From the Editor's Desk

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Dear Colleagues,

Greetings of the festive season from the team IJCCR. We wish you memorable festivities, while we continue our ongoing efforts to promote the festival of knowledge through our journal. Popularity of the journal may be ascertained by the number of submissions which are steadily increasing over the years. As a case report journal, it might be difficult to get many citations and create an impact factor post indexing. The critical care workforce in our country consists predominantly of clinicians and very few are involved in original research. For these clinicians a case report journal fills the niche required for acquiring practical knowledge on complex critical care problems. In the November–December issue of the journal, a clinicopathological case is being reported on a patient with seizures with sudden death. Autopsy studies are rare nowadays, both in public and private institutions. Autopsy can enlighten us on the underlying cause of death. It may be that the cause was known premortem and autopsy findings did not make a difference, or the cause may not be known premortem, the autopsy findings are such that any meaningful intervention could not have taken place even if known premortem. The third scenario is the most important one where autopsy study reveals a problem which if known antemortem, could have resulted in some therapeutic intervention. The reader needs to delve into the clinicopathological correlation article to ascertain which category of autopsy finding this case falls into. Secondary hemophagocytosis is a dreaded complication of many tropical diseases like dengue, enteric fever, etc. The use of dexamethasone in this situation is associated with a concurrent side effect of continuing viremia or bacteremia. An alternative therapy like intravenous immunoglobulin is an attractive option for this syndrome and a case report is presented on this. Fat embolism syndrome is difficult to diagnose as it has protean manifestation. Moreover, it is not an embolic phenomenon like venous thromboembolism, but chemical injury to lungs and other organs due to toxic effects of fatty acids and other reactive oxygen species. Neurological manifestation in this syndrome needs to be investigated to rule out associated cardiac abnormalities. Due to various therapies used nowadays, acquired methemoglobinemia is occasionally seen, and newer therapies for this difficult-to-treat entity needs to be studied, as the case presented with therapeutic erythropheresis. Any therapeutic procedure can have complications, but rare complications also need to be known and coronary air embolism after lung biopsy is described in one such case report in this issue. Metabolic encephalopathy of unknown origin is a clinically challenging problem, and hyperammonemia if there is no overt liver disorder, is usually missed. A case report of urea cycle disorder is described in this issue of the journal. Ischemic stroke is usually managed with antiplatelet and thrombolysis, but aortic dissection presenting as a stroke where these therapies may be fatal, need to be kept in mind and a few red flag signs need to be known to diagnose such cases, as is described in the case study. India is said to be mucor capital of the world, may be due to high incidence of diabetes and environmental contamination due to mucor. Though affecting lungs mainly, mucor may also affect various organs like gastrointestinal tract, as presented in a case report in this issue. We hope you enjoy reading this issue of IJCCR. We promise to bring you further interesting cases in the year 2025.

ISCCM INDIAN SOCIETY OF CRITICAL CARE MEDICINE

With best wishes!

Subhash K Todi
Editor-in-Chief
Indian Journal of Critical Care Case Report (IJCCR)

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