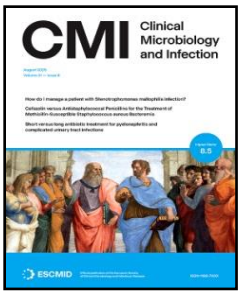
Journal Name: Clinical Microbiology and Infection **IF: 8.5**

Title: Survival and quality-of-life in mucormycosis: a multicentric ambispective cohort study

Author: Verma, Sarthak & et al.

Details: 2025

Abstract: Objectives: We aimed to evaluate long-term survival and identify predictors of mortality among patients hospitalized with mucormycosis. Methods: This prospective, multicentre cohort study included patients hospitalized for mucormycosis across 26 sites in India from March to July 2021. Follow-up data were collected at 1-, 3-, 6-, and 12-month intervals post-discharge through telephonic or in-person interviews with patients or caregivers. Primary outcomes were survival, sequelae, and quality of life, assessed using the EURO-QOL 5D-5L scale. Survival analyses were performed using the shared frailty Cox proportional hazards model for predefined subgroups. Additional sensitivity analyses using inverse probability of censoring weights and marginal structural modelling were conducted to account for loss to follow-up and the time-varying nature of the treatment and confounders. Results: Of the 686 patients, 101 deaths (14.7%) occurred within 1 year, with a median survival time of 230 days. The majority of deaths (64.3%) occurred early, i.e. during hospitalization. Independent predictors of mortality included orbit involvement (hazard ratio [HR]: 2.0, 95% CI: 1.2–3.4), intracranial/cerebral involvement (HR: 2.6, 95% CI: 1.5–4.4), admission to an intensive care unit (HR: 6.4, 95% CI: 3.5–11.6), poor glycaemic control (HR: 2.3, 95% CI: 1.1–4.7), and other comorbidities (HR: 1.6, 95% CI: 1.0–2.5), and those associated with lower mortality were combination antifungal therapy (HR: 0.2, 95% CI: 0.1–0.4) and receipt of surgical treatment (HR: 0.1, 95% CI: 0.07–0.2). Survivors demonstrated improved quality of life, especially those who were gainfully employed. Sensitivity analysis indicated no major impact of loss to follow-up on survival. Discussion: Poor glycaemic control, severe disease, and involvement of the orbit or intracranial/cerebral regions predict higher mortality in mucormycosis. Aggressive therapeutic strategies, including combination of antifungal therapy and surgical interventions, substantially improved survival. The study highlights the importance of integrating psychological rehabilitation and socioeconomic support into management protocols to enhance the quality of life among survivors.



URL: https://www.sciencedirect.com/science/article/abs/pii/S1198743X25002861?via%3Dihub

SCHOLARLY PUBLICATIONS
School of Medical Science
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Journal Name: Human Resources for Health **IF: 4.3**

Title: Capacity building models for managing multiple long-term conditions in low-and-middle-income countries: a systematic review and gap analysis

Author: Sinha A.; Sahoo K.C.; Mahapatra P.; Pati S.; Kshatri J.; Kanungo S.; Batista S.R.; Nunes B.P.; Weller D.; Mercer S.W.; Pati S.

Details: Vol 23, Issue 1, July 2025

Abstract: The global prevalence of multiple long-term conditions (MLTCs) is increasing, challenging healthcare providers worldwide. In low- and middle-income countries (LMICs), healthcare professionals face additional obstacles in managing MLTCs due to the presence of disease-specific guidelines. This issue is exacerbated by the limited emphasis on both pre-service and in-service training of healthcare professionals on MLTCs within LMICs. Methods: We conducted a search across PubMed, Embase, and CINAHL within the domains of 'multiple long-term conditions' and capacity-building and systematically reviewed the articles retrieved. The data were synthesized using a healthcare training framework that encompasses objectives, target audience, content and curriculum, training methodology, trainers and facilitators, logistics and implementation, participant engagement and satisfaction, and outcomes. Our findings were reported according to PRISMA guidelines. This systematic review was prospectively registered with the International Prospective Register of Systematic Reviews (CRD42022348483). Results: Out of 15,981 initial records, 3614 duplicates were removed, leaving 12,367 for title and abstract screening. After full-text review of 204 articles, only four met the inclusion criteria—two from India, one from Ukraine, and one covering multiple African countries (South Africa, Uganda, Ethiopia, and Kenya) demonstrating a scarcity of literature in the field. A 'train-the-trainer' approach was emphasized for broader impact in low-income settings. Integrating structured, interdisciplinary training into medical education and professional development, alongside policy support and stakeholder collaboration, is important for future implementation.

