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|  | [Judul Artikel: Laporan Kasus] |

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| LAPORAN KASUS | |
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DOI : XXX.XXX.XXXXX

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| **Abstrak** |  |

[Mulailah dengan menyoroti keunikan kasus ini serta kontribusinya terhadap literatur ilmiah yang ada. Uraikan keluhan utama pasien, diikuti dengan temuan klinis yang signifikan, diagnosis utama, intervensi yang diberikan, serta hasil klinisnya. Akhiri dengan pelajaran penting atau “implikasi klinis” yang dapat diambil dari laporan kasus ini]

Kata kunci: [kata kunci1, kata kunci2, kata kunci3, kata kunci4, …]

**[Title of the article: a Case Report]**

|  |  |
| --- | --- |
| **Abstract** |  |

[Start with what is unique about this case and what does it add to the scientific literature. Report the patient’s main complaint, followed by the important clinical findings, primary diagnoses, interventions, and outcomes. End with what are the “take-away” lessons from this case report.]

Keywords: [keyword1, keyword2, keyword3, keyword 4, …]

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| **Pendahuluan** |  |

[Bagian ini sebaiknya singkat. Selalu ditulis dalam bentuk naratif, bukan dalam bentuk poin atau penomoran

[Mulailah dengan ringkasan singkat mengenai alasan mengapa kasus ini dianggap unik. Bagian ini dapat mencantumkan beberapa referensi dari literatur medis, namun jumlahnya sebaiknya tidak terlalu banyak.]

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| **Laporan Kasus** |  |

[Bagian ini harus ditulis sejelas dan sedetail mungkin. Mulailah dengan informasi pasien yang telah dianonimkan (misalnya: usia, jenis kelamin, indeks massa tubuh [IMT], dan diagnosis).

Selanjutnya, uraikan keluhan utama pasien serta gejala-gejala penyerta yang dialami. Riwayat intervensi medis yang relevan beserta hasilnya, riwayat medis dan keluarga, serta informasi genetik yang berkaitan juga harus disertakan.

Lanjutkan dengan temuan klinis (seperti pemeriksaan fisik, hasil laboratorium, dan temuan radiologis). Jika diperlukan, seluruh hasil laboratorium dapat diringkas dalam bentuk tabel. Temuan radiologi dapat disajikan dalam bentuk gambar (figure) selama identitas pasien telah dihapus atau diburamkan, termasuk nama, usia, nama rumah sakit, dan nomor rekam medis.

Selanjutnya, jelaskan intervensi secara rinci, dengan menekankan semua pengamatan penting yang relevan dengan topik laporan kasus. Terakhir, uraikan tindak lanjut dan hasil akhir dari pasien. Setiap kejadian yang merugikan (adverse events) maupun kejadian tak terduga harus selalu dilaporkan. Kami sangat menyarankan pembuatan gambar visualisasi yang merangkum timeline perjalanan klinis pasien. Lihat Gambar 1 pada publikasi berikut sebagai contoh:

<https://surgicalcasereports.springeropen.com/articles/10.1186/s40792-019-0588-7>

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| **Diskusi** |  |

**[**Dewan editorial JATI Udayana secara rutin menerima naskah dengan bagian diskusi yang sangat panjang. Namun, panjangnya diskusi tidak selalu mencerminkan kualitas yang baik. Dengan batasan jumlah kata sebanyak 1.500, penulis dituntut untuk benar-benar mempertimbangkan cara menyampaikan pesan secara ringkas dan efektif dalam laporan singkat ini.

Mulailah dengan paragraf yang kembali memperkenalkan intervensi yang Anda pilih (atau intervensi sepadan, tergantung pada jenis laporan ini). Beberapa paragraf berikutnya sebaiknya membahas dasar pemilihan intervensi tersebut serta mengaitkannya dengan literatur terkini yang relevan. Pada bagian ini, penulis dapat mengulas mengenai patofisiologi/mekanisme cedera, pedoman terkini, serta poin-poin penting dari kasus yang dilaporkan.

Selanjutnya, bahas kekuatan dan keterbatasan pendekatan yang digunakan dalam penanganan kasus ini. Jika hasil akhirnya kurang baik, diskusikan hal-hal yang dapat diperbaiki serta bagaimana sebaiknya pendekatan dilakukan pada kasus serupa di masa depan. Penulis juga dapat merangkum beberapa laporan kasus serupa sebelumnya dan membahas variasi dalam hasil yang diperoleh.

**Paragraf terakhir** harus berisi kesimpulan dan pelajaran utama (*take-away message*) dari laporan kasus ini. Bagian ini tidak mencantumkan referensi.]

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| **Ucapan Terima Kasih** |  |

Para penulis tidak memiliki ucapan terima kasih yang perlu disampaikan.

