

EDITORIAL

We endured. We move forward.

Launching a new scientific journal is rarely a quiet undertaking. The first issue of CJAIM was an act of trust – in the profession, in colleagues, and in the belief that knowledge should be shared openly and responsibly. Today, with a second issue in hand, we can state something simpler and truer: **we endured**. Not as a figure of speech, but as the outcome of shared work by authors, reviewers, the editorial board, and the institutions that recognised the value of this project.

In the meantime, a steady and encouraging stream of submissions has emerged. That does not make us complacent; it reminds us that there is a space where clinical experience, educational questions, and scientific curiosity can meet without unnecessary barriers. CJAIM does not belong to a single institution or a single city – it belongs to a clinical and scientific community centred on anaesthesiology and intensive care, yet open to colleagues whose work intersects with ours: internists, infectologists, cardiac surgeons, pain specialists, and others in Croatia, the region, and beyond. Our duty is to preserve that space: transparently, ethically, and open to criticism.

This issue reflects that diversity. Alongside original research on medical students' knowledge and practical experience in airway management (Plaftak et al.), we publish review articles that connect everyday practice with a broader context: ketamine in spinal surgery (Krezić et al.), the role of photoplethysmography in anaesthesiology and intensive care (Džaja et al.), and approaches to infections in the ICU (Đurić et al.). The issue closes with a letter to the editor by Tomić Mahečić on central venous catheter complications – a reminder that even routine procedures deserve critical scrutiny, especially when things do not go as planned.

Case reports remain at the heart of what connects us to the hospital. Jiang et al. describe the safe and effective use of esketamine in a difficult paediatric intubation scenario; Brigljević Kniewald et al. discuss urosepsis after endoscopic surgery for a staghorn calculus; Sabo et al. highlight delayed spinal cord injury following high-voltage electrical burns; Piršljin et al. report a generalised tonic-clonic seizure associated with sufentanil in a patient with pituitary macroadenoma. Each of these contributions carries a lesson that cannot be reduced to an algorithm – yet may save the next patient if it reaches the right hands.

We are particularly encouraged by the generational breadth of our specialty reflected in this issue. We deliberately make room for young authors at the beginning of their path, not only at its end. A first manuscript is rarely perfect; it is often, however, the most important one. The editorial office and reviewers are not merely a filter, but companions – with clear standards, but also with support. The sense of community we speak of is not a slogan on the cover; it is daily practice: feedback that builds, reviews that teach, and publications that give younger colleagues legitimacy to speak in science.

On behalf of the editorial board, we thank all authors who entrusted us with their work, the reviewers who placed their expertise in the service of quality, and the institutions and colleagues who support us. Our task remains the same: to preserve the credibility of scientific discourse and to promote a culture of learning, collaboration, and ethics in medicine.

We invite you to join us – by submitting manuscripts, reviewing, reading, and commenting. Write with courage, review with honesty, read with curiosity. Only in this way will CJAIM remain what we intend it to be: living proof that knowledge matters when it connects people.

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