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Guidelines for Manuscript Preparation and Submission: Case Report

Core tip: *Case Report* is a descriptive research method in clinical and epidemiological studies. As a common form of medical papers which is well received by clinicians, a case report is a detailed description or documentation of emerging diseases, unusual or rare diseases, or the unusual manifestations of some common diseases. It is of great social significance and scientific value for clinicians to conduct in-depth research on emerging diseases and unusual or rare diseases in clinical practice. A good case report can often lead to the emergence of a new research hotspot and open up a new research field.

For the initial submission, authors can conveniently make their first upload of their manuscript without restrictions on writing style, file format, or need for accompanying relevant documents. However, it is recommended that the content be written as a high-quality academic article before submitting, according to the following checklist.

1 FIRST SECTION OF MANUSCRIPT WRITING [YES or NO]

- 1.1 Title []
- 1.2 Authorship []
- 1.3 Institution []
- 1.4 ORCID number []
- 1.5 Supportive foundations []
- 1.6 CARE Checklist (2016) []
- 1.7 Corresponding author []

2 WRITING REQUIREMENTS OF MAIN TEXT [YES or NO]

- 2.1 Abstract []
- 2.2 Key words []
- 2.3 Core tip []
- 2.4 Introduction []
- 2.5 Case presentation []
- 2.6 Multidisciplinary expert consultation (if relevant) []
- 2.7 Final diagnosis []
- 2.8 Treatment []
- 2.9 Outcome and follow-up []
- 2.10 Discussion []
- 2.11 Conclusion []

3 WRITING REQUIREMENTS OF UNITS, FIGURES, TABLES, AND REFERENCES

[YES or NO]

- 3.1 Units []
- 3.2 Illustrations []
- 3.3 Tables []
- 3.4 Notes in illustrations and tables []
- 3.5 Abbreviations []
- 3.6 Italics []
- 3.7 Acknowledgements []
- 3.8 References []

4 ETHICS POLICIES/STATEMENTS [YES or NO]

- 4.1 Informed consent []



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4.2 Conflict-of-interest []

**5 LANGUAGE EDITING FOR MANUSCRIPTS SUBMITTED BY NON-NATIVE
SPEAKERS OF ENGLISH**

6 STEPS FOR SUBMITTING MANUSCRIPTS

7 BAISHIDENG HOMEPAGE, SUBMISSION SITE AND MANUSCRIPT TYPES

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OTHER RESOURCES

ABOUT BAISHIDENG

Appendix A – Criteria for publishable Case Reports

**Appendix B – References for preparing the Case Report with guidelines for writing
and content formatting**

1 FIRST SECTION OF MANUSCRIPT WRITING

All contributions should be written in English; the authors may use either UK or US English language, but the chosen English language usage must be consistent throughout the document. All articles should be prepared with Word-processing software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins. Required information for each of the manuscript sections is as follows:

1.1 Title. The title should be no more than 18 words. It should summarize the core content of the manuscript, so that the reader may readily understand the key concepts and important findings presented within. This type of succinct and impactful statement will serve to catch readers' attention and stimulate their interest in reading the abstract and/or downloading the full paper. It is also strongly recommended that the title include one or two of the key words associated with the manuscript's topical content, to facilitate the paper being readily found by electronic searches of public databases, such as by Google or in PubMed. Finally, words such as 'exploration', 'research', 'analysis', 'observation', and 'investigation' are to be avoided. The title should not start with 'A', 'An', or 'The' and will not include any Arabic numbers or abbreviations.

1.2 Authorship. Authorship credit should be given in accordance with the standard proposed by the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/>). Specifically, authorship is merited by (1) substantial contributions to conception and design of the study, acquisition of data, or analysis and interpretation of data; (2) drafting the article or making critical revisions related to important intellectual content of the manuscript; and (3) provision of final approval of the version of the article to be published. Authors should meet conditions 1, 2 and 3.

We consider requests for co-first/co-corresponding authors on a limited basis, making the final decision to allow/deny according to the detailed reasons provided by the

authors for justification on a case-by-case basis, with allowance permitting no more than 2 co-first/co-corresponding authors. For the *policy of allowing co-first authors and co-corresponding authors* who made equal contribution to a manuscript, please visit: <https://www.wjgnet.com/bpg/GerInfo/310>.

