

# Writing and publishing a Case Report

How many junior doctors have published original laboratory-based research from their student days, an audit or clinical study from their first two years on the ward or have national and international presentations under their belt at the time they apply for training programmes?

Publication is increasingly perceived essential to postgraduate learning and an important addition to the junior doctor's training portfolio. *BMJ Case Reports* assists medical students and junior doctors worldwide in what is often their first publication.

*BMJ Case Reports*, launched in November 2008, was developed purely for the publication of case reports – there are more than 15,000 case reports currently available from authors in more than 70 countries. We have clinical case reports, images and videos. It is an online-only journal, has all the tradition of the BMJ, is peer reviewed, referenced and boasts an archive available – at the click of a mouse – of cases listed by specialty from anaesthesia to urology. All material, including pictures, is free to subscribers (Fellows) to use for further clinical teaching. We have an editorial board and a huge range of reviewers who peer review not just the science and the medicine of the article, but see the process of writing and rewriting the manuscript through with the authors to the final production of what is, for many, their first publication.

In 2013 we launched our Global Health Case Reports. This means that, in addition to our traditional (clinical) case reports, we have a second format that analyses the global health problems patients face in detail and looks at the causes of the causes of disease – the social determinants of health.

We base our decision to publish manuscripts on three principles:

**First**, healthcare workers including medical students and junior doctors must find the cases a valuable learning resource, both relevant and engaging.

**Second**, there is more to learn from common cases that present in an unusual way, present a diagnostic, ethical or management challenge or where there are pitfalls to learn from, than from rare or exotic cases that most of us are unlikely ever to have to manage.

**Third**, our global health case reports describe patients from some of the most vulnerable communities in the world. Authors of these case reports are describing patients they look after in their routine clinical practice, and they are telling their story because the global health problems they encounter must be addressed.

Use the Word templates at [casereports.bmj.com](http://casereports.bmj.com) and start writing up a clinical case that you think demonstrates valuable clinical or ethical lessons for an audience of medical students or junior doctors. Take any clinical pictures you need to illustrate your case (download our consent form to use in addition to the consent forms you use locally – we do not accept manuscripts without a completed BMJ consent form) and then write your clinical case report in our template under the following headings:

- **Summary**
- **Background**
- **Case presentation**
- **Investigations**
- **Differential diagnosis**
- **Treatment**
- **Outcome and follow-up**
- **Discussion**
- **Learning points/take home messages**

Alternatively, download our global health case report template and write about the social, cultural, political and financial determinants of health that affect your patient and the disparities in access to quality health care. Write under the following headings

- **Summary**
- **Background**
- **Case presentation**
- **Global health problem list**
- **Global health problem analysis**
- **Take home messages**

The templates give you the first draft of the report which you should show to a senior colleague at work or in university. When you are satisfied that you have a manuscript ready for our reviewers to read, go ahead and submit. Although it is rare to have a paper accepted without some revision, the entire process of review before a paper is accepted is as short as we can feasibly make this – usually about 10 weeks.


The case reports that are most likely to be accepted are well-written in clear English and with good grammar (check this before you submit). Clinical cases should have a clear discussion of management decisions and lessons to be learned.

**We welcome a discussion of relevant guidelines, pitfalls and the prevailing evidence; diagrams and schematics that illustrate the mechanism of an injury or pathology; and, a review of relevant literature and other notable cases.**

Global health cases should provide balanced, well-researched arguments in a neutral and unemotional tone.

An annual subscription (Fellowship) gives you the freedom to submit as many cases as you like as well as access to and reuse of all the published material. We have institutional Fellowships and offer workshops on writing case reports so speak to your tutors and postgraduate managers about an institutional subscription and let us know if you need assistance in running a writing workshop.

We feature a clinical case as the editors' choice every month and have a monthly global health blog you may want to contribute to. Every year we recruit associate editors (students and junior doctors) to our editorial team. They get involved in research with us and help us prepare educational materials based on our cases.



Go ahead,  
submit and  
join our team.

# What to include in the submission template for full cases

## General guidance

The most difficult problem we face in review of manuscripts is poor language or grammar. It is a huge shame to reject articles because they are badly written when the message they contain is important. The language reflects the authors, their institution and the journal, and inevitably, presentation and style hugely influence the perception of the management of the patient you write about.

## Clinical cases

Read the case presentation back to yourself. Is there a natural flow from presentation to discharge and follow-up? Are all decisions explained?

Don't be afraid to write about complications. They are universal and learning from each other's experience is key in medicine. Do discuss these with clarity so that all findings and management decisions are obvious. The audience is not reading to approve or disapprove but needs to be in a position to make sense of the story. **The discussion of pitfalls is the single biggest contribution to learning in case reports:**

- Unusual presentations of common cases
- Inconclusive results
- Grey areas in indications for treatment
- Management challenges
- Near misses

Contact your librarian or head of department to see if your institution already has a Fellowship

## Title of case

Do not include the words "case report" in the title. Do not use cryptic or humorous titles. Use a clinical title that gives a short description of the case or learning point.

