

How to complete the submission template for full cases

GENERAL GUIDANCE

The most difficult problem we face in review of manuscripts is poor language or grammar. It is a huge shame to reject articles because they are badly written when the message they contain is important. The language reflects the authors, their institution and the journal, and inevitably, presentation and style hugely influences the perception of the management of any case

- Read the case presentation back to yourself. Is there a natural flow from presentation to discharge and follow-up? Are all decisions explained?

Don't be afraid to write about complications. They are universal and learning from each other's experience is key in medicine. Do discuss these with clarity so that all findings and management decisions are obvious. The audience are not reading to approve or disapprove but needs to be in a position to make sense of the story. The discussion of pitfalls is the single biggest contribution to learning in case reports:

- unusual presentations of common cases
- inconclusive results
- grey areas in indications for treatment
- management challenges
- near misses

TITLE OF CASE
You do not need to include "a case report" in the title – you may be cryptic if you wish
SUMMARY <i>This will be freely available online</i>
Up to 150 words summarising the case presentation and outcome We need a good flavour of the case – emphasise the learning points
BACKGROUND <i>Why you think this case is important – why did you write it up?</i>
Why is the case of interest to our readers? Is this a prevalent health problem? Is there a clear message?
CASE PRESENTATION <i>Presenting features, medical/social/family history</i>
This is the patient's story – but please be sensitive to patient confidentiality <ul style="list-style-type: none">• 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 <i>If relevant</i>
All investigations that create a background (baseline) picture are relevant All investigations that are crucial to management decisions should be discussed in full Chose appropriate images and videos to illustrate your point (maintaining patient confidentiality)

DIFFERENTIAL DIAGNOSIS <i>If relevant</i>
<p>Please don't list these. What we want to see is how the final diagnosis is teased out. What are the consequences to management or treatment for the differential diagnoses?</p> <p>For example A man in his 60s who has smoked for 40 years and presents with epigastric pain radiating posteriorly may have a leaking abdominal aortic aneurysm, acute pancreatitis or a perforated duodenal ulcer. Particular historical details and investigations separate these diagnoses, and treatment of each is vastly different; indeed, treating one cause for the other is detrimental. Discuss these and the pitfalls that may ensue.</p>
TREATMENT <i>If relevant</i>
<p>Include pharmacological and non-pharmacological, eg, surgery, physiotherapy, supportive care</p>
OUTCOME AND FOLLOW-UP
<p>Always include follow up data where you can; it gives readers a clear understanding of outcome The follow-up period should be defined Please state if the patient has died even if not directly related to your case</p>
DISCUSSION <i>Include a very brief review of similar published cases</i>
<p>This is the opportunity to describe mechanisms of injury, guidelines and their relevance, diagnostic pathways (use diagrams if you like) and the points of interest of the case</p> <p>A brief summary of relevant clinical guidelines is appropriate Did you have to make an exception? Did you have to adapt the guidelines?</p>
LEARNING POINTS/TAKE HOME MESSAGES <i>3 to 5 bullet points</i>
<p>THIS IS A REQUIRED FIELD These are the most crucial part of the case – what do you want readers to remember when seeing their own patients</p>
REFERENCES
<p>Include only relevant references including guidelines in Vancouver style</p>
FIGURE/VIDEO CAPTIONS
<p>We do not have a limit on illustrations but choose only what illustrates your case most effectively We encourage colour images and video files</p>
PATIENT'S PERSPECTIVE
<p>This is an optional section to give the patient the opportunity to comment on their experience – only very relevant personal and family details should be included</p>

BMJ Case Reports

Publishing, sharing and learning through experience

ESSENTIAL INFORMATION

In addition to the guidance in this template please read the [instructions to authors](#) online

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, eg, specific ages, occupations. Consent forms are available in several languages <http://group.bmj.com/products/journals/patient-consent-forms>

You or your institution must be a Fellow of BMJ Case Reports in order to submit. Fellows can submit as many cases as they like, access all the published material, and re-use any published material for personal use and teaching without further permission.

- For more information on rates and how to purchase your fellowship visit <http://casereports.bmj.com/site/about/becomeafellow.xhtml>
- Contact your librarian or head of department to see if your institution already has a Fellowship

EXAMPLE OF A WELL PRESENTED CASE REPORT

Isoprenaline and quinidine to calm Brugada VF storm. Guy Furniss. Published 13 August 2012.

<http://casereports.bmj.com/content/2012/bcr.04.2011.4156.full>