

Case reports: What editors want from authors and peer reviewers

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In the first two articles of the series "What editors want from authors and peer reviewers" I outlined the basic standards expected of authors of original research articles and clinical and community studies and of review articles.^{1,2} The third type of biomedical manuscript, the case report, is not as prominently or abundantly featured in medical journals as it once was, but I agree with Riesenbergs³ and Morgan⁴ that at least some case reports still make a valuable contribution to the medical literature.

Unfortunately, at least for authors, many submitted case reports are rejected quickly by most medical journals. In this editorial I will outline what we at *CMAJ* believe constitutes an acceptable case report.

As with review articles, clinical and community studies, and original research articles each newly submitted case report is reviewed by our editorial staff to ensure that the authors have complied with our instructions for authors (*Can Med Assoc J* 1989; 141: 15-16) and the uniform requirements for manuscripts submitted to biomedical journals.^{5,6} The next step, the peer review process, involves study of the article's three components: the introduction, the description of the case and the comments.

The introduction

The introduction must state clearly why the case report is worth publishing and reading, not only because a statement of rationale is intrinsically logical but also because busy physicians are unwilling to read an article if they cannot anticipate its interest or relevance to them and their practice.

The acceptable case report makes an original

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contribution by illustrating a useful new approach to the diagnosis or management of a condition or by offering new insight into the pathogenesis of a disease. It may point to a possible relation between two diseases that had previously gone unnoticed, or it may identify some unexpected event, such as an adverse drug reaction. We usually shy away from articles that purport to be the first report of a condition in Canada even though the condition has been reported repeatedly in other countries; however, this type of report may be acceptable if the condition has major public health implications. We are also leery of reports of unusually complex cases or very uncommon diseases and of reports that contribute little to how we think about medicine.

The introduction should also contain some evidence from the literature to substantiate the authors' claim that the case is important. We are not interested in the type of case report that combines a report of one or two cases with an exhaustive review of the literature; if authors think a full review is necessary they should submit two manuscripts — a short case report and an accompanying review article. However, the review will be judged on its intrinsic merits according to criteria that I have already identified.²

Description of the case

A good description should be brief and clear. Authors should report only those features necessary to assure the readers that the case is indeed what the authors believe it to be and that other plausible diagnoses have been ruled out. Common errors include failure to provide normal values from less common laboratory tests, obsessive inclusion of virtually every detail of the case, particularly endless and repetitive laboratory results, and a confusing description of the evolution of the condition.

Occasionally it may be reasonable to describe two or three similar cases. A wise approach in this

situation is to describe the first case fully and add only important differences or laboratory results for the remaining cases. Often a small table will be of some value when there is more than one case.

Although photographs or graphs may be invaluable in illustrating certain aspects of a case the authors should confine them to one or two essential figures.

The comments

In a case report features of the comments section should be similar to those outlined for the discussion section in original research articles; that is, authors should discuss the evidence to support their argument that the case is what they claim it to be.

Authors should describe clearly the breadth and depth of their literature search; statements such as "we are unaware that this condition has

been reported before" do not assuage editors' fears that the authors may never have looked.

The comments section is also the appropriate place to discuss how the reported observations and laboratory results support the authors' diagnosis and recommendations. Is the evidence adequate? Are there other plausible explanations or interpretations of the case? How are other, contradictory observations or evidence explained? What implications does this case have for future diagnosis or management of the condition?

Finally, the authors should suggest directions for carrying out future investigations or for managing similar cases. The trite admonition that "physicians should have a high index of suspicion" for some extraordinarily rare phenomenon does little to help the average physician, who has trouble enough simply retaining all the knowledge needed to deal with the many more common problems he or she sees.

Table I is an example of the questions on the new *CMAJ* form that peer reviewers are asked to complete for case reports. Authors should ensure that they too have answered these questions. Next month I will describe what editors are looking for in editorials and platform articles.

Table I — Questions on the new *CMAJ* form for reviewers of case reports

Introduction

Is the rationale for reporting the case adequately explained?

Is the rationale for reporting the case adequately substantiated by references?

Description of the case

Is the case described adequately?

Is the case described briefly?

Is the case described clearly?

Are the results of investigations described adequately?

Are the results of less common laboratory investigations accompanied by normal values?

Comments

Is the evidence to support the authors' diagnosis presented adequately?

Is the evidence to support the authors' recommendations presented adequately?

Are other plausible explanations considered and refuted?

Are the implications and relevance of the case discussed?

Do the authors indicate directions for future investigation or management of similar cases?

References

1. Squires BP: Biomedical manuscripts: What editors want from authors and peer reviewers [E]. *Can Med Assoc J* 1989; 141: 17-19
2. Idem: Biomedical review articles: What editors want from authors and peer reviewers [E]. *Ibid*: 195-197
3. Riesenber DE: Case reports in the medical literature [E]. *JAMA* 1986; 255: 2067
4. Morgan PP: *An Insider's Guide for Medical Authors and Editors*, ISI Pr, Philadelphia, 1986: 60-61
5. International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals. *Can Med Assoc J* 1988; 138: 321-328
6. Comité international d'organisation des éditeurs médicaux: Recommandations aux auteurs pour des manuscrits devant être soumis à des revues biomédicales. *Can Med Assoc J* 1985; 132: 406-411

Investigators

If only people would finally stop finding points of disagreement in the personal characteristics and external circumstances of investigators! It does not matter at all whether someone is a professor of clinical medicine or of theoretical pathology, whether he is a practitioner or a hospital physician, if only he possesses material for observation. In addition, it is not of decisive significance whether he confronts an overwhelming or a modest amount of material, if only he understands how to exploit it. And to do this he must know what he wants and how he can achieve what he wants: in other words, he must be in a position to put the right questions and to find the right methods for answering them.

— Rudolf Virchow (1821-1902)