

## Editorial

### Format for presenting a clinical case in the scientific journal

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Various structures of case report from practice are represented in internet. Based on their experience and such messages, doctors can transfer to other medical specialists interesting cases from the practice, so they use it to improve not only for their knowledge, but also motivate practitioners to express their opinions in professional activities they dedicated to.

Case report is considered to be relatively weak evidence-based medicine plan. New scientific information in clinical case for medical specialists is practically absent and is written easily and does not require confirmation.

The case is easy and is quickly described by practitioners and is more profitable compared to the procedure of preparing for the publication of any many years clinical trials on testing drugs or surgical techniques, or publication of the results of a meta-analysis.

The disadvantages of this type of publication include single experience in the practice of particular clinic or doctors who present such case. Technologies and modern medical equipment make it possible to perform a number of interventions much faster and with better quality, so authors of submitting an article should understand how much they lag behind modern medicine.

In introduction (a brief literature review) the authors must show the relevance of this case, the publication of which will benefit both practical medicine and medical science (2). And if a researcher is interested in analyzing casuistic cases, he can ask the authors of articles for certain parameters and to give a scientific basis for their occurrence and offer their treatment methods like this happened in 1961 at the birth of children without limbs in Germany (3).

Global practical and scientific experience give enormous medical knowledge and allow to continue to develop medicine and the medical industry. Therefore, we as a medical clinical journal use recommendations of CARE Guideline for describing clinical cases based on Consensus (<http://www.care-statement.org/>) aimed to restore the tradition of writing effective cases (4, 5).

Each submitted manuscript or clinical case report are peer-reviewed by independent experts. Publication template (format) must comply with the rules of "Heart, Vessels and Transplantation" and contain main sections to represent clinical case report.

#### Title of the article

You should very carefully consider the formulation of title of the clinical case, which would fully reflect the content and conclusions of report. That is, title of case should clearly reflect not only the content of and the meaning of publication, but also to be attractive. It is preferable to limit title of article to be not more than 10 words. You should not use numbers, abbreviations, codes in the title and should include type of the article: "Case report" so readers could understand what this article is about.

#### Abstract

This section, in approximately of 100-150 words, summarizes the content of the clinical case and the main difficulties, ways to solve them and have a brief conclusion. Abstract must have the main information from sections of article and factor of motivation and interest, addressed to readers to attract their attention to the full the text of this case report.

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The following components of the abstract must be given: rationale

- rationale for the need to describe this clinical case, its uniqueness;
- key characteristics of the case in terms of the main purpose of the study;
- key findings and information for healthcare practitioners to consider.

Structured abstract contains headings that usually correspond to the main sections of the article (relevance, purpose, summary discussion with conclusion).

### Key words

In the modern world, searches for the necessary information based on key questions, offers and words. Therefore, one should indicate 4 to 8 keywords or two-syllable phrases. You can include the name of the disease, syndrome and terminological reference books and various versions. To facilitate selection of keywords one should use a reference book of medical terms created and published by the US National Library of Medicine United States National Library of Medicine (NLM) (<https://www.ncbi.nlm.nih.gov/mesh>). (NLM), used in many databases and libraries for classifying and indexing medical information - also the MeSH rubricator (<https://www.ncbi.nlm.nih.gov/mesh>).

### Introduction

A mandatory section describes common actual problem disease denoted in a patient. Provide a brief thematic review of the literature, which shows unexplored issues on this problem. Then smoothly move on to the purpose of the case report, which should be stated in one sentence.

The introduction includes the following aspects:

- General information about the disease or disorder noted in patient, and the rationale for the analysis of the given case. It is necessary to formulate which category the case belongs to:
  - rare pathology, unusual course of a known disease;
  - clinical situation, is typical for any nosology.

- manifestation of adverse effects of the drug.
- medical intervention with a description of its advantages, novelty or its negative consequences.
- A brief thematic review of the literature on the disease with links to the most significant publications.
  - The goal is formulated in one sentence and shows what results the author achieves.
  - Written informed consent of the patient (guardian) for the publication of the case of his illness (6, 7).

### Ethical aspect

"Informed consent of patient", which patient signs upon admission to the clinic, should include a question about the possibility of using his/her data in publication of the case about his/her disease.

Description of clinical case should be considered only after patient has signed the form. If the incident occurs like an undesirable event or complication, then informed consent must be obtained from his/her immediate relative or spouse. If as a result of medical procedures patient - child becomes incapacitated, then form must be signed by a parent or guardian. When publishing photographs of a patient's face, measures should be taken in advance to preserve his anonymity (8, 9).

### Case description

When describing a case, all necessary information about when the incident occurred and in which medical institution should be described. Presentation of the clinical case itself should consist of the following information:

- main complaints, description of symptoms and manifestations of the disease;
- results of diagnostic studies and procedures;
- presentation of diagnostic results and imaging studies;
- preliminary diagnosis, dynamics of its changes;
- treatment;
- any other interference; outcome, number of days of treatment (in a hospital, clinic, etc.), medical rehabilitation, etc. (2, 3, 7, 9-12).

**Discussion**

Required section. It should include additional information and explanation of the originality of the case, as well as why the treating physicians chose a particular method of management, diagnosis and treatment. It is recommended to describe the differential diagnostic search algorithm and the process of forming a diagnosis of the disease, diagnostic problems and their discussion, including differential diagnosis, prognostic characteristics, and applicability in clinical practice. It is necessary to emphasize not only the positive results of patient management, but also the shortcomings of the medical care provided. It is necessary to highlight new and important aspects of the above observation and compare them with data from other studies, if any.

