

Publishing Case Reports

Katherine Akers

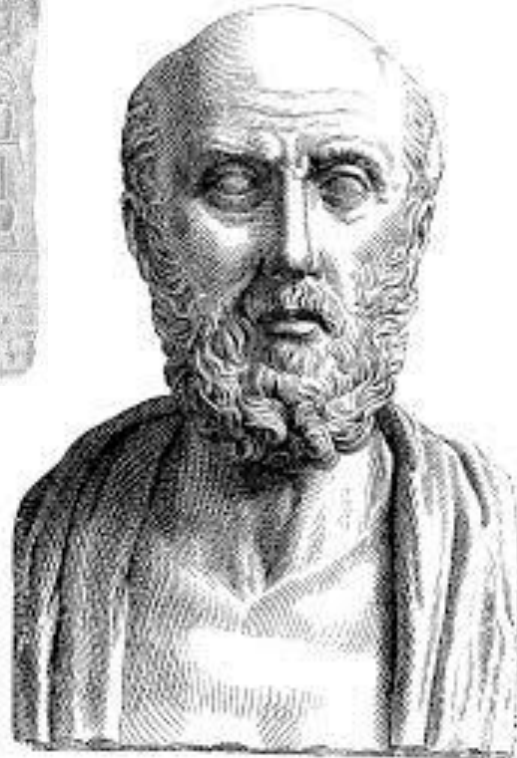
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Case reports: an established form of medical communication



Case report:

a description of an unusual or novel occurrence consisting of a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of a single or few patients

Influential case reports

The American Journal of Dermatopathology
Volume 3 Number 2
Summer 1981

Geoffrey J. Gottlieb, M.D.

Arkadi M. Rywlin, M.D.

Anna Ragaz, M.D.

Edward A. Weiner, M.D.

Joseph V. Vogel, M.D.

A. Bernard Ackerman, M.D.

Alvin Friedman-Kien, M.D.

A preliminary communication on extensively disseminated Kaposi's sarcoma in young homosexual men

In the past 2 years we have encountered nine cases of Kaposi's sarcoma in homosexual men who were in their 30s and 40s. In general, they presented themselves with widespread cutaneous lesions of the disease at all stages of development, i.e., patches, plaques, and nodules (Figs. 1, 2, and 3). Lymph nodes were involved in at least five of the patients and were detected fairly early in the course of the disease (Fig. 4). Visceral involvement was found in three of the patients (Figs. 5 and 6).



Influential case reports

BRITISH MEDICAL JOURNAL VOLUME 283 3 OCTOBER 1981

881

PAPERS AND SHORT REPORTS

Pulmonary hypertension and fenfluramine

J G DOUGLAS, J F MUNRO, A H KITCHIN, A L MUIR, A T PROUDFOOT

Abstract

Pulmonary hypertension developed in two women who had been taking fenfluramine for over eight months for weight reduction. On withdrawing the drug symptoms and electrocardiographic evidence of pulmonary hypertension disappeared in both cases. In one patient, however, the evidence recurred after rechallenge with fenfluramine.

These findings are strong evidence that fenfluramine may cause pulmonary hypertension. Hence any patient taking the drug should report immediately any deterioration in exercise tolerance.

Introduction

Fenfluramine is an anorectic drug widely prescribed for obesity

pain and by the time of admission was unable to walk more than 50 m on the flat. In 1964 and 1969 she had been admitted for diarrhoea secondary to chronic ulcerative pancolitis and since then had received courses of iron for recurrent anaemia. For nine months before admission she had been taking fenfluramine 160 mg daily, having completed an 18-month course only six months before the start of the second course. One month before—that is, about four weeks after her symptoms began—she had also started an oral contraceptive (norethisterone 1 mg and mestranol 0.05 mg per tablet). She had not taken any oestrogen or progesterone preparation before.