Author names (unabbreviated) should be given as first name, middle name initial (with no period) and family (sur) name, and typed in bold with the first letter capitalized; a hyphen should be included between the syllables of Chinese names. For example, **Jason Lamontagne, Laura F Steel, Paul V Harper Jr, Bo Yuan, and Wei-Hong Tang**.

1.3 Institution. Author names should be written out first (as first name, middle name initial (with no period) and family (sur)name; with a hyphen included between the syllables of Chinese names) and typed in bold, followed by a comma and the complete name of the affiliated institution, city, province/state, postcode and country typed in non-bold. For example:

Xu-Chen Zhang, Li-Xin Mei, Department of Pathology, Chengde Medical College, Chengde 067000, Hebei Province, China

In the case that multiple authors represent a single institution, the authors will be listed together for that institution. For example:

Giuseppe Losurdo, Domenico Piscitelli, Antonio Giangaspero, Mariabeatrice Principi, Francesca Buffelli, Floriana Giorgio, Lucia Montenegro, Claudia Sorrentino, Annacinzia Amoruso, Enzo Ierardi, Alfredo Di Leo, Gastroenterology Section, Department of Emergency and Organ Transplantation, University of Bari, Bari 70124, Italy

In the case that one author represents multiple institutions, the institutions will be listed separately. For example:

Jun Wen, Department of Liver Surgery and Liver Transplantation Center, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China

Jun Wen, Department of General Surgery, The Third People's Hospital of Chengdu, Chengdu 610031, Sichuan Province, China

1.4 ORCID number. ORCID provides a persistent digital identifier that distinguishes each researcher from every other researcher globally and, through integration in key research workflows such as manuscript and grant submissions, supports automated linkages between an individual researcher and their own professional activities, thereby ensuring that their work is recognized accurately in a distinctive manner. Please visit the ORCID website at <https://orcid.org/> for more information. The corresponding author must provide his/her personal ORCID registration number.

1.5 Supportive foundations. The approved grant application form(s) will be released online, together with the manuscript in order for readers to obtain more information about the study and to increase the likelihood of subsequent citation. Our purpose of publishing the approved grant application form(s) is to promote transparent academic communication, accelerate scientific progress in the related field, and improve effective and productive sharing of research ideas.

Supportive foundation acknowledgment: The complete name(s) of supportive foundation(s) and identification number(s) of grants or other financial support will be provided on the title page of all submitted manuscripts using the following format:

Supported by the National Natural Science Foundation of China, No. 30224801.

1.6 CARE Checklist (2016). In order to improve the quality of Case Report manuscripts, authors should download and complete the 'CARE Checklist – 2016: Information for

writing a case report' to ensure that the manuscript meets the requirements of the "CARE Checklist – 2016: Information for writing a case report". Authors must state in the Footnotes section of the manuscript that the guidelines of the CARE Checklist (2016) have been adopted (see below).

Sample wording: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

1.7 Corresponding author. The corresponding author's contact information will be provided in the following format: written out first name, middle name initial (with no period) and family (sur)name (with a hyphen included between the syllables of Chinese names), and followed by the relevant honorifics (such as PhD, MD, Chief of Surgery, Assistant Professor, *etc*), all typed in bold and ending with a comma. This will be followed immediately by the corresponding author's professional affiliation (non-bold text), written out as complete name of institution, present address, city, province/state and postcode, and country and ending with a period. Immediately following the ending period and a single space will be the corresponding author's E-mail address; this E-mail address must be issued by his/her institution. All the letters in the E-mail address should be typed in lowercase. For example:

Andrzej S Tarnawski, MD, PhD, DSc (Med), Professor, Chief, Department of Gastroenterology, VA Long Beach Health Care System, University of California, Irvine, 5901 E Seventh St, Long Beach, CA 90822, United States. astarnaw@uci.edu

2 WRITING REQUIREMENTS OF MAIN TEXT

The main text contains abstract, key words, core tip, introduction, case presentation, multidisciplinary expert consultation (if relevant), final diagnosis, treatment, outcome

and follow-up, discussion, conclusion, acknowledgment, and references. The main text writing is as follows:

2.1 Abstract.

An informative, structured abstract of no more than 250 words should accompany each manuscript. Abstract should include background, case summary, and conclusion. The Abstract will be structured into the following sections, adhering to the word count thresholds indicated in parentheses:

BACKGROUND (no more than 80 words)

What does this case report add to the medical literature? Why did you write it up?

