



BMJ Case Reports

What do we publish?

BMJ Case Reports publishes four types of manuscript.

 **clinical case reports**

 **global health case reports**

 **videos** and  **images**



Please use this guidance in conjunction with our writing templates



Clinical case reports

are closest to classical case reports which describe unusual presentations, difficult diagnoses, challenging management decisions, pathophysiological mechanisms and complications. Adverse events, when reported, should be carefully described for learning purposes only.

[Read more](#) >



Global health case reports

add detail about the patient's social determinants of health, access to health care, prevailing local and national issues that affect health and well-being, and the challenges in providing care to vulnerable populations or with limited resources.

[Read more](#) >



Videos

may be submitted with any of the three templates above. Crucial to all images and videos is that the patient is not identified and images and videos are cropped to show only the clinical point of interest.

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Images

in cases, include a short description (about 500 words) of the case centred around relevant clinical images or videos

[Read more](#) >

[Learn how to how to write for BMJ Case Reports](#)





How to write

Please **download and type directly into our templates** which contain key reminders and author instructions. The templates and instructions for each of these have evolved over the last 10 years, so whether you have published with us before or this is your first manuscript for us, please, check the template instructions and reminders carefully.

Our two key objectives are that all published manuscripts have **substantial novel learning value** and that all manuscripts are **patient-centred**. What this means is that we publish both common and rare cases as long as there is **something new to learn** from these or as long as **clinical information is presented in a manner that optimises learning** – illustrating clinical and pathological correlation, reminding us of essential basic science, clarifying biochemical pathways and physiological mechanisms, presenting clinical guidelines in ways that are easy to follow, critically appraising relevant and up-to-date literature, and illustrating operative steps and anatomy.

Crucial to publication is the presentation of **a solid evidence base for the arguments** made in each manuscript and **learning points derived precisely from the clinical material presented**. Conclusions should be tempered as a reminder that these are single cases. Limitations in the interpretation of the information presented should be included in the discussion section. We do not publish manuscripts that report the efficacy or effectiveness of new treatments or phase II clinical trials. To avoid disappointment, any manuscript about novel treatments, treatment regimes or lifestyle changes should be preceded with a pre-submission enquiry.



How to select a case to write about

We suggest that you **write about a patient who is currently under your care**, someone who can be a part of the writing process and is available for you to double check details, clarify parts of the clinical story, is easy to follow up in person or remotely, and can offer you their individual perspective of their experience of illness and treatment.

Thus, when obtaining **consent** to submit and publish your manuscript, the patient is fully informed of the process and implications of online publication.

As the Internet has evolved, it has become important to safeguard the patient's identity, thus, we ask that **all patient details are anonymised** – use age ranges rather than the exact age of the patient, e.g. “a woman in her 20s” is preferable to “a 24 year old woman”, do not describe ethnicity or occupation unless essential to the clinical pathology, do not use the names of places and do not use calendar dates (thus, “January 2022” would be 8 months ago”). **Do not upload images** where the patient may be identified – check that there is no written identifying information on the images and do not upload facial images. It is common to discuss family history in detail – **all individuals mentioned in the manuscript will also need to provide informed consent** – use our BMJ consent form.

How to write

Involve your patient from start to finish

Type directly into our templates

Use formal medical English

Illustrate with images and diagrams

Anonymize all patient details

Informed consent from everyone mentioned

Complete all author statements

Address all reviewer comments in earnest

Key steps

These are steps we suggest that you follow: select the patient you plan to write about, discuss this with the team and all the personnel relevant to aspects of the patient's care, collect all the information you need and type directly into the Word templates that we have prepared for you.

At the end of the templates are **author statements** that must be completed in full. **All manuscripts should be written with the supervision of the senior clinician responsible for the patient's care and for obtaining written consent from the patient.** Use our guidance to help you write and to avoid pitfalls that might prolong the time it takes to send you a decision about the progress of your manuscript or that may result in rejection.

Access the BMJ language editing service



Checklist

Consent

- > Have you read our patient consent information? We do not publish without consent - search for BMJ Author Hub for our details [Visit BMJ Author Hub](#) 
- > Do you have the patient's consent to submit your manuscript?
- > If the patient is deceased, do you have consent from the next of kin to submit your manuscript?
- > Are you in contact with the patient? Will it be easy to contact them again? This is important for the additional information you may be asked to provide during revision and to update follow-up outcomes.



How to write

- > Have you chosen to write about a topic where there is something new to learn?
- > Have you chosen the correct template?
- > Do you have all the clinical information you need (histology slides, clinical images, results)?
- > Are you writing in formal medical English (in full sentences, not in note form) Have you avoided medical colloquialisms or medical shorthand (for example “**labs**”, “**bloods**”)?
- > Have you checked for typos and grammar errors? Use either formal medical British or US English. Typos and grammar errors are not routinely corrected by the journal team and will delay publication. Please check and correct your manuscript carefully before you submit.

Access the BMJ language editing service



- > Have you checked all numerical values, results, percentages, drug doses and frequencies, and units of measurement in the manuscript?
- > Have you fully anonymised the manuscript? (No exact age, no calendar dates, etc)
- > Have you removed the patient’s face from all images and videos?
- > Have you presented the clinical information in an effective way? Use diagrams
- > Are your conclusions based on the clinical information in the case report and a thorough appraisal of up-to-date literature?
- > Are your references in the Vancouver style?

