSM), ultrasonography, and biochemical tests. Primary endpoints were changes in hepatic steatosis (CAP) and non-invasive fibrosis surrogates (LSM). Results: Significant reductions were observed in hepatic steatosis (CAP: 316.7 to 245.7 dB/m; mean change − 71.02 dB/m, 95% CI: −63.4 to − 78.6; $p < 0.001$) and in liver stiffness as a non-invasive fibrosis surrogate (LSM: 8.59 to 7.28 kPa; mean change − 1.31 kPa, 95% CI: −0.92 to − 1.70; $p < 0.001$). Improvements were also observed in glycaemic control, body weight, lipid profile, liver enzymes, ultrasonographic steatosis grading, and serum fibrosis markers. Genitourinary infections were the most frequently reported adverse events (32%); no serious adverse events were recorded. Conclusions: Dapagliflozin was associated with significant improvements in hepatic steatosis, non-invasive fibrosis surrogate markers, metabolic parameters, and liver function in T2DM patients with MASLD over 12 months. These findings provide region-specific evidence for an Indian population and support further controlled investigation. However, these findings should be interpreted in light of the pre-specified single-arm design of this analysis, the open-label methodology, relatively small sample size, and the absence of liver biopsy confirmation.




**URL:** https://www.sciencedirect.com/science/article/pii/S0168822726004328?via%3Dihub

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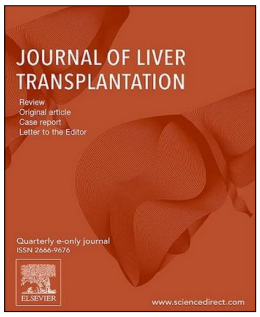
**Journal Name: Liver Transplantation** **IF: 4.5**

**Title:** Portal vein thrombosis increases short-term mortality among hospitalized patients with cirrhosis in a global cohort

**Author:** Choudhury, A; Silvey, S; Wong, FRC; Kamath, PS; George, J; Idilman, R; Topazian, M; Torre, A; Alvares-da-Silva, MR; Xie, Q; Hayes, P; Seto, WK; Sarin, SK; Cordova-Gallardo, J; Venkatachalapathy, SV; Wang, XM; Zitelli, P; Leung, HK; Belimi, HA; Xu, B; Félix-Tellez, F; Livingstone, R; Lu, MQ; Peng, F; Haktaniyan, B; Lun, LW; Shalimar; Goel, A; Reddy, KR; Zheng, KTA; Singh, S; Rela, M; Jhaveri, A; Goodheart, R; Dinçer, D; Thanapirom, K; Fisseha, H; Wang, Y; Hueso, SG; Made, LT; Guedes, P; Rajoriya, N; Li, T; Gofton, C; Elangovan, H; MacQuillan, G; Trevino, LG; Wang, W; Riordan, S; Praharaj, D; Kulkarni, AV; Faisal, N; Yapici, HB; Vargas, H; Katchman, H; Hérnandez, JLP; Guo, F; Lohoues, MJ; Duseja, A; Berhane, KA; Hakem, A; Deng, H; Liu, CH; Biggins, SW; Patwa, YHK; Sonavane, A; Schultheiss, M; Tandon, P; Kumar, S; Thuluvath, P; Tang, H; Wang, XR; Gibson, R; Gadano, A; Marwan, E; Zekry, A; Karasu, Z; Mostafa, A; Arora, A; Zhang, NP; Cai, CL; Valsan, A; Forrest, E; Xu, QL; Zheng, X; Li, H; Xian, YC; Keaveny, A; Gao, ZL; Verna, E; Wong, YJ; Duduyemi, B; Bush, BJ; Bajaj, JS

**Details:** September 2026

**Abstract:** Background: Portal vein thrombosis (PVT) in cirrhosis is associated with adverse outcomes, but determinants of PVT and its impact on short-term outcomes in hospitalized patients across global regions remain unclear. Methods: The multinational CLEARED consortium prospectively enrolled adults with cirrhosis admitted non-electively after consent. Patients were followed during hospitalization and 30 days post-discharge. Radiologically diagnosed PVT was analyzed in relation to demography, etiology, clinical features, hospital course, and 30-day outcomes, including mortality. Results: Among 7, 721 patients, etiologies included alcohol related (41.3%), MASH/cryptogenic (24.4%), hepatitis B (19.4%), and hepatitis C (11.3%). PVT was present in 773 patients (10.0%). Prevalence was higher in MASH/cryptogenic and viral cirrhosis compared with alcohol etiology (11.9%, 11.7% vs. 7.3%).




