

Editorial

First anniversary of Pediatric Surgery in Tropics

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The collective efforts of editors, board members, reviewers, authors and of course readers have given a cause to celebrate the first birthday of this journal. Mighty oaks are born of tiny acorns, and we hope, in the coming years, this journal will become useful to pediatric surgeons across the world.

In the first issue of PST, I wrote about the need for a new journal, emphasizing the difficulties faced by independent surgeons and researchers from low-middle income countries, in publishing their work. After reading manuscripts, and understanding the difficulties faced by our colleagues across the world, we realize the importance and utility of such a journal. When we realize that basic imaging (e.g. plain x-ray) is not available in some hospitals, ventilator and intensive care unit facilities are lacking, nurses have to be trained, expert anesthesia services do not exist; and yet our pediatric surgical friends are doing a good job of saving children. We feel that their voice must be heard.

We published editorials written by stalwarts like professors Sameh Shehata, Naeem Khan, Jamshed Akhtar and Patta Radhakrishna. We also provided opportunity to young surgeons, Ketaki Gharpure and Sultana Dhilras, to write on issues like difficulties faced by women surgeons and innovation.

In the four issues that have been published, we have had contributions from India, Bangladesh, Pakistan, Cambodia, Senegal, Burkina Faso, Egypt,

Democratic Republic of Congo, Malaysia, Puerto Rico, Nigeria, Rwanda, Russia and the USA. (Fig. 1) It encourages us to have reached so many countries in such a short period. We are very happy to have attracted manuscripts from these countries. At the same time, we will be more than happy to receive manuscripts and editorial board representations from South American, Central America, and Southeast Asian countries.



Fig 1. Author-distribution (location marks) map of *Pediatric Surgery in Tropics* (2024)

The PST being a diamond open-access journal (i.e. no publication charges for authors and no subscription fees for readers), the readership has grown significantly covering a large portion of the globe. (Fig. 2) We strongly believe that knowledge should be free, and it is the birthright of everyone. We have resolved to retain this model and continue serving pediatric surgeons across the globe.

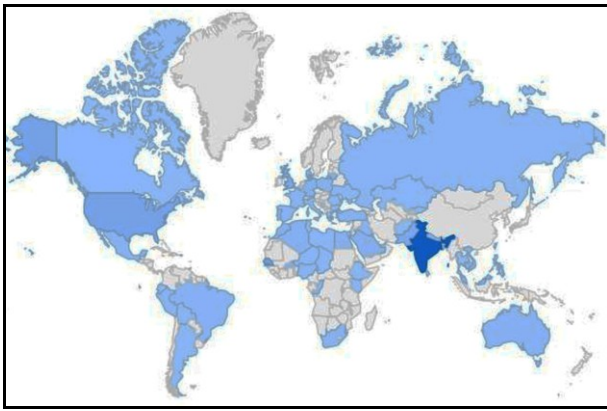


Fig 2. Reader-distribution map of Pediatric Surgery in Tropics (2024). Intensity of blue colour is proportional to the number of readers.

Surgeons rarely understand the personal hardship faced by patients. Therefore, we published first person account of Mr. Steve Wyles, a 63-year-old survivor of tracheo-esophageal fistula (TEF) who lives in England, and runs a non-government organization for TEF patients and their parents. By the commendable work, he is helping hundreds of parents.

We still have much scope for improvement and I believe in the principle of kaizen. Everything can always be done better; perfection is death.

We have received great support from our design team led by Mr. Akshay Kulkarni. He has created an exclusive cover design, a unique color scheme and an innovative logo that give a brand identity to the journal. Our web management team is helping us in creating an interface and in uploading of articles. On behalf of the editorial team, I thank all of them for their continued support. Without them, the journal would not exist.

In tandem with our commitment towards dissemination of knowledge, an online workshop on the art of Manuscript Reviewing was organized in July 2024. It was well attended and many of the participants have become part of the reviewer panel of the PST. Yet another Continuing Medical Education program on ‘Tropical Pediatric Surgery’ is

being held in collaboration with the Institute of Child Health, Chennai on 25 January 2025. There will be more such programs in future. We also intend to publish books, manuals and guidelines on tropical pediatric surgery.

Young members of team, Drs. Aravind and Krishna Kumar are taking care of their editorial responsibilities quite well. Senior editors, Raveenthiran and Yogesh Sarin are old hands at the work of running a journal.

Considering the highest mortality of infants in the first year of life, we feel happy to have survived that critical period of PST, despite some troubles here and there. We will continue to strive hard to publish issues on a regular basis, sticking to the international publication standards, and provide a platform to our colleagues across the world.

Once again, I thank everyone for this short-term success.

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