

# Pediatric Case Reports: Assessing Recommendations From Journals' Instructions to Authors

## AUTHORS

Jimmy T. Nguyen, MD,<sup>1</sup> Ramzan Shahid, MD,<sup>1</sup> and Ricarchito Manera, MD<sup>2</sup>

<sup>2</sup>*Division of Hematology Oncology,*

<sup>1</sup>*Department of Pediatrics, Ronald McDonald Children's Hospital, Loyola University Medical Center, Maywood, Illinois*

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author instructions, authorship, case report, publish

## ABBREVIATION

CR: case report

Dr Nguyen contributed to data collection and analysis, as well as to manuscript composition; and Drs Shahid and Manera contributed to the discussion section and provided editorial guidance. All authors approved the final manuscript as submitted.

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Address correspondence to Jimmy T. Nguyen, MD, Loyola University Medical Center, 2160 South 1st Ave, Maywood, IL 60153. E-mail: jinguyen@lumc.edu

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## abstract

**BACKGROUND:** Case reports (CRs) can be valuable contributions to medical knowledge and education. Objective assessments of publication potential and content recommendations for pediatric CRs are lacking.

**METHODS:** The "Instructions to Authors" provided by pediatric journals were assessed to determine journal characteristics, manuscript restrictions, and advice to writers. Pediatric journals referenced in the National Center for Biotechnology Information databases were identified by using the search term "pediatric." Further inclusion criteria were: active journals; currently indexed in the PubMed, Ovid, and/or Medline databases; and English as the primary language.

**RESULTS:** Sixty-nine (52%) of 132 pediatric journals surveyed published CRs per their author instructions. The median 2011 impact factor for accepting journals was 1.28 (range: 0.47–5.44) compared with 2.40 (range: 0.59–5.50) for journals that did not publish CRs ( $P < .001$ ). Twelve (67%) of 18 pediatric surgical specialty journals, 16 (55%) of 29 general pediatric journals, and 38 (51%) of 74 nonsurgical pediatric subspecialty journals published CRs. Sixteen journals had a separate Images section. Twenty-five (36%) of 69 journals provided no recommendations. Of the 44 journals that did provide recommendations, new insights/observations (64%) was the most common content recommendation, followed by clinical relevance (41%), novelty/rarity (39%), and instructive/educational value (32%).

**CONCLUSIONS:** Approximately one-half of pediatric journals surveyed published CRs per their author instructions. Journals with lower impact factors were more likely to publish CRs. Many journals had specific formatting criteria. New insights and observations regarding relatively known pathology was the content criteria most often recommended.

Approximately 40 000 new case reports (CRs) are entering Medline each year, and 14% of all the references in the 120 core clinical journals are individual case studies.<sup>1</sup> Although CRs are anecdotal and thus considered low on the hierarchy of evidence, they can still make significant contributions to medical knowledge and education by documenting novel conditions, unique events, and unexpected associations.<sup>2</sup>

CRs have historical significance; the accumulation of isolated reports on novel disease presentations and associations have established new clinical knowledge and inspired additional research into pathophysiology and treatment, contributing much to modern clinical medicine. Cystic fibrosis, for example, is

a multiorgan genetic disorder known to every pediatrician today; however, it was initially described by isolated reports of children presenting with meconium ileus and peritonitis in the 19th and early 20th centuries, and the first description of cystic fibrosis as a distinct entity affecting the pancreas, lungs, and gastrointestinal tract was published in 1938.<sup>3</sup> Since then, substantial advances in basic and clinical research have elucidated the underlying pathophysiology and afforded new diagnostic testing and treatments, and subsequently significantly improved prognoses.<sup>4</sup>

CRs are ideal for novice writers (eg, medical students and residents) getting started in scholarly writing, introducing them to the process of searching/evaluating medical literature and organizing their thoughts into a coherent manuscript.<sup>5</sup> CRs are also appealing to busy clinicians, whether aspiring academicians or community practitioners, who lack the time or funding for large-scale research. Unfortunately, several expert “guides” to composing CRs suggest the increasing difficulty of publication and the decreasing acceptance rate among peer-reviewed journals.<sup>2,6</sup>

The advice to aspiring authors on selecting publication-worthy cases is both extensive and vague; the cases should be rare, original, or puzzling; raise awareness of adverse effects; provide new insights; be of clinical or educational relevance; and/or evaluate efficacy of new therapies.<sup>6–8</sup> Furthermore, the manuscript should be clean, precise, “fluid,” logically organized, and possess a clear learning point; some guides even recommend writing in such a way to appeal to reviewer and editor sentiments.<sup>9,10</sup> Although these recommendations are widely reiterated,

objective data substantiating them are lacking.

