



Overview of the Last Two Years

Ayhan Ozcan

Department of Pathology, Gulhane
Military Medical Academy, School of
Medicine, Ankara, Turkey

Address for correspondence:

Ayhan Ozcan, MD
Associate professor
General Tevfik Saglam Cad.
Gulhane Military Medical Academy,
School of Medicine,
Department of Pathology,
Etlik, Kecioren,
06018Ankara, Turkey
aozcan06018@gmail.com

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Journal of Interdisciplinary Histopathology (JIHP), though young but promising among the open access journals, has begun to be published since November 2012. We are glad for having successfully finalized our two volumes on time with 90 articles in 9 issues, as announced. Now, with this new issue, the third volume of our journal has been started.

JIHP follows an open access publication policy with no fees from the authors or the readers under the sponsorship of the publisher. We are planning to keep this policy unchanged in the future, too.

Our journal has already been indexed by **Index Copernicus**, one of the widely known and prestigious scientific indexing services. Our value of ICV factor in Index Copernicus increases from 5.06 to 6.70 in the duration of one year publishing period. It is one of our priorities to be qualified by the other well-known indexing services, such as **EBSCO**, **NLM PubMed** and **Web of Science**.

Having a look to the past, the issues of the second volume of JIHP comprised various original articles covering the human pathology and the animal science, with review articles, short communications, case reports and letters to the editors. Accepted articles in our journal came from many countries all over the world, from the U.S., Canada, Brazil, Russia, Italy, Greece, India, Egypt, Tunisia, Pakistan, Iran, and Turkey. *Our acceptance rate, total download, and overall decision time is about 45%, 23.696, and 18 days, respectively.* After an initial editorial check, we usually forward submitted papers to at least 2 and up to 5 referees according to their expertise areas.

Among the review articles published last year, "*Arterial and Arteriolar Lesions in Renal Allografts: A Differential Diagnostic Approach*" by Dr. Anjali A. Satoskar et al. from Division of Renal and Transplant Pathology, Ohio State University, U.S., is a comprehensive and very informative article with key notes in the area of kidney transplant pathology [1]. They focused on vascular changes in renal allografts with an emphasis on the differential diagnostic tips. They have pointed out that the pathologist should be very careful in describing vascular changes in a renal allograft and always correlate them well with the clinical findings. In addition, they have proposed that if arteries are not present in a kidney biopsy, or if only a single or two small terminal interlobular arteries are seen, the resulting pathology report should indicate this and draw attention to a possible sampling error as well as the limited informative value of the specimen.

Another comprehensive review was “*Warfarin-related nephropathy and beyond. What renal pathologists need to suspect in a kidney biopsy?*” by Dr. Sergey V. Brodsky et al from Wexner Medical Center, Ohio State University, U.S. [2]. It was focused on the warfarin-related nephropathy, which is a newly described clinical syndrome in patients receiving warfarin, a widely used anticoagulant. They claimed that anticoagulant-related kidney injury should be suspected in a patient on anticoagulation therapy, if there is a disproportion between the number of red blood cell (RBC) tubular casts, and the degree of underlying kidney lesion(s), such as glomerular immune complex depositions and glomerular basement membrane thickness abnormalities. They also suggested that having a detailed evaluation of coagulation data and medications is recommended for all patients with RBC casts and acute kidney injury (AKI).

The upcoming issue of the third volume starts with an original article entitled “*Using flow cytometry for the diagnosis of lung neuroendocrine carcinoma with samples from fine-needle aspiration and pleural fluid*” by Mark E. Costaldi et al. from University of Rochester Medical Center, Rochester, New York, United States [3]. In this study, the authors suggest that a flow cytometry (FC) utilizing antibody against CD 56/cytokeratin/CD 45 is a reliable alternative method for detecting lung neuroendocrine carcinomas (LNC) from fine-needle aspiration specimens when immunohistochemistry fails or becomes unavailable. However, they concluded that the morphology is still necessary for the definitive diagnosis since the flow cytometry panel is not specific for the subtypes of LNC.

By starting the third volume, some rearrangements in the editorial board have been made. One of our editors-in-chief is changed. Our new editor in-chief is professor Luan D. Truong, who is a renowned pathologist in the area of nephropathology. He has been serving as medical director of nephropathology at the Department of Pathology and Genomic Medicine Houston Methodist Specialty Physician Group since 1989. He is also the director of the Pathology Core for the interdepartmental NIH-funded O’Brien Research Center on Renal Inflammation, and adjunct faculty appointment in the Departments of Pathology and Medicine, Baylor College of Medicine. We are grateful to the former members of the editorial board for their enthusiastic contributions to JIHP in the early publication life.

We would like to take this opportunity for expressing our thanks to the scientists from all over the world for submitting their studies to JIHP. Again, we invite all our respected colleagues to continue sending their articles to us. We are hoping to meet you in the future issues of JIHP.

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