On admission she weighed 61 kg and had bilateral ankle oedema. Jugular venous pressure was raised 3 cm and a right ventricular heave was noted. The pulmonary second sound was greatly accentuated, and a soft ejection systolic murmur was audible at the lower left sternal edge. The electrocardiogram showed right axis deviation with P pulmonale and changes compatible with right ventricular hypertrophy and strain (fig 1). A chest x-ray picture showed prominence of the main pulmonary arteries but the heart shadow was normal. Lung volume measurements were normal but the Tc:O was reduced

Influential case reports

The NEW ENGLAND JOURNAL of MEDICINE

BRIEF REPORT

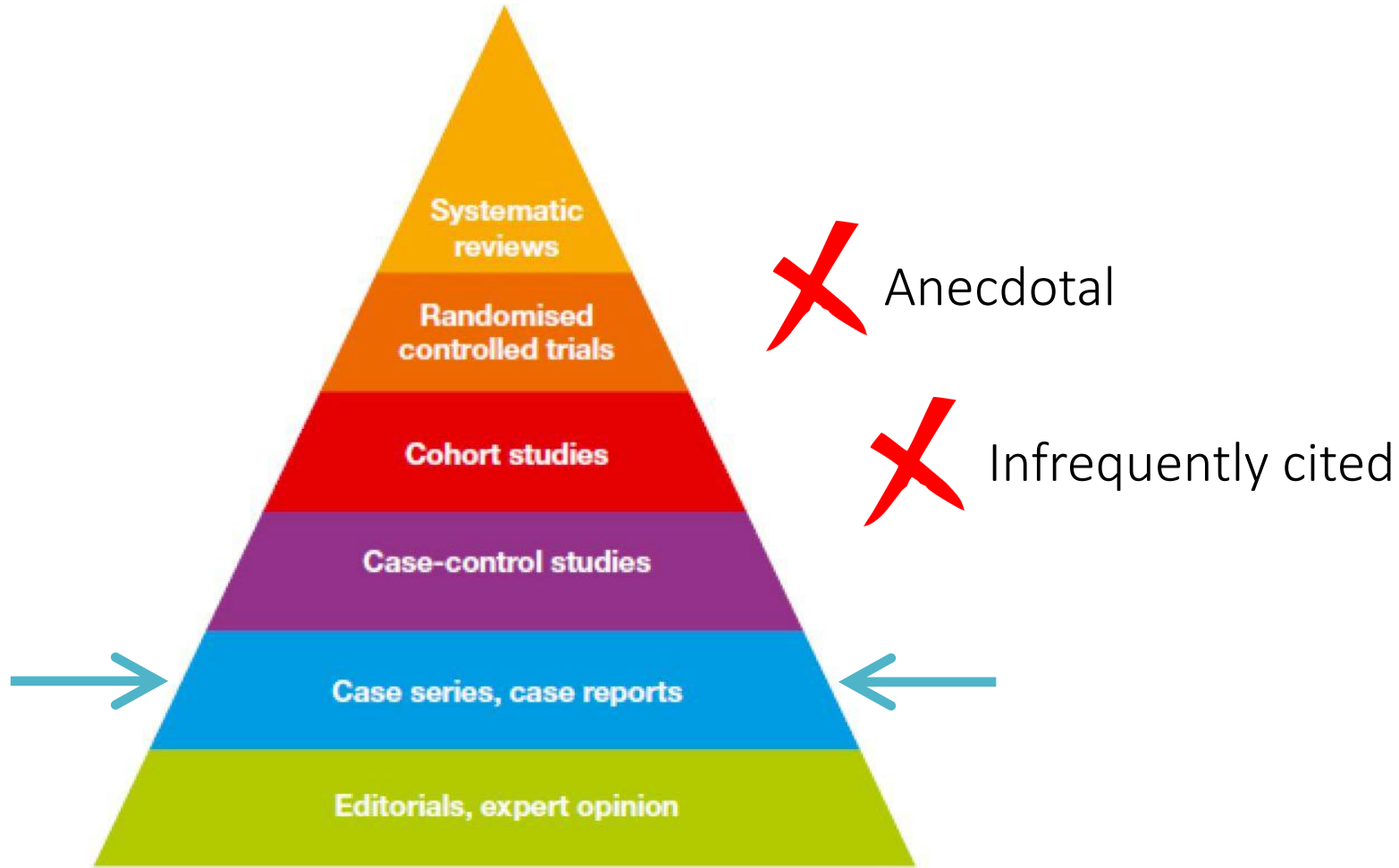
Zika Virus Associated with Microcephaly

Jernej Mlakar, M.D., Misa Korva, Ph.D., Nataša Tul, M.D., Ph.D.,
Mara Popović, M.D., Ph.D., Mateja Poljšak-Prijatelj, Ph.D., Jerica Mraz, M.Sc.,
Marko Kolenc, M.Sc., Katarina Resman Rus, M.Sc., Tina Vesnaver Vipotnik, M.D.,
Vesna Fabjan Vodušek, M.D., Alenka Vizjak, Ph.D., Jože Pižem, M.D., Ph.D.,
Miroslav Petrovec, M.D., Ph.D., and Tatjana Avšič Županc, Ph.D.

SUMMARY