To the best of our knowledge, an objective assessment of format and content recommendations for pediatric CRs has not been published. The current study determined the characteristics of pediatric journals that accept or decline CRs for publication, their manuscript format restrictions, and their advice to writers per the “Instructions to Authors” provided by each journal. The aim was to provide more objective recommendations to potential authors.

## METHODS

In November 2011, journals referenced in the National Center for Biotechnology Information database were filtered by using the search term “pediatric” to isolate journals with a pediatric focus. This search yielded 508 journals. Journals were excluded if they did not meet the following criteria: active journals; those currently indexed in the PubMed, Ovid, and/or Medline databases; and with English as the primary language. Nursing and dentistry journals were also excluded from this survey.

The 132 journals that met inclusion criteria were categorized into general pediatric, surgical subspecialty, non-surgical subspecialty, and educational/social/advocacy journals. Impact factors, often used as a proxy for the relative importance of a journal within a field, from 2011 were assessed. The impact factor of a particular journal is calculated by dividing the number of citations by the total number of “citable” articles during the preceding 2 years, reflecting the average number of citations received per paper published. We felt an assessment of impact factors is beneficial because

they are easily accessible and comparable as writers search for journals to submit their work.

The “Instructions to Authors” provided by each journal were evaluated, with consideration that some journals may accept CRs as another article type, such as Letters to the Editor or Brief Reports. Journals were documented to publish CRs if the author instructions indicated so, whether as a case study, a brief report, a letter to the editor, a commentary, an “image,” and/or an online-only supplement. Recommendations on styling of manuscripts, such as limitations on length, figures/tables, references, and authorship, were also reviewed.

Advice to authors regarding content was transcribed onto a Microsoft Word document and then categorized as meeting  $\geq 1$  of the following recommendation categories: novel or rare condition/event, new insights or observations on relatively known condition, unique or intriguing observation regarding pathophysiology or treatment, of instructive or educational value, of clinical relevance, other nonspecific or advice too vague to fit in these categories, and no content advice at all. The chosen content categories reflect the general recommendations of published guides in the medical literature on how to write CRs.<sup>6–10</sup>

## RESULTS

Sixty-nine (52%) of the 132 pediatric journals accepted CRs for publication per their author instructions. The breakdown of journal categories is noted in Table 1. The median 2011 impact factor for accepting journals was 1.28 (range: 0.47–5.44) compared with 2.40 (range: 0.59–5.50) for journals that did not publish CRs ( $P < .001$ ).

**TABLE 1** CR Policy per Author Instructions

Policy	Total (N = 132)	General Pediatric (n = 29)	Nonsurgical Subspecialty (n = 74)	Surgical Subspecialty (n = 18)	Education/Social/Advocacy (n = 11)
Considers CRs for publication	69 (52)	16 (55)	38 (51)	12 (67)	3 (27)
Accepts CRs as Brief Reports or Short Communications only	10 (8)	0	8 (11)	2 (11)	0
Accepts CRs as Letters to the Editor only	4 (3)	1 (3)	3 (4)	0	0
Images section	16 (12)	6 (21)	8 (11)	2 (11)	0

Data are presented as *n* (%).

**Manuscript Format**

Of the 69 journals that published CRs, 47 had word limitations for submissions. Thirty-four requested ≤1500 words, with 16 of these requesting ≤1000 words. Thirty-nine journals had figure or table limitations, ranging from 1 to 5. Twelve journals had limitations on the number of authors per CR, ranging from 3 to 7.

**Content Recommendations**

Twenty-five (36%) of 69 journals’ author instructions provided no content recommendations (Table 2). Of the 44 that did, 28 (64%) documented new insights/observations as necessary for CR acceptance, compared with the recommendations for clinical relevance by 18 (41%), novelty/rarity by 17 (39%), and instructive/educational value by 14 (32%) of journals.

No journals provided recommendations regarding the literature review.

**DISCUSSION**

To the best of our knowledge, this is the first pediatric study looking at the objective assessment of recommendations and on structure and content for CR publications. Several experts warn aspiring authors regarding the increasing difficulty of successful publication due to overabundant submissions, poor compositions, limited journal space, and the possible declining interest of readership.<sup>2,6,10</sup> Per their “Instructions to Authors,” approximately one-half of journals surveyed in the current study published individual case studies. When determining whether a particular journal accepts CRs, authors should note that some journals do not have a dedicated CRs section and will publish CRs under Brief Reports or Letters to the Editor. Several journals also have a separate Images section as an additional venue for sharing CRs. A thorough read-through of the

types of manuscripts accepted by journals is advised.

