Brief Manual On
Preparing Surgical Case Reports
For Presentation Or Publication
7/9/03

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Case studies continue to play an important role in surgical research, training, and practice. For example, one recent book documents an eminent surgeon’s entire career through 100 case studies (Trede, 1999). For individual surgeons, preparing a case report for presentation at a conference or for publication in a journal is an excellent way to get started in surgical writing. Such case reports also represent an important opportunity to provide clinically useful information to colleagues since it is a rare surgeon who has not experienced at least one case worth communicating to peers. This form of publication also generally takes less time to prepare than other types of research paper. However, it must reflect the same standards of organization, analysis, and writing (McCarthy & Reily, 2000).

Interest in this type of publication waxes and wanes, but recently opportunities to publish cases appears to be increasing even in an evidence-based medical world (Hoffman, 1999; Irish Surgical Journal, 2001; Vandenbroucke, 1999, 2001). Another indication of the popularity of this format is the 84,291 citations found in a PubMed search using the key words “case report” and “surgical.” Writing a case report is also particularly useful to residents since it helps prepare them for board or other examinations that include questions based on specific case examples (Gottschlich, 2000).

The following Manual is designed to support surgeons in efficiently writing a case report. This section describes in some detail the general goals, common types, and basic format of a case report. In addition, specific information on each section of a case report is included in terms of what is required in:

1. The Title
2. Abstract (if required)
3. Key words list (if required)
4. Introduction
5. Case Description
6. Discussion and Conclusions
7. Cover letter

A final sub-section on “Cautions and Common Problems” identifies typical pitfalls that can limit the chance of acceptance by a professional conference or journal. Resources for further reading are listed in the “References” section. Four Appendices are also provided to assist in quickly developing the skills needed to create a high quality report. They are:

Appendix A: Steps In Efficiently Preparing A Case Report
Appendix B: Form for Evaluating A Case Report
Appendix C: Publishing Your Case Report
Appendix D: Possible Uses Of This Manual For Surgical Training

How to use this manual

Busy surgeons and surgical residents have limited time so this manual is designed to support the efficient creation of a case report. Appendix D suggests a set of steps, which can be followed to achieve this goal both for individuals and for groups of surgeons in training.

Finally, as you read a case report or write your own, keep in mind the three basic questions related to the main functions of a case report:

1. What does it contribute to the literature on a condition or a treatment?
2. How does it document your process of surgical decision making in a way that assists other surgeons who might have to deal with a similar case?
3. How could a surgical educator use it to train other surgeons?
Surgical Case Report

Definition: A case report (also sometimes a shorter report that is published in a journal’s Brief Reports, Adverse Effects, How To Do It, Clinical Notes, Letters, or Case Studies section) usually details one or a small set of specific and intrinsically educational instances of the surgical treatment of a disease.

Purpose: Case reports are presented or published because of their presumed educational value to a specific audience. While most are relatively unique, some are written because they support or extend previously published cases or because they highlight the importance of selected aspects of the decision processes involved in diagnosis or treatment. In general, they are easiest to write when you have a personal interest in the topic and can put yourself in the shoes of the intended reader, a surgeon like yourself.

Basic Types: Illes (Illes, 1998: Illes and Piepho 1996) points out that most case reports stress one or more of five topics. For surgeons, their general list can be modified to include:

1. The unexpected, including a new association between a disease and symptoms, between previously unrelated symptoms or findings, or involving a new disease or syndrome.

2. A surprising event in the course of diagnosing or treating a patient that may have wider implications.

3. Events that raise questions about the possible causes, or of the typical course of treatment, of a disease or condition, particularly if there is an increase or decrease in the occurrence of an adverse effect resulting from a surgical procedure.

4. Unique or rare features of a disease which impacted on the surgical diagnosis or treatment.

5. Exceptional or creative extensions or approaches to surgical treatment.

With respect to publishing, an editorial in the Journal of the American Surgical Association (JAMA, 1986) concluded that one or more of the following features increase the likelihood of acceptance:

1. Observation of a new phenomenon that may spark a paradigm change, and/or

2. An unexpected permutation or combination of clinical conditions, and/or

3. A therapeutic or diagnostic observation that “promises to shed light on one or another of medicine’s dark corners (pp 2067).”

The most successful case studies clearly identify the importance of one or more of these areas. Therefore, before beginning to write a case report, carefully review the above and assess your case using the first two tables in Appendix A.

Venue Selection: Prior to writing a case it is often wise to select a journal you read regularly or a conference you have previously attended. If that is not possible, review a few recent issues of the journal or any available recent conference proceedings to determine what the reviewers, organizers, and editors seem to prefer in terms of topics and format. Selecting the venue in
Submission Requirements: Journals and conferences differ widely in the formats they use for case reports. It is crucial to very carefully review their “Information For Authors” or similar set of requirements. These must be followed exactly since editors or conference organizers have the right to reward a deviation with a rejection.