URL: https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-025-00996-3

Journal Name: Immunologic Research **IF: 3.3**

Title: Sustainability, intelligence, and more immunology: time to get back to the future!

Author: Ahmed S.

Details: Volume 73, Issue 1, December 2025, Article number 3

URL: https://link.springer.com/article/10.1007/s12026-024-09554-w

SCHOLARLY PUBLICATIONS
Kalinga Institute of Medical Sciences
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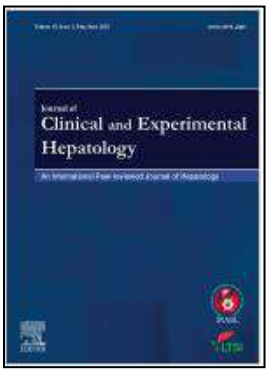
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.3**

Title: Therapeutic Options for the Management of the Cholestatic Phase of Viral Hepatitis A and E-A Systematic Review

Author: Giri, S; Khatana, G; Gore, P; Praharaj, DL; Kulkarni, A; Anand, AC

Details: Volume 15, Issue 5, September–October 2025, 102557

Abstract: Background/Aims: The cholestatic hepatitis associated with acute viral hepatitis leads to prolonged jaundice and pruritus. While several treatment approaches have been proposed, there is a noticeable absence of agreement over the most effective course of action. The goal of this systematic review is to compile and assess the available data on treatment approaches for prolonged hepatitis associated with viral hepatitis. Methods: We comprehensively searched for relevant studies in MEDLINE, Embase, and Scopus from their inception to May 2024. Studies reporting the treatment option for the management of the cholestatic phase associated with viral hepatitis were included. Results: A total of 28 studies describing 164 patients were included in the review, of which 18 were case reports, 8 were case series, and 2 were interventional studies. The benefit of ursodeoxycholic acid (UDCA) was reported in two case reports, with doses varying from 10 to 30 mg/kg/d in the included studies. The use of corticosteroids in adult patients was reported in 21 studies, with prednisolone doses varying from 30 to 60 mg/day in adults. Two studies used nasobiliary drain (NBD) for patients who failed to respond to conventional therapy. Lastly, three studies reported using plasma exchange (PLEX) in patients refractory to standard treatment. Conclusion: Patients not responding to UDCA or cholestyramine may benefit from a short course of corticosteroids, suggesting an immune-mediated phenomenon. NBD placement or PLEX may be tried after analyzing the risk-to-benefit ratio for patients who are nonresponsive to corticosteroids. Further research is required to determine the optimal treatment strategy.



URL: https://www.sciencedirect.com/science/article/pii/S097368832500057X?via%3Dihub

SCHOLARLY PUBLICATIONS
Kalinga Institute of Medical Sciences
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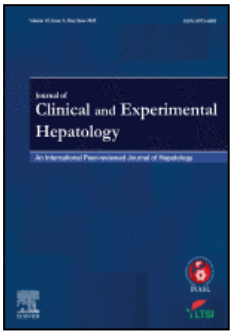
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.3**

Title: Indian National Association for the Study of Liver (INASL) Guidance Statements for Determining

Author: Arora A.; Sharma P.; Kumar A.; Acharya S.K.; Sarin S.K.; Duseja A.; Puri P.; Shah S.; Chawla Y.K.; Rao P.N.; Saraya A.; Mohanka R.; Singh S.; Saighal S.; Rela M.; Vij V.; Asthana S.; Shukla A.; Bhangui P.; Saraf N.; Maiwall R.; Mandot A.; Saraswat V.; Madan K.; Shalimar; Kapoor D.; Anand A.C.; Gupta S.; Varghese J.; Mehta N.

