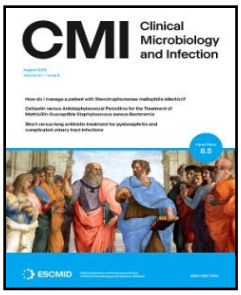
Journal Name: Clinical Microbiology and Infection **IF: 8.5**

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 Sciences
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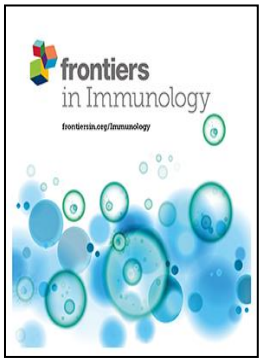
Journal Name: Frontiers in Immunology **IF: 5.9**

Title: Meta-inflammation in type 2 diabetes mellitus: unveiling the role of aberrant CD4+ T cells and pro-inflammatory cytokine networks

Author: Shaw, SK; Sengupta, S; Jha, R; Pattanaik, C; Behera, H; Barik, PK; Meher, D; Sarangi, R; Devadas, S

Details: Volume 16, September 2025

Abstract: This study aimed to investigate the causal or casual relation between dysregulated glucose metabolism and meta-inflammation in type 2 diabetes mellitus (T2DM), and more importantly the mediators and cellular sources for this meta-inflammation. We examined whether T2DM meta-inflammation is driven by aberrant, inflamed T-helper cells and if there was a direct link to HbA1c levels. Flow cytometry data revealed TNF-alpha-secreting effector CD4+ T cells as key contributors to inflammation, while memory T cells secreting GM-CSF and IL-17 escalated and maintained meta-inflammation. Crucially, these cytokines were present even in the "resting CD4+ T cells," reflecting an aberrant, low-grade, chronically activated, and inflamed immune system. Significantly, higher antibody isotype levels further substantiated these findings as proof of concept for sustained and inflamed APC-T cell-B cell nexus. while reduced IL-10 levels reflected a shift towards pro-inflammatory bias. Functional assays, phospho-protein expression, ex-vivo inhibitor studies, and confocal microscopy confirmed that basal meta-inflammation in T2DM is exclusively mediated by multiple T-helper cell phenotypes via the TNF-alpha/STAT-3-signaling axis. Plasma cytokine and antibody isotyping were profiled using multiplex immunoassays from undiluted plasma. Taken together, these findings suggest that unchecked cytokine secretion, inflamed T-helper subsets, unwarranted antibody isotypes, and so forth, may contribute to organ damage by further amplifying innate and adaptive immune responses. Monitoring inflammatory cytokines, antibody isotypes, and T-helper cell subsets could significantly mitigate organ damage in T2DM, offering a more comprehensive approach to disease management. Thus, this study highlights the importance of not only achieving metabolic control during T2DM treatment but also monitoring and regulating immune homeostasis.



URL: https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2025.1603484/full

SCHOLARLY PUBLICATIONS
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Journal Name: Frontiers in Public Health **IF: 3.4**

Title: Health-related quality of life among multimorbid patients using the EQ-5D-5L value set for India

Author: Sahoo, KC; Sinha, A; Dash, GC; Sahoo, RK; Bhattacharya, D; Dash, PC; Mohanty, L; Mahapatra, P; Rajsekhar, K; Pati, S

Details: Vol. 13, September 2025

Abstract: Multimorbidity presents major challenges to healthcare systems worldwide. Assessing health-related quality-of-life (HRQoL) in multimorbid patients is essential for understanding the overall impact of the patient's health conditions on wellbeing and the complexities of patient management. This study assessed the HRQoL of multimorbid patients in India using the EQ-5D-5L value set. This observational study included 906 patients from tertiary healthcare facilities in Odisha, India, and used consecutive time-based sampling methods, conducted from January to April 2023. The study examined the relationship between HRQoL measures and utility scores using ordinary least squares regression and multiple regression analysis. The results showed that mean utility scores decreased as the number of health conditions increased, with scores of 0.677 for one condition, 0.577 for two conditions, 0.354 for three conditions, and 0.098 for four or more conditions. Combining stroke/paralysis with other health issues resulted in negative utility ratings. The findings showed that younger age ($p = 0.003$), urban residence ($p = 0.027$), higher education ($p = 0.018$), being married ($p = 0.006$), engaging in physical activity ($p = 0.001$), and having fewer health conditions were independently associated with higher utility scores. The study highlights the correlation between multimorbidity and HRQoL in older adults, highlighting implications for healthcare systems and clinical and policy decisions for multimorbid patients.

