

Dear Friends

Festive greetings from the editorial board of IJCCR. We are pleased to publish ahead of time November–December issue of the journal. We are overwhelmed by the number of original case report submissions for the journal. In fact, we had crossed our page limit of the journal in the last publication. This issue of the journal has six case reports and one case discussion. The case discussion is about a common case in question-and-answer format and will be very helpful for postgraduate trainees and also to ICU practitioners. A few COVID-19-related cases are still being submitted and are chosen based on individual merit. The one published in the current issue is an unusual presentation of thyroid storm and diabetic ketoacidosis in a patient with COVID-19, which may not be directly causal. Another case series of three cases of right ventricular thrombus associated with COVID-19 is also published, again emphasizing the thrombogenic potential of this virus. We still sporadically encounter COVID-19 patients, and it is useful to keep this complication in mind and use echocardiography in all patients of COVID-19, if one needs to avoid unexpected pulmonary embolism. Central pontine myelinolysis has been a dreaded complication of rapid correction of chronic hyponatremia. From the pathophysiological perspective, it is the osmolality shift, as the name implies, is the key underlying factor and sodium correction has been the commonest cause of this phenomenon. The presented case highlights the occurrence of this phenomenon in the absence of sodium fluctuation and is an interesting read and a learning lesson. Obstetric critical care is gaining importance nowadays as high-risk pregnancies are increasingly being encountered. Intensivists need to be aware of the various critical complications of such cases. A rare but known complication of hepatic infarct is being presented in the case of eclampsia and will take a multidisciplinary approach to manage these patients. Systemic lupus erythematosus is an important sepsis mimic especially in a young female. The situation becomes even more complicated if these patients present with diffuse alveolar hemorrhage (DAH) as this phenomenon can be encountered in many infective conditions like leptospirosis, scrub typhus, and hemorrhagic dengue fever as has been described in the previous case reports in the journal. A judicious diagnostic approach needs to be followed to ascribe this condition to lupus after excluding all infectious causes. Extracorporeal membrane oxygenation (ECMO) experience has been gradually increasing in many centers across India and it is being increasingly used for indications other than the standard indications of refractory respiratory and/or cardiac failure. Use of ECMO usually needs anticoagulation with heparin and development of heparin-induced thrombocytopenia (HIT) in these patients has become a diagnostic and therapeutic challenge as is being described in the case presented in this issue of the journal. I hope these cases will be of interest to the readers and we look forward to submission of similar cases in future.

Best wishes!



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