

Dear Readers,

Welcome to the new bimonthly issue of IJCCR (May–June) 2024. Reviewers are the backbone of any successful journal and we are blessed to have more than 60 senior physicians as our reviewers. Their prompt assessment and review of the manuscript decrease the turnaround time from submission to publication, which is one of the important factors for getting indexing approval in major search platforms like PubMed. Reviewers need to be acknowledged for their contribution and this was discussed in the ISCCM EC meeting convened on 21<sup>st</sup> April 2024. Acknowledging all the active reviewers in last issue of the year, selecting one reviewer and acknowledging him/her in every issue of the journal were some of the suggestions made and will be acted upon. Recent communication from the editors of Critical Care Medicine, from the Society of Critical Care Medicine USA, has highlighted the role of Artificial Intelligence (AI) in medical publishing. We have already addressed this, from the authors' perspective and guidelines have been posted on the website under authors' instructions in this regard. The new concern is the role of AI platforms to serve as a proxy reviewer by reviewers which should be prohibited and a new guideline will soon be issued in this regard after internal discussions among the IJCCR editorial board.

Like previous issues, May–June of IJCCR issue has a case series, case report and a clinicopathological correlation (CPC) article. I would encourage all the readers to go through CPC as this USP of our journal. CPC of this month will highlight spontaneous tumor lysis syndrome, rarely seen in bulky lymphomas, presenting as pericardial effusion. A case series on spontaneous spinal epidural hematoma, which is again a rare problem, describes three such cases with varying presentations. Being an eminently treatable problem and if left untreated can lead to dire consequences, it is important to know the mimickers of this problem and investigate properly if suspicion arises. With the advent of new microbiological diagnostic tools, rare bacteria, fungi are being identified and reported. A case report of unique fungi of Penicilliosis group, *Talaromyces marneffeii*, in an immunocompromised host presenting with polyglandular and multiple organ involvement. Another case study describes occurrence of acute pulmonary embolism with pulmonary infarction, presenting as lung cavitation, ultimately traced back to a parathyroid adenoma-induced hypercalcemia. Diagnosing aortic dissection is always a challenge and a wrong diagnosis either in favor or against it will have high mortality involved. The case describes a radiological artifact mimicking as aortic dissection and posed a diagnostic challenge. Lung collapse and atrial fibrillation, both commonly occurs in ICU but correlation of these two entities has not been highlighted, which is the topic of discussion in one of the articles. Delayed diagnosis of infective endocarditis is another topic for discussion in this issue. Scarcity of organs for organ donation has always been a priority agenda in organ transplant. As brain death declaration revolves around a successful apnea test, it should be performed with utmost care. A case report of bilateral spontaneous pneumothorax while performing apnea test a preventable event is highlighted in one of the articles. Severe influenza infection is known to cause various organ involvement, but pancreatitis is rare and pancreatic encephalopathy even rarer, which is described in one of the case reports. Euglycemic diabetic ketoacidosis is becoming increasingly common with the increasing use of SGLT2 inhibitors. These are often misused as a cause of metabolic acidosis as the serum glucose levels are relatively normal. A case is presented in this issue of such a phenomenon in a patient on SGLT2 inhibitor.

Finally, the website of IJCCR has started displaying Online First articles. Thus, the articles described above are already accessible before the final issue is displayed. After discussion in EC, it was decided that print version of IJCCR (300 copies), which usually goes to a few select individuals and institutions will be discontinued and only online open-access version will be accessible to everyone. Those who are interested in print version can however, purchase it directly from the publisher. This issue of IJCCR is also bringing out a supplement on all the abstracts of case reports which were presented as e-posters during recently concluded annual congress of ISCCM CRITICARE 2024 in Kolkata.

Wish you a happy reading!

Best wishes

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