Publishing a Case Report: What, Why, and How?

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Disclosures

- No financial issues to disclose
Goals and Objectives

- Learn why a case should be reported
- Understand what makes a case reportable
- Know the critical elements in a writing a case report for publication
- Learn some general scientific writing tips
- Discuss an actual case report
Why Publish a Case Report?

- Advance the science of pediatrics
- Change the practice of pediatrics
- Generate interest in a subject
- Work with other pediatric clinicians/scientists
- Add to your c/v for fellowships, job interviews, etc
- Present to local, regional, national meetings
Getting Started
I. Is This Case Reportable?

- Do literature search on your case
- Uncommon observations
  - Unexpected presentation
  - Emerging disease
- Unusual combination of events or conditions that cause confusion
  - Unexpected association
  - Variation in the disease process
I. Is This Case Reportable? (continued)

- Adverse response to therapies
  - Unusual side effects or interactions
- Shed new light on pathogenesis
  - Illustration of a new theory
  - Question regarding a current theory
- Personal impact
- Timely/Topical
II. Assemble Your Information

- Keep in mind HIPPA rules!
- Case history and physical
- Hospital progress notes
- Labs
  - X-rays
- Path reports
- Discharge summaries
- Outpatient progress notes
II. Assemble Your Information (continued)

- Relevant scientific publications: abstracts, original science, review articles
- Relevant reference textbook articles
- Your own personal notes
- Make a Reference List of relevant articles to keep organized
- Do another literature search
  - Including target journals
III. The Next Step

- Find 3-4 suitable journals
  - Audience
  - Field
  - Impact factor
  - Likelihood for publication

- Review sample of published case reports

- Review Instructions for Authors for particular journals
  - In January edition and on website
  - Space limitations are paramount in minds of editors!
III. The Next Step (continued)

- Write out a quick rough 1st draft:
  - Background
  - Learning objectives
  - Case
  - Discussion
  - Take home points

- Voila! You’re on your way.
IV. Consent Issues

- Identifying patient information should not be published
- Informed consent should be obtained if any doubt that anonymity can be maintained
- Some journals archive consent forms themselves; others require authors to archive consent forms
IV. Consent Issues (continued)

“I understand that the material will be published without my name attached and every attempt will be made to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere – perhaps for example, someone who looked after me if I was in the hospital, or perhaps a relative – may identify me.”
Critical Elements
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- Title
- Introduction/Background
- Case
- (Literature Review)
- Discussion
- (Conclusion)
- References
- Abstract
I. Title

- Informative
- Accurate
- Succinct
- Effective
- Facilitate retrieval with electronic searching
II. Introduction/Background

- Overview of the larger problem
- One sentence description of patient
- Why this case is unique:
  - Previously unreported?
  - A new pattern?
  - Previously unsuspected relationship?
  - Unusual diagnosis, prognosis, therapy, harm?
- Does it contribute to scientific knowledge?
  - Learning points
III. Case

- Detailed description (i.e. Martian theory)
- Chief complaint
- History of present illness
- Physical exam
- Diagnostic studies
- Treatments
- Outcomes
  - Expected vs. actual
- Usually need proof of diagnosis beyond a doubt
IV. (Literature Review)

- Can appear after the Case Presentation or be included in Discussion section.
- More specific discussion of the disease entity, therapy, etc.
- Focus on the source of surprise or confusion in the case.
  - Not the entire body of work on topic. Remember space limitations!
V. Discussion

- Most important section
- How is this case different or unique?
- Learning points
- Alternative explanations and new hypotheses
VI. (Conclusion)

- Might be last paragraph of discussion
- Take-home message
- Recommendations to clinicians/scientists
- Future implications
VII. References

- Check journal’s Instructions for Authors
- More is not always better; remember space limitations!
- Avoid: abstracts as references, personal communications.
VIII. Abstract

- Condensed version with word limit
- Required by most journals when submitting case for publication
- Important as indexed by most electronic databases (i.e. what pops up on PubMed search)
- Required by most scientific meetings (SRM/SSPR) when submitting a case for presentation and used by reviewers and judges to determine merit
Becoming a Writer
I. The Writing Process

- Set a deadlines and stick to them!
- Save each draft as Word document for easy retrieval (i.e. steroid case rpt clin peds 1-12-2012)
- Don’t delete whole paragraphs
- Schedule time to write to avoid writers’ block
I. The Writing Process (continued)

