

**UNIVERSITY OF MALAYA
FACULTY OF MEDICINE
DEPARTMENT OF RADIOLOGY**

**GUIDELINES FOR WRITING
THE CASE REPORTS**

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The submission of the case reports is an integral part of the final assessment for the Master of Radiology degree awarded by the University of Malaya. These guidelines aim to outline the process of choosing the cases to report and the final form of presentation at submission.

a) *Why write case reports?*

Case reports appeared in the literature around 1700 BC. This was followed by the Hippocratic text about a century later. Case report writing is considered an introduction into the world of medical writing, as it is easier to get a feel of the subtleties of medical writing through this process.

b) *Number of case reports.*

The number of cases required to fulfil the requirements has been set at 4. There can be **no exception** to this requirement. If any candidate submits less than or more than the requirement, then the submission will be considered incomplete and will therefore necessitate an extension to the duration of their training. It is actually a good idea to prepare at least 1 case report over each of the 6 month periods of the 2nd and 3rd years so as to avoid the necessity of having to find all the four cases in the last 6 months of the final year.

c) *Choice of cases for reporting.*

Not every case that you may consider interesting may be suitable for use as a case report. It is not infrequent that candidates end up choosing inappropriate cases for the case report. There are several guidelines that may be helpful in choosing a case to write up and the following may be considered suitable cases for reporting:

- i. A rare case.
- ii. A previously unreported condition.
- iii. A previously unreported, relevant imaging observation on a recognized disease/ lesion.
- iv. A previously unreported diagnostic or interventional technique in a recognized disease.
- v. A previously unreported complication of a radiological procedure.
- vi. A case to highlight the deficiency of a particular imaging modality or to illustrate the complimentary role of different imaging modalities.

Usually you will be advised of such a suitable case by the lecturer who formally reported the study.

d) *Writing up the case report*

It is usually a good idea to do a literature search at the initial stage of case selection. The case in consideration can be compared against what has been previously reported and this will determine if what you consider “interesting” is really interesting or something that has been previously and or extensively reported. This is to avoid “cooking-up” a case report when it is finally time to write-up.

Candidates should prepare the case reports well ahead of time and not present to the supervisors a few days before the deadline since the supervisors may not have enough time to adequately assess the case report.

Please also bear in mind that it may take many (anything between 4 – 6) revisions of the case report before it is acceptable. So do not despair when corrections have to be made. Always keep the edited copies and return them to your supervisor along with the corrected version so that he/she knows what were the changes already made and not recorrect what was previously corrected. This would save everyone a lot of time. Generally the section that will pose a problem is the area of discussion. To simplify matters divide the discussion into 4 – 6 paragraphs; the first and last being the introduction and conclusion respectively. The paragraphs in-between should each focus a particular aspect of the case in discussion, eg. paragraphs on unusual clinical presentation if that is the focus and compare against what has been reported previously. As mentioned previously, do not review the literature extensively but highlight the aspect of the case and the lessons learnt. In fact, it would be best that you decide at the outset what is it about the case that you are going to discuss.

The case report should be a discussion of a **single case**. If you should have more than one case of a particular condition then that case(s) may be used to augment either the discussion or the illustration of the findings but a **single** case must remain the focus of the article. It is a good idea to check with either your academic supervisor or the lecturer/consultant who is involved in doing the radiological examination as to the appropriateness of the chosen case(s).

e) Length of report.

Even though this varies according to the various journals it has been decided that for the purpose of the submission **each case report should not exceed 2000 words.**

f) Organization.

The reports must be type-written on ISO A4 paper (212 x 297 mm) using double spacing throughout. There must be a 2.5cm margin on all sides of the paper. Number each page consecutively beginning on the title page. The number must be placed at bottom center.

The font used must be Times New Roman, size 11 on Microsoft Word.

The paper must be organized as follows;

1. Title page.

This should carry the title of the article. It is essential that the title reflects the purpose of the article and also generates interest in the readers about the article. The supervisors of the particular case should also be stated. 3 or 4 keywords should be included. You may refer to the Index Medicus to guide you.

