

BMJ Case Reports

Publishing, sharing and learning through experience

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

NB There are separate Word templates for "Images in ..." and Global Health articles

TITLE OF CASE
You do not need to include "a case report" in the title. Keep the title clinical and straight forward – this way people are more likely to find your article
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 This is the "abstract" that appears in search engines
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 – include the limitations of investigations Chose appropriate images and videos to illustrate your point (maintaining patient confidentiality)

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DIFFERENTIAL DIAGNOSIS *If relevant*

Please do not list diagnoses. We want to understand how the final diagnosis is 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*

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

OUTCOME AND FOLLOW-UP

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*

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

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 to 5 bullet points*

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

REFERENCES

Include only relevant references including guidelines in [Vancouver style](#)

FIGURE/VIDEO CAPTIONS

We do not have a limit on illustrations but choose only what illustrates your case most effectively and make sure that the patient would not be recognised

We encourage **colour images and **video files****

PATIENT'S PERSPECTIVE

This is an important section and gives the patient/close family the opportunity to comment on their experience. This enhances the case report and is strongly encouraged

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PATIENT CONSENT

- 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, e.g. specific ages, ethnicity, occupations. **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.** If the patient is deceased the Data Protection Act does not apply but authors must seek permission from the next of kin. If you cannot get signed consent from the next of kin, the head of your medical team/hospital or legal team must take responsibility that exhaustive attempts have been made to contact the family and that the paper has been sufficiently anonymised not to cause harm to the family. You will need to upload a signed document to this effect.
 - Further information is available [online](#)
 - [Consent forms](#) are available in several languages

PUBLICATION ETHICS

- BMJ takes publication ethics very seriously and abides by the best practice guidance of the [Committee on Publication Ethics](#). BMJ is a member of CrossCheck by CrossRef and iThenticate which is a plagiarism screening service that verifies the originality of content submitted before publication. iThenticate checks submissions against millions of published articles, and billions of web content. Authors, researchers and freelancers can also use iThenticate to screen their work before submission by visiting www.ithenticate.com
 - **Every article is screened on submission and any that is deemed to overlap more than trivially with other publications will be rejected automatically with no right of appeal**

FELLOWSHIP

- 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.
 - [Further information](#) on rates and how to purchase your fellowship
 - Contact your librarian or head of department to see if your institution already has a Fellowship

**WE DO NOT ISSUE REFUNDS ON FELLOWSHIP FEES
APART FROM IN VERY EXCEPTIONAL CIRCUMSTANCE**

EXAMPLE OF A WELL PRESENTED CASE REPORT

Angiolymphoid hyperplasia with eosinophilia presenting as an axillary artery aneurysm. Neil Kukreja, Matthias Koslowski, Robert Insall. *Published 3 May 2011*

<http://casereports.bmj.com/content/2011/bcr.02.2011.3836.full>