Details: Volume 15, Issue 5, September–October 2025, 102539

Abstract: Liver transplantation (LT) is a life-saving procedure for patients with end-stage liver disease; however, with the growing shortage of organ donors, the need to identify futile transplants has become increasingly urgent. Futility in liver transplantation refers to situations where the expected post-transplant survival or quality of life is poor, making the procedure unlikely to yield a meaningful benefit. Various definitions of futility are used across different countries and transplant centers, with criteria often based on clinical factors such as age, comorbidities, MELD score, and functional status. For hepatologists and transplant surgeons, clearer guidelines are essential to make informed decisions and avoid unnecessary transplants that may place patients at risk without improving their prognosis. While some studies have proposed futility scores, there is currently no universal consensus on a standardized definition or set of criteria. This highlights the need for further prospective trials to evaluate the predictors of futility in liver transplantation, aiming to refine decision-making processes, optimize organ allocation, and improve patient outcomes. Future research should focus on the development of universally accepted futility criteria and explore interventions to mitigate the factors contributing to transplant futility.



URL: https://www.sciencedirect.com/science/article/pii/S0973688325000398?via%3Dihub

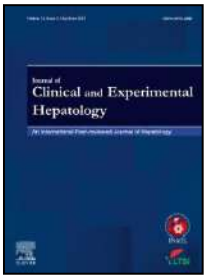
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

Title: Adoption of the New Nomenclature of Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) by the Indian National Association for Study of the Liver (INASL): Implications for the INASL Guidance Paper on NAFLD

Author: Duseja A.; De A.; Singh S.P.; Madan K.; Rao P.N.; Shukla A.; Choudhuri G.; Saigal S.; Shalimar; Arora A.; Anand A.C.; Das A.; Kumar A.; Eapen C.E.; Devadas K.; Shenoy K.T.; Panigrahi M.; Wadhawan M.; Rathi M.; Choudhary N.S.; Saraf N.; Nath P.; Kar S.; Alam S.; Shah S.; Nijhawan S.; Acharya S.K.; Aggarwal V.; Saraswat V.A.; Chawla Y.K.

Details: Volume 15, Issue 5, September–October 2025, Article number 102590

Abstract: The transition from nonalcoholic fatty liver disease (NAFLD) to metabolic dysfunction-associated steatotic liver disease (MASLD) reflects a paradigm shift in hepatology, emphasising metabolic dysfunction as the central driver in patients with MASLD. This inclusive terminology, endorsed by over 70 international organisations including the Indian National Association for Study of the Liver (INASL), reduces stigma of 'fatty and alcohol' and allows the co-existence of other liver disease etiologies along with MASLD. In the present commentary, we discuss the implications of the adoption of new nomenclature of MASLD on the INASL guidance paper on NAFLD, which was published in 2023, before the Delphi consensus on MASLD.



URL: https://www.sciencedirect.com/science/article/pii/S0973688325000908?via%3Dihub

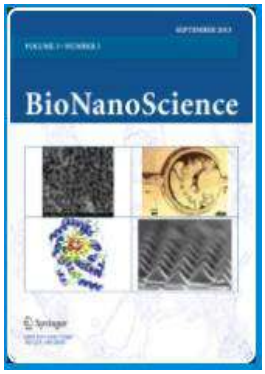
Journal Name: BioNanoScience **IF: 3.2**

Title: Etoricoxib Emulgel: In Vitro and Ex Vivo Characterization for Development of Novel Topical Formulationâ€"A Preclinical Study

Author: Sahoo S.; Nayak B.S.; Mohanty B.; Roy H.; Pradhan K.K.

