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Frontiers in Emergency Medicine in 2025, a quick look

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In 2025, Frontiers in Emergency Medicine (FEM) received 141 manuscript submissions from authors across multiple continents, including Asia, North America, South America, Europe, and Africa. Contributing countries included Canada (1-4), Turkey (5,6), Poland (7,8), the United States (9,10), India (11), Brazil (12), Ethiopia (9), Iraq (13), Russia (14), Jordan (15), Sweden (5), Palestine (16), Indonesia (17), Saudi Arabia (18), and the remaining submissions originated from Iran.

Repeated nationwide internet disruptions in Iran during 2025 likely contributed to a decline in submissions compared with 2024 (141 vs. 155 submissions). Despite this challenge, editorial efficiency improved, with the median time to first decision and final publication reduced to 9 days and 137 days, respectively. The journal's emphasis on publishing higher-quality manuscripts was reflected in a 10% increase in average article views and downloads compared with the previous year (19,20).

In this editorial, we reviewed 37 articles published in FEM in 2025, categorized by article type and major domains of emergency medicine (EM). Several notable contributions addressed cardiopulmonary resuscitation (CPR). A comprehensive bibliometric analysis of 4,393 CPR-related publications provided valuable insights into scientific contributions and evolving research trends in this field (6). Two simulation-based randomized studies highlighted the negative impact of verbal pressure such as commanding language ("hurry up!") on both the speed and quality of resuscitation team performance (7,8). Additionally, a cross-sectional study examined predictive factors for return of spontaneous circulation following in-hospital cardiac arrest, an area previously dominated by evidence from out-of-hospital settings (21).

Trauma-related research in 2025 covered a broad spectrum of clinical and systems-level issues. These included the development of a predictive model for intra-abdominal injury following blunt trauma (22), evaluation of the educational quality of focused assessment by sonography in trauma (FAST) training videos on YouTube (5), a cohort study describing patterns of thoracic trauma in Indonesia (17), and an investigation into trauma care quality from the patient's perspective, emphasizing patient-reported outcomes (4).

Improving the quality and safety of emergency department (ED) care remained a central theme. A large retrospective study involving 9,439 patients aged ≥65 years assessed return visits and adverse outcomes, highlighting safety concerns in elderly ED populations (22). Nursing-related studies explored the association between patients' satisfaction and triage knowledge in a cross-sectional design (15), as well as the long-term educational impact of targeted trauma training for ED nurses in a randomized controlled trial (RCT) (16). Another quasi-experimental study investigated the impact of digital consultation via a Telegram-based physician group on ED length of stay among patients requiring intensive care unit (ICU) admission (9).

Three studies focused on traffic-related injuries in Iran. One evaluated injury patterns and severity among motorcycle riders and passengers (23). Another study examined the relationship between trauma severity, crash location, and prehospital response capacity, particularly regarding on-scene mortality (24). The third study explored drivers' willingness to pay for safer roads, providing policy-relevant insights into injury prevention and public health economics (25).

Pediatric emergency research included two studies: one investigated causes and outcomes of hypotonia among children admitted to the pediatric ICU (26). The second study reported clinical and imaging findings in children with foreign body aspiration over a 10-year period (27). Acute pain management in the ED was addressed by two studies. A RCT compared analgesia by methoxyflurane spray with intravenous (IV) morphine (28). Another study evaluated the use of pain assessment tools and analgesic choices in pediatric emergency patients (18).

Three other original articles addressed diverse topics. One compared IV diltiazem with metoprolol for rate control in patients with atrial fibrillation and rapid ventricular response in the setting of heart failure with reduced ejection fraction (10). Another study applied a novel deep learning approach using lung computed tomography (CT) scans to improve diagnostic accuracy for COVID-19 (29). Finally, the third investigated communicable and non-communicable disease presentations during a large religious mass gathering in Iraq (13).

Two systematic reviews were published in 2025. A meta-analysis of 24 studies evaluating decision tools for diagnosing spontaneous bacterial peritonitis in adult cirrhotic patients

provided valuable comparative accuracy metrics for several commonly used tools (30). The second review shed lights on a prognostic marker in acute ischemic stroke by scrutinizing ten studies (31).

Case reports published in 2025 highlighted rare but clinically significant emergency presentations across multiple subspecialties. These included spontaneous coronary artery dissection in a young woman presenting with chest pain (3), Boerhaave syndrome masquerading as isolated flank pain (32), transvaginal evisceration following laparoscopic hysterectomy (12), and portomesenteric venous gas in CT scan as a warning sign of life-threatening diagnosis (33).

Additional reports emphasized the importance of identifying underlying etiologies, such as a pyogenic liver abscess (34), and illustrated unexpected outcomes, including a 15-year-old patient with severe carbon monoxide poisoning who recovered completely (11). Pediatric case reports also addressed abdominal migraine as a non-surgical cause of recurrent abdominal pain in children (1).

Letters to the editor in 2025 aimed to stimulate discussion and raise awareness regarding emerging and underexplored issues in EM. These included the expanding role of artificial intelligence in resuscitation education and triage systems (35,36), key updates in massive hemorrhage control (2), the neglected role of first aid in hypertension management (14), and conceptual discussion of "manager-made disasters", proposing strategies to mitigate crises exacerbated by administrative decisions (37).

Throughout 2025, FEM continued its mission to foster international collaboration among EM specialists and allied disciplines. By prioritizing efficient peer review, maintaining close communication with reviewers, and emphasizing methodological rigor, FEM has sought to publish high-quality, clinically relevant research while preserving author satisfaction. These efforts aim to ensure that valuable evidence remains accessible to the global emergency medicine community.

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