URL: https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1612512/full

SCHOLARLY PUBLICATIONS
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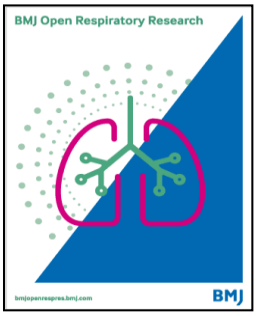
Journal Name: BMJ Open Respiratory Research **IF: 3.4**

Title: IPDMA - RADICAL - NSCLC: individual participant data meta-analysis and systematic review of radical local therapy for oligometastatic NSCLC

Author: Tiwari, K; Shamim, MA; Yadav, I; Dodiya, R; Kondeti, AK; Dutt, N; Kumar, P; Kar, S; Tiwari, V; Dwivedi, P; Singh, S; Varthya, SB

Details: Volume 12, Issue 1, September 2025

Abstract: Introduction The role of radical local therapy in oligometastatic non-small cell lung cancer (NSCLC) is rapidly evolving and has shown mixed results. We assessed the effect of add-on radical local therapy versus systemic therapy alone on overall survival (OS), progression-free survival (PFS) and safety in oligometastatic NSCLC.Methods In this systematic review and individual participant data (IPD) meta-analysis, we screened PubMed, Embase, Scopus and CENTRAL until 20 April 2025 for randomised controlled trials (RCTs) answering our research question. We assessed between-study heterogeneity using the median HR (MHR). Findings We screened 1004 records to include ten RCTs (mostly at a low risk of bias) with 752 participants (338 males), predominantly using radiotherapy as radical local therapy. Add-on radical local therapy improved OS by 38% [HR: 0.62, 95% CI 0.50 to 0.76; high certainty of evidence]. Between-trial heterogeneity does not affect the results, only leading to 3% difference [MHR 1.03]. Add-on radical local therapy leads to longer OS by 0.47 month (0.21-0.72), 2.18 months (0.74-3.63), 4.20 months (1.95-6.45) and 6.65 months (4.05-9.24) over 1, 2, 3 and 4 years. Add-on radical local therapy possibly improved PFS by 40% (HR: 0.60, 95% CI 0.45 to 0.80; low certainty of evidence). Radical local therapy was well tolerated with no major safety concerns.Interpretation Add-on radical local therapy-chiefly radiotherapy-is beneficial in oligometastatic NSCLC. Inconsistent reporting of safety limited quantitative synthesis. Future studies may address the role of surgery as radical local therapy, and the role of programmed death ligand 1 expression.PROSPERO registration number CRD42024576829.



URL: https://bmjopenrespres.bmj.com/content/12/1/e003276

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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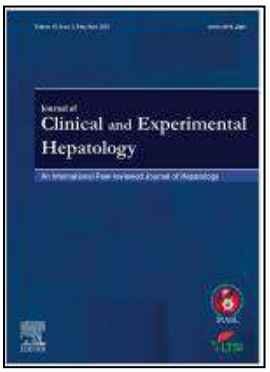
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.3**

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.



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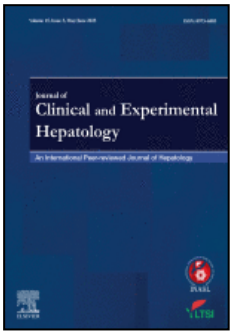
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.3**

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

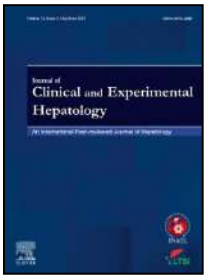
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

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

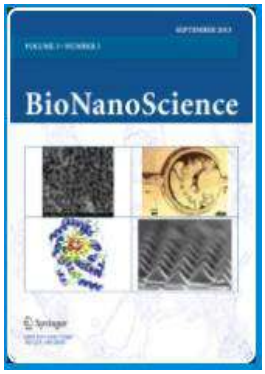
Journal Name: BioNanoScience **IF: 3.2**

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
Kalinga Institute of Medical Sciences
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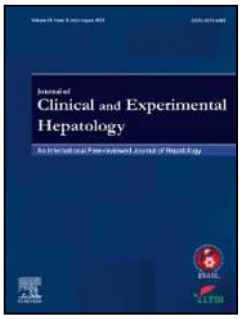
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

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.



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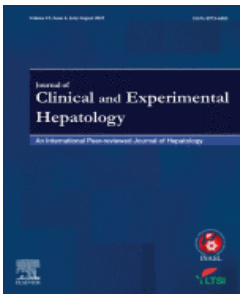
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

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.



