

EDITORIAL

Medical Case Reports: a modern tradition

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Since its inception in 1956, the SMJ has published case reports which, in March 2006, were transferred to the journal's website www.smj.org.uk. The SMJ now reflects on this modest vehicle for communicating complex clinical information and its contribution to medicine, ancient and modern.

Definitions

A case report (or case study) is defined as 'a detailed report on one patient (or case), usually covering the course of that person's disease and their response to treatment'. A case series is a description of several cases of a given disease, usually covering the course of the disease and the response to treatment.¹

History

Case reports preceded Hippocrates and, several millennia later, they continue to advance medical science. A case series warned of absent limbs associated with thalidomide.² Case studies have identified a genetic link to malignant hyperthermia, an adverse event associated with neuroleptic medication^{3,4} and, in more recent times, they have heralded the arrival of AIDS.^{5,6}

Humble indeed are case reports given their impact, unlike their famous creators, whose eponyms have chronicled the history of medicine.⁷ In June 2010, as many as 8,447 eponyms linked to 3,364 persons' (129 female and 3,235 male) eponymous conditions were documented.⁸ This issue of the SMJ case reports brings eponymous names to life, showcasing Meckel, who was first to describe a diverticulum⁹ and Wolff's claim to the origins of the urogenital system.¹⁰

Medical education

The factually accurate, concise and clear reporting of a clinical case remains fundamental to undergraduate and junior doctor training enabling a large amount of complex information to be applied effectively to a clinical situation. In hospital, postgraduate doctors are assessed using 'Mini-CEX', a 15 minute snapshot of doctor/patient interaction designed to assess the clinical skills, attitudes and behaviours of trainees essential to providing high quality care of history taking and examination.¹¹ Similarly, GP specialty training uses case-based discussion to assess developmental progression in the practice work place.¹²

Appraisal and revalidation

Case reports can assist doctors in meeting GMC 'generic standards' by following the educational principles of reflection on current practice, evidence of learning and implementation of learning, which demonstrate quality care, clinical pathways and appropriate use of resources. Case studies also enable clinicians to reflect on effective communication with patients and colleagues and teamworking. Deficiencies and developmental needs may be identified. In that event, case reporting may form

the basis to the analysis of a complaint, critical or significant event.

In Scotland, significant event analysis, a powerful learning tool with the potential to improve patient care,¹³ has been a core component of the national GP appraisal system. In January 2010, the Scottish GP Appraisal Scheme provided training for hospital doctors focussing on quality assurance of the appraisal interview.

Research

Non analytic studies such as case reports and case series are, according to SIGN, level 3 in its hierarchy of evidence and therefore relatively weak scientific evidence.¹⁴ Reasons for this are that case reports are self selected, so subject to 'cherry-picking' and only positive outcomes may be reported.

Case reports may, however, assist research by generating new possibilities or hypotheses. Patient-centred case reporting may also indicate that research proposals are unrealistic in terms of their acceptability to participants.

An 'evidence-based case report' can add value to research by providing a literature review and demonstrating an evidence-based management plan. A good example of this from the SMJ is 'Pseudotumour cerebri associated with disodium pamidronate', which offers best practice advice on recognition and prompt treatment to prevent permanent visual loss.¹⁵

Medical humanities

Story telling is the very stuff of medical humanities.¹⁶ Our most memorable medical teachers are those, who impart not only the science, but the art of medicine. Clinical practice, by its very nature, has been considered to be anecdotal.¹⁷

Publication

Historically, case reports were the subject of letters between colleagues, from which medical journals originated.¹⁸ In 2010, there are around 13,000 to 14,000 biomedical titles currently published throughout the world.¹⁹ Many journals include case reports and some are dedicated to the purpose. As personal access to network communication advances, there is a growing trend towards electronic publication.²⁰

Eponyms are now dispossessed in favour of more 'descriptive nomenclature'.²¹ However, authors may still deserve recognition or 'ownership' of intellectual information. Writing a case report enables aspiring authors to get their foot on the publication ladder and enhance their curriculum vitae. The SMJ welcomes the submission of case reports that demonstrate reflection on practice and educational impact. Concise instructions for authors are summarised. The journal may also include 'snapshot diagnosis' and 'personal view' on its website or as fillers in the print edition, where space allows.

Case reports submitted for publication must demonstrate insight, be objective, accurate, verifiable, of practical relevance, preferably readable and even enjoyable! Authors should ensure that their case study has been locally peer reviewed and edited using an English (UK) spell check. The clinical event itself should be significant, reporting a rare or unusual diagnosis, treatment or outcome, in which the patient perspective is respected and contributions of colleagues acknowledged. Selecting a case from a previously published original article will be considered 'double dipping' and unacceptable, as is plagiarism.

Discussion should include the decision-making processes relating to diagnosis including physical examination, investigation and management. A stimulating case report will prompt identification of a phenomenon or diagnosis, challenge conventional approaches or offer innovative solutions to a problem. Outcomes may involve the reviewing of a procedure or intervention, a protocol, pathway or guideline.

The case report should conclude with key learning focussing on changes in practice and potential improvements in patient care.

The last word

As Editor of the 'Case Report' section, I read hundreds of your submissions. There is a wide range of diversity and disparity, particularly in quality. Each case report undergoes peer review and is judged against the SMJ's criteria. The last word is my 'one liners' in the back pages of the printed edition, which aim to summarise the key features of each case report.

If your aim is to become a 'Meckel' or a 'Wolff' in your field, there is an abundance of rich contextual routine clinical information at your fingertips. I am a low aspirer in this respect but, online, I illustrate this editorial with an account of malaria, which is currently highly relevant with an estimated 20,000 people from the UK travelling back from the 2010 FIFA World Cup in South Africa.²² The report on malaria is truly a case of history repeating itself.

Concise instructions for authors of case reports

- Title which facilitates retrieval with electronic searching
- Authors of case (corresponding author indicated by *)
- Abstract (150 words): introduction, case presentation and conclusion
- Keywords (up to 5)
- Introduction
- Case presentation: medical history, clinical features,
- Investigations where relevant
- Differential diagnosis
- Treatment including other therapeutic options
- Operative findings
- Outcome, prognosis and follow up
- Discussion including review of similar published cases
- Conclusion with learning points (3 to 5 bullet points)
- Competing interests
- Authors' contributions
- Patient consent (to be included with submission)
- References (Vancouver style)
- Figures, tables, images

References

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