# the template of a manuscript comprising THE CLINICAL CASE report

##### The present pattern is offered for submitting articles reporting clinical cases, series of case reports, and series of surveillance.

##### **GUIDELINES**

##### **Black color** is used for titles and subtitles. All of them should remain the same in the final version of the manuscript.

##### **Blue color** is used for explanations about the content and examples of the text design.

##### **Change** **blue color** to black one without changing titles.

##### You should put all relevant data into the template. Completed template should be saved on your computer and downloaded to the journal website on the Step 2 of the manuscript submission process.

### Title

##### The title of the article has to include and fully reflect a subject and a topic of the article, and also the main objective (question) set by the author for disclosure of a subject.

### AUTHORS

##### Firstnameone I. Lastnameone1, Firstnametwo I. Lastnametwo2, Firstnamethree I. Lastnamethree1,3, …, ….

### Affiliations

##### 1Author’s workplace (University/Research Institute, City, Country)

##### 2Another author’s workplace (University/Research Institute, City, Country)

##### 3etc.…

### abstract

##### Abstract shouldn’t be less than 150 words and more than 350 words.

The abstract has to:

* include the basic provisions stated in the survey work;
* reflect the author's view on the problem discussed in the manuscript taking into account the analyzed material;
* allow the reader to understand originality of the described case study: why its description thereof may inform medical practice.

##### **Keywords**: term 1; term 2; term 3. Minimum – 3, maximum – 7 key words. Key words should be chosen from MeSH thesaurus only (<http://www.ncbi.nlm.nih.gov/mesh>). Among the keywords you have to use a term "clinical case".

### background

##### Explain why you consider this case important – why its description thereof may inform medical practice. Each statement excluding generally known ones should have references but no more than 3 for each statement.

##### It isn't necessary to do the section superfluous. The optimum volume is 1–3 paragraphs. In most cases the reduction of the expanded literary review on the described nosology is inexpedient.

### description of the case

##### **Anamnesis**. Present concerns, patient characteristics, the anamnesis of a disease, and the family anamnesis.

##### In this section it is necessary to describe the initial condition of a patient while medical personnel examined/interrogated/studied the incoming medical documentation. If during the follow-up the condition of a patient changed, and the changes were a subject of interest and had to be described as an integral part of a clinical case – specify the changes in a chronological order giving references on the events.

##### **Diagnostic assessment.** Submit the results of any laboratory testing / imaging results / questionnaires / referral diagnostic information that were carried out. It is necessary to mention only those results which are related to the described case (e.g., it isn't necessary to describe results of radiological research of a thorax and psychological testing during analysis of a clinical difficult differential and diagnostic case of the patient with an autonomous gastro-intestinally polyneuropathy and pseudomembranous colitis).

##### The results of diagnostic evaluations should be described chronologically. Specify the date of diagnostic procedures. It is desirable to create a timeline that includes specific dates and times in a table, figure, or graphic. Visit www.care-statement.org/case-report-examples for one example of a case report timeline.

##### The relevant details of related past interventions should be included in the previous section, as data of the anamnesis.

##### **The differential diagnosis**. If the differential diagnosis is a subject of interest for the presented clinical case, it is necessary to describe the circle of nosology which was included in differential and diagnostic search, with an explanation of reasons of an inclusion/exception of the corresponding options.

##### **Interventions**. Any conducted intervention (medicinal / surgical / psychotherapeutic / non-drug) which is directly connected with the considered clinical case and made interest for discussion should be described in details. All assigned medicines should be specified in a form of the international unlicensed names (IUN) **ONLY**. Describe the administration and intensity of the intervention (including dosage, strength, duration, frequency). The doses should be given in absolute units in system of SI (mg, ml, ME, PIECE) but not in semi-quantitative measures (tablets, spoons, cups).

##### **Follow-up and outcomes**. Describe the clinical course of the case including all follow-up visits as well as intervention modification, interruption, or discontinuation, and the reasons; adherence to the intervention and how this was assessed; and adverse effects or unanticipated events. Surely describe patient-reported outcomes, clinician assessed and reported outcomes, and important positive and negative test results. The reader has to know what was the outcome. In case you have no information on a further condition of the patient, please, mention this fact and give the reason if possible (e.g., the patient returned home to the Dominican Republic).