Details: Volume 15, Issue 3, September 2025, Article number 325

Abstract: Emulgel is a novel topical formulation for the delivery of hydrophobic drugs. Etoricoxib is a cyclooxygenase II inhibitor by reducing the prostaglandins generation from Arachidonic acid. The present research aimed to formulate and develop an emulgel for the topical delivery of Etoricoxib for the management of inflammation. Emulgel was prepared by a combination of oil (Etoricoxib) and water phases in different proportions by homogenization. The drug excipient compatibility was confirmed by the FTIR study. The manufactured emulgels were characterized for pH, viscosity, drug content, spreadability, extrudability, bioadhesive, haemocompatibility, stability and drug diffusion as well as permeation studies. The optimized Etoricoxib emulgel was studied for skin irritation test and its potency to inhibit the inflammation by carrageenan-induced paw edema method. FTIR study revealed that Etoricoxib was compatible with excipients. The pH and viscosity of emulgels were found in the ranges of 5.5 to 6.2 and 2.2 to 2.8 × 10^4 cp. The drug content was more than 90% for all emulgels. As the oil amount was increased in emulgel, the spreadability was increased with good extrudability and bioadhesion properties. The emulgel was much potent to inhibit the inflammation as compared with the marketed gel. The emulgel containing 40 ml of olive oil at the 4:6 ratio of oil and aqueous phase (F4) was found to be haemocompatible and non-irritant to animal skin. The emulgel was stable at various storage conditions as per ICH guidelines. The emulgel (F4) diffuses and permeates (7.956 ± 0.97 and 1.591 ± 0.88% in 3 h) the drug in a more controlled and constant manner. Etoricoxib emulgel (F4 with oil and aqueous phase ratio of 4:6) was found to be the best emulgel formulation for the effective management of inflammation.



URL: https://link.springer.com/article/10.1007/s12668-025-01978-4

SCHOLARLY PUBLICATIONS
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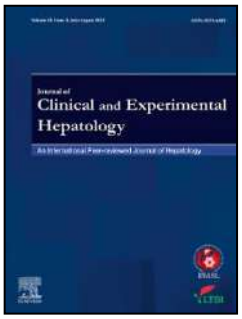
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

Title: Lifestyle Intervention is Effective in Reversal of Fibrosis in NAFLD Patients: Results from a Retrospective Real-World Study

Author: Singh S.P.; Anirvan P.; Chouhan S.; Panigrahi M.K.; Khatua C.R.; Hota S.; Rath M.M.; Kar S.K.; Misra B.; Nath P.; Sahu S.K.; Narayan J.; Singh A.

Details: Volume 15, Issue 6, November–December 2025, Article number 102598

Abstract: Background: Nonalcoholic fatty liver disease (NAFLD) is a lifestyle disorder, and lifestyle intervention (LI) remains the cornerstone of NAFLD management. Despite this, in recent years, the focus has been primarily on developing newer drugs and not on LIs, presumably due to a lack of medication adherence. We aimed to investigate the ability of LI to reverse fibrosis in NAFLD patients. Methods: Seven hundred seventy-six patients were retrospectively included, of which 565 patients were analysed. Anthropometric and biochemical parameters and 2D-SWE measurements of all patients were recorded before and after LI. Results: Weight reduction was observed in 85.2% of the patients. The mean body mass index (BMI) decreased from 26.08 ± 3.53 kg/m^2 to 25.06 ± 3.19 kg/m^2 (P < 0.001) in the cohort. The mean waist and hip circumferences decreased significantly from 98.87 ± 8.72 cm to 94.40 ± 7.67 cm and from 103.63 ± 7.91 cm to 101.98 ± 7.17 cm, respectively (P < 0.001). Significant reductions in serum low-density lipoprotein (112.93 ± 33.23 mg/dL to 104.12 ± 31.10 mg/dL, P < 0.001) and very low-density lipoprotein (34.05 ± 19.43 mg/dL to 30.26 ± 12.58 mg/dL, P < 0.001) levels were also observed post-intervention. Decrease in liver stiffness was observed in 67.9% of the patients, and a one-stage reduction in fibrosis was observed in 40.5% of the patients, while a 2-point reduction in liver stiffness was observed in 52% of the patients; reversal of hepatic steatosis occurred in 16.4% of the patients. A significant reduction in liver stiffness was seen post-intervention (7.21 ± 1.84 kPa to 6.61 ± 1.59 kPa, P < 0.001). BMI reduction correlated positively with a decrease in liver stiffness (r = 0.43, P < 0.001). Conclusion: LI when sustained over a year can improve liver stiffness in NAFLD, even in a real-world setting.



URL: https://www.sciencedirect.com/science/article/pii/S0973688325000982?via%3Dihub

SCHOLARLY PUBLICATIONS
Kalinga Institute of Medical Sciences
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Journal Name: BMC Medical Education **IF: 3.2**

Title: Perceived stress and academic achievement among medical students with different chronotypes: a cross sectional study on first year medical students from India

Author: Manjareeka M.; Dasgupta S.; Kanungo P.; Das R.C.