CASE SUMMARY (no more than 150 words)

What were the chief complaints, diagnoses, interventions, and outcomes?

CONCLUSION (no more than 20 words)

What is the main “take-away” lesson from this case?

Kind reminder: Does the abstract’s overall content match that of the main and short titles? Is it structured according to the format shown above?

2.2 Key words. The ‘Key words’ list will provide 5-10 keywords that reflect the main content of the study. Please do not use abbreviations for the keywords (*e.g.* Ulcerative colitis, not UC). The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon. For example:

Key words: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic

steatohepatitis; Animal models; Insulin resistance; Oxidative stress

2.3 Core tip. Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study.

2.4 Introduction. The Introduction describes the subject, purpose and merit of the case report, and the strategy used for the literature review.

The key points for writing the Introduction are as follows:

- Describe the subject matter.
- State the purpose of the case report.
- Provide background information.
- Provide pertinent definitions.
- Describe the strategy of the literature review and provide search terms.
- Justify the merit of the case report by using the literature review.
- Introduce the patient case to the reader.
- Make the Introduction brief and less than three paragraphs.

Kind reminder: Does the Introduction clearly describe a special clinical problem? Does it present adequate and reasonable rationales for the study? Does it clearly describe a research aim or a research hypothesis?

2.5 Case presentation. Under the heading of Case Presentation, the following seven

aspects must be presented in this order: 1) Chief complaints; 2) History of present illness; 3) History of past illness; 4) Personal and family history; 5) Physical examination upon admission; 6) Laboratory examinations *e.g.*, routine blood tests, routine urine tests and urinary sediment examination, routine fecal tests and occult blood test, blood biochemistry, immune indexes, and infection indexes; and 7) Imaging examinations *e.g.*, ultrasound, plain abdominal and pelvic CT scan, high-resolution chest CT scan, and head MRI. The patient case presentation should be descriptive, organized chronologically, accurate, salient, and presented in a narrative form.

The key points for writing the Case Presentation are as follows:

- Describe the case in a narrative form.
- Provide patient demographics (age, sex, height, weight, race, occupation).
- Avoid patient identifiers (date of birth, initials).
- Describe the patient's complaint.
- List the patient's present illness.
- List the patient's medical history.
- List the patient's family history.
- List the patient's social history.
- List the patient's medication history before admission and throughout the case duration that is described in the report.
- Ensure that the medication history includes any herbals, vaccines, depot injections, and nonprescription medications, and state that the patient was asked for this history.
- List each drug's name, strength, dosage form, route, and dates of administration.
- Verify the patient's medication adherence.
- Provide renal and hepatic organ function data for determining the appropriateness of medication dosing regimens.
- List the patient's drug allergy status, including the name of the drug (brand or generic) and the date and type of reaction.

- List the patient's adverse drug reaction history and the dates of any reactions.
- Provide pertinent serum drug levels and include the time of each level taken and its relationship to a dose.
- Provide the patient's dietary history.
- Provide pertinent findings on physical examination.
- Provide pertinent laboratory values that support the case.
- Provide the reference range for laboratory values that are not widely known or established.
- List the completed diagnostic procedures that are pertinent and support the case.
- Paraphrase the salient results of the diagnostic procedures.
- Provide photographs of histopathology, roentgenograms, electrocardiograms, skin manifestations, or anatomy as they relate to the case.
- Obtain permission from the patient to use the patient's photographs, or follow institutional guidelines.
- Provide the patient's events in chronological order.
- Ensure a temporal relationship.
- Ensure a causal relationship.
- Ensure that the patient case presentation provides enough detail for the reader to establish the case's validity.

Kind reminder: Are patient characteristics described appropriately in the Case Presentation? Is the initial clinical scenario described appropriately? Does the clinical scenario support the intervention? Are other interventions discussed? Is there any good reason to rule out other interventions? Are intervention techniques and clinical operations described appropriately? Are clinical outcomes described in detail? Are the effects of treatment clearly reported? Are follow-up outcomes reported? Do figures adequately and appropriately describe the initial clinical scenario? Do figures

adequately and appropriately describe the technical process of treatment? Do figures adequately and appropriately describe the final clinical scenario?

