CASE REPORTS IN PERINATAL MEDICINE

Instructions for Authors

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1. Scope and general policies of the Journal

I. Aims & Scope
In addition to evidence-based studies, practitioners in clinical practice esteem especially exemplary reports of cases that reveal specific manifestations of diseases, its progress or its treatment. Continuous readers’ interest and significant relevance of case reports inspired the Editors and Publishers of the JOURNAL OF PERINATAL MEDICINE to found this new journal CASE REPORTS IN PERINATAL MEDICINE.
We consider case reports and series to be brief reports describing an isolated clinical case or a small number of cases. They may describe new or uncommon diagnoses, unusual outcomes or prognosis, new or infrequently used therapies and side effects of therapy not usually discovered in clinical trials. They represent the basic concept of experiences for studies on representative groups for further evidence-based research.

The potential roles of case reports and case series are:
1. Recognition and description of new diseases
2. Detection of drug side effects (adverse or beneficial)
3. Study of mechanisms of disease
4. Medical education and audit
5. Recognition of rare manifestations of disease

Manuscripts must meet one of the following criteria:
1. Unexpected or unusual presentations or processes of a disease
2. Presentations, diagnoses and/or management of new and emerging diseases
3. An unexpected association between diseases or symptoms
4. An unexpected event in the course of observing or treating a patient
5. Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
6. Unique therapeutic approaches
7. Unreported or unusual side effects or adverse interactions involving medications or treatments

II. A checklist for writing case reports at CRPM:
Title: Should facilitate retrieval with electronic searching.
Structured summary: Include background of the problem; highlights of the present report and its conclusions (what is the educational message?).
Introduction: Describe whether the case is unique. If not, does the case have an unusual diagnosis, prognosis, therapy or course? Describe how the case contributes to scientific knowledge. Describe the instructive or teaching points that add value to this case.
Presentation of the case: Describe the history, examination and pertinent investigations adequately. Is the cause of the patient’s illness clear-cut? What are other plausible explanations? Describe the treatments adequately. Have all available therapeutic options been considered? Are outcomes related to treatments?
Discussion: Provide a literature review of other similar cases (if available; if not mention as much). Explain the rationale for reporting the case. What is unusual about the case?
Describe how the case in question is different to the previously reported ones. Does it challenge prevailing wisdom or existing knowledge? In the future, could things be done differently in a similar case?

Take-home message of the lessons learnt including (if applicable): recommendations for patient management, interesting lines of research that could be addressed.

Extension guidelines:
Limit on authors: The maximum numbers of authors allowed is 6.
Limit on words: 4000 excluding the abstract for Case reports and 6000 words for a Case series.
Limit of figures: 4 figures.
Limit on tables: 2 per manuscript.
Limit on references: 10 for case reports; 20 for case series.

Peer review CRPM is a double-blind peer reviewed online journal. Manuscripts are reviewed anonymously by at least two independent reviewers selected by the Editors.

Turnaround times CRPM aspires to notify authors about the review decision within 4-6 weeks from submission date. Revised manuscripts should be returned within 6 weeks. Accepted articles are published online within 4 weeks after acceptance.

Rejection of manuscripts Manuscripts dealing with subjects that have been well studied in the literature, and that do not resolve questions raised by previous studies, or manuscripts that are statistically underpowered, are likely to be rejected without peer review.

Unpublished material Submission of a manuscript to CRPM implies that the work described has not been published previously, except in the form of an abstract, academic thesis or lecture; that it is not under consideration for publication elsewhere; that publication of the work is approved by all authors and tacitly or explicitly by the responsible authorities where the work has been carried out; and that, if accepted, it will not be published elsewhere, in English, German, or in any other language, without the written consent of the Publisher.

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If the manuscript does not contain any study that requires human or animal ethical approval, the following statement should be included in the Methods section: Ethical approval: The conducted research is not related to either human or animals use.

Conflict of interest: Authors are responsible for recognizing and disclosing financial and other conflicts of interest that might bias their work. This information must be included in each manuscript. Please declare any conflicts of interest, funding, employment, or leadership and honoraria in an appropriate Acknowledgement placed previous to the reference section. A conflict of interest for a given manuscript exists when a participant in the peer review and publication process – author, reviewer, and editor – has ties to activities that could inappropriately influence his or her judgment, regardless of whether judgment is, in fact, affected. Financial relationships with industry (for example, employment, consultancies, stock ownership, honoraria, expert testimony), either directly or through immediate family, are usually considered the most important conflicts of interest. However, conflicts can occur for other reasons, such as financial support of the study, ties to health insurance, politics or other stakeholders, personal relationships, academic competition, and intellectual passion.

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4. Preparation of manuscripts
Language Manuscripts should be written in clear and concise English. Please have your text proofread by a native speaker or professional language service before you submit it for consideration. At proof stage, only minor changes other than corrections of printers’ errors are allowed.

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Terminology of papers should be clearly understandable even to non-theorists.

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B. Reference list: The reference list containing all authors mentioned in the text, should be arranged in the order of appearance and numbered accordingly. The original title of every paper must be given in full and in the original language; abbreviations of periodical names should conform to those used PubMed and in the Web of Knowledge (NIH.Linkout.Journals; Web of Knowledge).

After the abbreviated journal name, give the year of publication, followed by a semicolon, volume number (but no issue number), followed by a double colon, and the page numbers, with the last page number in shortened format. Meeting abstracts may be cited only if published in journals. Unpublished observations and personal communications are cited only in the text. Correct linking of the references depends on strict adherence to Journal style.

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3. No author given 21st century heart solution may have a sting in the tail. BMJ. 2002;325:184.

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