Each statement, with the exception of those containing well-known facts, must be accompanied by links to sources of information. Do not repeat information from previous sections.

In discussion, distinguishing between strengths and limitations in your approach to the case is recommended. Their reasoning must be weighed against a discussion of the relevant medical literature.

**Conclusion**

The conclusion indicates the novelty of the presented case, the conclusions that can be drawn from this description, the importance of the particular case for practitioners and medical science. It should also indicate ways to overcome the difficulties that the specialist encountered in the process of working with the patient (13).

**Patient perspective**

This section is optional and can be added at the request of the authors and/or patient. If the article becomes more interesting from the perspective of the patient's opinion, then can be added at the request of the authors and (or) the patient. This section can be written by as by patient and by the authors based on the patient's story, and it should leave a description of the diseases, their changes over time; how the procedure or treatment affected the patient and what he thinks about the outcome. At the same time, the author must

comment on the information, feelings, opinions, stated by the patient.

**Conflict of interest**

Recommended section. This section indicates whether a conflict of interest exists when reporting a particular clinical case. It should be noted that a conflict of interest arises in a situation where the publication or interpretation of a clinical case may affect the financial or personal relationships of the author with other people or an organization.

If this is not the case, the following must be written: "The authors declare that they have no conflicting interests."

If the publication is supported or carried out under a grant, then this should be stated and the project number indicated (14).

**Acknowledgments**

This is not a mandatory section. The authors of a clinical case can thank all specialists who participated in the treatment of the patient or specialists of the laboratory- diagnostic unit, as well as the heads of departments or departments for providing support and reviewing cases.

**Information about the authors**

Required section. This section recommends introduce to readers the first author of the article and identify the

contribution of each of the authors in the literature review, presentation of reliable information, photo documentation of case. The author is considered to be a person who has made a serious intellectual contribution to this case, he discovered the uniqueness of this case, will once again remind the medical community that this is possible in practice, as well as he provides its vision, interpretation and description of the case. Co-authors also contribute to description of case and interpretation of diagnostic data (ECG, X-ray, CT, MSCT etc.) and treatment.

Authors contributions are denoted in the Authorship form and all authors must sign the form and submit along with the manuscript.

**References**

Bibliographic references should not be deeper than 10 years. They should be in brackets, numbered in order of appearance references in text, table, photo, diagram, etc.

Bibliographic list of literature is drawn up according to the Instructions for the authors of the journal and style should in the NLM format (see PubMed). It is advisable not to use self-citation, with the exception of important cases when it is deemed necessary.

**Peer-review:** Internal

**Conflict of interest:** None to declare

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**References**

1. Nissen T, Wynn R. Case report: a review of its strengths and limitations. *BMC Res Notes* 2014; 7: 264. doi : 10.1186/17560500-7-264.
2. Hiett N., Kenny A., Dixon-Swift V. Methodology or Method? A critical review of qualitative case study reports. *Int J Qual Stud Health Well-being* 2014; 9: doi : 10.3402/qhw.V9.23606. PMID: PMC4014658
3. Vandembroucke JP. Thalidomide : an unanticipated spoiler effect. *JLL Bulletin: Commentaries on the history of treatment evaluation.* 2003. Available at: URL: <http://www.jameslindlibrary.org/articles/thalidomide-an-unanticipated-adverse-effect/> (accessed 04/18/2017).
4. CARE Statement. Available at URL: <http://www.care-statement.org/>
5. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE group. CARE guidelines: development of consensus-based case reporting guidelines. *Headache* 2013; 53: 1541-7. doi:10.1111/head.12246

6. Vollmann J, Helmchen H. Publication of patient information. Obtaining consent for publication may be unethical in some cases. *Br Med J* 1996; 312: 578.
7. Shah K. Case study - A response to analytical clinical decision making. *J Orthop Case Rep* 2014; 4: 3-4.
8. Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, Tugwell P, et al. CARE guidelines for case reports : explanation and elaboration document. *J Epidemiol* 2017; 89: 218-35.
9. Agha RA, Fowler AJ, Saeta A, Barai I, Rajmohan S, Orgill DP, SCARE group. The SCARE Statement: Consensus-based surgical case report guidelines. *Int J Surg* 2016; 34: 180-6. DOI: 10.1016/j.ijssu.2016.08.014
10. 2013 CARE Checklist. Available at: URL: <https://www.care-statement.org/checklist> (access date: 01/17/2023)
11. Park SK, Park SH, Lee MY, Park JH, Jeong JH, Lee EK. Cost-effectiveness analysis of treatment sequence initiating with etanercept compared with leflunomide in rheumatoid arthritis : impact of reduced etanercept cost with patent expiration in South Korea. *Clin Ther* 2016; 38: 2430 –46.e3. DOI: 10.1016/j.clinthera.2016.09.016
12. Godman B, Haque M, Leong T, Allocati E, Kumar S, Islam S, et al. The current situation regarding long-acting insulin analogues including biosimilars among African, Asian, European, and South American countries; Findings and implications for the future. *Front Public Health* 2021; 9: 671961. DOI: 10.3389/fpubh.2021.671961
13. Akers KG. New journals for publishing medical case reports. *J Med Libr Assoc* 2016; 104: 146–9. DOI: 10.3163/1536-5050.104.2.010
14. Kawalec P, Stawowczyk E, Tesar T, Skoupa J, Turcu-Stiolica A, Dimitrova M, et al. Pricing and reimbursement of biosimilars in Central and Eastern European countries. *Front Pharmacol* 2017; 8: 288. DOI: 10.3389/fphar.2017.00288



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