BMJ

BMJ Case Reports Publishing, sharing and learning through experience

Ali Boukabache Training Manager, BMJ aboukabache@bmj.com

casereports.bmj.com

Today's session

- Introduction to BMJ Case Reports
- How to browse and search for cases
- How to write a good case report
- How to submit a case report

Introduction to BMJ Case Reports

What is a Case Report?

- A case report tells a clinical story that has unique value to the field of practice
- Shared for the purpose of educating others or stimulating further scientific inquiry and the development of a new understanding or knowledge



BMJ Case Reports

- The largest single collection of medical cases in the world
- Over 20,000 case reports published from over 70 countries
- An invaluable educational resource for all healthcare professionals, providing clinically important information on common and rare conditions
- Covers all specialties and a wide range of case types
- Unlimited number of case submissions
- Simple submission steps
- All published cases are indexed on Medline/PubMed, CINAHL and Scopus
- Acceptance rate: 61% cases submitted in 2018



Types of cases covered in BMJ Case Reports

- Global health
- Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
- Learning from errors
- New disease
- Novel diagnostic procedure
- Novel treatment (new drug/intervention; established drug/procedure in new situation)
- Rare disease
- Reminder of important clinical lesson
- Unexpected outcome (positive or negative) including adverse drug reactions
- Unusual association of diseases/symptoms
- Unusual presentation of more common disease/injury
- Images In... / Video 1 or 2 striking and/or clinically important images with a brief (less than 500 word) description of the educational message
- Medicine in the humanitarian sector
- Applied basic science
- Innovations in Treatment



Specialties covered - Clinical

Anaesthesia

Cardiovascular medicine Complementary medicine Dentistry and oral medicine Dermatology Diagnostics Nursing Drugs and medicines ENT/otolaryngology **Emergency medicine** Endocrinology Gastroenterology General practice / family medicine Paediatrics Genetics Geriatric medicine Pathology

Haematology (incl blood transfusion) Immunology (including allergy) Infectious diseases Intensive care Neurology Nutrition and metabolism Obstetrics and gynaecology Oncology Ophthalmology Orthopaedics Palliative care

Pharmacology and therapeutics Prison medicine Psychiatry Radiology Rehabilitation medicine Renal medicine Respiratory medicine Rheumatology Sexual health Sports and exercise medicine Surgery Urology



Specialties covered - Non-Clinical

Ethics	Public health
Ethnic studies	Medical consequences of conflict
Health economics	Migration and health
Health informatics	Obesity (public health)
Medical education	Smoking and tobacco
Medical management	Sociology
Occupational and environmental medicine	Statistics and research methods
Disease and health outcomes	
Exposures	
Occupational and environmental medicine	



How to browse and search for cases

Help

Email alerts

Search the world's largest collection of clinical case reports

Browse cases by: specialty, latest Sharing and learning through experience content, most read, responses, images, videos Publish in BMJ Case Reports Instructions for authors Submit a case report Become a fellow



Example of "Images in" case report

Additional options for every article including alerts, usage statistics, submit a response, citing and social



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A twist of fate with a turn of neck FREE



Mubashira Hashmi¹, Shaista Siddiqi², Shahid Mustafa¹, Khurram Siddiqi³, Naveeduddin Ahmed², Naveed Ahmed⁴, Farrukh Shohab¹

Author affiliations +

http://dx.doi.org/10.1136/bcr.01.2010.2646

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Description

A 45-year-old man, presented with right-sided headache and neck pain, blurring of vision, vomiting, numbness and weakness of the right half of the body. On query, he gave a history of neck massage by professional masseurs, 2 weeks prior to the presentation, with an episode of brief loss of consciousness during the massage. On examination he was awake, alert, had symmetrical pulses and blood pressures with right hemi-paresis and hemi-anaesthesia.

Cranial MRI demonstrated ischaemic infarcts in the left cerebellar, the left occipital and the left thalamic region (figure 1A) and an intraluminal thrombus in the left vertebral artery (figure 1B). A subtracted threedimensional CT angiography revealed dissection along posterio-superior aspect of the left subclavian artery, involving the origin of vertebral artery (figure 1C,D). This most likely resulted in multiple emboli from intravertebral thrombus, which was evident by the presence of ischaemic lesions on the side of the affected vessel. He was started on anticoagulation and discharged with almost complete recovery.



Download figure

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How to write a good case report



Search the world's largest collection of clinical case reports



Sharing and learning through experience

Browse case reports by: Specialty | Latest content | Most read | Responses | Videos | Images



Handy hints

- Know what the editors are looking for view the "Instructions for authors" and "Author FAQs"
- Read some of the published cases <u>special edition booklet</u>
- Read the guides provided Writing and publishing a Case Report
- Follow the <u>templates provides</u> Full case, Images in.../Video or Global health
- Use simple language and grammar
- Seek help from your senior colleagues



What are the editors looking for?

- Healthcare workers, including medical students and junior doctors, must find the cases to be relevant, engaging and a valuable learning resource
- Valuable clinical or ethical lessons
- Common cases that present a diagnostic, ethical or management challenge, or that highlight aspects of mechanisms of injury, pharmacology or histopathology



BMJ Case Reports – A typical structure

- Summary
- Background
- Case Presentation
- Investigations
- Differential diagnosis
- Treatment
- Outcome and follow-up
- Discussion
- Learning points/ take home messages

- References
- Figure/ Video captions
- Patient's perspective





PLEASE DELETE THESE PAGES BEFORE SUBMITTING YOUR ARTICLE

I HAVE SIGNED PATIENT CONSENT

You must have signed informed consent from patients (or relatives/guardians) before submitting to BMJ Case Reports.

