

Dear Friends,

It gives us a great pleasure to present the Sept–Oct issue of IJCCR on time, thanks to the hard work of our editorial team. We are pleased to announce that we have received last month ISSN certificate (International Standard Serial Number) which is a prerequisite for application of PubMed indexing, which we aim to pursue next year. In the meantime, we are approaching other search engine platforms both medical and nonmedical like Google Scholar, Scopus, Hinari, DOAJ etc. to get the articles published in IJCCR searchable online. IJCCR is an open access journal allowing free access to all articles online, moreover, there is no processing fees for submitting articles unlike many other open access journals where an initial processing fees is levied during submission. We encourage all ISCCM members and health-care professionals to submit any interesting case report to IJCCR. One of the main highlights of the current issue is the CPC (clinicopathological correlation) submitted from the archive of Postgraduate Institute of Medical Education and Research (PGI), Chandigarh. As most of you are aware that PGI has a weekly CPC and mortality meeting where detailed clinical and autopsy findings are discussed of interesting cases. This is a very rare opportunity to learn from autopsy findings of patients dying in intensive care unit, as medical postmortem is not practiced in private and most of the public hospitals. The insights gained from these autopsy findings will help to further our knowledge in complicated critical care cases. We hope the Department of Pathology, PGI, will be providing similar CPC cases from their archive in future. We are looking forward to submission of Clinicomicrobiological and Clinicroadiological correlation cases in future issues. Many times, we get request for early publication of the articles. The delay from submission to print occurs mainly at four time points. First, submission of articles which have not followed Authors' instructions on the journal website (like missing abstract, number of references, etc.), so early reply from the authors to the queries raised by the managing editor will hasten the process. Second, time taken for peer review process, as you know peer review is a voluntary effort by domain experts to comment on submitted manuscripts and sometimes a substantial delay in receiving the comments is encountered, we usually give two weeks' time for peer review, and we try to minimize it as much as possible. Third, authors reply to the comments from peer reviewers, which is usually given one week's time, but sometimes the reply is received after many weeks in spite of reminders. Fourthly, plagiarism delays processing of approved articles and plagiarism-free resubmission also takes long time from the author. We have started a process of plagiarism check by authors during submission of manuscript, details of which are available from Authors' instructions at the journal website. Other interesting case report in this issue is related to COVID-19 which we still continue to receive, atypical infection case reports have been submitted most commonly and are reviewed by expert microbiologist and infectious disease specialist on our panel, neurocritical care case report of a young stroke and posterior reversible encephalopathy is also published. Rare technical procedures are also reported in this issue along with two cases pertaining to critical care liver disease. We hope that you have an enjoyable reading and send your comments to our managing editor on the e-mail prashant.kaushik@jaypeebrothers.com

Best wishes for the festive season!

INDIAN SOCIETY OF
CRITICAL CARE MEDICINE

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