

# Case reports: added value counts

J.P.H. Drenth

Associate editor of the *Netherlands Journal of Medicine*, Radboud University Nijmegen Medical Centre, Nijmegen, the Netherlands, e-mail: g.derksen@aig.umcn.nl

A case report is a powerful tool to disseminate information on unusual clinical syndromes, disease associations, unusual side effects to therapy, or response to treatment. Case reports continue to be a very popular section within the Journal. They are well read, and by nature they are easily accessible.<sup>1</sup>

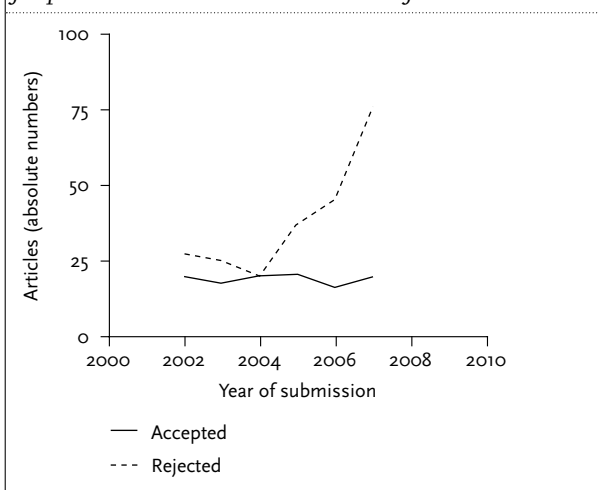
We think that case reports are a valuable asset to the Journal. We are not alone, since in some countries writing a case report is a prerequisite to pass the board examination as a medical professional. Examinees must write a case report and be able to answer relevant questions about the case and review of the literature in general.<sup>2</sup> Also, some medical societies require a written case report as a token of professionalism to become member.

Among the many reasons that explain the popularity of case reports, the main one is probably the accessible nature of this particular piece of clinical information. A good case report seamlessly fits with the clinical thinking needed in the ward and outpatient clinic. What clinical practice has in common with a written case report is that the same steps in clinical thinking are taken.

Symbol of the high popularity in the Journal is the continuous rise in the number of case report submissions (*figure 1*). The journal has always witnessed a steady stream of case reports, but over the last years the number has increased significantly. Last year we received 137 case reports and this represented a threefold increase in comparison with 2002.

What happens with the case report once you submit it? First, the Editorial Office checks whether the manuscript meets the administrative standards and that it is complete. If so, your manuscript moves to the next stage, and that is the editorial board meeting. Here we discuss your paper and judge whether it meets the standard of the Journal. This is a major hurdle, and we have to admit that not many manuscripts get beyond this stage. Next, we send your paper out for review, and after receipt of the referee reports, one of the editorial board members issues a

**Figure 1.** The number of manuscripts that are submitted as a case report to the *Netherlands Journal of Medicine* divided into manuscripts that were accepted for publication and those that were rejected



recommendation. The Editorial Board discusses the paper again, in view of the recommendation. If we agree that the case report is potentially interesting, we ask you to write a rebuttal and change the manuscript according to the issues raised by the reviewer. Now we have come to the last stage, and here the editorial board member checks whether the referee's issues have been dealt with. If there is any doubt at this stage, the paper can be rejected or we get back to you with additional questions. Finally, if you manage to get beyond this stage, your paper is accepted in the Journal and you can await publication.

Why do many case reports not get that far? As you may have noticed, we only publish two to three case reports each month and with eleven Journal issues, it becomes clear that we cannot print all submissions. Indeed, we rejected 74.6% of case report submissions last year.

How do we decide what to take or not to take? We, as Editorial Board, are committed to the Journal and we need to apply strict quality control measures in order to maintain

the high standard of the journal. Two years ago we wrote about the type of case reports that the Journal would like to receive and we issued guidelines on how to prepare a good case report.<sup>1</sup> At that time we hoped that the *Netherlands Journal of Medicine* would be the author's first choice for publishing their case reports. Well, that has happened in view of the vigorous rise in the number of submissions, but unfortunately, quality sorely fails to parallel quantity.

Indeed, we have noticed that many case reports appear to be hastily prepared, and casually submitted. Even with high profile clinicians as co-authors sloppy manuscripts with obvious textual mistakes are submitted, which leads us to doubt whether these authors actually proofread the manuscript. Often, the figures are of poor quality and more than once we have seen radiological figures which contain complete identification information of the patient. Needless to say, it is your responsibility to protect the confidentiality and anonymity of the patient. Ideally all visual supplements should be compact, self-contained, and instructive. If you want your paper to stand out, pay attention here, and offer us more than a direct low-resolution copy from the electronic medical file. We would prefer one high-resolution figure consisting of several panels, instead of five different radiological pictures.

Now back to the content. We have outlined in the past which types of case reports the Journal desires. Often, we are left in the dark as to why a certain case report warrants publication. We realise that many authors want or even need their publication to build a resume, but we want to urge you to be very selective as to which case you select to write up. The wards are littered with potential case reports and although there might be something novel for you, ask yourself if it is also novel for the more experienced clinician? To be honest, most case reports we receive just fail to meet standard criteria such as novelty, insightfulness and impact.

We want to publish case reports that, broadly speaking, discuss new aspects of clinical presentation, diagnosis or treatment. We always ask ourselves the following question: will publication significantly advance our understanding of a particular disease aetiology or drug mechanism? If not, your case report stands a poor chance given the intense

competition it faces. Again, we would like to draw the attention of the potential authors to the Journal's guidelines for case reports, as it sometimes seems that they have been missed.

In order to remind authors of the standards we want to apply, we want to introduce a new item which you will see from the next issue of the Journal onwards. Authors will be required to answer two specific questions about their case report, see table 1 for an example on this special report.

**Table 1.** *Maintaining the standard of the Netherlands Journal of Medicine, by answering two specific questions about the case report*

Question	Answer (on this special report)
What was known on this topic (prior to preparing this case)?	Case reports are valuable tools for clinical learning, difficult to publish, mostly lack a message and poorly written
What does this case add?	Advice to improve quality for case reports and introduction of two questions that need to be answered

We will implement these changes as we want authors to rethink the much abused claim of novelty, and to help you to really highlight the essentials from your case.

The *Netherlands Journal of Medicine* is one of the few clinical journals that still considers case reports. For authors the advantages to publish with us are manifold. The Journal has open access, is well read and cited and we do not charge a publication fee.<sup>3</sup> We want to offer you the best, so read our guidelines, answer the two questions, and submit to us your very best case reports.

## REFERENCES

1. Drenth JP, Smits P, Thien T, Stalenhoef AF. The case for case reports in the Netherlands Journal of Medicine. *Neth J Med* 2006;64:262-4.
2. <http://www.aaopt.org/becoming/reportguide/index.asp>.
3. Drenth JP. The Netherlands Journal of Medicine's hitlist: which 2004 paper was best cited? *Neth J Med* 2006;64:393-4.