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EDITORIAL

Editorial for the third issue of volume 59 of the medical journal "Medical Research"

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I am pleased to present the third issue of volume 59 of "Medical Research", which brings together articles on diverse topics in neurorehabilitation, psychiatry, radiology, orthopedics, forensic medicine, intensive care medicine, epidemiology, otorhinolaryngology, and maxillofacial surgery.

The publication of Editorials was introduced in June 2026 with the aim of enhancing the journal's visibility and influence, while also encouraging greater interest and engagement among its readership (1).

In their review on the use of hybrid systems in neurorehabilitation, Djordjevic O et al. summarized recent advances in this rapidly evolving field, highlighting the integration of artificial intelligence and biological signals to enable a more personalized approach to rehabilitating patients with neurological disorders (2).

In another review article, Jerotic S et al. examined the role of psychotherapy in psychedelic-assisted psychotherapy (3). The authors highlighted the current uncertainty regarding the specific contribution of the psychotherapeutic component to treatment outcomes. They argued that only prospective clinical trials specifically designed to address this question can definitively determine the safety, efficacy, and clinical benefits of this therapeutic approach.

Subakov N et al. conducted a 10-year retrospective autopsy study to examine the characteristics of defensive injuries in homicide victims, analyzing their relationship with demographic factors, mechanisms of injury, and weapon types (4). The authors found that defensive injuries were predominantly located on the upper limbs, with most exhibiting a polymorphic pattern. The study also underscores the medicolegal importance of accurately identifying and thoroughly documenting defensive injuries.

A review article by Cvorovic Lj et al. and colleagues (5) explores current insights into the etiology, diagnosis, and management of idiopathic sudden sensorineural hearing loss (ISSNHL). The authors highlight the heterogeneous nature of ISSNHL and provide a comprehensive overview of both established and emerging diagnostic and therapeutic approaches.

In a prospective cohort study conducted in a surgical intensive care unit, Sekulic A et al. investigated the impact of acute kidney injury (AKI) severity and associated risk factors on clinical outcomes following major abdominal surgery (6). The authors found that although perioperative AKI occurred infrequently, it was often severe and associated with high mortality, particularly among patients with KDIGO stage 3 AKI and advanced age. Furthermore, the SPARK and APACHE II scoring systems proved useful for risk stratification in this patient population.

For readers interested in cardiorenal interactions in the cardiac intensive care unit, we would like to draw attention to the review article by Savic L et al., in which the authors discuss the pathophysiological mechanisms, therapeutic implications, and prognostic significance of type 1 cardiorenal syndrome in patients hospitalized in the cardiac intensive care unit (7).

Stevanovic V et al. report a rare case of unilateral genu recurvatum of unknown etiology, successfully treated with corrective proximal tibial osteotomy and posterior tibial slope adjustment. The report describes surgical techniques and postoperative outcomes and provides a brief review of the relevant literature (8).

In their retrospective radiologic analysis, Djoric I et al. evaluated computed tomography scans of the sphenoid sinus in 127 patients, classifying pneumatization patterns, skull base extensions, and Vidian canal types (9). The authors highlighted the relevance of sphenoid sinus anatomical variability for reducing the risk of complications during endonasal endoscopic and transsphenoidal surgical procedures.

In a cross-sectional study of 506 patients undergoing carotid endarterectomy, Vukasinovic D et al. investigated the association between physical activity and carotid

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artery disease severity (10). They found no significant association between physical activity and disease severity. In contrast, older age, male sex, a family history of cardiovascular disease, and the use of certain medications were associated with greater carotid disease severity.

Other noteworthy articles in our journal highlighted the importance of physical activity in patients with multiple sclerosis (11), its effects on intraocular pressure (12), and the progression of atherosclerosis in patients with antiphospholipid syndrome (13).

We hope that our readers will find the articles in this issue not only interesting but also stimulating, fostering further discussion. We welcome Letters to the Editor from those who wish to share their perspectives on the topics explored in this issue.

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