Journals with lower impact factors were more likely statistically to accept CRs, although this association may be confounded because CRs are not frequently cited, and therefore their publication would bring down the impact factor of a particular journal.

New insights or observations on relatively known conditions were the most commonly documented criteria, followed by clinical relevance, novelty/rarity, and instructive/educational value. This finding may be contrary to the belief that only novel disease processes or presentations warrant publication; furthermore, a novel observation that does not affect clinical practice may be accepted with difficulty. Aspiring authors should focus their selection of cases and the discussion sections of their manuscripts accordingly. However,

**TABLE 2** Content Recommendations

Recommendation	Total (N = 69)	General Pediatric (n = 16)	Nonsurgical Subspecialty (n = 38)	Surgical Subspecialty (n = 12)	Education/Social/Advocacy (n = 3)
Novel/rare	17 (25)	5 (31)	10 (26)	2 (17)	0
New insights/observations	28 (41)	8 (50)	17 (45)	3 (25)	0
Unique/intriguing	15 (22)	5 (31)	8 (21)	2 (17)	0
Instructive/educational	14 (20)	6 (38)	5 (13)	2 (17)	1 (33)
Clinical relevance	19 (28)	8 (50)	9 (24)	1 (8)	1 (33)
Other/nonspecific	4 (6)	1 (6)	3 (8)	0	0
No advice at all	25 (36)	3 (19)	12 (32)	8 (67)	2 (67)

Data are presented as *n* (%).

overall recommendations to authors are limited, as more than one-third of the author instructions provided no content advice.

CRs have made valuable contributions to clinical practice and medical education. Several disease conditions now well known to all pediatricians were initially brought to medical attention through case studies, such as hemolytic uremic syndrome, Wilson's disease, and Denys-Drash syndrome.<sup>11-13</sup> In recent years, CRs continue to highlight underappreciated pediatric disease entities, such as toilet-seat contact dermatitis, *Streptococcus pneumoniae*-associated hemolytic uremic syndrome, and adolescent sex headaches.<sup>14-16</sup>

Sorinola et al<sup>17</sup> conducted a similar study as they surveyed the author instructions of a core collection of 249 journals (the "Hague" list). Cases with an unusual aspect were required by 60% of the surveyed journals, whether an instructive or teaching point was conveyed in the case study was required by 55%, and whether the case is an original and innovative one was required by 26% of journals. Comparatively, our study suggests that pediatric CRs follow similar content recommendations; however, 1 notable difference is that the instructive/education criterion was documented by a much lower percentage of journals in this survey.

A shift in emphasis from the new/unusual/rare element to the educational value of case studies has been suggested<sup>6</sup>; manuscripts that report a novel presentation for novelty's sake may be less readily accepted than reports with clinical or practical relevance. This survey of author instructions does not emphasize that trend. Nonetheless, authors may want to

stress the instructive or clinical value of their case submissions to increase the likelihood of publication.

More than two-thirds of journals documented formatting criteria such as limitations on words, figures, and/or authors. Writers should be especially mindful that most journals did not accept manuscripts >1500 words in length, which supports several expert recommendations to keep the manuscript short and concise.<sup>7,8</sup> Although no journals documented recommendations regarding the extent of the literature review, word limitations indirectly limit the extent of background information and related literature that can be discussed in the manuscript. Authors may benefit from investigating the formatting limitations of several journals of interest to minimize significant manuscript alterations if resubmissions are needed.

There are limitations to the current study. Journals were interpreted as accepting case studies if their author instructions indicated consideration, even if they were accepted under other article types such as Brief Reports or Letters to the Editor. Some journals may have accepted CRs but did not specifically mention such in their author instructions. A second limitation is that this study was conducted in November 2011 and may not reflect the journals' most current publication policies. Some journals may no longer publish CRs or some may have started consideration since the survey's completion.

The publication venues for pediatric CRs are underestimated due to the study design. Pediatric case studies are also published in general medicine, surgical, and nonpediatric specialty journals, as well as peer review

journals not referenced in the Medline database, which were excluded in this study. Furthermore, online journals, such as BMJ Case Reports, Cases Journal, the Journal of Medical Case Reports, Radiology Case Reports, and the Journal of Dermatological Case Reports, are additional venues of sharing CRs with the medical community and were not included in this survey.<sup>18-22</sup>

## CONCLUSIONS

Aspiring writers should be mindful that new insights and observations regarding relatively known pathology were the content criteria most-often documented by journals' author instructions, over the recommendation for the novel/rare or the unique/intriguing case. Many journals had specific formatting criteria for manuscript submission, most often regarding graphic and word counts.

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