Journal Name: Alimentary Pharmacology and Therapeutics **IF: 6.7**

Title: Editorial: The Hidden Burden—Stigmatisation in Inflammatory Bowel Disease: Authors' Reply

Author: Giri S.; Praharaj D.L.; Anand A.C.

Details: Volume 63, Issue 6, March 2026

URL: https://onlinelibrary.wiley.com/doi/10.1111/apt.70507

SCHOLARLY PUBLICATIONS
School of Medical Sciences
KIIT Deemed to be University

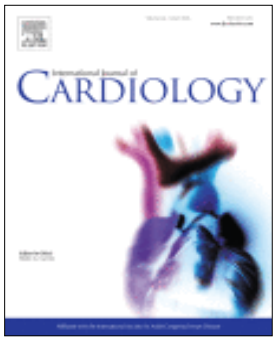
Journal Name: International Journal of Cardiology **IF: 3.2**

Title: The TRANSEVER registry – A prospective, open-label, multicentre, post market surveillance study of ISAR SUMMIT polymer-free Everolimus eluting stent in a real-world Indian population of patients with coronary artery disease: One-year outcomes of the first 500 enrolled patients

Author: Chandra P.; Sharma Y.P.; Kapoor R.; Singhal R.; Patel P.; Jena A.; Tiwari D.K.; Mody R.; Ali A.; Kumar S.; Bresha J.; Kastrati A.

Details: Volume 446, March 2026

Abstract: Background: Drug-eluting stents have significantly enhanced outcomes of percutaneous coronary intervention (PCI) in coronary artery disease. However, polymer coating used in conventional DES may impair endothelial healing increases the risk of late adverse events. The ISAR SUMMIT polymer-free everolimus-eluting stent, a third-generation DES, aims to address these issues by eliminating the polymer component. Methods: This multicenter, prospective registry included patients with acute or chronic coronary syndromes undergoing PCI with ISAR SUMMIT stent in routine clinical practice. We report interim results from the first 500 patients enrolled between August 2022 and September 2023 across 33 Indian centres, with 1-year follow-up. Most patients(87.4 %)presented with acute coronary syndromes and common risk factors included arterial hypertension (61.8 %), diabetes (46.0 %), and dyslipidemia (53.0 %). At one year, the incidence of the primary endpoint was 1.0 % (5 patients), including cardiovascular death in 0.8 %, target-vessel myocardial infarction in 0.4 % and clinically driven target-lesion revascularization in 0.2 % of the patients. Definite or probable stent thrombosis was observed in 3 patients (0.6 %). Conclusion: The one-year outcomes in this cohort of patients with a low rate of TLF and stent thrombosis support the favorable safety and efficacy profile of the polymer-free everolimus-eluting ISAR SUMMIT in a real-world Indian population with CAD. Study identifiers: CTRI/2022/07/044472.



URL: https://www.sciencedirect.com/science/article/pii/S0167527325011106?via%3Dihub

SCHOLARLY PUBLICATIONS
School of Medical Sciences
KIIT Deemed to be University

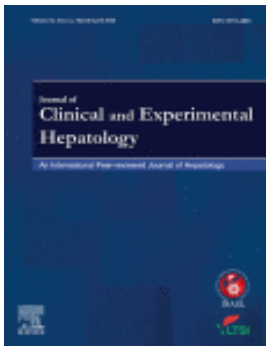
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

Title: Tsutsugamushi Hepatopathy: A Scoping Review

Author: Giri S.; Praharaj D.L.; Anand A.C.

Details: Volume 16, Issue 3, May-June 2026

Abstract: Scrub typhus, caused by Orientia tsutsugamushi , is a significant public health concern, particularly in endemic regions of Asia. This mite-borne disease, transmitted by chiggers, presents with varied clinical manifestations, ranging from mild symptoms to severe complications, including multi-organ failure. Hepatic dysfunction is a common and often underappreciated clinical feature in scrub typhus patients, with recent studies highlighting its frequent occurrence. This dysfunction is characterized by elevated liver enzymes, jaundice, and, in severe cases, fulminant hepatic failure, often mimicking acute viral hepatitis. The pathophysiology of hepatic dysfunction is multifactorial, involving direct bacterial invasion, immune-mediated damage, and systemic inflammatory responses. Key mechanisms include focal or disseminated vasculitis and perivasculitis, endothelial dysfunction, and potential direct cytopathic effects on hepatocytes. Dysregulated cellular immunity, marked by a strong Th1 response, also contributes to tissue damage. Additionally, sepsis can lead to ischemic hepatitis and further hepatic dysfunction. A scoping review of 63 studies, predominantly from Asia, revealed varying incidences of hepatomegaly (2.5%–98.5%), jaundice (1.4%–36.5%), and abnormal transaminase levels (27.5%–100%). Hepatic dysfunction is typically hepatocellular, with AST often more elevated than ALT. While acute liver failure is rare, it is reported mostly in pediatric patients. Hepatic dysfunction correlates with overall disease severity and is associated with increased risks of delayed defervescence, prolonged hospitalization, other organ failures, and mortality in both adult and pediatric populations. Given its impact on patient outcomes, early recognition of hepatic involvement is crucial for effective management.