**URL:**https://www.ovid.com/jnls/lt/abstract/10.1097/lvt.0000000000000994~portal-vein-thrombosis-increases-short-term-mortality-among?redirectionsource=fulltextview

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**Journal Name: Applied Biosciences** **IF: 4.3**

**Title:** An In Silico and In Vitro Approach to Identify Potential Phytocompounds as Inhibitors of Pneumolysin, a Secretory Toxin of Streptococcus pneumoniae

**Author**: Sephalika S.; Majumder S.; Pattnaik A.; Sahu A.A.; Mohakud N.K.; Sahu B.R.

**Details:** Volume-5, Issue-3, September 2026

**Abstract:** Pneumolysin (PLY), a cholesterol-dependent cytolysin produced by Streptococcus pneumoniae, plays a key role in the pathogenesis of bacterial pneumonia. The present study aimed to identify potential phytocompound inhibitors of pneumolysin and evaluate their protective effects against toxin-induced cytotoxicity using combined in silico and in vitro approaches. A ligand library comprising 200 phytocompounds was constructed using three-dimensional structures obtained from the PubChem database, while the PLY protein structure was retrieved from the Protein Data Bank. Molecular docking was performed to analyse protein-ligand interactions, followed by visualization using BIOVIA Discovery Studio Visualizer. Top-ranked phytocompounds from docking were further screened by computational ADME analysis, followed by molecular dynamics (MD) simulations for stability analysis. Selected compounds were then validated using RAW 264.7 macrophages, and cytotoxicity was assessed by flow cytometry. Among the screened compounds, three showed high binding affinity, with oridonin exhibiting the most favourable interaction profile (−7.906 kcal/mol). MD simulation confirmed the stability of the pneumolysin–oridonin complex. In vitro results demonstrated that pneumolysin induced significant, concentration-dependent cytotoxicity, whereas pre-incubation with oridonin significantly reduced cell death. To provide direct functional evidence of pneumolysin inhibition, haemolysis inhibition assay using sheep erythrocytes was performed where reduction of pneumolysin-mediated haemolysis by oridonin in a concentration-dependent manner was demonstrated. These findings suggest that oridonin may serve as a potential inhibitor of pneumolysin-mediated cytotoxicity and pneumococcal virulence.




**URL:** https://www.mdpi.com/2813-0464/5/3/58

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**Journal Name: Frontiers in public health** **IF: 4.1**

**Title:** Assessment of nutrition, quality of life, and co-morbidity among the older adult(s), in a rural field practice area of a tertiary care hospital of Eastern India

**Author**: Nayak R.; Nayak S.; Panda P.S.; Debata I.; Priyadarshini S.

**Details:** Volume-14, 5th October, 2026

**Abstract:** Background: The global population is experiencing an unprecedented demographic shift, with a growing proportion of older adults, particularly in developing nations such as India. Nutritional deficiencies, comorbidities, and poor quality of life (QoL) are interlinked health issues that significantly affect the wellbeing of the older adult(s), a vulnerable group, especially those residing in rural areas. Objectives: To assess the nutritional status, quality of life, and comorbidities among the older population residing in the rural field practice area of a tertiary care hospital in Eastern India and to explore associations among these factors. Methods: A community-based, cross-sectional study was conducted among 380 rural older adult(s) aged 60 years and above residing in the rural field practice area of a tertiary care hospital in Bhubaneswar, Odisha. Data were collected using the Mini Nutritional Assessment (MNA), World Health Organization Quality of Life-BREF (WHOQOL-BREF), and Self-Administered Comorbidity Questionnaire (SCQ). Compiled data were analyzed using IBM SPSS Statistics for Windows, version 26.0 (IBM Corp., Armonk, NY). Descriptive data were interpreted in mean (± SD), frequencies, and percentages. Association was tested using the chi-square test, ANOVA, and multivariate logistic regression. Statistical significance was established at $p < 0.05$. Results: A total of 380 older adult(s) participants were enrolled (mean age: 71.23 ± 7.60 years, males: 65.8%). Around 4.2% (16) were malnourished, and 69.7% (265) were at risk of malnutrition. The WHOQOL-BREF scores revealed the highest QoL in the environmental domain (27 ± 5) and the lowest in the social relationship domain (8 ± 2). Using the SCQ tool, osteoarthritis (64.7%), hypertension (32.6%), and diabetes (24.2%) were the most common comorbidities, and 82.6% suffered from at least one comorbidity. Increasing age, female sex, and financial dependency were significantly associated with poor nutritional status and lower QoL ($p < 0.05$).