### Discussion

##### This section should not be superfluous: the discussion should be concentrated on a case or series of cases which are presented in the article. Please describe the strengths and limitations of this case report including case management, and the scientific and medical literature related to this case report.

##### Discuss the rationale for your conclusions such as potential causation and the ways this case might be generalized to a larger population.

### Conclusion

##### The clinical case as a single supervision does not grant the right to authors to draw unambiguous conclusions from a position of evidential medicine. Therefore in this section it is not necessary to draw conclusions about efficiency, expediency, safety, etc.

##### We recommend mentioning the KEY POINTS for readership - from 3 to 5 points (small clauses) in which the most significant thoughts are summarized briefly which a reader surely remember and implement in routine clinical practice.

### additional information

##### **Source of funding.** The source(s) of funding (it could be a grant) should be indicated specifying with the following statement: “The research was conducted with the financial support of … ”. If the research had no financial funding the section should be left blank.

##### **Conflict of interests.** The section indicates the presence of explicit and potential conflicts of interests, i.e. the facts and conditions that may affect results of the study or their interpretation. In case of conflict of interest’s absence it is recommended to use the following phrase: “Authors declare no explicit and potential conflicts of interests associated with the publication of this article”.

##### **The patient's informed consent**. Before submission of the manuscript to the journal you have to obtain the informed consent from your patients (or lawful representatives). This requirement is necessary for both alive and the dead patients. We won't be able to send your manuscript for reviewing and to publish the article without signed informed consent of the patient or his lawful representative where they gave their permission for publication of their de-identified data (even if the form is depersonalized). In this section it is necessary to ensure that the patient provided their informed consent for the publication of this case report. It is obligatory to send the scanned image of the signed informed consent to the journal’s editor in the form of the separate file together with the manuscript and other accompanying documents on Step 4 of the submission process.

##### **Authors involvement.** The role of each author in the current study and article preparation should be described in this section.

##### **Acknowledgements.** This part provides an opportunity to express the gratitude to those people who took part in the research and/or manuscript preparation but are not co-authors of the paper.

### references

##### The list of references should include only published materials (Internet links are allowed as well). Self-citation should be avoided except those cases which require it (if there are no other sources of information, or the present work is based on the previous studies of your own). The limit is no more than 3 self-citations.

##### More information here: <http://endojournals.ru/index.php/index/pages/view/references>.

### tables

##### All the tables should have numbered titles and clearly labeled columns which are clear and concise. Tables’ data should correspond to figures in the text but shouldn’t duplicate information presented in it. References to the tables in the text are obligatory. In case of absence of tables the section should be left blank.

### figures

##### The part of graphic material should be minimal (except for papers where it is justified). Each figure must be accompanied by numbered captions. References to figures in the text are obligatory.

###### **Figures** (graphs, schemes, diagrams, drawings) made by means of MS Office tools should be contrasting and clear. Illustrations should be performed in a separate file, saved as image (\*.jpeg, \*.bmp, \*.gif) and then placed in the manuscript file as a fixed figure. It is unacceptable to use MS WORD for making any elements inserted into the figure in the manuscript file (arrows, for example) due to the high risk of loss of these elements during editing and typesetting procedures.

###### **Screenshots** and other not drawn illustrations are to be inserted in the text of the manuscript, but also have to be loaded separately on the Step 4 of the manuscript submission process in \*.jpeg, \*.bmp, \*.gif formats (\*.doc и \*.docx are applicable in case any additional remarks are presented on images). Image resolution should be not less than 300 dpi. Image files must be assigned corresponding to the number of the figure in the text. Caption should be included separately in the description of the file.   (For example: **Fig. 1**. MRI of the Charcot’s foot.).

##### If figures used were previously published in other publications, the author is obliged to give the permission to publish this image in the journal. Otherwise it would be a plagiarism.

##### In case of illustrations absence this section should left blank.

### Contact information

##### Contact information of all authors has to be mentioned.

##### This part should consist of authors’ contact information separated by comma, in line:

##### **Full name;**

##### Academic degree;

##### Academic status;

##### Position;

##### Full title of organization and structural unit of it (main workplace is meant here);

##### Workplace mailing address (with postal code);

##### E-mail address;

##### Telephone number (with area code);

##### Contact phone number (is necessary for operative communication with author; isn’t published or transferred to third persons);

##### **ORCID** identifier (more information here: <http://orcid.org/>);

###### The author for correspondence should be marked with “\*”.