From the Editor's Desk

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Dear Friends,

Welcome back to this new issue of IJCCR, which like the onset of monsoon season, is bringing you fresh critical care cases spanning multiple specialties. As you might be aware that for superspecialty training, the Specialty National Board has assigned critical care under Internal Medicine, though many of our workforces are from anesthesia background. The various case reports reflect a need for in-depth knowledge of internal medicine to manage these complex problems. On the other hand, case reports describing acute resuscitation reflect skills required for Airway, Breathing and Circulation management. This issue of the journal starts with a case report of hypereosinophilic syndrome presenting with thrombocytopenia and neurological symptoms which in acute onset setting may mimic sepsis. Thus, a close analysis of differential count reflecting eosinophilia, which is usually ignored and not only concentrate on the total white count, is very important. As this entity is amenable to treatment, early diagnosis and treatment is rewarding. Adverse effect of drugs and drug interaction is becoming increasingly important in an ICU, with many patients subjected to polypharmacy. Moreover, drug reconciliation, which reviews home medications, are equally important. This emphasizes the role of clinical pharmacist's presence in the ICU. The second case emphasizes the adverse event of drugs like dapsone which can produce methemoglobinemia, which is reversible by stopping offending drugs. Another case report emphasizing the importance of drugs in ICU describes rhabdomyolysis which is induced by statin and increased potential of this toxicity by concurrent use of SGLT2 and platelet inhibitors. As newer drugs are introduced in many diseases, an intensivist may not be familiar with their adverse effect or drug interaction, so online source of information or help of a pharmacist is needed. Macrophage activation syndrome (MAS) is another sepsis mimic which is frequently encountered in ICU and poses a diagnostic and therapeutic challenge. Connective tissue disorders may lead to MAS and a case is presented of MAS due to primary Sjogren's syndrome. Troubleshooting patients on ventilator is a science and an art and requires prompt corrective action. Airway leaks are a common problem and a case describing airway leak due to tracheostomy cuff herniation at the tracheostomy site with corrective measures undertaken is described. Toxicology cases are often presented in the journal. Remediable measures for many poisonings are an expanding field. As these patients are usually young with less comorbidity, reversing the current problem even with extreme resuscitative measures is usually very rewarding. A case of barbiturate poisoning which is supported by extracorporeal device is presented. With the introduction of SGLT2 inhibitors, incidences of euglycemic diabetic ketoacidosis are increasing. This again may be a sepsis mimic with metabolic acidosis in a sick patient unless glycosuria and a history of SGLT2 intake is elicited and such case is presented in this issue of the journal. Traumatic pseudoaneurysms are sometimes encountered in a trauma ICU and are managed with local thrombin injection. Microembolization from such a procedure is described in another case report. Dermatological emergencies are occasionally encountered in ICU again usually secondary to an adverse drug reaction. A case report of phenytoin induced toxic epidermal necrolysis is presented. We hope the bouquet of interesting and well-managed cases will be helpful to readers and further their efforts in improving patient outcomes. Happy reading till the next issue.

Best wishes!

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