2.6 Multidisciplinary expert consultation (if relevant)

Andrzej S Tarnawski, DSc, MD, PhD, Professor, Chief of Gastroenterology

Bao-Gan Peng, MD, PhD, Chief Doctor, Professor, Department of Spinal Surgery

2.7 Final diagnosis

2.8 Treatment

2.9 Outcome and follow-up

2.10 Discussion. The discussion should compare and contrast the case report's findings with the literature review, establish causal and temporal relationships, and validate the case with a probability scale. The literature review should be extensive and should support the justification of the Case Report. The discussion section should end with a brief summary of the case along with rational recommendations and conclusions.

The key points for writing the Discussion are as follows:

- Compare and contrast the nuances of the case report with the literature review.
- Explain or justify the similarities and differences between the case report and the literature.
- List the limitations of the case report and describe their relevance.
- Confirm the accuracy of the descriptive patient case report.
- Establish a temporal relationship.

- Establish a causal relationship.
- Report the validity of the case report by applying a probability scale such as the Naranjo nomogram.
- Summarize the salient features of the case report.
- Justify the uniqueness of the case.
- Draw recommendations and conclusions.

Kind reminder: Are the limitations of methodology discussed from a perspective of research design in the Discussion? Is there any discussion about the potential variation of clinical outcomes? Is there any discussion about literature evidence supporting the intervention? Are the factors that limit the intervention's proper implementation discussed?

2.11 Conclusion. The Conclusion section must provide a brief conclusion with evidence-based recommendations.

The key points for writing the Conclusion are as follows:

- Provide a justified conclusion.
- Provide evidence-based recommendations.
- Describe how the information learned from this case report will apply to one's own practice.
- List opportunities for research.
- Ensure that this section is brief and does not exceed one paragraph.

Kind reminder: Is the conclusion clear and does it have bias? Is it drawn based on the clinical significance of research results? Do you clearly describe whether the treatment was successful?

3 WRITING REQUIREMENTS OF UNITS, FIGURES, TABLES, AND REFERENCES

3.1 Units. Use SI units. For example: body mass, m (B) = 78 kg; blood pressure, p (B) = 16.2/12.3 kPa; incubation time, t (incubation) = 96 h; blood glucose concentration, c (glucose) = 6.4 ± 2.1 mmol/L; blood CEA mass concentration, p (CEA) = 8.6-24.5 g/L; CO₂ volume fraction, 50 mL/L CO₂, not 5% CO₂; likewise, for 40 g/L formaldehyde, not 10% formalin; and mass fraction, 8 ng/g, *etc.* Arabic numerals such as 23,243,641 (*i.e.* 23 million, 243 thousand, and 641) should be written as 23243641, with no commas or spaces. The format for how to accurately write common units and quantities can be found at: <https://www.wjgnet.com/bpg/gerinfo/189>.

3.2 Illustrations. Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, *etc.*). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure, so that the reader can understand without having to refer back to any other portion of the manuscript.

It is necessary to keep all elements compiled in a line-art image. Scale bars (with the length of the bar defined in the legend text rather than on the bar itself) or magnification factors (with textual definition in the legend) can be used. Figure file names should identify the figure and panel. Avoid layering type directly over shaded or textured areas in the figure. Uniform presentation should be used for figures showing the same or similar contents; for example, “**Figure 1 Pathological changes of atrophic gastritis after treatment.** A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

3.3 Tables. Tables must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, *etc.*). A brief, one-line title must be provided for each table. Detailed legends should not be included under tables, instead having the information presented in the main text where applicable; the information should

complement, but not duplicate the text. Use one horizontal line under the title, a second under the column headings, and a third below the last row of the Table (being above any footnotes). Vertical lines and italics should be omitted.

Please note that tables embedded as Excel files within the manuscript are NOT acceptable. Tables made in Excel that are 2 pages or less should be transformed into a customized Word program table, using the 'Insert Table' function. Tables will be located at the very end of your article document, following the figures. Any tables submitted that are longer/larger than 2 pages will be published as online-only supplementary material.