Appendix C duplicates the Instructions for a number of Surgical journals and illustrates the range of requirements. Typically, the term “case study” is reserved for more extensive case reports or for reporting a small set of cases with similarities. Note that some journals also publish case report information in departments labeled Brief Reports, Adverse Effects, Letters, or Case Studies.

Case Report Format: While there is no single format for case reports, most journals require it to follow the same basic format as a regular research article. Thus there is often a title, abstract, key words list, brief introduction, case description, discussion (or comments) and possibly conclusions. Illes (1998, Illes & Piepho, 1996) provides a detailed description of these sections and his summary is adapted and extended below:

Title: Spend considerable editing time on the title since it is the first information that you give to a reader, reviewer, or audience. Every word should count and hackneyed phrases such as “A case of…” or “Report of a case of…” adds nothing and should be avoided. An alternative is to follow a description of the condition with a phrase like “… in a 62 year old woman”. If a title is too long, unduly broad, or unfocused, it is unlikely to catch the attention of the reader.

Typically, titles are 10-12 words long and begin with some “key word” related to the condition or the treatment. The beginning immediately alerts the target audience that this is an interesting case that is relevant to their interests. This is not a place to announce your conclusions.

Authorship: It is increasingly important to define, in advance, who should be listed as an author and the order of listing names. A recent article on case studies in Otolaryngology makes the point that only those who directly contribute to the work should be included and “honorary authors” should not be listed (Har-El, 1999). Journal editors increasingly agree with this contention.

Abstract (if required): A concise, well-written abstract is a key aid to the acceptance of your submission. Reviewers prefer abstracts that immediately attract the reader’s attention and move on to effectively summarize the case. Therefore, write the first sentence carefully. Also, review your abstract carefully for clarity and length – often a short abstract with no wasted words works better than the reverse.

Abstracts typically begin with a sentence describing the clinical (or other) importance of the case. Next, they summarize the patient’s condition, treatment and treatment outcomes. Finally, the clinical and research implications are briefly indicated.

It is frequently best to write the abstract last, not first. The alternative of starting with this section can result in wordy or incomplete abstracts or a report that is unduly influenced by the content or form of the abstract. Also, avoid the temptation to simply “stitch together” a set of phrases from the body of the case to form your abstract.

Key word list: Some journals require a key word list that will aid in how the case is listed in a surgical database. Whenever possible, use terms from the Surgical Subject Headings List.
(MeSH) from Index Medicus (also available on Medline). In most cases, the key word lists used in the articles you cite will suggest the list of 3-10 words or brief phrases that you should list. Note that journals differ in how the key words list is displayed. Selecting the right words is important since they are used by search engines to index your effort and thus can impact on how widely your case report is read.

**List of Abbreviations**: If you are using non-standard abbreviations, including a list after the key words may aid the reader, editor and reviewer. This list may or may not appear in the ultimate publication.

**Introduction**: If an introduction is required, it should briefly provide the reader with a broader context for understanding the entire case. This section should focus on the relevance of the case and why it is being reported. As part of the Introduction, cite only the most directly relevant and recent articles including (if available) at least one review article.

Finally, if you are claiming some degree of uniqueness, it is important to provide details on the extent and nature of the literature search (time frame, databases used, limits on languages, etc.) that supports your claim.

To summarize, the most important parts of the Introduction are:

1. A first sentence that demands the reader’s attention.
2. The effective use of references in providing a surgical context for the case.
3. A last sentence that serves as a bridge to the Case Description.

**Case Description**: The case description goes on to succinctly cover the most important information on the:

1. Patient’s surgical history including any relevant family information.
2. Basic demographic data (age, gender, ethnicity, etc.).
3. Relevant social history information focusing on the use of tobacco, alcohol and illegal substances or other social factors related to the condition.
4. Any medication being used
5. Notable results of the physical examination.
6. Relevant laboratory test results unless the journal requires fuller information. The laboratory’s ranges of normal values should be listed for any unusual tests performed.
7. Differential diagnosis or diagnoses that were considered
8. Final diagnosis (es)
9. Relevant details of Surgical treatment

It is important here not to cite all the details and, but instead to focus on the most pertinent information. Other information can be grouped as “unremarkable” or “within normal limits.” Appendix A provides a considerably more detailed list of possible contents.

However, note that some journals prefer that the relevant particulars of the case be listed in a chronological format. This allows the reader to follow the exact sequence of decisions made by the surgeon. Other venues prefer some form of summary format.
Figures, Graphs, Photographs, and Tables: With case studies there is often a direct trade-off between graphics and text. Some journals even go so far as to indicate how many words must be cut if you wish to include a graphic. Therefore it is important to be sure that your figures, graphs, or tables contribute materially to your argument and are a superior way of making a specific point.

Discussion. The purpose of the discussion is to clarify details that may not be clear in the case description, to speculate on causal mechanisms, interpret the findings, and suggest any broader clinical and research implications. In particular it is important to:

1. Remind the reader of the general importance of the case.
2. Link the case to information in the literature that directly bears on the interpretations.
3. Discuss and refute possible alternative explanations for your findings.
4. Indicate what changes, if any, in patient care the case suggests.
5. Define some questions that deserve further study or research.

