

Dear Colleagues

Welcome to the September–October issue of IJCCR. We have completed two years of publication and are entering the third year with this 13th issue. As per the requirement of large indexing platforms, two years of timely uninterrupted publication is a prerequisite for application for indexing, which we have accomplished. The scientific and editorial quality of a journal is assessed before accepting for indexing in PubMed. Ethical policies of the journal are given great importance and informed consent even for retrospective case report is needed and we will continue to maintain this requisite in our submission. Explicit displaying the peer review process is also a requirement. We have increased the numbers of our manuscript reviewers substantially and have included many from our sister journal IJCCM. Moreover, the manuscripts were initially given to one reviewer but are now given to multiple reviewers. We have also taken steps to recognize reviewers' contribution. An active editorial board is also needed to get approval. We are involving associate editors in the review process and in selection of reviewers and sending their recommendation to the editor. In our earlier issues, we were not including a structured abstract which is again an important requirement, and we have now made it mandatory for submission in our coming issues. Scientific content and discussion of cases are of international standard in our journal. We assign selected submission to language editor for further refinement. Maintaining patient anonymity is also a priority. Hopefully, if we maintain the above stated standards in the coming issue, we should be able to apply for indexing early next year.

In this issue of the journal many interesting cases have been published. Though sickle cell crisis is not commonly seen in our clinical practice, reporting varied presentation of a rare disease could be of interest to some clinicians. Multidrug-resistant gram-negative infection is a common problem faced in our practice. Intelligent interpretation of antibiogram to decide appropriate antibiotic is important in these resistant infections. An interesting case of imipenem-sensitive meropenem-resistant infection is reported which sometimes is ignored as a laboratory error. ECPR performed for in-hospital cardiac arrest is done in very few tertiary care hospitals in our country. Experience from these centers may encourage other centers to adopt this methodology which may sometimes result in a good outcome. A case of such an ECPR is reported in this issue. Vasculitis is a great mimic and can masquerade as sepsis. ANCA-associated vasculitis present with diffuse alveolar hemorrhage and ileal perforation is described. This issue consists of three different poisoning cases, toluene, benzoate and an ammonium salt and will be an interesting read for clinicians interested in toxicology. We are going through monsoon season and case reports on tropical infection are very relevant. As the environment, vector and risk factors of many tropical infections are common, having multiple infections in the same patient is sometimes encountered, one needs to be aware of cross-reactive serology of some of these infections. Fungal infections are common and rare presentation of these infections is always a learning experience. Spinal epidural abscess due to a fungal infection is described in this issue. I hope you find the cases described in this issue a learning experience.

Best wishes!

INDIAN SOCIETY OF
CRITICAL CARE MEDICINE

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Indian Journal of Critical Care Case Report (IJCCR)