Tables must be primarily cell-based and fully editable. Do not use the following to organize data or structure the table: (1) Returns ("Enter" key); (2) Tabs; (3) Spaces; (4) Colored text; (5) Cell shading; and (6) Cells within cells. The Software should be Word (preferred; embedded at the end of the manuscript file) or Excel (allowed for longer tables presented as Supplementary Materials). *Baishideng* does not allow for graphics, boxes or embedded tables to appear in the main body of the manuscript.

3.4 Notes in illustrations and tables. Data with statistical significance in a figure or table should be denoted using superscripted alphabetical lettering, such as ^a*P* < 0.05 and ^b*P* < 0.01. If there are other series of *P* values, the alphabetical subscripted denotation format is continued, such as ^c*P* < 0.05 *vs* control, ^d*P* < 0.01 *vs* control, ^e*P* < 0.05 *vs* group A, and ^f*P* < 0.01 *vs* group B. Data that are not statistically significant should not be denoted, *i.e.* *P* > 0.05 is not an allowed denotation.

Other notes in tables or under illustrations should be expressed as F¹, F², F³, or sometimes as other superscripted symbols (Arabic numerals); for example, "F: Venn diagram. ¹Here, we excluded patients that preintervention was inconsistent with original treatment in our hospital." In a multi-curve illustration, each curve should be labeled with ●, ○, ■, □, ▲, △, *etc*, in a specified sequence.

3.5 Abbreviations. Standard abbreviations should be defined in the abstract and in the main body of the manuscript upon first mention in the text. In general, terms should not be abbreviated unless they are used two times or more and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

3.6 Italics. Quantities: *t*, time or temperature; *c*, concentration; *A*, area; *l*, length; *m*, mass; *V*, volume. Genotypes: *gyrA*, *arg 1*, *c myc*, *c fos*, etc. Restriction enzymes: *EcoRI*, *HindI*, *BamHI*, *Kbo I*, *Kpn I*, etc. Biological nomenclature: *H. pylori*, *E. coli*, etc. Latin terms: *i.e.*, *e.g.*, *via*, etc.

3.7 Acknowledgements. Brief acknowledgements of persons who have made genuine contributions to the manuscript and who endorse the data and conclusions should be included. Authors are responsible for obtaining written permission to use any copyrighted text and/or illustrations.

3.8 References. *Case Report* should be composed of detailed contents, comparisons, and evaluations in relation to other published relevant articles, and an in-depth discussion. Case Reports generally have 30–60 references. Please don't use informal publications. For seminal references, however, the publication date is not strictly limited. You should always cite references that are relevant to your article. Citing more than five references in a single citation, even when separated by a hyphen, should be avoided; for example [1–6], [2–14], and [1,3,4–10,22] are all considered inappropriate reference citations. Moreover,

authors should not cite their own unrelated published articles. Citation of references not indexed on PubMed is discouraged, but if a reference that is not indexed by PubMed is necessary, you must provide *Baishideng* with a printed copy of the first page of the full article. Please update the format of all the references according to the Format for references guidelines. The accuracy of the information of journal citations is very important. We will interlink all references with DOIs in an XML file, so that readers can immediately access the abstracts of cited articles online.

This section includes Coding system, PMID and DOI, Style for journal references, Style for book references, and Format for references (Examples). Specific requirements are as follows:

(1) Coding system

The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces. For example, "Crohn's disease (CD) is associated with increased intestinal permeability^[1,2]." If references are cited directly in the text, they should be included with the direct citation content within the text; for example, "From references^[19,22-24], we know that...". Before submitting your manuscript, please ensure that the order of citations in the text is the same as in the references section, and also ensure the spelling accuracy of the authors' names. Do not list the same citation twice (*i.e.* with two different numbers).

(2) PMID and DOI

Please provide the PMID number, which is the serial number that roots the abstract for that publication into the PubMed index, and the CrossRef DOI® (Digital Object Identifier) name, which is a unique string created to identify a piece of scholarly content in the online environment for each reference in the References section. The PMID number can be found at <http://www.ncbi.nlm.nih.gov/pubmed> and the DOI name at



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<http://www.crossref.org/SimpleTextQuery/>. The numbers will be used in the electronic (E)-version of the manuscript.