2. Abstract.

Unlike original articles this is not necessary for the case reports.

3. Text.

This should consist of the introduction, the case report proper and the discussion.

The introduction should state the purpose of the case report. References may be quoted but only if necessary. There is no need to review the subject extensively.

The case report should highlight the radiological findings and the clinical information must be limited to that which provides a background for the radiologist. For those cases which have undergone surgery, the case report should include the operative findings (condensed), histopathological (HPE) findings and, ideally, the intra-operative findings with illustration of the gross specimen and/ or HPE slide/s. The lack of images of the histopathological specimen will compromise the completeness of the case report.

Remember that a fully completed case report should also be worthy of possible publication in the journals.

The main text should not be a copy of the original notes of the patient. The past tense is used. The time relationships being made clear by calculation from definite points rather than by giving dates, for example, “the patient had an abdominal CT 10 days after admission” rather than stating actual dates. The discussion should be succinct and focussed on the specific message and the relevance of the radiologic methods. A review of the literature is not necessary or appropriate.

4. References.

A maximum of **8 references** is allowed. They should be numbered consecutively as they first appear in the text. The references in the text should be numbered in Arabic numerals in parentheses. The style of the Index Medicus is the one recommended.

The references quoted must be as in the guidelines for presentation of the major research project.

5. Tables.

No tables are allowed for the case reports.

6. Illustrations.

These should be limited to only those that are required to show the essential features of the case described in the report.

A maximum of **4 illustrations** is allowed. Figures should be professionally drawn. The use of freehand or typewritten lettering is not acceptable. Either black and white or colour unretouched prints may be used. Scanned image printed on normal A4 paper is not acceptable unless done on glossy paper. They should be in 5R size.

Each of the illustration should be numbered consecutively as they appear in the text. They should be numbered using Arabic numerals. Each illustration should have a title and when symbols, arrows, numbers or letters are used to identify parts of the illustrations, these should be explained in the legend. The figures with the legends should be comprehensive in themselves without reference to the main text. However, avoid repeating material from the main text.

7. Abbreviations and symbols.

Only standard abbreviations and symbols should be used. Abbreviations and symbols should not be used in the title. The full term for which the abbreviations stand for should proceed its first use unless it is a standard unit of measurement.

8. Pre-submission for examination

You will submit all 4 cases by the required deadline as stipulated by the MRad research coordinator, to the department office. Prior to this, you should have gone through each case report with the respective supervisors to finalise the contents.

9. Number of copies for submission

Two copies each containing all 4 cases must be submitted to the office in soft bound for evaluation by a panel of appointed examiners. The examiners will score each case report and make comments to its contents. The total marks allocated for this section is 100, according to the Postgraduate Handbook 2008/9

After the Final Assessment examination, the MRad research coordinator will return to you the submitted soft bound copies for correction based on the comments made by the examiners. You are to review the comments made with the respective supervisors as preparation for the final hard bound version. You shall submit **three hardbound copies** of the final version. The layout for the hardcopies is as for the major research project. The title on the front cover should be “case reports” in Title case with the candidate’s name and year of submission. The spine should also have similar information. There should be a list of the cases along with the supervisors’ names. These copies are for the Department and Faculty libraries and one copy for JPA/ your sponsor.

It is strongly suggested that you make additional copies of the final version for the respective supervisors and the candidate him/herself. It can be in the form of softcopy or hardcopy.

9. Submission of the case reports for final evaluation

Your submitted case reports will only be forwarded for examination by the appointed panel after a satisfactory evaluation by your supervisors. Should any of your case reports be deemed unsatisfactory, you will be deemed to have failed that case report and face the consequences of that result.

10. Publication

Candidates are strongly advised to try to publish all the case reports written in the journals. This is to ensure that all the hardwork done does not go to waste. You are advised to liaise with your respective supervisors for this.