The Cover Letter: Busy journal editors, or conference organizers, tend to read your paper more carefully if they are impressed with the format and contents of a well-written cover letter. Here you explain, conservatively, your submission and why it is being sent to this particular venue. Identify the section of the journal or conference that you see as most appropriate and why those readers or attendees are likely to be interested in this work. State the title in full and indicate the length of your submission. In particular, explain the strengths of your paper without overselling those strengths. Finally, keep the letter brief and to the point. An example of the basic parts of a cover letter is provided in Appendix C. Use these as a guide, but modify them to reflect your own writing style.

Cautions and Common Problems

A number of common mistakes can seriously reduce the possibility of acceptance of your case report. Always closely follow the “Information For Authors” requirements. For many journals and conferences, any deviation is grounds for immediate rejection of your case report.

Abstract: In both the title and the abstract, do not simply quote sentences or phrases from the full report. Doing so suggests that you ran out of time to do a proper job.

Introduction: Do not write “Introduction” over your first section – it is generally assumed that the first section is an “Introduction.”

Patient confidentiality: In order to protect patient confidentiality, do not use patient initials or first names. Use “Patient A” or some similar designator. Similarly, avoid images or other information that could lead to the identification of the patient being described unless you have explicit permission in writing.

Respect: Remember that this patient is a person not a “case.” This is a “case” of an illness.

Uniqueness: Be careful in claiming a “first.” For all you know, a reader or reviewer clearly remembers a similar case in the Baltic Journal of Thoracic Surgery. Therefore use magic words like “This is, to the best of our knowledge, the first report of...” When you claim a degree of uniqueness, provide details on any limitations on how you reviewed the literature. This is particularly important if you limited your search to one database and/or one language.
Flashbacks: Use flashbacks, references to earlier events, sparingly if at all. They tend to confuse a reader who is often expecting a chronological description of the case.

Abbreviations: Employ abbreviations that you know are widely understood by your target audience. Otherwise, include the full phrase and include the abbreviation in parentheses the first time you use the term. As noted above, if you use many abbreviations, you may want to provide a separate list to aid the reviewer. In particular, avoid abbreviations in the title.

Conclusions: Be careful not to overstate the relevance and importance of your conclusions in terms of their impact on future treatment or research. It is rather unlikely that your one case will change surgical practice.

Citations: Carefully follow the required format for citations, including any rules for citing multiple authors. If unsure, use the format in Index Medicus, National Library of Medicine.

Correctness: Always check that the information you included in the “Correspondence to:” or “Address reprints:” or similar citation is correct. In the submission letter, and on the envelope, be particularly careful to accurately cite the full journal or conference name, use the right address, and correctly spell the name of the editor or organizer.

Errors: Use both the spelling and grammar checker on your word processing program. In Microsoft Word, both are under “Tools.” Make sure that the box next to “grammar checker” is checked. In other word processing programs, you may have to check the grammar as a separate step.

Word count: Use the left button of your mouse to highlight the section(s) of the text and in Microsoft Word, Click “Tools” and “Word Count” from the pull down menu. Do not exceed the required word count since that can be a basis for immediate rejection of your case report. If your word processing program does not have counting feature, count the number of words in ten lines and multiply by the number of lines of text.

Sections: Submit all sections in the order specified by the journal. Use a paper clip to secure the sections; never staple them.

Disk submission: If the journal requires a submission on a computer disk, check if you need to include a hard copy as well. Label the disk clearly (your name, article title, date) and indicate the word processing format used. Carefully check that you are sending the latest version of your work. Also check for any specific requirements of the journal about acceptable formats, how the file should be named, and any other details. These rules also may apply to e-mail submissions.

Backups: Finally, keep a copy of all pages on a disk, on your computer and in hard copy form. Sometimes papers get “lost” in the review process.

Reasons For Rejection

Finally, Huth (1984) lists several types of cases unlikely to be published. They include (pp. 72):

The Everyone-Should-Remember Case which is really a report of a minor variation in a common condition or treatment. There is really little to remember here.
The Grand-Rounds Case illustrating diagnostic or treatment virtuosity in a complex surgical situation that, in essence, adds little information that is new.

The I-Am-a-Clever-Chap Case that takes advantage of an initial use of a new diagnostic or surgical technique. What does it add to the information from the manufacturer?

The Variations-on-a-Well-Known-Theme Case which describes a consequence of one technique which is already known for alternative techniques.

The Goodness!-Book-of-Surgical-World-Records Case which simply extends a common event to a younger or older patient or to an individual from a different ethnic group.

If you are rejected: Try, try, try again! But generally submit in another venue, unless the editor or reviewer requests a resubmission. In many cases, you will receive feedback and some editors will provide additional information in response to an e-mail or letter. Incorporate the feedback in the rewrite.