**URL:** https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2026.1851457/full

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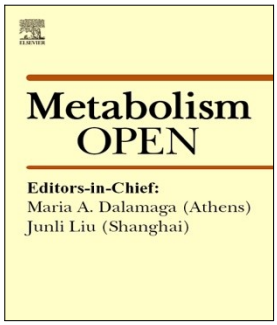
**Journal Name: Metabolism Open** **IF: 3.5**

**Title:** Efficacy and safety of semaglutide injection in Indian patients with type 2 diabetes mellitus inadequately controlled on metformin: A phase 3, randomized, active-controlled, multicenter, non-inferiority trial (WIN-IND study)

**Author**: Ambrish, C; Lila, ARKL; Parikh, A; Mangipudi, A; Sonawane, A; Kiran, BH; Das, B; Chopde, C; Varade, D; Madhusudan, C; Bhagwat, N; Bastewad, N; Shah, PR; Saxena, P; Balamurugan, R; Sahay, RK; Giri, R; Das, S; Gupta, SK; Mehendiratta, S; Saran, S; Saklecha, S; Jethwa, S; Bhandari, S; Kongara, S; Anjum, S; Gupta, S; Shah, TP; Chavda, V; Chaturvedi, A; Anoop, CH; Zaveri, H; Nayak, M; Kalkoti, V

**Details:** Volume-31, September 2026

**Abstract:** Background: Type 2 diabetes mellitus (T2DM) is a chronic metabolic disorder with a rapidly rising global burden. Present study established the non-inferiority and evaluated the safety of Intas semaglutide (test) compared to Innovator semaglutide (reference) in patients with T2DM inadequately controlled on metformin. Methods: This prospective, randomized, open-label, multicenter phase 3 trial, conducted between July-2025 and February-2026, enrolled adult patients (18-65 years) with T2DM and HbA1c level >7%-<10.5% at baseline, who had been on diet, exercise and metformin (>1500 mg/day). Randomized (1:1) patients received either test or reference product, once weekly from 1 to 24 weeks. Primary endpoint was the change in HbA1c level. Secondary endpoints were the change in fasting blood glucose (FBG) level, post-prandial blood glucose (PPBG) level, bodyweight, body mass index (BMI), and lipid parameters. Safety assessment included monitoring of treatment emerged adverse events (TEAEs). Results: Study analyzed 223 (safety set) and 217 (ITT set) patients. Baseline characteristics were comparable between treatment groups. In the ITT (LOCF) set, at week-24, LSM change in HbA1c was-1.50 vs.-1.65 in test vs. reference group, respectively; LSM difference was 0.16 (95% CI:-0.16 to 0.47, P = 0.3266), confirming non-inferiority of the test product. Other efficacy parameters (FBG and PPBG levels, bodyweight and BMI) were also similarly reduced in the test group. The incidence, severity, and pattern of TEAEs were similar, without new safety signals identified.




**URL:**https://www.sciencedirect.com/science/article/pii/S2589936826000484?pes=vor&utm_source=clarivate&getft_integrator=clarivate

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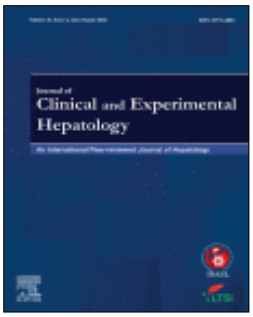
**Journal Name: Journal of Clinical and Experimental Hepatology** **IF: 3.4**

**Title:** Validation of AGILE 3+ and AGILE 4 Scores for Assessing Advanced Fibrosis and Cirrhosis in Indian Patients with Nonalcoholic Fatty Liver Disease: An Indian Consortium on Non-alcoholic Fatty Liver Disease Study

**Author**: De A.; Duseja A.; Mehta M.; Singh S.P.; Shalimar; Mukewar S.; Mukewar S.; Kar S.; Goyal O.; Venkataraman J.; Devadas K.; Dixit V.K.; Mehta V.; Maiwal R.; Ranjan P.; Nagral A.; Choudhary N.S.; Arora A.; Praharaj D.; Sharma B.; Valsan A.; Dadhich S.; Nijhawan S.; Roy A.; Rao P.N.; Shukla A.; Asati P.; Gupta R.; Saigal S.; Narayanasamy K.; Mehta R.; Bhattacharya M.; Prasad V.G.M.; Koshy A.; Rastogi M.; Alam S.; Sanyal A.J.