For living patients this is a legal requirement under the UK's Data Protection legislation; we will not send your article for review without explicit consent from the patient or guardian.

Consent forms are available in several languages on the BMJ Author Hub.

ALL AUTHORS (MAXIMUM 4 ALLOWED) HAVE APPROVED THE SUBMISSION

> Important information on authorship

THE ARTICLE IS ORIGINAL

BMJ takes publication ethics very seriously and abides by the best practice guidance of the <u>Committee</u> on <u>Publication Ethics</u>. Every article is screened using iThenticate on

submission and any that is deemed to overlap more than trivially with other publications will be rejected automatically with no right of appeal. Do not copy paragraphs from



I HAVE A VALID FELLOWSHIP

You or your institution must be a Fellow of BMJ Case Reports in order to submit.This does not however guarantee we will publish your case

reports. <u>Further information</u> is available online on rates and how to purchase your Fellow Membership Subscription. Contact your librarian or head of department to see if your institution already has a Fellowship.

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BMJ Case Reports

Complete the template below.

Before starting each section delete the tip that is in the box

TITLE OF CASE

TIP: Do not include "a case report" in the title. Do not use cryptic or humorous titles. Keep the title clinical and straight forward - this way people are more likely to find your article.

SUMMARY

TIP: This is freely available online and is the equivalent of an abstract. Use a maximum of 150 words summarising the the case presentation and outcome. We need a good flavour of the case – emphasise the learning points

BACKGROUND

TIP: Why do you think this case is important - why did you write it up?

Is this a prevalent health problem?

Is there a clear message?

CASE PRESENTATION

TIP: Give a comprehensive account of the presenting features, including the medical/social/ family history.

- This is the patient's story please be sensitive to patient confidentiality
- How did they present?
- What is the relevant history? Why is this relevant?
- Explain your findings and how they influenced your decisions
- Do not use abbreviations for diseases or investigations

INVESTIGATIONS If relevant

TIP:

All investigations that create a background (baseline) picture are relevant.

 All investigations that are crucial to management decisions should be discussed in full – include the limitations of investigations.

Choose appropriate images and videos to illustrate your point (maintaining patient confidentiality)

DIFFERENTIAL DIAGNOSIS If relevant

TIP: Please do not list diagnoses. We want to understand how the final diagnosis was teased out. This is often the most important section and needs to be substantially discussed.

All working diagnoses need to be substantiated.

TREATMENT If relevant

TIP: Include pharmacological and non-pharmacological, e.g. surgery, physiotherapy, supportive care.

OUTCOME AND FOLLOW-UP

TIP:

- Always include follow-up data where you can; this gives readers a clear understanding of outcome.
- The follow-up period should be defined.
- Please state whether the patient has died.

DISCUSSION Include a very brief review of similar published cases

TIP: This is the opportunity to describe mechanisms of pathology/injury, guidelines and their relevance, diagnostic pathways (use diagrams if you like) and the points of interest of the case.

- Include a very brief summary of similar published cases.
- A brief summary of relevant clinical guidelines is important.
- Did you have to make an exception?
- Did you have to adapt the guidelines?

LEARNING POINTS/TAKE HOME MESSAGES 3-5 bullet points

THIS IS A REQUIRED FIELD

TIP: This is the most crucial part of the case – what do you want readers to remember when seeing their own patients?

Research and Publishing Ethics

- You must have signed informed consent from patients (or relatives/guardians) before submitting to BMJ Case Reports.
- Please anonymise the patient's details as much as possible
- Consent forms are available in several languages: http://authors.bmj.com/submitting-your-paper/patient-consent-and-confidentiality/ (link can be found on template)



How to submit a case report



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click 'Log In'.	• User Tutorials C • Journal Home C	

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Instructions & Forms II



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Open access

All authors have the option to publish their manuscript open access for a fee, payable after acceptance. A number of institutions have taken out open access memberships with BMJ which cover part or the full cost of open access publishing for authors at those institutions.

ESSENTIAL INFORMATION FOR BMJ CASE REPORT AUTHORS Submission Templates

Submissions must be submitted using the most recent version of the Word templates:

Full cases template

Images in... template Global health template

Please read these instructions before completing the template Patient Consent



Complete the submission process

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Submission

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Step 1: Type, Title, & Summary

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	0	Findings that shed new light on the possible pathogenesis of a disease or an adverse effect		
	0	Learning from errors		•

	Images In	Very brief articles comprising 1 or 2 striking and/or clinically important images with a short description of the educational message. Images in articles should be no
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If you are submitting a revision, please review the files uploaded and include only the latest set of files. The main document should not be a marked up version. A version with tracked changes should be uploaded as 'Revised manuscript marked copy'.

If you have updated a file, please delete the original version and upload the revised file. To designate the order in which your files appear, use the dropdowns in the "order" column below. View your uploaded files by clicking on HTML or PDF.

Please note: Authors are encouraged to use the relevant research reporting guidelines for the study type provided by the EQUATOR Network. This will ensure that you provide enough information for editors, peer reviewers and readers to understand how the research was performed and to judge whether the findings are likely to be reliable

The key reporting guidelines are:

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- Observational studies in epidemiology: STROBE guidelines and MOOSE guidelines
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If yes, who signed it?

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Step 6: Review & Submit

ACKNOWLEDGEMENTS

If you would like to link this to another case/cases by the same author(s) please provide the relevant paper numbers.

* Are you interested in following up the case to add to the published report?

No

>

* I, the Corresponding Author, have read and understood the Terms & Conditions of submitting this article to BMJ Case Reports (which is in addition to my Assignment of Intellectual Property Rights).

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