Finally, in Appendix A, there is a structured aid to writing a case report that is loosely based on Ille’s 1998 Checklist. Much of this form is consistent with the CONSORT Statement which is an increasingly accepted approach to the reporting of clinical research and is the basis of many reviewer’s evaluation of submissions (Begg et. al, 1996; Farthing et al., 1997) and for evidence based medicine reviews (Wormald et al., 1998).
References


Iles, RL. Case reports, letters to the editor, book reviews, review articles and scientific posters. In Iles, RL. Guidebook to better surgical writing. Olathe, KS: Island Press; 1998. This is also available at http://www.medwriting.com/1a.htm.


Vandenbroucke JP. Case reports in an evidence-based world. Journal of the Royal Society of Medicine, 1999; 92: 159-163.


APPENDIX A

STEPS IN EFFICIENTLY WRITING A CASE REPORT

Writing a case report can be unduly time consuming unless you break the writing down into smaller tasks. If you “fill in” the blanks in the tables below as you collect information it will be easier to restate the information and link it together to create your final case report. Following the steps below will also tend to maximize the quality and minimize the time spent preparing a publication or presentation. The tables are in Microsoft Word and you can write in them either by hand or within a word processor.

**Case Selection**

If the case bores you, it is likely to bore the audience. One strategy in selecting a case is to answer the following questions in advance:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is most <strong>interesting</strong> about this case to you?</td>
<td></td>
</tr>
<tr>
<td>When you talk to <strong>colleagues</strong> about this patient do they quickly appreciate the significance of this case? What questions or concerns do they raise?</td>
<td></td>
</tr>
<tr>
<td>An <strong>initial review</strong> of the literature indicates that the case is significant because:</td>
<td></td>
</tr>
<tr>
<td>Summarize in one paragraph why this case is <strong>relevant</strong> to the concerns of your intended audience.</td>
<td></td>
</tr>
</tbody>
</table>
In addition, how does your case relate to one or more of the following indications of potential importance and/or uniqueness?

<table>
<thead>
<tr>
<th>The <strong>unexpected</strong> including a new association between a disease and symptoms; between previously unrelated symptoms or findings, or a new disease or syndrome and treatment:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A <strong>surprising event</strong> in the course of diagnosing or treating a patient which may have wider implications:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Events which raise questions</strong> about the possible causes, or course of treatment, of a disease or condition or increase or decrease the occurrence of an adverse effect resulting from a Surgical procedure:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Unique or rare features</strong> of a disease particularly if they impacted on Surgical treatment:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Exceptional extensions</strong> or approaches to Surgical treatment.</th>
</tr>
</thead>
</table>

### Authorship

Journal editors are increasingly concerned about multiple-authorship and are beginning to require that all listed authors make a significant contribution to the final paper. With respect to case studies the tendency is to limit the number of authors. Deciding in advance the contributions and the order in which they will be listed can avoid later problems.

<table>
<thead>
<tr>
<th>Who will work on this case report and what will each of them contribute?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What will be the listed sequence of authors?</th>
</tr>
</thead>
</table>
**Sections Of Your Case report**

A typical case report includes an Introduction, Case Description, and a Discussion.

**Introduction:**

<table>
<thead>
<tr>
<th>First sentence indicates why this case is particularly important (or interesting, or relevant, or useful, or controversial) because:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant review articles have concluded:</td>
</tr>
<tr>
<td>Pertinent research studies indicate:</td>
</tr>
<tr>
<td>Previous case reports have shown:</td>
</tr>
<tr>
<td>Last sentence which links the above to the case description.</td>
</tr>
</tbody>
</table>
**Case description:** The following analysis of the elements of a case description is based on the paper by Illes & Piepho (1996). If you fill in the following, it will be easier to write up the case.

**General description of patient:** Focus on the information that is most directly relevant to the point that you are trying to make. Summarize other information as “unremarkable” or “within normal limits” etc.

<table>
<thead>
<tr>
<th>Patient demographics (age, sex, weight, height, race):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Illness (Chief complaint, history of condition, relevant other surgical history):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>History (Social, family):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Physical examination (Findings):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Historical laboratory and other test results:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hospital course:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
**Patient’s condition:** Summarize only the most relevant aspects of the patient’s condition.

<table>
<thead>
<tr>
<th>Incidence of condition:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Etiology:</td>
<td></td>
</tr>
<tr>
<td>Pathophysiology:</td>
<td></td>
</tr>
<tr>
<td>Typical course of the condition:</td>
<td></td>
</tr>
<tr>
<td>Clinical symptomatology:</td>
<td></td>
</tr>
<tr>
<td>Laboratory and other test findings:</td>
<td></td>
</tr>
<tr>
<td>Prognosis:</td>
<td></td>
</tr>
<tr>
<td>Complications:</td>
<td></td>
</tr>
<tr>
<td>Sequelae:</td>
<td></td>
</tr>
<tr>
<td>Quality of life implications (short and long term):</td>
<td></td>
</tr>
<tr>
<td>Basic rationale for the diagnosis is:</td>
<td></td>
</tr>
</tbody>
</table>
**Treatment Description:** Describe in adequate detail the course of treatment.

| **Classical or typical surgical treatment:** |  |
| **Surgical treatment in this case:** |  |
| **Desired therapeutic endpoints:** |  |
| **Reactions to treatment:** |  |
| **Adverse events:** |  |
| **Efficacy of treatment (short and long term):** |  |

At this point, you probably have too much information. So go back and determine which content is, and is not, relevant to your discussion of this case.
**Discussion**: Finally, conservatively present the implications of the above information.

