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Editorial

Innovative studies in the Journal of Clinical Imaging Science

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The Journal of Clinical Imaging Science (JCIS) stands as a beacon of cutting-edge radiological research on a global scale. As the proud Editor-in-Chief, witnessing its growth into a pivotal publication fills me with immense satisfaction. In a landmark achievement in 2023, JCIS earned its inaugural impact factor score, a testament to the dedication of our authors, editors, and reviewers. Their selfless contributions have consistently propelled JCIS to the forefront of disseminating captivating and instructive radiological insights worldwide. Radiologists and students alike have leveraged the journal's wealth of knowledge to refine their clinical approaches and expand their expertise. JCIS remains committed to its tradition of showcasing ground-breaking works from diverse nations, reflecting the evolving landscape of radiological techniques. Earning widespread readership, downloads, and citations, JCIS continues to thrive on the strength of its compelling original research and meticulously crafted reviews.

Among the reviews, JCIS brought to its readers a narrative review where authors presented how to efficiently handle crises of iodinated contrast media shortages to minimize the impact on critical care.[1] Another educative narrative review brought to the authors exploring underlying neural mechanisms under the umbrella of diagnostic radiology.[2] We also published a well-structured systematic review discussing endovascular intervention for Budd-Chiari syndrome, which is a complex clinical disorder of hepatic venous outflow obstruction originating from the accessory hepatic vein, large hepatic vein, and suprahepatic inferior vena cava.[3]

The Journal brought various aspects of radiological approaches and clinical modalities to its readers through the published original research articles from various worldwide. Articles from Vietnam discussed the comparison of three-dimensional (3D) T1-weighted (T1W) gradient-echo (GRE) and 2D T1W in-phase and out-of-phase GRE sequences for appendicitis diagnosis in pregnant women[4] as well as the role of 3-Tesla magnetic resonance perfusion and spectroscopy for differential diagnosis of glioblastoma and solitary brain metastasis.[5] Authors from Denmark brought to our readers a study aimed at prospectively validating the magnetic resonance imaging algorithm presented by Cornelis *et al.* for renal cell carcinoma classification.[6] A multi-centric retrospective study from various hospitals in Italy underscored that chest computed tomography (CT) cannot be considered as a substitute for real-time - polymerase chain reaction in the diagnosis of COVID-19, but rather supplementary to it in the diagnostic process as it can detect parenchymal changes at an early stage and even before the positive swab, at least for patients who have been symptomatic for more than 3 days.[7] A multi-centric observational study from Japan investigated the interhemispheric asymmetrical change in gray matter volume (GMV) in unilateral hippocampal sclerosis (HS). We compared changes in GMV relative to normal

subjects between the HS and contralateral or non-HS sides, where they demonstrated the regions with asymmetrically decreased GMV in the left hand side (LHS) and the right-hand side (RHS), and found that the hippocampus and extrahippocampal regions, including the basal forebrain, were the common asymmetrically decreased regions among LHS and RHS.[8] Authors from India investigated intraluminal arterial transit artifact to predict intracranial large artery stenosis and to determine if this finding is predictive of ischemic stroke in the territory of the involved artery, where they concluded that intraluminal arterial transit artifact is predictive of stenosis of at least 56% in the involved artery on 3D time-of-flight magnetic resonance angiography. Intraluminal arterial transit artifact signs may be an independent predictor of infarction in the territory of the involved artery.[9] Among our top ten best articles, the final mention is from the United States of America, where the authors present that post-treatment positron emission tomography–computed tomography has a high negative presented value for patients with p16+ oropharynx cancer treated with definitive proton therapy and should be used to guide patient management.[10]

We are pleased to observe that JCIS has emerged as the preferred journal for aspiring researchers, seasoned physicians, and students worldwide to showcase their research articles. They view the journal as an esteemed platform to present their observations, findings, and clinical modalities to a global audience. In addition to extending gratitude to the authors, reviewers, and fellow editors, I would also like to express appreciation to Scientific Scholar's management and staff for their unwavering support. Through their diligent efforts and exceptional production services, the journal has consistently published cutting-edge research throughout the year. I maintain an optimistic outlook regarding JCIS's future, confident that it will continue offering a premier platform for the global radiology community to disseminate its latest research findings. Moreover, I believe JCIS will continue to serve as an invaluable resource for imaging researchers worldwide.

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