A widespread epidemic of Zika virus (ZIKV) infection was reported in 2015 in South and Central America and the Caribbean. A major concern associated with this infection is the apparent increased incidence of microcephaly in fetuses born to mothers infected with ZIKV. In this report, we describe the case of an expectant mother who had a febrile illness with rash at the end of the first trimester of pregnancy while she was living in Brazil. Ultrasonography performed at 29 weeks of gestation revealed microcephaly with calcifications in the fetal brain and placenta. After the mother requested termination of the pregnancy, a fetal autopsy was performed. Micrencephaly (an abnormally small brain) was observed, with almost complete agyria, hydrocephalus, and multifocal dystrophic calcifications in the cortex and subcortical white matter, with associated cortical displacement and mild focal inflammation. ZIKV was found in the fetal brain tissue on reverse-transcriptase–polymerase-chain-reaction (RT-PCR) assay, with consistent findings on electron microscopy. The complete genome of ZIKV was recovered from the

Do case reports still have value?



Hierarchy of evidence

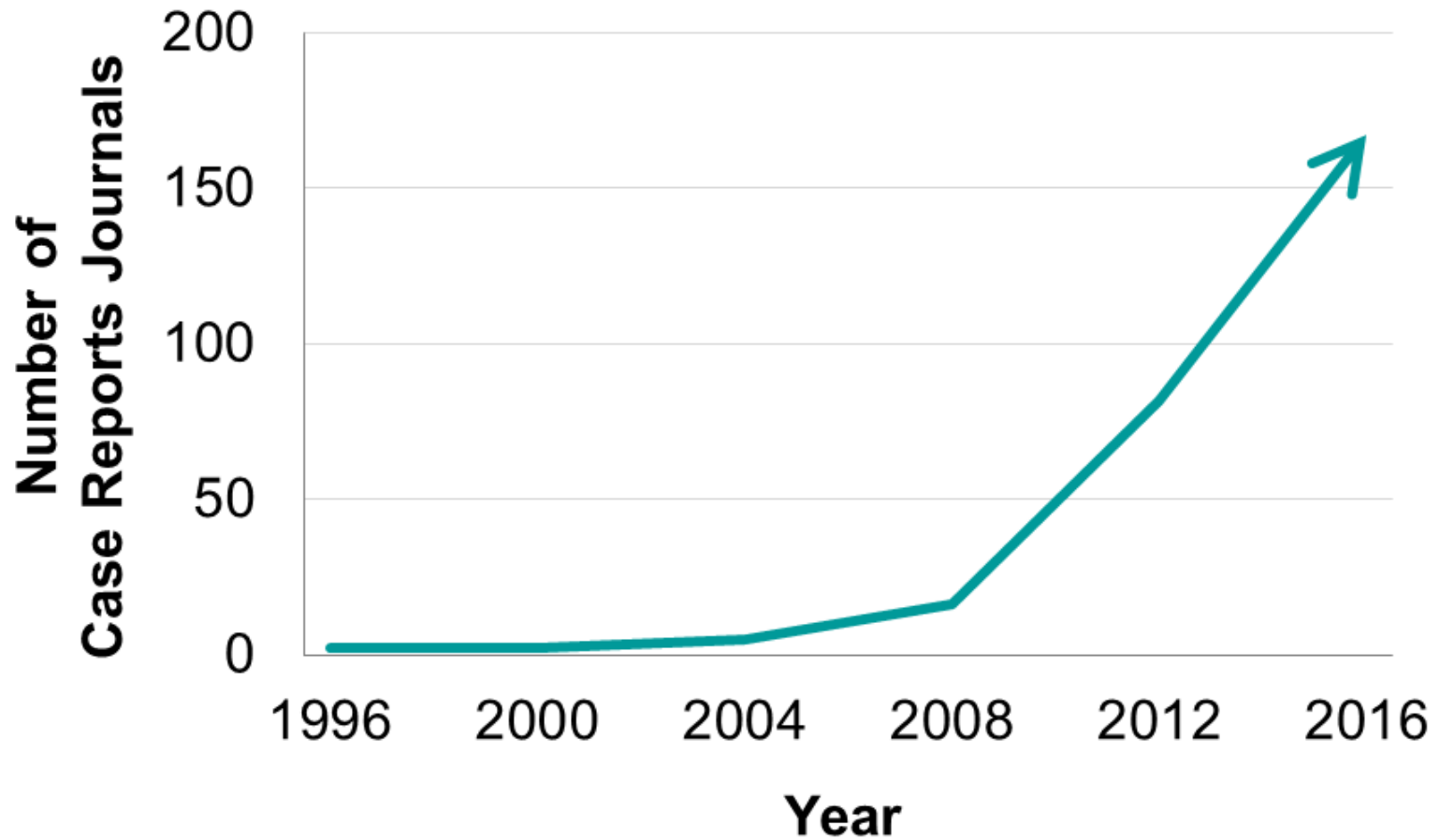
Do case reports still have value?



