Tips and Tricks to Make Case Report

Idrus Alwi

ABSTRACT

The main purpose of a case report is to educate clinicians about the clinical features, investigation, and/or the treatment of patients with unusual problems. It is important to remember that all the rules that apply to other forms of medical writing, also apply equally to case reports. The IMRAD format (introduction, methods, results, and discussion) that one sees in reports of clinical research might not always be appropriate for case reports. Article of case report usually contains a title, authorship, introduction, case description, discussion, references, and acknowledgements.

Author decision between submitting to a general, specialist, or even subspecialty journal will depend on the rarity of the case and its specific features. Keep in mind the basic reason for writing a case report: namely, that it should have a message for the reader. It consider who the message is aimed at, and then select a journal whose readership will include the target audience.

Key words: case report, medical writing.

INTRODUCTION

Virtually every physician in the world has, at one time or another, read the case report in the journal. Case reports have their own role in the progress of medical science. Most clinical journals publish case reports that explain how patients presented for medical care, how the course of the illness progressed, and what treatment was given.

Explanation of a case history is one of the skill that acquired early in undergraduate training and one that most clinicians use through their careers. For many clinicians, a case report is the first entry into print and because the basic method is familiar, it is a useful exercise in learning how to write.

The main purpose of a case report is to educate clinicians about the clinical features, investigation, and/or the treatment of patients with unusual problems. It is important to remember that all the rules that apply to other forms of medical writing, also apply equally to case reports. The reader must have a clear understanding of: what happened to the patient, the time course of these events and why management followed the lines that it did.

Key feature of a good case report is that it should help the reader to recognize and deal with a similar problem should one ever present itself. In preparing a case report, the writer should be asking three questions: What am I going to report?, how should I report it?, and in which journal am I aiming to publish the report?

WHAT TO REPORT

The case must be special and have a message for the reader. It could be raise awareness of the condition so that the diagnosis may be made more readily in the future, or the report might indicate how one line of treatment was more suitable and effective than another.

Topics that may be reported in case reports:

• Clinical conditions that have not been described before
• Unusual and unreported presentations of known clinical conditions
• Unexpected beneficial responses to a treatment
• Previously unreported adverse reactions to a treatment
• Errors in diagnosis as a result of use of incorrect tests or presentation with unusual symptoms
• New uses of a diagnostic tool or use of novel diagnostic tools
• Phenotypes associated with a newly found gene.

You would do well to remember from the beginning that the first reader of the report will be the editor. Although some editors are totally averse, many feel that case reports help attract readers by making their journals seem a little more relevant to ordinary clinicians who feel that the more scientific contributions do not interest them immediately.
Most editors whose journals include case reports receive many more than they have space to publish, so the writer must ensure that the report is unusual, interesting, and readable, to give it the best chance of being accepted.¹

**HOW TO REPORT**

After you have established that your case is of interest to others, you need to ensure that the material is presented in a fashion that will make others share your interest. It is probably wise to start by writing down (for your initial verbal presentation) the details of the case, then to develop the discussion, and finally to add the other components. This is not the way in which the reader will encounter the report, however, and the overall sequence must be kept in mind throughout.¹

**FORMAT OF CASE REPORT**

The usual IMRAD format (Introduction, Methods, Results, and Discussion) that one sees in reports of clinical research might not always be appropriate for case reports.³

**Title**

Most journal readers decide which papers they are going to read by skimming the titles. If the title of a case report is too full, the reader may feel it has said all there is to know. Ideally the title should be short, descriptive, and eye catching.¹

**Authorship**

Establishing authorship is an increasing problem in medical publication, and this applies particularly to case reports. Only one person should actually write the paper, with the other authors restricted to those who had a significant input to the management of those aspects that were unusual. A case report written by two or three individuals may be reasonable, but it is difficult to see any justification for a list of five or sick authors to describe the management of one patient.¹

**Introduction**

There is a tendency to write short history of the condition when introducing a case report, but this is either unnecessary material or it should be put in the discussion.