<table>
<thead>
<tr>
<th>The best explanation for what occurred is (with citations):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some possible alternative explanations are (with citations):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons why alternative explanations are less likely:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The main clinical implication(s) of this case are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The main support for the clinical implications is (with citations):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional research is needed on:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations for treating similar cases in the future are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
**Abstract (if required):** In your abstract the:

<table>
<thead>
<tr>
<th>First sentence stresses importance.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence of middle sentences is:</td>
<td></td>
</tr>
<tr>
<td>Last sentence stresses clinical and research implications.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B
Case Report Evaluation Form

Please use this form to evaluate the case report. After rating each section, add your comments. Comments should be proceeded with the item number within each section.
Reviewer(s):___________________________________________________________

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title</td>
<td></td>
</tr>
<tr>
<td>a. The title is simple, short, and concise. ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>b. Clearly summarizes the scope and design of the case but not the conclusions. ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>c. Worded appropriately for the target audience. ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>d. Immediately grabs the attention of the intended audience because:</td>
<td></td>
</tr>
<tr>
<td>2. Abstract</td>
<td></td>
</tr>
<tr>
<td>a. Effectively summarizes the importance of this case? ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>b. Concisely describes the patient and what occurred? ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>c. Indicates reasonable clinical/research implications? ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>3. Key Words directly relevant? ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>a. Additional relevant key words are:</td>
<td></td>
</tr>
<tr>
<td>4. Introduction</td>
<td></td>
</tr>
<tr>
<td>a. Summarizes the basic rationale for reporting this particular case report. ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>b. Adequately explains rationale? ___Y, or ___N, or ___?</td>
<td></td>
</tr>
<tr>
<td>c. Citations are clearly relevant? ___Y, or ___N, or ___?</td>
<td></td>
</tr>
</tbody>
</table>
### 5. Case Description

| a. Case described briefly & clearly. |   Y, or   N, or   ? |
| b. Described in adequate detail? |   Y, or   N, or   ? |
| c. Details that need further clarification in the discussion are: |   |
| d. Results of tests and procedures described in adequate detail. |   Y, or   N, or   ? |
| e. Results of less common laboratory investigations accompanied by normal values. |   Y, or   N, or   ? |
| f. Surgical treatment described in adequate detail. |   Y, or   N, or   ? |
| g. Results of the treatment are clearly described. |   Y, or   N, or   ? |
| h. All tables, graphs, figures directly relevant to the analysis. |   Y, or   N, or   ? |
| i. Tables, graphs, figures (if any) that could usefully be dropped or added are: |   |

### 6. Discussion

| a. Evidence to support the diagnosis adequately summarized. |   Y, or   N, or   ? |
| b. Main explanation of what occurred is plausible in terms of the information provided. |   Y, or   N, or   ? |
| c. Other plausible alternative explanations are considered and are adequately refuted. |   Y, or   N, or   ? |
| d. Literature review documents how well the following substantiates the treatment rationale: |   |
| 1) Summary articles: |   Y, or   N, or   ? |
| 2) Research studies: |   Y, or   N, or   ? |
| 3) Case studies: |   Y, or   N, or   ? |
| e. The key references for the reader are: |   |
| f. Case evidence adequately supports the recommendations: |   |
| 1) For the management of similar cases |   Y, or   N, or   ? |
| 2) For additional research or study. |   Y, or   N, or   ? |
7. **Overall quality** of case report (circle 1):

| Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Excellent |

8. **Utility** of case report to surgeons (circle 1):

| Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Excellent |

9. **Additional Comments:**
APPENDIX C

Publishing Your Case Report

You can significantly increase the probability that your case will be accepted for presentation or publication by avoiding some common pitfalls. Many rejections have nothing to do with the quality of a case per se but rather reflect some common mistakes including:

1. Selecting an inappropriate venue – the wrong professional meeting or a journal not particularly interested in the topic.

2. Not following the Instructions For Authors, exactly.

3. Poorly written text and submission letters.

Suggestions on each of these areas are presented below.

Venue Selection and Review:

If you know your target conference or journal, it is much easier to create a document that will be accepted. If you are not familiar with a specific venue it generally useful to review a few recent issues or of the conference proceedings before you start writing.

1. Select a target journal or professional conference before you start writing.
   a. Why are you interested in this particular venue?
   b. What are the main characteristics and needs of your intended audience?