URL: https://www.sciencedirect.com/science/article/pii/S0973688325001082?via%3Dihub

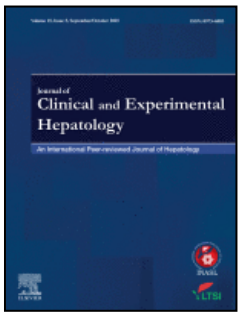
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

Title: Budd–Chiari Syndrome and Pregnancy—A Review

Author: S., Giri, Suprabhat; S., Malakar, Sayan; S., Sahoo, Shradhanjali; T., Tripathy, Taraprasad; R.K., Patel, Ranjan Kumar; D.L., Praharaj, Dibya Lochan; A., Chandra Anand, Anil

Details: Vol. 16, Issue 1, January 2026

Abstract: Pregnancy is a hypercoagulable state, increasing the risk of venous thrombosis, including Budd–Chiari syndrome (BCS). Historically, pregnancy was contraindicated in BCS due to risks like hepatic dysfunction, thrombosis, bleeding, and poor fetal outcomes. However, better diagnostic modalities, greater awareness, and treatment advances, such as anticoagulant therapy, endovascular interventions like hepatic vein angioplasty with or without stenting, transjugular intrahepatic portosystemic shunt (TIPS), and liver transplantation (LT), have enabled more favorable outcomes. When BCS presents during pregnancy, diagnosis can be challenging, often mimicking other pregnancy-related liver conditions. Doppler ultrasonography is the preferred diagnostic tool during pregnancy, with cross-sectional imaging reserved for doubtful cases and planning intervention. Anticoagulation is the cornerstone of medical therapy for BCS diagnosed in pregnancy, preventing thrombus progression. Radiological interventions like hepatic vein stenting and TIPS are options, particularly for those not responding to medical therapy, though radiation exposure is a consideration, and dose-reduction strategies are employed. LT is a consideration for acute liver failure, with good maternal but suboptimal fetal outcomes. For women with pre-existing BCS planning pregnancy, preconceptional management is crucial. This includes individualized risk assessment, optimizing BCS treatment, and screening for thrombophilia. Delayed diagnosis, advanced age, and progression to cirrhosis may all contribute to infertility in BCS, which need to be considered. However, successful BCS treatment can improve fertility and pregnancy outcomes. Antenatal, perinatal, and postpartum management requires careful monitoring of liver function, portal hypertension, anticoagulation, and fetal well-being, aimed at preventing complications like hemorrhage. Proactive management significantly improves the prognosis for pregnancy in BCS patients.



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SCHOLARLY PUBLICATIONS
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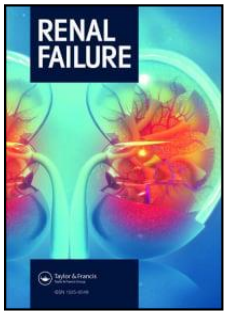
Journal Name: Renal Failure **IF: 3.0**

Title: The influence of biological sex on diagnostic markers of acute kidney injury in acute-on-chronic liver failure: insights from a single-centre tertiary care study

Author: R., Saha, Rohini; S., Priyadarshini, Subhadra; n., Shalimar; P., Acharya, Pragyan

Details: Vol. 47, Issue 1, September 2025

Abstract: Biological sex has a profound impact on disease severity, outcomes and diagnosis yet, its role in clinical disease is insufficiently explored. Acute on chronic liver failure (ACLF) is associated with high mortality and multiple organ dysfunctions, where acute kidney injury (AKI) significantly worsens prognosis. Here we investigated the impact of sex on the diagnostic parameters used for severity grading in ACLF. We enrolled 1,134 ACLF patients, and shortlisted 757 patients (636 males, 121 females) admitted to All India Institute of Medical Sciences, New Delhi, between 2016 and 2023. ACLF-AKI was defined and staged according to International Club of Ascites criteria. The impact of sex on baseline clinical parameters, AKI incidence, and progression were assessed using the statistical tools IBM SPSS 26.0 and GraphPad Prism 8.0. Males exhibited a higher incidence of AKI (48.34%) compared to females (28.09%). However, no significant sex-based differences were observed in AKI stages. Males also had an overall high absolute value of sCr and blood urea compared to females. However, female ACLF patients who developed AKI exhibited a significantly higher ΔsCr levels compared to males (p = 0.003). Kaplan-Meier analysis revealed that males developed AKI significantly faster (median 2 days) than females (median 5 days) during the first week of hospitalization. In conclusion, sex-based differences were observed in the widely used diagnostic criteria of sCr and ΔsCr for AKI in patients with ACLF. Although these findings are preliminary our results reveal sex-specific differences in sCr-based AKI diagnosis and risk stratification in ACLF which warrant further validation in prospective multi-centric cohort studies.



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