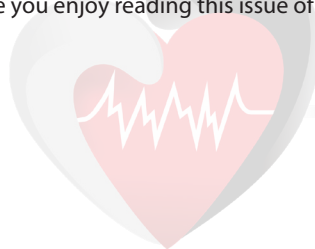


Dear Friends,

It gives me a great pleasure to bring to you the March–April 2024 issue of IJCCR. We recently concluded the annual conference of the Indian Society of Critical Care Medicine in Kolkata, and it was heartening to see the presence of more than 2,000 delegates. Our Journal IJCCR was given due recognition during the congress with its achievements announced during the Annual General Body meeting. Moreover, the best case report of the journal, along with the best original research paper from our sister journal IJCCM, was awarded at the main hall. The IJCCR paper was also presented by the recipient Dr Faris Hussain who spoke on: A case report on fulminant *Clostridium difficile* colitis managed with vancomycin administration through ileostomy. It was truly heartening to see recognition to IJCCR on the national platform. During the congress, an editorial meet was held where editors of major national and international journals, including IJA, IJCCM, Intensive Care Medicine, and Airway, participated. I was asked by the moderator about the need for a separate case report journal to which I emphasized the need for this, as most of our readers are bedside clinicians and are interested in case management. On the other hand, to promote the specialty, serious indigenous research is also needed, to which IJCCM can cater. Another question asked was what the rejection rate and the reasons for rejection in case report journals. Our rejection rate is around 60%, much less than some other key journals. Reasons for rejection are usually cases submitted which are not relevant to critical care and cases where there is no novelty. It was sobering to know that other editors also felt the need for increasing recognition of reviewers of the journals and whether some kind of reimbursement may be thought of for their services. Concerns were also raised about the need and difficulty in obtaining informed consent in retrospective case studies and it was felt that the jury is still out on this subject. We are having overseas submission that also reflects the reach of our online issues globally and critical care practitioners are interested in case reports. Discussing with many delegates and faculty during the congress, a positive feedback was received regarding IJCCR. Just like the previous issues, we have a clinicopathological correlation case in this issue about an unanticipated case of lymphoma which was diagnosed only during autopsy, again highlighting the need for medical autopsy for continuous learning. COVID-19-related cases keep on trickling reminding all of us of the ever-presence of this menacing virus. Infection and antibiotic-related cases like cotrimoxazole-induced hypoglycemia and a rare case of salmonellosis have been described. Procedure-related complications are submitted regularly to IJCCR and a repository of them may be useful for residents. A case of cerebral air embolism secondary to peripheral cannulation and a case of traumatic pneumatocele is described. I hope you enjoy reading this issue of IJCCR like the previous issues and also recommend it to your colleagues.

Best wishes!



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INDIAN SOCIETY OF
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Indian Journal of Critical Care Case Report (IJCCR)

Subhash K Todi
Editor-in-Chief