

Letter from the Editors

Dear colleagues

The first issue of the *Greek e-journal of Perioperative Medicine* for 2024 presents various articles concerning perioperative medicine.

Muhammad Umar Younis, in his review article, aims to determine the prevalence of burnout among surgeons, to identify the risk factors for it and to employ mitigation strategies to reduce the likelihood of burnout. The author notes that the most commonly identified risk factors for surgeons' burnout are age, marital status, financial standing, the outcome of their interest, the balance between work and personal life, experience in the field, and gender. He concludes that the above responsible factors should be explored by surgeons, hospital management boards, training centers in order to find ways to prevent it and to ensure a healthy workplace environment and high-quality surgical patient care.

The next article of Soulountsi V et al. describes the case of a patient, who was admitted to the Intensive Care Unit (ICU), with oligemic shock, due to severe bleeding from the right carotid artery, after a central venous catheter placement in the right jugular vein. During patient's stay in the ICU, comprehensive laboratory work-up led to the diagnosis of acquired hemophilia A (AHA), a rare bleeding disorder caused by autoantibodies to coagulation factor VIII (FVIII) that carries a high rate of morbidity and mortality. Also, the article presents a wide review of the current literature, concerning the clinical features, the diagnosis and the treatment of acquired hemophilia A.

The following case report Kyparissa M et al. presents a case of a patient who received pyridostigmine, for Myasthenia Gravis and was scheduled for elective thymectomy. The patient suffered episodes of profound bradycardia that immediately resulted to cardiac asystole. The authors note that the adverse effect of pyridostigmine induced bradycardia, which can lead to asystole, should be taken into account during the perioperative management of patients who receive pyridostigmine.

Next, Aslanidis Th et al presents a case of a of intraoperative burst suppression on electroencephalographic density spectral array of bispectral monitoring, caused by tourniquet deflation, in young male patient undergoing orthopaedic surgery under general anesthesia. The authors conclude that the use of arterial tourniquets in daily practice can cause significant systemic, as well as local, effects on patient's body.

The final article of Papadopoulou A et al. presents a successful case of low-dose spinal anesthesia, in 91-year-old geriatric male patient, with newly diagnosed overt primary hypothyroidism who underwent basicervical femoral neck fracture surgical treatment. In their conclusion authors note that hypothyroid elderly patients who need urgent lower extremity surgery and there is not enough time until a euthyroid state to be achieved, spinal anesthesia seems to be an adequate anesthetic technique with lower perioperative risk compared to general anesthesia.

With regards

Editors in chief

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