Key issues that affect publication

- > Are you certain that there is no overlap between what you are writing now and what you or someone else has already published elsewhere? Run a check for overlapping text or plagiarism before you submit. We do not accept manuscripts after preprint.
- > Has this case been published by you or someone else already? Another clinical team may be publishing a case report about the same patient.
- > Has the senior clinician responsible for the patient’s care supervised the writing of the manuscript and taken written informed consent from the patient? Have you included their contact details?
- > Have you cleared publication with the head of department or institutional ethics committee?
- > Is this patient enrolled in a clinical trial?
- > Is the case the subject of litigation or complaint?
- > Has this case appeared in the media?
- > Some published BMJ Case Reports are picked up by the media. Is your patient aware of this? Is the senior clinician responsible for the clinical care of the patient and writing of the case aware of this?
- > Have you completed the author statements in our template? We are unable to proceed with the peer review process without these.

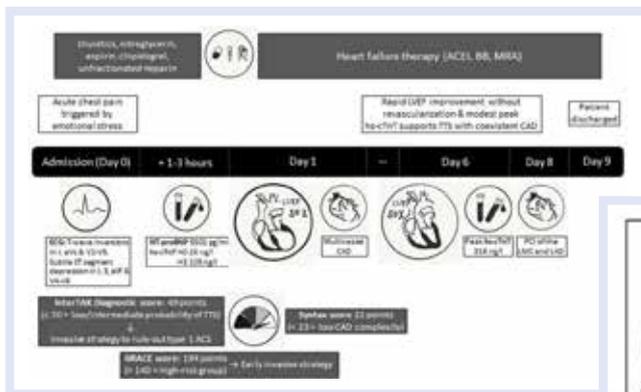


Presenting information effectively

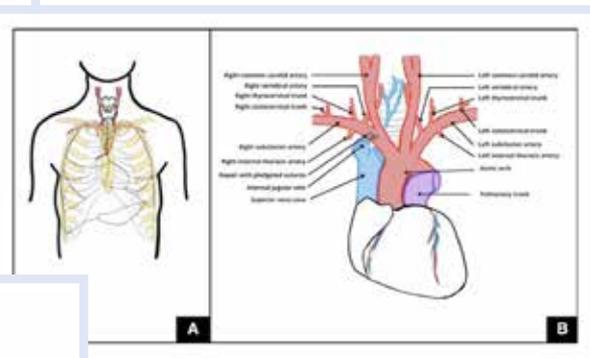
Add illustrative diagrams – draw these using straightforward computer software and add in the figure legend that they are **original diagrams that you have drawn**.

Clinical timelines should be summarised diagrammatically and make the patient's clinical course much easier to follow. Clinical images are easier to interpret when they are annotated beside an accompanying diagram. Operative procedures are clarified when line diagrams are used to illustrate relevant anatomy, operative steps and potential pitfalls. If you use images that have already been published elsewhere or have been downloaded from commercial image bases, we require proof of permission to publish and licensing agreements.

Example of a clinical timelines drawn by the authors



Example of clinical and anatomical correlation



Example of mechanism of complications





Patient information

The patient perspective

This is optional and should be **an account of the patient's experiences**: their interpretation of their signs and symptoms, access to healthcare, their treatment, and life at home, work and in the community after discharge.

The patient should write in their own words. The authors should correct grammar and typos before submission. If the patient has dictated his or her perspective, the authors should transcribe (and state that they have done so). Please **do not** upload short statements of patient thanks or appreciation - these will not be published.

Patient authored manuscripts

We do not publish manuscripts where the patient is the sole author.

If one of the co-authors is the patient described in the manuscript, the editorial office should be informed and the author statements appropriately completed at initial submission. These manuscripts should be carefully considered by the patient-author and the co-authors as anonymisation of patient details is difficult and the declaration that a co-author is a patient appears in the author statements at the end of the published manuscript. Please contact the editor and/or editorial office **before** submission to avoid disappointment.



The peer review process

After you submit, your manuscript is sent for peer review. This takes time as we search for experienced clinicians who share your clinical interests and are available to provide expert reviews. Our guidance to reviewers is available for you to view so that you have a better idea what to expect visit authors.bmj.com for details.

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The initial emphasis during peer review is on the **content** of what you write and what may be learned. When the reviewers' comments are forwarded to you by the editor, you are invited to respond in full and **mark the revisions you have made in tracked changes**.

If you do not agree with comments you have received, explain why in your responses. Your revision is sent again for peer review and subsequent comments usually relate to precise clarifications that need to be made in clinical detail or scientific arguments. The process becomes more difficult and lengthy when language and format issues arise, so please, carefully

check that you are using formal medical US or UK English and that the tone is neutral, objective and scientific. It is the authors' responsibility to check that grammar and vocabulary are correct. All manuscripts should be proofread and typos corrected before submission.

BMJ has a language editing service available to authors. Visit authors.bmj.com for more details. Numerical values and international units of measurement should be checked in every version of the manuscript and in the final proof before the article is published. Please confirm in writing that these are correct. In general, 50% of all submissions are accepted.



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