Instructions For Authors:

Surgical journals vary widely in their treatment of case reports. All provide “Instructions for Authors” that cover general guidelines for all submissions. Some add specific additional limitations for a case report and these should also be reviewed carefully. PubMed supports direct journal access through http://www.ncbi.nlm.nih.gov/entrez/journals/loftext_noprov.html or you can access the Web site by entering a specific journal name in the FastSearch search engine (http://www.bos2.alltheweb.com/)

Internet Publication: In the past space limitations prevented the publication of many good quality case studies. However, the Internet removes this limitation and as a result Surgical journals are likely to increasingly use this avenue of dissemination for shorter reports and case examples. A continuously updated list of free Net journals is available at http://www.freesurgicaljournals.com/htm/index.htm.

As a search strategy enter “case” in the journal’s topic search engine and review past publications to get a sense of the preferred format and topical areas of interest. However, this strategy will often not work if you limit the search to article titles since the title wording of “A case of…” is now much less common than in the past.
Submission for electronic publication requires a very careful adherence to the submission requirements set by a journal. Even small deviations from those instructions can prevent a case from being correctly loaded onto a Web site. At best, this will limit the speed of publication and, at worst, such deviations are grounds for immediate rejection.

**Journal Formats:** The relevant sections of some “Instructions to Authors” from different surgical journals are reprinted below. They illustrate the wide range of requirements for case studies. The requirements do change so check a copy of the journal itself before you submit your case.

**Age and Aging**

**Case Reports:** Clinically interesting cases should be written in 4-600 words with no more than one figure or table. Case reports should be of conditions that provide new insight, describe rare but modifiable disorders or present new treatments or understanding. All case reports are peer-reviewed.

**Annals of Emergency Medicine**

**Case Reports:** Brief descriptions of an undocumented disease process, a unique reported manifestation of a known disease process, a unique unreported treatment of a known disease, or unexpected complications of treatment regimens. Entities that have been reported in the past in the emergency medicine literature will not be considered, and those reported in other specialty literature or in the foreign literature must be extremely important or pertinent to be considered. Case reports should contain an abstract, introduction, narrative, and a discussion focusing on the implications of the case reported. They should not contain a review of the literature. *Maximum length:* 1,500 words (6 double-spaced pages), no more than 15 references, and 1 table or figure.

**Annals of the Rheumatic Disease**

**Concise reports:** A brief communication presenting laboratory or clinical work, collected case reports or, exceptionally, single case reports. The format is identical to that of an Extended Report (see above) and should include an Abstract, Keywords, Introduction, Methods, Results and Discussion (for cases, 'Case Reports' will substitute for Methods and Results). Concise reports are restricted to no more than 1500 words, 15 references, one table, and two figures.

**Archives of Gynecology and Obstetrics**

Observations of particular interest, i.e., especially written-up single cases, will be published under the heading "Case reports". Such reports will usually not exceed 4 printed pages, 4 figures, and 1 table, and should be written in English.

**British Surgical Journal**

**Evidence based case reports:** These reports show how evidence can be applied at all stages of patient care. They should not exceed 1200 words.

Please define the clinical question in four parts; patient, intervention, comparison, and outcome. The report should show that you have searched for, cited, and summarized studies of appropriate relevance, design, and quality, and should state which bibliographic databases you have used. Finally, the report should answer the research question or state that there is no answer available.
eHeart

**Case reports:** Interesting, clinically relevant case reports (rarity is not a necessary component) will be considered for electronic only publication on eHeart. Case reports should have no more than three authors and be up to 1000 words (up to 10 references) with two figures and/or tables. A summary (up to 150 words) of the main message of the article should be provided which will also be published in the paper version. Occasional cases of exceptional clinical interest may be selected for publication in the paper version. Authors may be asked to expand these articles to emphasize particular points of interest.

**Intensive Care Medicine**

**Brief reports** should include brief original studies or reports on one or a small number of cases. They should not exceed 1,500 words; 1 or 2 illustrations and up to 10 references are permitted.

**Journal of Neurology, Neurosurgery and Psychiatry**

Short case reports may be selected for a **Lesson of the month** series.

**Journal of Pediatrics**

**Grand Rounds:** Grand Rounds manuscripts should be prepared in traditional clinicopathologic conference (CPC) style and may be submitted directly to the Editor, Dr. Balistreri, in Cincinnati, Ohio.

**Pediatric Cardiology**

**Case Reports:** Only unusual and especially significant reports will be published. Priority will be given to those exceptionally well presented. The same instructions should be followed as for other manuscripts (see above) except that they must be limited to no more than 1500 words, up to three small tables, up to four illustrations (diagrams or photographs), and no more than 12 references.

**Postgraduate Surgical Journal**

**Short reports:** Short papers or case reports should not exceed 1000 words, inclusive of abstract, introduction, report and discussion. Up to 10 references and two illustrations or tables will be accepted. Each report must include (on a separate sheet) a list of learning or summary points.

**Stroke**

**Short Communications:** Case studies with more than three patients are categorized as Short Communications. Articles generally do not exceed 1500 words and three tables or figures.