**Details:** Volume-16, Issue-6, Nov-Dec 2026

**Abstract:** Background/Aims Despite their high sensitivity, common non-invasive tests (NITs) have relatively lower specificity and are more suited for ruling out advanced fibrosis (F ≥ 3) and cirrhosis (F4). AGILE 3+ and AGILE 4 scores are novel NITs designed to have high specificity for ruling-in advanced fibrosis and cirrhosis, respectively, and reduce the associated grey zone. We validated AGILE 3+ and AGILE 4 in Indian patients with non-alcoholic fatty liver disease (NAFLD) and compared the discriminatory ability, diagnostic performance, and grey zone of AGILE scores with other common NITs. Methods Data of all NAFLD patients with liver biopsy (n = 381, males: 63.7%, age: 42 [33–50] years) recruited across 35 centres over 4 years (n = 8043) were analysed. Results AGILE 3+ had sensitivity and specificity of 70% and 89.4%, respectively, with an area under the curve (AUC) of 0.78 (0.74–0.83) for F ≥ 3 which was significantly better than AST-platelet ratio index (APRI), NAFLD Fibrosis Score (NFS), and Fibrosis-4 (FIB-4) but not liver stiffness measurement (LSM). The AUC of AGILE 4 (0.82 (0.77–0.85]) for F4 was significantly better than APRI and NFS but not FIB-4 or LSM, with a sensitivity and specificity of 69.2% and 94.7%, respectively. The proportion of patients falling in the grey zone with AGILE 3+ (12.07%) and AGILE 4 (14.2%) were significantly less than that with APRI, FIB-4, NFS, and LSM. Combined sequential approach using LSM followed by AGILE 3+ had a sensitivity and specificity of 80% and 89.4%, respectively, for F ≥ 3, with a grey zone of 9.1%. Combined sequential approach using LSM followed by AGILE 4 had a sensitivity and specificity of 81.8% and 95%, respectively, for F4, with a grey zone of 12.6%.




**URL:** https://www.sciencedirect.com/science/article/pii/S0973688326001490?via%3Dihub

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**Journal Name: World Journal of Hepatology** **IF: 3.4**

**Title:** Splenic stiffness measurement to predict decompensation in compensated advanced chronic liver disease

**Author**: Malakar S.; Bhardwaj A.; Rungta S.; Dhar J.; Kapoor V.; Roy A.; Giri S.; Singh V.; Samanta J.

**Details:** Volume-18, Issue-9, 2026

**Abstract:** BACKGROUND The onset of decompensation is an important event in patients with compensated advanced chronic liver diseases (c-ACLD). Splenic stiffness measurement (SSM) is an emerging non-invasive modality for stratifying patients with c-ACLD. AIM To determine the utility of SSM to predict one-year decompensation in patients with c-ACLD. METHODS In this prospective study, patients with c-ACLD (Baveno VII) were recruited from 2022 to 2024 at a tertiary care center in north India. Subsequently, they underwent baseline SSM using the vibration-controlled transient elastography method with a 100 Hz spleen-dedicated probe. They were followed up for a year to document decompensation and death. RESULTS A total of 294 patients were recruited, 63 were excluded and 231 patients were included in the final analysis. The mean age was 45.18 ± 9.73 years, and the majority were women (58.4%). The most common etiology of c-ACLD was chronic hepatitis C infection [75 (32.5%)]. One year-decompensation rate was 8.26% (19 patients). The patients who decompensated had higher SSM and liver stiffness values (69.61 ± 16.27 kPa vs 43.99 ± 14.81 kPa, P < 0.001; and 30.77 ± 11.26 kPa vs 22.68 ± 7.02 kPa, P < 0.001, respectively). In the Cox proportional hazards model, SSM predicted one-year decompensation [hazard ratio: 1.073 (1.049-1.097), P < 0.001]. With a cut-off 57.5 kPa, SSM has the highest sensitivity (82%), specificity (87.5%), positive predictive value (98.26%), negative predictive value (36.21%) and diagnostic accuracy (82.61%) for predicting decompensation in patients with c-ACLD. CONCLUSION A SSM cut-off of 57.5 kPa has a sensitivity and specificity of 82% and 87.5%, respectively, for predicting one-year decompensation in patients with c-ACLD.

**URL:** https://www.wjgnet.com/1948-5182/full/v18/i9/124338.htm