EDITORIAL

WITHIN DIVERSITY (OF PUBLICATIONS), WE GAIN.

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The vast advance in medical knowledge forces us to super specializations. Yet, as we get to know better the tree, we might lose the perspective of the forest. Team work and more specifically, diversity teams, keep us in touch with the different aspects of knowledge. And although diversity has potential to disrupt group functioning, in reality, in both in behavioral and psychological science and in business arena, diverse teams are proven smarter[1-2].

A publication is a reflection of team work towards the same direction. Thus, if working in a team with different specialists give you another perspective of your expertise field, then keeping in touch with a wide range of their work (publications) could also have the same effect.

The present issue represents the inaugural work of the new editorial team of the journal. Based on the aforementioned concept, the articles selected (mostly presentations of original studies) cover a wide area of interests.

The only review included is focused on intracranial hypertension (ICH). Although the subject is present in more than 17000 publications in PubMed database[3], the research still continues. New monitoring techniques as pupillometry[4], ultrasound measured optic nerve sheath[5] and near infrared spectroscopy[6] are suggested as alternatives to 'classical' invasive techniques. Transcranial pulsatility[7] index and substance-Ps'[8] role is yet to be defined; new therapies for conditions like refractory idiopathic ICH[9] are tested. As we wait for the results of the new trials, Schizodimos et all, summarize the already know facts about the management of ICH.

In the next article, Özler et all. present the results of a study examining the effects of head down and head up positions in patients undergoing elective Coronary Artery By-pass Grafting (CABG) surgery after anesthesia induction. The study comes as an addition to the recently published trials about cerebral hemodynamics in healthy subjects under different conditions[10-11].

The following study focus in workload in Intensive Care Unit (ICU). Even though several reports investigate the relation between high workload with administrative problems or adverse effects[12-13],

Aslanidis et all, use a different percpective as they choose NASA –TLX workload index to assess the effects of the repetition (familiarization) of a complex monitoring task.

Kolonia et al. cover a completely different theme, as they focus on the anesthetic considerations and potential problems of a patient with Noonan's syndrome. These patients have facial, cardiovascular and skeletal abnormalities which may cause severe perioperative problems. The whole anesthetic management should consider all the above anomalies and be designed to prevent further complications[14].

The final article is a "crisis during anesthesia"-related case. While clinician worldwide try to establish a method to predict such adverse effects[15], reporting of single cases such as Stergiouda et al. presents, only add the collective database.

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