## Summary

This is freely available online and is the equivalent of an abstract. Use a maximum of 150 words summarising the case presentation and outcome. Give a good flavour of the case, emphasising the learning points.

## Background

Why do you think this case is important – why did you write it up?

- **Why is the case of interest to our readers?**
- **Is this a prevalent health problem?**
- **Is there a clear message?**

## Case presentation

Give a comprehensive account of the presenting features, including the medical/social/family history.

- **How did they present?**
- **What is the relevant history?**
- **Why is this relevant?**
- **Explain your findings and how they influenced your decisions**

**Do not use abbreviations** for diseases or investigations.

## Investigations

A common criticism is the failure to explain the indications and results of investigations. The influence of investigations on management decisions should be discussed in full.

Choose appropriate images and videos to illustrate your point. Ensure that all patient details are removed from images and videos so that identification of the patient is not possible.

## Example of a well presented Case Report

**Angiolymphoid hyperplasia with eosinophilia presenting as an axillary artery aneurysm.**

*Neil Kukreja, Matthias Koslowski, Robert Insall*

Published: 3 May 2011



## Differential diagnosis

Please do not simply list differential diagnoses. We want to understand how the final diagnosis is teased out.

## Treatment

Explain in full the pharmacological and non-pharmacological treatment, including, where relevant, details of surgery, physiotherapy and supportive care.

## Outcome and follow-up

Always include follow up data where you can. This gives readers a clear understanding of outcome.

The follow-up period should be defined. Please state whether the patient has died even if this is not directly related to your treatment of the patient.

## Discussion

This should include a review of similar published cases.

This is the opportunity to describe mechanisms of injury, guidelines and their relevance, diagnostic pathways (use diagrams if you like) and the points of interest of the case.

A brief summary of relevant clinical guidelines is appropriate.

- **Did you have to make an exception?**
- **Did you have to adapt the guidelines?**

## Learning points/take home messages

3 to 5 bullet points. This is a required field.

These are the most crucial part of the case – what do you want readers to remember when seeing their own patients?

## References

Include relevant references in the Vancouver style.

## Figure/video captions

We do not have a limit on illustrations but choose only high quality images which illustrate your case effectively. Make sure that patients cannot be identified from their images.

We encourage colour images and video files.

## Patient's perspective

This is an optional section to give the patient the opportunity to comment on their experience. We favour cases that give the patient's perspective.

# Global Health Case Reports

## Title of case

Do not include the words "case report" in the title. Do not use cryptic or humorous titles. Use a title that gives a short description of global health issues.

## Summary

This is freely available online and is the equivalent of an abstract. Use a maximum of 150 words summarising the global health problems.

## Background

Why do you think this case is important – why did you write it up?

- **Why is the case of interest to our readers?**
- **Why must these global health problems be addressed?**
- **How is the individual in this cases impacted by these problems?**

## Case presentation

Give a comprehensive account of the presenting features, including the medical/social/family history.

- **How does the patient make sense of his/her symptoms?**
- **Are their obvious environmental and social circumstances contributing to illness?**
- **Was there a delay in presentation?**
- **Was there a delay in accessing care?**
- **How does the patient live with illness or disability?**

## Global Health Problem List

Look back at the case presentation and list the global health problems described.

## Learning points/take home messages

3 to 5 bullet points. This is a required field.

These are the most crucial part of the case – what do you want readers to remember when seeing their own patients?

## Global Health Problem Analysis

Discuss in turn each of the global health problems listed reviewing relevant local and global literature. Rather than summarising the literature, analyse each global health problem and workable solution. Do not confine your search to medical literature, look also at socio-political literature, legal frameworks and reliable web resources.

## Images in and Videos

These are 500 word abbreviated case reports that describe striking images or videos. The images should be well-annotated and have clear learning points. We favour video submissions. Videos may be of clinical signs, physical examination features, clinical investigations that illustrate important learning points, and even clinical encounters.

These should be written under the following headings:

- **Description**
- **Learning points/Take home message**
- **References**
- **Image(s)/Video(s)**
- **Patient's perspective**

## Essential information

In addition to the guidance in these templates please read the instructions to authors online.

You must have signed informed consent from patients (or relatives/guardians) before submitting to *BMJ Case Reports*. This means that the patient should be familiar with the final draft of the case report as it is to appear on the website. Please anonymise the patient's details as much as possible, e.g. specific ages, occupations, and names of hospitals. Consent forms are available in several languages. If you need a consent form in different language, please, get in touch with us.

<http://authors.bmj.com/submitting-your-paper/patient-consent-and-confidentiality/>

In order to submit you or your institution must be a Fellow of *BMJ Case Reports*. Fellows may submit as many cases as they like, access all the published material, and re-use any published material for individual learning and teaching without further permission.

For more information on rates and how to purchase your fellowship visit

<http://casereports.bmj.com/site/about/becomeafellow.xhtml>

For more information, please visit  
**[casereports.bmj.com](http://casereports.bmj.com)**