YES!

- ✓ Important for medical progress
- ✓ Frequently read
- ✓ Educational
- ✓ Publishing opportunity

Case report journals: *emergence*



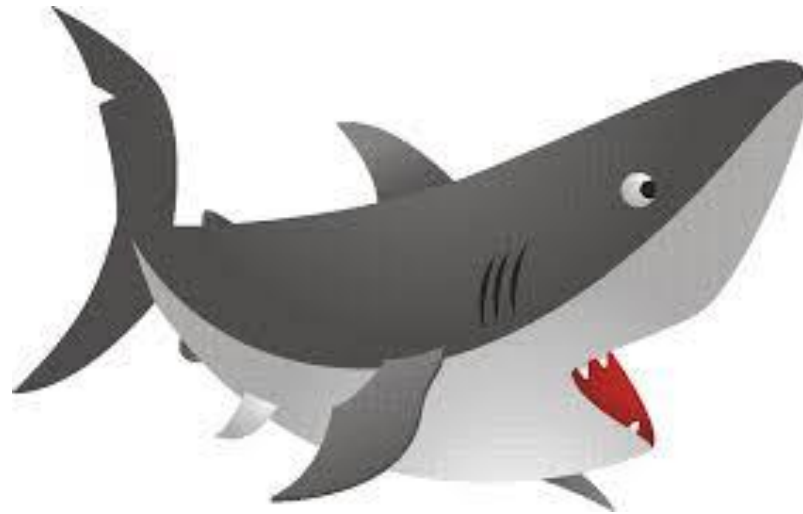
Case report journals: *characteristics*

- Exclusively publish or focus on publishing case reports
- Case reports can cover a wide range of clinical issues:
 - Novel disease pathogenesis
 - Unreported adverse effects of drugs/treatments
 - Demonstrations of new therapeutic approaches
 - Ethical challenges in patient management
 - Strategies for preventing or overcoming medical error
- Relatively high acceptance rates (20-70%)
- Do not typically have an impact factor
- Most are open access (~90%) and require authors to pay an article processing fee upon acceptance (\$300-1200)