**Case Reports:** The editors will consider case reports for publication only if they present important and unique clinical experience. Authors should limit descriptions of negative and normal findings. Overall length should not exceed 1500 words, with only the most relevant references. Authors should limit figures to those that enhance the study.
The Lancet

Case reports: Describe in 600 words, a single interesting case, which should not be a rarity but one that a general surgeon might encounter, where there was some difficulty in reaching a diagnosis, and where there is a teaching point. Preferably the case should have a good illustration. At least one of the authors should have been in clinical charge of the patient. Consent for publication must be obtained before submission, from the patient or, if this is not possible, their next of kin. Download consent form.

Submission Letter

The submission letter is important because it is the first thing that an editor or reviewer will see and it can establish preconceptions that help, or hinder, a positive review of your work.

One format that may be useful is:

Journal editor name and address (check for correctness).

Dear (name accurately spelled):

Enclosed is a summary case report on (full title) which is being submitted for possible inclusion in the (specific journal section or conference topic area and date). Our review of the literature indicates that this may be the first (or a potentially important) instance of (brief description). New information on (this condition, surgical procedure) is important at this time because (provide a general context here).

This patient presented at Mercy Catholic Surgical Center, a large urban and suburban surgical center in Philadelphia and Darby Pennsylvania. (S)he was diagnosed and treated by (briefly list surgeons and their credentials). They have all seen and approved the enclosed manuscript.

In particular, this case (relates to, supports, etc.) the (more effective treatment of, further study of, the condition). We are submitting this case report to (journal name, conference name) because these findings would be of particular interest to (give possible target audiences). The case report is ( ) words long and contains ( ) tables and ( ) figures. It has not been published or submitted elsewhere.

The authors have no close financial interests or other related commitments to any company mentioned in this case that might represent potential conflict of interest. Each has indicated in writing that they have reviewed this paper and agreed to this submission for publication (presentation).

Copyright Transfer (If the journal does not have a form): The author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership, including any and all rights incidental thereto, exclusively to the (Journal title), in the event that such work is published by the (Journal title).

For additional information please contact (accurately give the contact person’s name, mailing address, home and work phone numbers, fax number and e-mail address).

These phrases are presented only as guidelines – vary them to meet your needs least the Editor conclude that you too used this manual.
Finally be particularly careful here to avoid spelling errors (particularly of the name of the editor or journal!) and typographical errors. It is also useful to submit the letter on surgical center stationary.

**Miscellaneous Issues**

**Editing your work:** After you put together the parts of your case report, allow sufficient time to edit the final document. Strive for a logical line of argument, clearly expressed, and remove any information that is not clearly linked to that argument.

The grammar checker on your word processor can also be a valuable tool as you edit the case report. However all such programs have major limitations, particularly for surgical writing, and should not be used as a substitute for feedback from colleagues. The same is true for many spelling checkers.

Obtaining feedback from others is often very useful here because at some point you are likely to be too close to your own work to evaluate it effectively. Colleagues are also likely to be kinder than journal or conference reviewers so that it is important to impress upon them that you want both positive and negative feedback. The Reviewing A Case Report form in Appendix B will help them in this process.

Finally, assume that you will have to rewrite or reedit your case report at least three times.

**Mailing:** You may wish to submit the material through a carrier (Fed Ex, Registered Mail, etc.) that will provide a record of the date that the case report was sent to the journal or conference. Manuscripts do occasionally get lost and such documentation can be important if there is a set submission date.
Checklist Before Submitting a Case report

You are at the final stage. Be careful here because an incorrect submission is again grounds for immediate rejection of your work. Use the following check list to assure that you meet the requirements for submission including:

___ Title on a separate page (if required).
___ Title length is appropriate.
___ Authors and their affiliated departments and institutions listed correctly.
___ Contact person for future correspondence correctly identified.
___ Required elements for a cover sheet are present.
___ Sources of support listed.
___ Single or double-spaced as appropriate
___ Size of margins is correct.
___ Word count is at or under the requirement.
___ Page you start numbering pages is correct.
___ Order of parts of submission is followed.
___ Completed copyright transfer form enclosed (if required).
___ Requested number of copies enclosed.
___ Self-addressed envelope is included if required.
___ Have separate copies of all pages in hard copy and on disk.
APPENDIX D

Possible Uses Of This Manual For Surgical Training

While this manual was primarily designed as a self-instructional aid, it also is potentially useful in training small and large groups of surgical residents. Each of these options is discussed below in terms of basic instructional objectives, a suggested training process, and possible outcome evaluation strategies.

Self-Instruction.

Objectives: By using this Manual, individual surgical residents will be able to:

1. Write a case report of sufficient quality to support presentation or publication.
2. Become confident of their ability to write other case studies in the future.

Process: The self-instructional use of this Manual involves the resident working alone and with peers and/or faculty. The suggested steps in this process are:

1. Fill out the first section of Appendix : Steps In Efficiently Preparing A Case Report to test if the case they select has presentation or publication potential.
2. Read the short descriptions of the different parts of the case report (pp. 1-7).
3. Use Appendix B to evaluate cases already published in a journal or were presented at a conference that you are targeting.
4. Review the information on your case and fill in the directly relevant sections of Appendix A.
5. Combine what you wrote in Appendix A into a draft case report.
6. Review Appendix C: Publishing Your Case Report to maximize your chances of acceptance.
7. Evaluate your effort using the Appendix B: Form for Evaluating A Case Report. And edit your case report.
8. Have a few colleagues (faculty and/or peers) use the form in Appendix B to analyze your work and provide feedback.
9. Rewrite, edit, and submit for publication or presentation.