Details: Volume 25, Issue 1, December 2025, Article number 723

Abstract: Background: Chronotype, which denotes an individual's preference for morning or evening activity patterns, has been linked to variations in cognitive performance, sleep behavior, and stress levels. This study investigates the association between chronotype, perceived stress, and academic performance among first-year medical students. Methods: A cross-sectional descriptive study was conducted among 148 medical students at a private university. Chronotype was assessed using the Munich Chronotype Questionnaire (MCTQ), and perceived stress was measured using the Perceived Stress Scale (PSS). Academic performance was categorized into "Excellent" (marks > 65%) and "Average" (marks < 55%). Statistical analyses included independent t-tests, chi-square tests to evaluate differences and associations. Results: Morning chronotypes demonstrated significantly higher academic performance, with 49.1% in the "Excellent" group compared to 29% of Evening chronotypes (p =.03). Perceived stress scores were significantly higher among Evening chronotypes (24.9 ± 12.1) than Morning chronotypes (20.7 ± 9.3, p =.028). Furthermore, Evening chronotypes exhibited longer sleep latency (41.17 ± 13.35 min vs. 14.49 ± 12.14 min, p <.001) and greater variability in weekend sleep schedules (p <.001). Gender differences in stress and academic performance were minimal and not statistically significant. Conclusion: Chronotype significantly affects academic performance and stress levels among medical students, with Morning types performing better academically experiencing less stress. Tailored strategies like flexible scheduling and sleep hygiene promotion can help Evening chronotypes overcome challenges, improving academic outcomes and psychological well-being.

URL: https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07281-w

SCHOLARLY PUBLICATIONS
School of Medical Sciences
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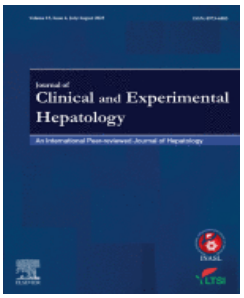
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

Title: Indian National Association for the Study of the Liver Position Statements on Prevention, Diagnosis, and Management of Hepatitis B Virus Infection in India

Author: Arora A.; Sharma P.; Dhiman R.K.; Duseja A.; Saraswat V.; Mohan V.G.; Sarin S.K.; Acharya S.; Singh S.P.; Rao P.N.; Rai R.R.; Anand A.C.; Dwiwedi M.; Misra S.P.; Goel A.; Kumar A.; Tyagi S.K.; Eapen C.E.; Babu S.; Jayanthi V.; Nundy B.; Puri P.; Kulkarni A.; Shalimar; Dadhich S.; Goswami B.D.; Malhotra P.; Thomas V.; Agarwal P.K.; Bhaumik P.; Kar P.; Wadhawan M.; Kumar M.; Chawla Y.; Mandot A.; Shukla A.; Madan K.; Saigal S.; Saraf N.; Kapoor D.; Chaubal C.C.; Pande G.; Bhadhuria A.; Venkatakrishnan L.; Sharma B.C.; Taneja S.; Chowdhary A.; Penackel C.; Maiwall R.; Nijhawan S.; Singh K.R.; Dixit V.K.; Sheony K.T.

Details: Vol. 15, Issue 6, November 2025

Abstract: Hepatitis B virus (HBV) remains a significant global health problem, particularly in India, where its prevalence is gradually decreasing, both in the general population and among healthcare workers. The management of HBV treatment should be individualized based on key factors such as HBV DNA levels, alanine transaminase (ALT) levels, and the presence of comorbid conditions like diabetes mellitus (DM), metabolic dysfunction associated steatotic liver disease (MASLD), pregnancy, cirrhosis, and decompensated cirrhosis. Hepatitis D was not considered a prevalent condition; thus, testing for it was not emphasized. Special conditions, including immunosuppression and steroid therapy, were also discussed, and INASL provided comprehensive guidelines to address these unique scenarios in HBV management. High-resistance-barrier drugs like tenofovir alafenamide (TAF) were highlighted for their effectiveness and safety, particularly in pregnant women. Vaccination was strongly recommended for special risk groups, including healthcare workers and high-risk populations, while the debate on universal screening and vaccination continues, weighing its potential benefits against logistical challenges.



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