- Revisions: of content, of order, of grammar, for consistency, to follow journal requirements
- Usually must confirm to:
  - “Uniform Requirements for Manuscripts Submitted to Biomedical Journals”: [www.icmje.org](http://www.icmje.org)
  - and/or
  - AMA Manuel of Style: [www.amamanuelofstyle.com](http://www.amamanuelofstyle.com)
II. Order of Your Writings

- Case
- References
- Introduction/background
- Discussion
- Abstract
- Title
III. Getting Feedback

- Co-authors should all give feedback on manuscript before submission.
- Decide on authorship up front:
  - First author: does most work, listed first.
  - 2nd, 3rd, etc authors: listed in order of contribution. Must have made meaningful contribution to one component of work and know who is responsible for other components.
  - Senior author: listed last; often instigator of the whole thing.
III. Getting feedback (continued)

- Need to designate a “corresponding” author (i.e. contact person). Usually 1st or senior author.
- Involve co-authors and be specific about what you need from them
- *Do not submit case for publication or presentation without final approval of all authors
IV. Additional Writing Tips

- <20 words per sentence
- Use verbs early in sentence
- Limit use of modifiers
- Use words correctly
- Check your spelling
IV. Additional Writing Tips (continued)

- Avoid weak verbs (to be, to have)
- Check frequency of use of “very,” “of”
- No flowery language.
- Remember space requirements!
Examples of Guidelines
I. *Pediatrics*: “Case Reports”

- Abstract ≤ 250 words
  - Unstructured summary of case
- Article ≤ 1600 words
  - Introduction (1-2 paragraphs)
  - Patient presentation
    - Including diagnosis and outcome
  - Discussion
    - Brief review of the literature
    - How does this add new understanding?
II. New England Journal of Medicine

- Several different formats: “Clinical Problem Solving, Images in Clinical Medicine, Interactive Medical Case”, etc
- Describe 1-3 patients or single family
- Summary ≤ 100 words
- Article ≤ 2000 words
- ≤ 3 tables or figures
- ≤ 25 references
Let’s Review
I. Steps to Writing a Case Report

- A patient has an interesting condition
- Do an initial literature search
- Identify a "take-home" message or teaching point from the case
- Choose an appropriate journal for publishing
- Obtain the journal's instructions for authors
I. Steps to Writing a Case Report (continued)

- Enlist a medical student, resident, fellow, or attending to help spread the work load
- Perform a 2nd literature search of specific journals
- Compile case info and source articles in a file
- Assign a reference number to each reference source and form a list
- Write up the case and discussion in the required format using reference numbers

Brodell 2000
I. Steps to Writing a Case Report (continued)

- Mail your manuscript with cover letter providing your address, phone and fax numbers, and e-mail address. Usually need all of co-authors original signatures.
- Obtain reviewers' comments if the article is not accepted by the journal.
- Revise paper using reviewers' comments and the guidelines for authors of another appropriate journal.
- Submit article to the second journal.
Practice Case
Practice Case: History

- 17 year old white male with headache and blurry vision x 2 weeks
- No fever; ROS otherwise negative
- PMHx: not significant
- Fam Hx: negative for migraines
- Dev/HEADSS: C-D student in 12\textsuperscript{th} grade; plays baseball; hoping for athletic scholarship to college; occasional supplement use to boast strength.
Practice Case: Physical Exam

- VS: 35.4, 50, 18, 131/55
- Gen: awake, alert, moderate discomfort due to HA
- Eyes: +papilledema (R>L)
- Neurologic exam: R esophoria; otherwise negative
CT and MRI of head: normal
LP: +elevated opening pressure; CSF studies negative
MRV of head: R transverse and sigmoid sinuses thrombosis
Coags: +elevated Factor VIII levels and mutation at MTHFR locus; otherwise normal
Toxicology screen: negative
Practice Case: Additional Hx

- During hospitalization, the patient admitted to attending MD that the athletic supplements he used usually contained steroids.
Practice Case: Outcome

- Diagnosed w/ pseudotumor cerebri
- Started on acetazolamide and underwent multiple diagnostic and therapeutic LP’s
- Received appropriate counseling re: athletic performance enhancing drugs and side effects
- Discharged after 12 days with complete resolution of symptoms
- Pt had several outpatient visits but was lost to follow up
Big Question: Is This Case Reportable?

- Uncommon observations
- Illustration of a new theory
- Question regarding a current theory
- Unusual combination of events or conditions that cause confusion
- Adverse response to therapies
- Personal impact
- Timely/topical
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