

## How to Write a Case Report for Journal of Orthopaedic Case Reports– What do Editor and Reviewer want?



More than two years have passed since Journal of Orthopaedic Case Reports (JOCR) has started publication. Over this period of time a huge number of reviewers and Editorial Board Members have contributed to review the articles and send comments on improvement of various aspect of case reports. I have personally reviewed and rewritten almost all articles that are published in the journal. During this course I too learned few tips and tricks about writing a good case report and I wished to share them with our authors. Also the number of submissions have exponentially increased and so the load on reviewers and editorial board has increased. In this situation a lot of case reports are getting rejected due to issues in writing and formatting. These two issues prompted me to write this Editorial giving a brief perspective on what the Editors and Reviewers want from the authors when they write a case report for JOCR. I shall cover the topic as per headings of the case report.

**Title:** the title of the case report should be descriptive and should contain broad details of the case. It should be appealing to the reader and should arouse interest in the case report. A blanket title like 'Aneurysmal bone cyst of calcaneum: a rare case report' should be written in a more descriptive terms like 'Curettage and bone grafting for aneurysmal bone cyst of calcaneum in a young woman: Surgical decision making and outcome'

**Abstract:** a structured abstract is needed as per JOCR guidelines. The introduction part of abstract should clearly mention why the case is reported. The case report part should contain the salient features of the case and conclusions part should contain all the important learning points from the case. Keywords are essential and if possible do format them according to medical subject heading (Mesh) terminology from pubmed.

**Introduction:** Many authors try to give introduction of the disease, for example if they are describing a case of adamantinoma, they try to write an introduction to adamantinoma on a whole. This should not be done and introduction should be very specific. If your case is pathological fracture of tibia secondary to adamantinoma, the introduction should start with pathological fractures in adamantinoma and then move ahead. The purpose of introduction is to introduce the premise of your case and not to introduce the disease or pathology. The introduction should further clearly justify why you wish to report this case and to do this it should include a review of all similar cases reported in literature. I shall personally recommend all authors to include a table of literature review in introduction with details of patient demography, treatment method and results. The last line of introduction should mention, in unambiguous words, why the reported case is important and why the reader should read any further. Use references to justify every sentence in introduction and provide recent literature in review.

**Case Report:** Make this section succinate but at the same time include all relevant details. Describe everything in chronological manner. Provide detail description of history, symptoms and clinical findings. Include relevant pathological investigation. Discuss the differential diagnosis here in case report and what procedures were carried out to differentiate the said disease from other differentials. Some authors take it for granted that the reader is accepting the diagnosis and do not discuss the complete methodology for arriving on the diagnosis. I will request all authors to clearly describe the method of differential diagnosis and if possible include a flow chart. Describe the radiograph and other radiological investigations in details with figure numbers. Especially in MRI scans describe the T1 and T2 and other special frames in details and what exactly is seen in it [possibly with references]. The final decision about the management of the case should also be rationalized here. Details about clinical decision making concepts should be provided here and if possible in form of a flow chart. Again at times special implants or equipment's are planned for surgery and these too should be included here. The surgical part of the case report should be described in great details along with approach, exposure and wherever possible intraoperative photographs should be included. Surgical tips and pearls will be very important and can be included in a small box. Any special improvisation required during surgery or any significant observation or event during surgery should be mentioned. Post-operative protocol should be provided in brief with details of radiographic assessment if applicable. At follow up the functional status of the patient should be mentioned in details along with

clinical photographs. If serial follow ups are available, details can be included in a table. Complications or any other specific observations should be mentioned at the end of case report.

**Discussion:** This part is meant to put the current report in context with the literature. The literature review table in the introduction should be used here. The comparison can begin with demography and patient characteristics and should also include the intra-operative details and results. The peculiarity of the case should be discussed in details and important learning points should be backed with literature support. Differential diagnosis and different clinical management protocols can be discussed here with reference to the reported case. Approach to surgery and complications or potential complications should be discussed with rationalization on why certain approach was used or how a certain complication can be avoided. Focus on points that you find are different in your case as per literature but also cover the points that are common with literature. The end of the discussion should include a conclusion where all learning points should be included. This is followed by clinical message where clinical application of the learning points should be mentioned in one sentence.

**References:** Standard format of references is applicable can be directly taken from pubmed. Please include all recent references and a maximum of 25 -30 references can be included in case the literature review has more reports. **Figures / Legends:** Provide good quality photographs of all picture separately [and not embedded in the word file] and provide legend for each photograph separately. Legends can be more descriptive and should help the reader understand the figures without referring the manuscript

**General comments:** JOCR provides equal platform to evidence based medicine as well as personal experience and every case report should reflect both these important concepts. Both concepts i.e. the literature and personal experience have to be balanced and neither should be overdone. Write about practical concepts that can come to minds of readers and address them in your report. Place yourself in shoes of a reader who has a similar case. With this in mind provide details of differential diagnosis, clinical decision making and surgical procedure as if you are providing a blueprint for management of such cases. This may sound as a different concept to people who imagine case reports to be something rare or unusual to be reported. In JOCR the case report is also a case management blueprint where the case may not be unusual but the management may be different or the differentials may be confusing or surgical technique is improvised or a different unique learning point is seen in the case. Authors need to find these points in their case reports and highlight them. One major thing that should never be done is 'Plagiarism'. I will request all authors to avoid plagiarism (copy and paste) from other journal articles at all cost. At JOCR we do use plagiarism check software and can easily detect plagiarized manuscript. Plagiarism will attract immediate rejection with blacklisting of authors for minimum 2 years.

I believe if these guidelines are followed, it will help authors to format good articles for JOCR. It will also help us editors and reviewers to make quick decisions and help facilitate publications. And most importantly it will help the reader to gain every bit of knowledge from the case and be confident that if such a case presents to them, they will be able to manage it appropriately. This will help in combining the concepts detailed in earlier four editorials which focused on creating a personalised journal [1], noting single observations [2] and combining wisdom of crowds [3] in creating avenues for pursuit of knowledge [4]. I will urge all authors to read all these past editorials along with present editorial [5] to have a complete idea of what is expected from them when they submit a case report.

JOCR is now well established and will further focus on improving the quality of articles and making it a more interesting read for our readers. Next whole year will focus on improving the quality of the journal and also making it more readable with the aim of making JOCR the most widely read journal in Orthopaedics.

#### References

1. Shyam AK. JOCR: Personalised Journal, Personalised Network and Clinical Decision Making (CDM). *Journal of Orthopaedic Case Reports* 2012 Oct-Dec;2(4):2-3.
2. Shyam AK. Editorial – A Single Observation can Change a Paradigm. *Journal of Orthopaedic Case Reports* 2013 Jan-March;3(1):1-2
3. Shyam AK - Wisdom of the Crowds: Extending the Domain of Medical Information to Case Banks and Online Forums. *Journal of Orthopaedic Case Reports* 2013 Jan-March;3(1):1-3
4. Shyam AK. Research! Research! Research! What are Thou?. *Journal of Orthopaedic Case Reports* 2013 July-Sep;3(3):1-2.
5. Shyam AK. How to write a Case Report for Journal of Orthopaedic Case Reports– What do Editor and Reviewer want? *Journal of Orthopaedic Case Reports* 2013 Oct:Dec;3(4):1-2.

Conflict of Interest: Nil  
Source of Support: None

#### How to Cite this Article:

Shyam AK. How to write a Case Report for Journal of Orthopaedic Case Reports– What do Editor and Reviewer want? *Journal of Orthopaedic Case Reports* 2013 Oct:Dec;3(4):1-2.