Open access journals



Predatory open access journals



Not indexed

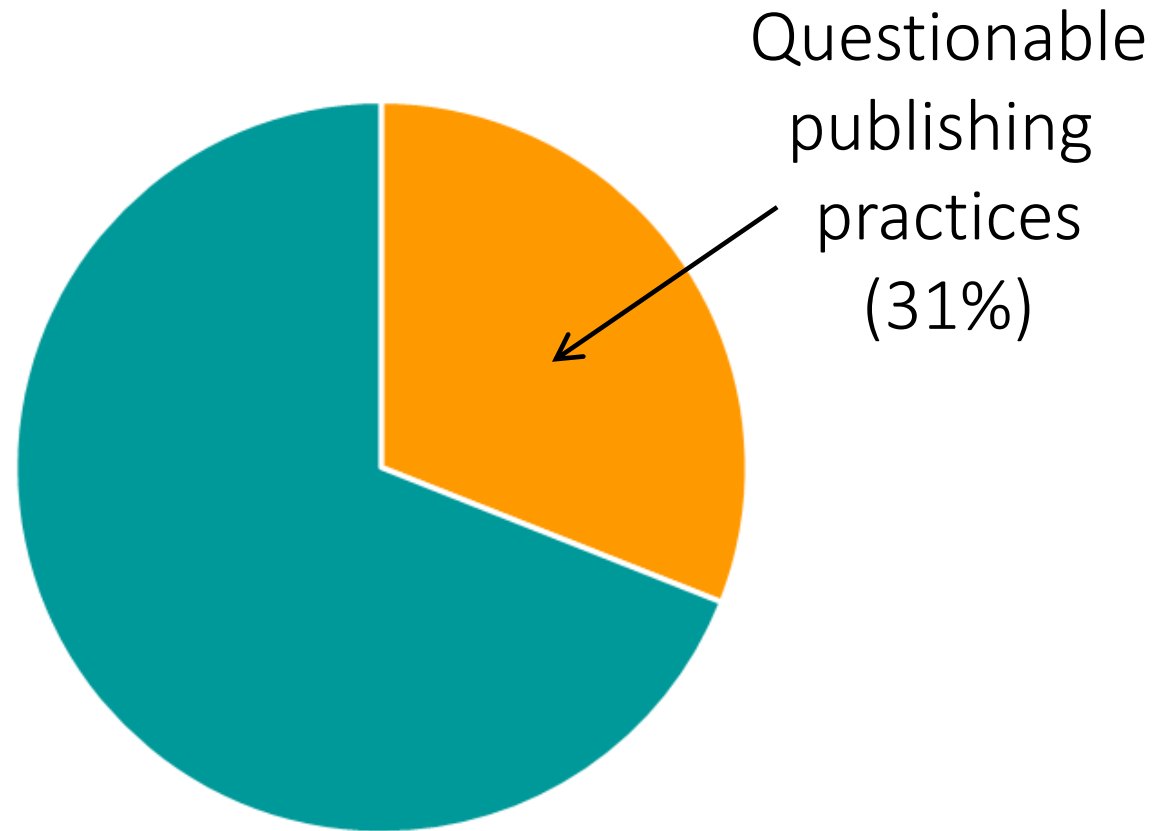


No quality peer review



May disappear overnight

Case report journals



167 journal titles (so far)

Predatory open access journals: *warning signs*

- Sends spam email requests for submissions or editorial positions
- No named editor-in-chief or one without academic credentials
- Article processing charges not clearly displayed on website
- Website looks unprofessional
- Articles are not professionally typeset
- The name of the journal does not reflect its origin
- Promises an unreasonably short peer review period



A bad example

Unprofessional-looking website

International Journal of Case Studies (ISSN Online 2305-509X)
Instant Submission, Acceptance, Review & Publication (Open Access Journal) Impact Factor 3.582

The screenshot shows the homepage of the International Journal of Case Studies. It features a green header with the journal title and ISSN. A sidebar on the left contains a newsletter sign-up form, a journal directory, and a list of previous issues. The main content area includes a logo for 'SJ', the journal's name, ISSN, and impact factor. A large orange oval with an arrow points to the 'IMPACT FACTORS 3.582' graphic, labeled 'Fake impact factor'. Another orange oval points to a list of features under 'WHY YOU SHOULD PUBLISH YOUR RESEARCH PAPER--FEATURES:', labeled 'Typos and grammatical errors'. The website has a cluttered layout with various logos and text elements.