URL: https://www.sciencedirect.com/science/article/pii/S0973688326000071?via%3Dihub

SCHOLARLY PUBLICATIONS
School of Medical Sciences
KIIT Deemed to be University

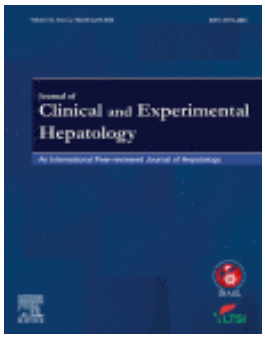
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

Title: Indian National Association for Study of the Liver Guidance Document on Difficult to Treat Autoimmune Hepatitis

Author: Taneja S.; Roy A.; Mehtani R.; Koshy A.; Jain A.; Shukla A.; Goel A.; Arora A.; Anand A.C.; Saraya A.; Srivastava A.; Rastogi A.; De A.; Valsan A.; Das A.; Goel A.; Kumar A.; Choudhury A.; Sharma B.C.; Panackel C.; Kapoor D.; Jothimani D.; Pande G.; Choudhuri G.; Devarbhavi H.; Madan K.; Devadas K.D.; Premkumar M.; Panigrahi M.K.; Kumar M.; Choudhary N.; Saraf N.; Goyal O.; Rao P.N.; Puri P.; Sharma P.; Maiwall R.; Lal S.B.; Saigal S.; Shalimar; Singh S.P.; Dadhich S.; Zacharia U.; Acharya S.K.; Sarin S.K.; Chawla Y.K.; Dhiman R.K.; Duseja A.

Details: Volume 16, Issue 3, May-June 2026

Abstract: Autoimmune hepatitis (AIH) is an immune-mediated inflammatory disorder. It is a highly heterogeneous entity, having a wide range of presentations from asymptomatic chronic hepatitis to cirrhosis and acute liver failure. In consonance with the variabilities in presentation, there are also variations in response to treatment, depending on disease phenotype, presentation, extent of fibrosis, and the presence of comorbidities. In addition, pediatric AIH and AIH postliver transplant have their individual nuances. Addressing such areas to identify strategies for best practices is an unmet goal in this population of “difficult to treat” AIH. While established guidelines exist for AIH overall, specific guidance documents for phenotypes of difficult-to-treat AIH are lacking. The current document provides consensus-based guidance statements on definitions and criteria for determining difficult-to-treat AIH, encompassing the spectrum from acute AIH to AIH with compensated and decompensated cirrhosis, drug-induced autoimmune-like hepatitis, overlap syndromes, AIH in the presence of pregnancy, unique populations of pediatrics and postliver transplant AIH, and the impact of concomitant comorbidities.



URL: https://www.sciencedirect.com/science/article/pii/S097368832600006X?via%3Dihub

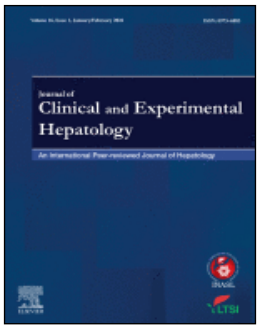
Journal Name: Journal of Clinical and Experimental Hepatology **IF: 3.2**

Title: Type 2 Diabetes Mellitus and Risk of Advanced Fibrosis in Patients With Metabolic Dysfunction-associated Steatotic Liver Disease (MASLD): The Results of Multi-centre Indian Consortium on MASLD (ICOM-D) Study

Author: Choudhary, N.S.; Duseja, A.; De, A.; Mehta, M.; Singh, S.P.; Anirvan, P.; Mukewar, S.; Mukewar, S.; Shalimar, n.; Kar, S.; Goyal, O.; Maiwall, R.; Jayanthi, J.; Devadas, K.; Dixit, V.K.; Mehta, V.; Ranjan, P.; Nagral, A.; Arora, A.; Valsan, A.; Dadhich, S.; Sharma, B.; Gupta, R.; Nijhawan, S.; Roy, A.; Praharaj, D.; Rao, P.N.; Shukla, A.; Mehta, R.; Asati, P.; Saigal, S.; Narayanasamy, K.; Bhattacharya, M.; Mohan Prasad, V.G.M.; Koshy, A.; Rastogi, M.; Alam, S.; Sanyal, A.J.

Details: Volume 16, Issue 2, March-April 2026

Abstract: Background The association between diabetes mellitus and liver fibrosis is well studied in patients with nonalcoholic fatty liver disease (NAFLD). The present study aims to analyse the association of advanced fibrosis (stage 3 or 4 on liver biopsy) and type 2 diabetes mellitus (T2DM) in patients with MASLD. Methods In an ongoing multicentre study of the Indian Consortium on MASLD (ICOM-D) including 30 centres, data for the last 4 years were analysed for the factors responsible for the histological severity of liver disease in patients with MASLD. Results The study included 400 biopsy-proven patients with MASLD [mean age 42 ± 11 years, mean BMI 27 ± 9 kg/m^2, 258(64.5%) males].. The fibrosis stages were stage 0 in 114(28.5%), 1 in 130(32.5%), 2 in 73(18.3%), 3 in 35(8.8%) and 4 in 48(12%). Patients with advanced fibrosis (versus F0–F2) had higher age (46.6 ± 11.8 years versus 41.4 ± 11.4 years, P = 0.000), higher prevalence of T2DM [32/83, (38.6%) versus 61/317 (19.2%), P = 0.000)], female gender [40/83 (48.2%) versus 102/317 (32.2%), P = 0.010), triglycerides >150 mg/dl [20/83 (24.1%) versus 158/317 (49.8%), P = 0.000)] and lower HDL [64/83 (77.1%) versus 207/317 (65.3%), P = 0.048)]. Conclusion In comparison to those without T2DM, the risk of advanced fibrosis is almost twice in patients with MASLD and type 2 DM. Both higher age and T2DM were associated with advanced fibrosis in patients with MASLD.



URL: https://www.sciencedirect.com/science/article/pii/S0973688325009685