

Dear All

Greetings from Indian Journal of Critical Care Case Report (IJCCR) Editorial Team. It is indeed a pleasure and privilege to write the first editorial column for this new scientific journal launched by Indian Society of Critical Care Medicine (ISCCM). It is a welcome coincidence that a new journal is taking birth during the historic month when we were born as a new nation. A scientific medical journal essentially consists of three major categories of articles comprising of Original Research, Narrative Reviews and Case Reports. With increasing submissions of original research, more so during the COVID-19 pandemic, editors are inclined to assign more space to these articles, narrative reviews contribute significantly to impact factor of the journal and also are encouraged by editors. Case reports are not given priority in major journals, which is a pity given that most of the readership of these journals are predominantly clinicians who may benefit from case discussions and directly relate these to patients they are caring for. Indeed, weekly case presentation is a permanent feature of every issue of New England Journal of Medicine, probably the oldest medical journal. Usually case reports consist of a description of rare cases which are seen infrequently. These cases are very interesting to read, but have a limited clinical application. On the other hand common cases presenting atypically and cases with management challenges may be more informative to readers and such type of cases will be given preference for publication in this journal. To make the case descriptions more informative and broad-based, sections on clinicopathological correlation (with autopsy findings if available), clinical problem-solving, bedside clinical discussion, clinico-microbiological correlation, clinicoradiological correlation and similar sections will be a regular feature of this journal. We are fortunate in critical care community to experience the whole spectrum of acute cases across all medical and surgical specialities. Our endeavor would be to capture informative cases from all disciplines. PubMed indexing and subsequently generating an impact factor has become a prerequisite of any new journal. It will be our earnest attempt to achieve this at the earliest possible time post-publication. With a provision of retrospective indexing the submitting authors should have their name indexed in PubMed. The journals will be initially published at every two months interval (six issues per year). IJCCR will be complementary to ISCCM flagship journal, Indian Journal of Critical Care Medicine (IJCCM).

I will be failing in my duty if I do not acknowledge the ISCCM executive committee chaired by President (Dr Rajesh Mishra) and Immediate Past President (Dr Deepak Govil) for conceptualizing this journal and giving me the responsibility of editing it. Dr Atul Kulkarni (Past President ISCCM and Editor IJCCM) was magnanimous in sharing the platform with me in this new venture and agreeing to forward case reports submitted to IJCCM for considering publication in IJCCR. I would like to thank all the members of the Editorial Team Members, Associate Editors, National and International Advisory Board Members, whose names are displayed at the journal website www.ijccr.org for their ongoing support. A special thanks to our reviewers for sharing their expertise and timely reviews. The publication team at Jaypee Brothers with Mr Akash Mishra, our Managing Editor needs special mention for his continuous suggestions on formatting and navigating through the journal submission dashboard. I look forward for a continuous cooperation with the team. Last but not the least, my gratitude towards the unnamed patients and their families whose experiences will be enriching us with medical knowledge to improve care of our future patients.

Best Wishes

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Editor-in-Chief
Indian Journal of Critical Care Case Report (IJCCR)