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Volume 5, Issue 1

Calls For Papers

25-Feb-2016

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A bad example

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Bulk article submission fee

A bad example

Impact Factor 3.582 Case Studies Journal ISSN (2305-509X) – Volume 5, Issue 1–Jan-2016

Graves' Hyperthyroidism Induced Acute Psychosis- A Case Study

Author Detail:

Gurpreet Singh-the Northern Hospital, Melbourne Victoria

Abstract: Hyperthyroidism is a common medical condition that affects approximately 2-5% of all women during their lifetime. It is more common in females with a female to male ratio of 5:1 with the majority of women affected between the ages of 20-40. Most patients with hyperthyroidism have a common constellation of symptoms which include insomnia, irritability, restlessness, fatigue, tremor, palpitations, increased perspiration, heat intolerance and weight loss despite a normal or increased appetite.

Graves' disease is the most common cause of hyperthyroidism. It is an autoimmune condition in which IgG antibodies bind to TSH receptors in the thyroid leading to the overproduction of T3 and T4. The presence of eye disease on clinical examination and IgG antibodies in serum is unique to Graves' hyperthyroidism and helps distinguish it from other aetiologies. Graves' disease ophthalmopathy is caused by inflammation of orbital fat, muscle and connective tissue leading to exophthalmos, eyelid retraction, lid lag and periorbital oedema and conjunctivitis.

Patients with Graves' disease may also experience personality and behavioural changes such as anxiety, emotional lability, psychosis, agitation and depression. These changes are often accompanied by cognitive impairments with patients often complaining of poor orientation, confusion and difficulty with concentration. Whilst the mechanism of cognitive, personality and behavioural changes in Graves' disease is not known, treatment results in improvement in these domains.

Keywords: Hyperthyroidism, Graves' disease, Psychosis, Graves' Ophthalmopathy, Neuropsychiatric Symptoms

Case Background

A concerned husband brought his 38 year old Caucasian wife to a metropolitan general practice. His wife had been experiencing increasing confusion, labile mood, pressured speech, agitation, restlessness and hot flushes for the past 2 weeks. He also noted that his wife was becoming disorganized (incoherent) with pressured speech and expressing persecutory delusions that she was going to be harmed. She had no previous history of any psychiatric disorder and she had been a heavy smoker and had smoked about 30 cigarettes a day.

On examination, the patient was noted to be hyperactive and to have pressured speech. She was tachycardic (up to 110 beats a minute) and had an elevated blood pressure of 150/80 mmHg. Mental state examination revealed an anxious and guarded patient with flattened affect. Her thought process was disorganized and she was unable to provide a coherent history of her illness.

No professional typesetting


Choosing a good case report journal: *what to look for*

- Indexed in PubMed (~40%)
- Recognizable publisher
- Named editor-in-chief and editorial board members with academic credentials
- Sponsored by a professional society



A good example

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 - New insights into disease pathogenesis
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 - Unusual presentation of common disease/injury
 - Unusual association between diseases or symptoms
 - Rare or new conditions/diseases
 - Novel diagnostic procedure or treatment
 - Unexpected outcomes of treatment/drug
- 42% acceptance rate
- Indexed in PubMed and CINAHL
- Annual individual fellowship fee: \$297

A good example

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Tips for writing case reports



Choose a journal and determine authorship

- Choose a journal before starting to write.
- Follow the journal's instructions for formatting, length requirements, patient consent, etc.
- Limit the number of authors following recommendations by the International Committee of Medical Journal Editors.



Define your educational message

Focus on a single educational message

1. Raise awareness so that diagnosis may be made more readily in the future
2. Shed new light on possible etiology/pathogenesis of a condition or complication
3. Illustrate a new principle or support/refute current theory
4. Elucidate a previously misunderstood clinical condition or response to treatment
5. Inform on how mistakes can be anticipated or avoided in the future



Literature search

- Perform an exhaustive literature search to put your case in context.
- Don't include this literature in your case report (journals usually limit the number of references).