(3) *Style for journal references*

For authors' names, the name of the first author should be typed in bold letters; the family (sur)name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Lian-Sheng Ma and Bo-Rong Pan will be written as Ma LS and Pan BR. The title of the cited article will be written in sentence case. The journal title will be written in its abbreviated form (as shown in PubMed) in italics and followed by the article publication information (not italicized), including the publication date, volume number (in bold numbers), and start page through end page (separated by a hyphen, with no space). The PMID and DOI will follow this information and be written as "[PMID: 11819634 DOI: 10.3748/wjg.13.5396]".

(4) *Style for book references*

For the authors' names, the name of the first author should be typed in bold letters. The family (sur)name of all authors should be typed with the initial letter capitalized, followed by their abbreviated first and middle initials. The book title will follow the authors' names and not be italicized. The publication information will follow, written as punctuated here: publication number, publication place: publication press, year: start page-end page.

Baishideng uses the reference style outlined by the International Committee of Medical Journal Editors (ICMJE), also referred to as the "Vancouver" style. Example formats are listed below. Additional examples are in the [ICMJE sample references](#).

Journal name abbreviations should be those found in the [National Center for Biotechnology Information databases](#).

PRINT JOURNALS

English-language journal articles (list all authors and include the PMID and DOI,

where applicable):

1 Ma L, Chua MS, Andrisani O, So S. Epigenetics in hepatocellular carcinoma: An update and future therapy perspectives. *World J Gastroenterol* 2014; 20: 333-345 [PMID: 24574704 PMCID: PMC3923010 DOI: 10.3748/wjg.v20.i2.333]

Chinese-language journal articles (list all authors and include the PMID and DOI, where applicable):

2 Zhang ZM, Deng H, Zhang C, Yu HW, Liu Z, Liu LM, Wan BJ, Zhu MW. Strategies for diagnosis and treatment of benign and malignant colorectal obstruction. *Shijie Huaren Xiaohua Zazhi* 2017; 25: 2597-2604 [DOI: 10.11569/wcjd.v25.i29.2597]

In press articles:

3 Sipos F, Constantinovits M, Valcz G, Tulassay Z, Múzes G. Association of hepatocyte-derived growth factor receptor/caudal type homeobox 2 co-expression with mucosal regeneration in active ulcerative colitis. *World J Gastroenterol* 2015; In press

Organization as author:

4 Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002; **40**: 679-686 [PMID: 12411462]

Both individual authors and an organization as author:

5 Vallancien G, Emberton M, Harving N, van Moorselaar RJ, Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol* 2003; **169**: 2257-2261 [PMID: 12771764]

No author given:

6 21st century heart solution may have a sting in the tail. *BMJ* 2002; **325**: 184 [PMID: 12142303]

Volume with supplement:

7 Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002; **42** Suppl 2: S93-99 [PMID: 12028325]

Issue with no volume:

8 Banit DM, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop Relat Res* 2002; (**401**): 230-238 [PMID: 12151900]

No volume or issue:

9 Outreach: Bringing HIV-positive individuals into care. *HRSA Careaction* 2002; 1-6 [PMID: 12154804]

BOOKS

Individual author(s):

10 Sherlock S, Dooley J. Diseases of the liver and biliary system. 9th ed. Oxford: Blackwell Sci Pub, 1993: 258-296

Chapter in a book (list all authors):

11 Lam SK. Academic investigator's perspectives of medical treatment for peptic ulcer. In: Swabb EA, Azabo S. Ulcer disease: investigation and basis for therapy. New York: Marcel Dekker, 1991: 431-450

Author(s) and editor(s):

12 Breedlove GK, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wieczorek RR, editor. White Plains (NY): March of Dimes Education Services, 2001: 20-34

CONFERENCE-RELATED ARTICLES

Conference proceedings:

13 Harnden P, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ cell tumours Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer, 2002: 30-56

Conference papers:

14 Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer, 2002: 182-191

ELECTRONIC JOURNALS

Electronic journals (list all authors):

15 Huynen MMTE, Martens P, Hilderlink HBM. The health impacts of globalisation: a conceptual framework. *Global Health*. 2005; 1: 14. Available from: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-1-14> doi.org/10.1186/1744-8603-1-14 [PMID: 21501219 DOI: 10.1186/1744-8603-1-14]

PATENTS

Patents (list all authors):

