Case Reports are the important stepping stones in building the body of medical literature. As far as the level of the evidence is concerned, Case Reports are at the bottom of hierarchy with randomized controlled trial and metaanalysis at the top of pyramid. In the recent times, most of the medical journals have stopped accepting case reports for publication. This should not preclude one from writing and publishing case reports. The contribution of case reports cannot be contested and undermined, they have an important practical application in patient care and also serve as an important educational purpose. Case reports not only serve as a good writing exercise for beginners due to the similarity in basic methodology, they can provide stimulus or an inspiration for a future well conducted randomized controlled trial. A published case report or case series definitely do look good on curriculum vitae (CV).

Let’s dissect the important components of medical case report writing.

1. What qualifies for case reporting?
We at Journal of Anaesthesia and Critical Care Case Reports (JACCR) publish original and interesting case reports that contribute significantly to anaesthesia & critical care literature. Manuscripts must meet one of the following criteria:
- Unexpected or unusual presentations of a disease
- New associations or variations in disease processes
- Presentations, diagnoses and/or management of new and emerging diseases
- An unexpected association between diseases or symptoms
- An unexpected event in the course of observing or treating a patient
- New technique or modification of an original technique
- Unusual complication of a particular disease, medication, treatment protocol or surgery
- Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
- A small series of cases with unusual outcome.
- A technical note demonstrated on a single case
- or a short case series

2. Target your journal
Two most important things to be taken into consideration while writing a case report are whether the journal accepts case reports at the first instance and second is the impact factor for the journal. The author needs to carefully read the instructions for submission of a manuscript. Ideally the target journal should be the one in which the work should be published.

3. Stop procrastinating
“The greatest amount of wasted time is the time not getting started.” - Dawson Trotman. A diary should be kept handy to pen down the ideas once a topic for the case report is finalized. Seek help from a friend who could encourage you and have a consultant/senior who has publications and can help you as an editor for revision of manuscript. Set deadlines for completion of the manuscript to instill some form of discipline in your work. I am sure this will do 50% of your job!

4. Thorough literature search
After finalizing the topic, do a thorough and relevant literature search through MEDLINE, OVID, EMBASE, GOOGLE SCHOLAR, SCOPUS...and focus only on the articles that are relevant to your topic.

5. Structure your Case Report
This is probably the most important part of the entire process. According to the ICMJE (International Committee of Medical Journal Editors) IMRAD (Introduction, Materials & Methods, Results & Discussion) is the proposed format for writing most of the
manuscripts. But this format is not applicable while writing case reports instead title, abstract, key words, introduction, case description, discussion, conclusion, references, figures and illustrations is the prescribed format.

A. Title: needs to be catchy, concise, unique and informative. It should focus on the predominant issue in the manuscript and at the same time arouse the curiosity of the reader. Refrain from using redundant words like “case reports”, “unique case”, “first report of kind”. Best suggestion is to write the title after completion of the entire manuscript.

B. Abstract: should be organized and give an overall idea of the case. Please avoid using abbreviations here and expand it if used. Limit word count of unto 100. Abstract facilitates retrieval of the case online and hence, is useful for citations and indexing. Similar to the title, it is a good idea to write the abstract at the end of manuscript completion.

C. Key Words: 3-10 important key words from the manuscript which will be helpful for easy retrieval of case report for citations and referencing.

D. Introduction: gives background information about the case and hence should be concise and simultaneously attract attention and interest. At this juncture explain merit of the case report in light of previous literature. A brief focused review of literature usually does the trick!

E. Case Description: should concentrate on the entire course of the case like patient demographics, presentation, signs and symptoms, clinical investigations, intervention done, outcome of the case. Strictly not to falsify or alter any details. Mention any negative findings if present. Respect patient confidentiality and erase all PID (patient identifiable data) from the images and scans if used. Consent should be taken and in event of patient’s demise it should be obtained from next of kin. Correct use of units like mm Hg for blood pressure, beats/min for pulse, and other units wherever appropriate should be done.

F. Discussion: This is so far the most important part of the manuscript which can be the show stopper! Summarize and interpret key findings and explain rationale why the particular intervention or treatment was done. Any modification of technique that has been performed should also be justified. In addition, contrast it with the ones existing in review of literature and clarify why it differs. This will bring out the new knowledge application and applicability. Highlight limitations if any and value that the case adds to the current medical knowledge. Any further scope of research should be emphasized for the benefit of future researchers. An overview of how things could have been managed differently would earn you brownie points.

G. Conclusion: is essentially the TAKE HOME MESSAGE! It is not a summary of the case report but should mention specific learning points and hence should be succinct.

H. References: As a thumb rule not more than 15 references should be quoted for the case report. You could follow Vancouver or Harvard style or as per recognized by the journal.

I. Figures and Illustrations: Follow the legend and numbering for the figures and illustrations. Having images increases the credibility of the case report and makes it more interesting.

J. Finer Tips: Stick to the word count as per the journal requirement. Always do a thorough spell check and grammar corrections as many journals would not even consider the articles with gross grammatical errors and reject them outright. Usage of correct tenses is mandatory.

7. Acknowledgments: Due recognition to all the contributors in the development of manuscript must be given with a mention of the contribution made.

8. Final Checklist: In congruence with the journal guidelines, make a final check of all the supporting documents and draft an impressive covering letter.

9. Dealing with reviews: Deal with reviewer’s suggestions and don’t feel let down by them. Take every criticism constructively and work upon it. The best idea would be an accompanying letter mentioning what corrections have been asked for and what have been done preferably in a tabular form. Mind you, no manuscript is accepted first hand even for experts.

10. Dealing with rejection: Many a times, authors get discouraged and totally give up. Rather utilize this as an opportunity to improvise by utilizing the reviewers/editor’s comments with the help of an expert. Acceptance rate in most of the reputed journals is very low so, be aware of it. Try to amend it and send it across to another journal of similar interests. It is unethical to send your manuscripts to two journals simultaneously.

The bottom line is persistence pays off!

"I PERSIST UNTIL I SUCCEED" - Og Mandino.

References