Outcome Evaluation:

1. Objective 1: The evaluation form in Appendix B can be used by faculty to immediately evaluate the case study.
2. Objective 1: The most important measure is whether or not the case study is accepted for presentation at a professional conference or for publication in a surgical or medical journal.
3. Objective 2: Confidence in ability to do this task can be assessed through both verbal questioning and whether or not the resident prepares a second case study of acceptable quality.
4. Objective 3: The ability to critically evaluate a case report is assessed by having a resident analyze a specific example by using the Appendix B form and evaluating both the ratings and the appropriateness of the written comments on that form.
Small Group Instruction

When the group to be trained is ten or less, the following approach is potentially useful.

Objectives: As a result of attending a training session, each resident will:

1. Be able to critically evaluate a case report.
2. Become more confident in their ability to write a case report either alone or as part of a team.

Process:

1. Mini-Lecture: Prepare a brief (20-30) minute mini-lecture primarily based on the material in the Introduction to the Manual, Web resources, and the references cited at the end of that section. This mini-lecture should cover:
   a. The continuing role of case reports in surgical education and practice.
   b. The personal and professional benefits to residents of publishing and presenting case reports.
   c. How journals differ in the requirements stated in the Instructions For Authors. Specific, up-to-date, examples should be provided. Entrez/PubMed is a useful resource here for downloading this information from the Web pages of surgical journals.
   d. Basic sections of a case report.
   e. The types of case reports that are, and are not, likely to be accepted for presentation or publication.
   f. How to use the Manual and the Appendix B evaluation form.

2. Exercise: This exercise is designed to provide individual residents with an immediate opportunity to critically evaluate a case report.
   a. Hand out copies of the Manual and, separately, of the evaluation form.
   b. Hand out a case report that is relevant to their training.
   c. Residents read the entire case report.
   d. Individually they fill out the Appendix B evaluation form.
   e. Each section of the evaluation form is discussed in relation to the case. Depending on the style of the instructor, and the level of training of the residents, this can involve providing a critique and inviting reactions, or initiating a general discussion of each section by the residents.

3. Outcome Evaluation:
   a. Objective 1: The Appendix B form is collected and reviewed by faculty.
   b. Objective 1: Residents are asked to use the form to evaluate a separate case and faculty evaluates the results.
   c. Objective 2: Residents individually identify a case of theirs that they deem of particular interest and identify a faculty mentor that they would like to work with in writing up that case.
   d. Objective 2: The most important program measure is an increase in the number and quality of case reports presented and published by residents working with faculty.
Large Group Instruction

The small group approach is easily expanded to train groups of almost any size.

Objectives: As a result of attending a large training session, the resident will:

1. Be able to critically evaluate a case report.
2. Become more confident in their ability to write a case report either alone or as part of a team.

Process:

1. **Mini-Lecture:** Prepare a brief (20-30) minute mini-lecture primarily based on the material in the Introduction to the Manual, Web resources, and the references cited at the end of that section. With larger groups, presentation software is useful. This mini-lecture should cover:
   a. The continuing role of case reports in surgical education and practice.
   b. The personal and professional benefits to residents of publishing and presenting case reports.
   c. How journals differ in the requirements stated in the *Instructions For Authors*. Specific, up-to-date, example should be provided. Entrez/PubMed is a useful resource here for downloading this information from the Web pages of surgical journals.
   d. Basic sections of a case report.
   e. The types of case reports that are, and are not, likely to be accepted for presentation or publication.
   f. How to use the Manual and the Appendix B evaluation form.

2. **Exercise:** This exercise is designed to provide teams of residents with an immediate opportunity to critically evaluate a case report.
   a. Hand out copies of the Manual and, separately, of the Appendix B evaluation form.
   b. Residents are formed into teams led by faculty or by the more experienced residents.
   c. Hand out a case report to each team that is relevant to their training. In this situation, different teams can receive cases that illustrate varying aspects of surgical practice.
   d. Residents read the entire case report and use the evaluation form.
   e. Each section of the evaluation form is discussed by the team in relation to the case. Depending on the style of the instructor, and the level of training of the residents, this can involve faculty structuring the process and adding their clinical expertise, a more general discussion of each section among the team members, or a combination of these approaches.

4. **Outcome Evaluation:**
   a. **Objective 1:** The Appendix B forms are collected and reviewed by faculty.
   b. **Objective 1:** Residents are individually asked to use the form to evaluate a separate case and faculty evaluate the results.
   c. **Objective 2:** Residents individually or as teams identify a case of theirs that they deem of particular interest and identify a faculty mentor that they would like to work with in writing up that case.
   d. **Objective 2:** The most important program measure is an increase in the number and quality of case reports presented and published by residents working with faculty.