16 Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1

CLINICAL TRIAL

17 Cannon R. Rilonacept to improve artery function in patients with atherosclerosis. [accessed 2015 Apr 25]. In: ClinicalTrials.gov [Internet]. Bethesda (MD): U.S. National Library of Medicine. Available from: <http://clinicaltrials.gov/show/NCT00417417> ClinicalTrials.gov Identifier: NCT00417417

DEPOSITED ARTICLES (preprints, e-prints, or arXiv)

18 Krick T, Shub DA, Verstraete N, Ferreira DU, Alonso LG, Shub M, et al. Amino acid metabolism conflicts with protein diversity; 1991. Preprint. Available from: arXiv:1403.3301v1. Cited 17 March 2014.

PUBLISHED MEDIA (print or online newspapers and magazine articles)

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NEW MEDIA (blogs, web sites, or other written works)

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DATABASES AND REPOSITORIES (Figshare or arXiv)

22 Roberts SB. QPX Genome Browser Feature Tracks; 2013 [cited 2013 Oct 5]. Database: figshare [Internet]. Available from: http://figshare.com/articles/QPX_Genome_Browser_Feature_Tracks/701214

MULTIMEDIA (videos, movies, or TV shows)

23 Hitchcock A, producer and director. Rear Window [Film]; 1954. Los Angeles: MGM.

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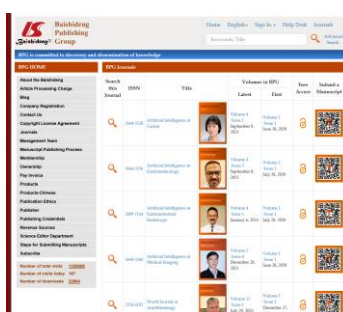
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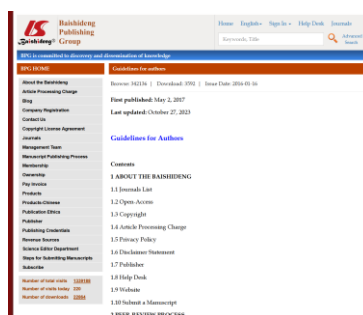
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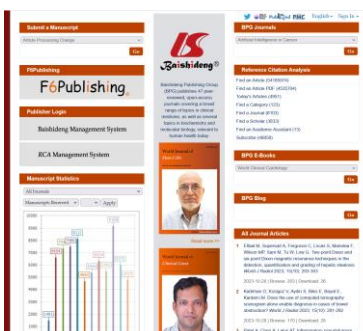
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Appendix A – Criteria for publishable Case Reports

Publishable patient case reports include cases that:

- Advance medical science and spawn research.
- Describe rare, perplexing or novel diagnostic features of a disease state.
- Report therapeutic challenges, controversies, or dilemmas.
- Describe a new surgical procedure.
- Report how a drug can enhance a surgical procedure.
- Teach humanistic lessons to the health care professional.
- Review a unique job description of a health care professional that improves patient care.
- Report new medical errors or medication errors.
- Discover a device malfunction that results in patient harm.
- Describe adverse effects and patient toxicity of a radiopaque agent.
- Describe life-threatening adverse events.
- Describe dangerous and predictable adverse effects that are poorly appreciated and rarely recognized.
- Describe rare or novel adverse drug reactions.
- Describe a therapeutic failure or a lack of therapeutic efficacy.
- Describe rare or novel drug–drug, drug–food or drug–nutrient interactions.
- Report unlabeled or unapproved uses of a medication.
- Explore the use of pharmacogenomics to manage disease.
- Use life-saving techniques not previously documented.
- Use pharmacoeconomic principles that improve patient care.
- Uncover barriers to patient adherence.
- Discover an interaction between a drug and a laboratory test that yields a false-positive or false-negative result.
- Describe the effect of drugs in pregnancy and lactation.



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- Detect novel pharmacokinetic or pharmacodynamic principles.
- Use technology to improve patient outcomes.

Appendix B—References for preparing the Case Report with guidelines for writing and content formatting

1 Cohen H. How to write a patient case report. Am J Health Syst Pharm 2006; 63(19):1888-92.

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2 Oliveira GJ, Leles CR. Critical appraisal and positive outcome bias in case reports published in Brazilian dental journals. J Dent Educ 2006;70(8):869-74.

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