

Dear Readers, Greetings of the monsoon season!

We are glad to bring out the July–August issue on time due to the efforts of reviewers sending timely review and managing editor Mr Prashant at Jaypee. As we are striving to apply for PubMed indexing, timely publication is an important criterion. We have successfully applied for ISSN certification, a prerequisite for PubMed application. As PubMed indexing takes time, we would be applying to get indexing in other search platforms, such as SCOPUS and HINARI which are equally popular, and the articles will be searchable in Google search. The strict criteria laid down by the National Library of Medicine, USA, for indexing to PubMed needs to be followed in every indexed publication. In this regard the Authors Guidelines have been upgraded on the website. The salient feature is to include “Case report” or “Case Series” in the title so that it is searchable. References have to be recent ones (within 5–10 years) and 5–10 in numbers. The ethical committee approval is usually waived in case reports, and patients’ informed consent has been kept as optional. The author should send a disclaimer that the manuscript does not have any patient-identifying data, which will be verified by the editorial team before peer- reviewing process. In this issue of the Journal, as usual, we have predominance of infectious disease-oriented case reports. Many of these reports describe unusual organism which are not identified in clinical practice. We describe a case of *Sphingomonas paucimobilis* as a secondary infection in dengue fever which is an immunosuppressed state and a case of *Burkholderia pseudomallei* as a cause of brain abscess and ecthyma gangrenosum caused by *Staphylococcus lentus*. An unusual case of infective endocarditis caused by drug-resistant *pseudomonas* is also presented. In noninfectious case reports describing increasing indication of ECMO in graft failure post-bone marrow transplant showing possibility of this support in immunocompromised host as well. A rare case of concomitant fat embolism and pulmonary emboli is described in trauma patient. A new therapy for devastating syndrome like osmotic demyelination has been described. A new initiative which will soon be launched by the IJCCR team is monthly PODCAST of case of the month published in IJCCR narrated by the author and expert comments and interview of the author by a subject matter expert. This will be helpful for busy clinicians who do not have time to read the online journal but can listen to this in their free time. Happy reading for now and hopefully happy listening in future.

Best wishes!

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