Title

- Be informative, not cute or clever.
- Include the words “case report” in the title.



Introduction

- Briefly provide background information (e.g., incidence, number of previously reported cases) to put your case into context (1-2 paragraphs).
- Clearly describe the purpose of the case report.



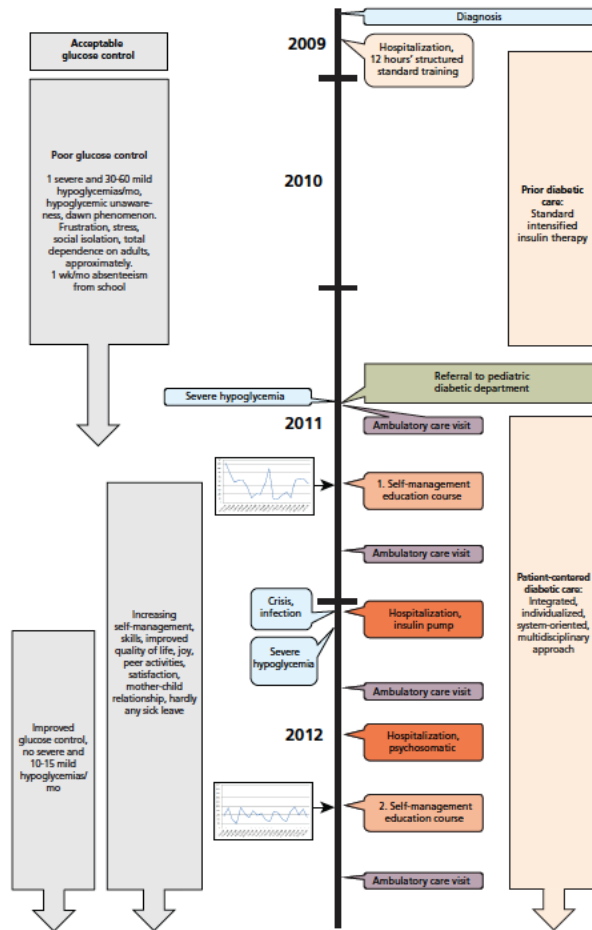
Case presentation: CARE guidelines (www.care-statement.org)

- **Patient information:** demographics, chief complaint, relevant history, pertinent comorbidities, physical exam
- **Diagnostic focus and assessment:** diagnostic methods (lab tests, imaging, etc.), challenges, and reasoning
- **Therapeutic focus and assessment:** type of intervention, its route of administration and intensity
- **Follow-up and outcomes:** intervention modification, adverse effects or unanticipated events, outcomes as assessed by clinician and patient



Case presentation: CARE guidelines (www.care-statement.org)

Include a timeline



Case presentation

- Describe the case in chronological order.
- Refer to the patient as a person (e.g., “the patient”, “he” or “she”, “man” or “woman”), not a case
- Describe the patient’s perspective (can even provide a separate narrative written by patient).
- Be objective: don’t make inferences about why the patient’s health status may have changed, and don’t present opinions—save these for the Discussion section.



Discussion

- Don't claim "first".
- Don't argue causation.
- Don't generalize (e.g., don't conclude that a management strategy is safe and effective or that it will work for other patients).



Rejection

- Don't give up.
- Revise, carefully addressing each reviewers' comments, and resubmit.
- Submit to another journal.



Further reading

R. Chelvarajah and J. Bycroft. (2004). Writing and publishing case reports: the road to success. *Acta Neurochirurgica*, 146: 313-316.

S.M. Wright and C. Kouroukis. (2000). Capturing zebras: what to do with a reportable case. *Canadian Medical Association Journal*, 163: 429-431.

B.N. Green and C.D. Johnson. (2006). How to write a case report for publication. *Journal of Chiropractic Medicine*, 2: 72-82.

S. Bhattacharrya, J. Miller, and A.H. Ropper. (2014). The case for case reports. *Annals of Neurology*, 76: 484-486.