Certainly, the introduction may be used to place the case in context or indicate its relevance, but often there is no need to have an opening section at all. The report may begin simply with the case description.¹

**Case Description**

When you write the core part of the paper, it is essential that you keep to the basic rules of clinical practice. The details will vary a little according to the specialty, but report should be chronological and detail the presenting history, examination findings, and investigation result before going on to describe the patient’s progress. The description should be complete, but the real skill is to accentuate the positive features without obscuring them in a mass of negative and mostly irrelevant findings.

Consider what question of fact a colleague might ask (this is one reason for an initial verbal presentation) and ensure that the answers are presented clearly within the report. Illustrations can be particularly helpful, and in some circumstances they are essential. A photograph of the patient or the equipment used, line diagrams of operative procedures, graphs of physiological measurements, and summary tables of events can all, when used appropriately, add much to the reader’s understanding.¹

Whatever the format of a case report it is important to ensure that the patient is described as a person and not as a case,¹ and that confidentiality must be absolute.¹ Age, occupation, and geographical location the patient, yet much information can be essential to the report. Similarly, blanking over the eyes may be enough to obscure identity only if the reader does not know the individual. Increasingly, it may be wise to obtain written consent from the patient at an early stage in the preparation of the report, particularly if photographic material is to be used. Many journals now insist on this.¹

**Discussion**

When you are preparing a report of an unusual condition, it will often be tempting to expand the paper and produce a review of the literature – particularly if a great deal of work has been put into gathering all the published information on the condition. This is a temptation that should be resisted (by editors as well as authors).

The main purpose of the discussion is to explain how and why decisions were made and what lesson is to be learn from this experience. Some reference to other cases may be required, but, again, the tendency to produce a review must be resisted. The aim should be to refine and define the message for the reader. A good case report will make it quite clear how such a patient would be managed in the future.¹
References

As indicated above, reference to the work of others should be made only where needed to make a clear point. If a standard textbook has indicated that one line of treatment should have been followed, then it should be quoted. Reports by others should be mentioned only where they actively support (or contradict) the particular experience and conclusion.

No matter how exhaustive your search of the literature has been, something may have been missed out. Only a very brave, or perhaps foolhardy, author claims absolute priority in the description of some clinical phenomenon. 1

Acknowledgements

Acknowledgement of the assistance and support of others is almost as difficult an area as the decision about who should be included as authors of a case report. The key question is whether the patient would have been managed or the paper written without the assistance of that specific individual.

A particular problem is deciding whether it is necessary to thank the consultant or other individual clinically responsible for the patient for permission to publish details. With the modern tendency to seek permission from the patient, this rather old fashioned practice is dying out. 1

WHERE TO PUBLISH

A provisional decision about which journal the report will be submitted to should be made before starting to write. The next stage must be to read the guidelines to contributors. Journals vary in style and it is helpful to try and picture how the report will appear in print while you are preparing it. The author should always aim for a peer reviewed journal and one that he or she already reads regularly. Familiarity with the journal will provide a better idea of what the editor, and thus the readers, find interesting, and will help with the whole process of preparation.

Thereafter, your decision will be between submitting to a general, specialist, or even subspecialty journal. The choice will depend on the rarity of the case and its specific features. Keep in mind the basic reason for writing a case report: namely, that it should have a message for the reader. Decide what the message is, consider who the message is aimed at, and then select a journal whose readership will include the target audience. 1

GUIDELINES FOR A CASE REPORT

- The report should detail:
  - What happened to the patient
  - The time course of events
  - Why the particular management was chosen
- An opening section may not be needed. Begin with the case description if possible
- Positive features should be accentuated and irrelevant details avoided
- A photograph or other illustration may be useful
- Confidentiality must be absolute
- The discussion should be useful and not overlong
- Reference other work only when necessary to make a specific point
- Cases that really merit publication always have an educational message.

THE FINAL STAGES OF PREPARATION

Once the first draft is written you should put it away for a week or two, then refine it and revise it several times. Reading the report aloud – first in private and later to one or two others who have not heard the case before – is an invaluable exercise. This will help improve the clarity of the report and its English, as well as bringing out any inconsistencies of fact or interpretation.

The text should be checked and rechecked for errors in spelling, punctuation, and adherence to the journal’s instruction on style. Finally, the requisite number of clear copies, correctly paginated, should be sent with a polite covering letter to the editor – accompanied by a silent prayer that the next issue of that journal. 1

REFERENCES