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| **Pernyataan Persetujuan Pasien** |  |

Para penulis menyatakan bahwa mereka telah memperoleh seluruh formulir persetujuan pasien yang sesuai. Dalam formulir tersebut, pasien telah memberikan persetujuan untuk penggunaan gambar dan informasi klinisnya guna dipublikasikan dalam jurnal. Pasien memahami bahwa nama dan inisial mereka tidak akan dipublikasikan, dan upaya maksimal akan dilakukan untuk menjaga kerahasiaan identitas mereka, namun anonimitas secara penuh tidak dapat dijamin.

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| **Dukungan Dana dan Sponsor** |  |

Penelitian ini tidak menerima hibah atau dukungan pendanaan khusus dari lembaga pendanaan di sektor publik, komersial, maupun nirlaba.

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| **Konflik Kepentingan** |  |

Para penulis menyatakan bahwa mereka tidak memiliki konflik kepentingan yang berkaitan dengan publikasi artikel ini.

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| **Kontribusi Penulis** |  |

Seluruh penulis berkontribusi secara signifikan dalam penyusunan dan perancangan penelitian, pengumpulan data, analisis, serta interpretasi hasil. Semua penulis berpartisipasi dalam penulisan dan revisi naskah secara kritis untuk isi intelektual yang penting, menyetujui versi akhir yang akan diterbitkan, serta bertanggung jawab atas seluruh aspek penelitian ini.

**Daftar pustaka**

1. Johnson N, Barlow D, Lethaby A, et al. Surgical approach to hysterectomy for benign gynaecological disease. *Cochrane Database Syst Rev*. Epub ahead of print 2005. DOI: 10.1002/14651858.cd003677.pub2.

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5. Bollag L, Lim G, Sultan P, et al. Society for Obstetric Anesthesia and Perinatology: Consensus Statement and Recommendations for Enhanced Recovery After Cesarean. *Anesth Analg* 2021; 132: 1362–1377.

6. Feenstra ML, Jansen S, Eshuis WJ, et al. Opioid-free anesthesia: A systematic review and meta-analysis. *J Clin Anesth* 2023; 90: 111215.

7. Massoth C, Schwellenbach J, Saadat-Gilani K, et al. Impact of opioid-free anaesthesia on postoperative nausea, vomiting and pain after gynaecological laparoscopy - A randomised controlled trial. *J Clin Anesth* 2021; 75: 22–28.

8. Hakim KK, Wahba WB. Opioid-free total intravenous anesthesia improves postoperative quality of recovery after ambulatory gynecologic laparoscopy. *Anesth Essays Res* 2019; 13: 199.

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11. Wu CL, King AB, Geiger TM, et al. American Society for Enhanced Recovery and Perioperative Quality Initiative Joint Consensus Statement on Perioperative Opioid Minimization in Opioid-Naïve Patients. *Anesth Analg* 2019; 129: 567–577.

12. Burns ML, Hilliard P, Vandervest J, et al. Variation in Intraoperative Opioid Administration by Patient, Clinician, and Hospital Contribution. *JAMA Netw Open* 2024; 7: E2351689.

13. Brown EN, Pavone KJ, Naranjo M. Multimodal general anesthesia: Theory and practice. *Anesth Analg* 2018; 127: 1246–1258.

**Tabel**

Tabel 1. Temuan laboratorium

|  |  |  |
| --- | --- | --- |
| **Pemeriksaan** | **Nilai** | **Unit** |
| Haemoglobin | 12.9 | mg/dL |
| Fungsi ginjal  BUN  Kreatinin | 21  1.2 | mg/dL  mg/dL |
| Elektrolit  Natrium  Kalium | 131  4.5 | mmol/L  mmol/L |

**BUN**: blood urea nitrogen; [tuliskan keterangan tabel lanjutan disini]

Tabel 2. …

**Keterangan Gambar**

Gambar 1. *Timeline* kasus.

Gambar 2. …

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|  | [Title of the article: a Case Report] |

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| CASE REPORT | |
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DOI : XXX.XXX.XXXXX

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| **Abstract** |  |

[Start with what is unique about this case and what does it add to the scientific literature. Report the patient’s main complaint, followed by the important clinical findings, primary diagnoses, interventions, and outcomes. End with what are the “take-away” lessons from this case report.]

Keywords: [keyword1, keyword2, keyword3, keyword 4, …]

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Kata kunci: [katakunci1, katakunci2, katakunci3, katakunci 4, …]

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| **Introduction** |  |

[This part should be brief. Always write in narrative form, do not write in bulleted or numbered layout.

Start with a brief summary of why this case is unique. This section may include several, but not many, medical literature references.]

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| **Case Report** |  |

[This part should be written as detailed as possible. Start with de-identified patient information (e.g., age, sex, BMI, diagnosis).

Then, follow with primary complaint and the extended symptoms of the patient. Relevant past interventions and their respective outcome, medical and family history, and relevant genetic information should be added as well.

Continue with clinical findings (i.e., physical examination, laboratory, radiology findings). If necessary, all lab findings can be summarised in a table. Radiology findings can be reported as a figure as long as the authors have removed of blurred the patient’s identity, including, name, age, hospital’s name, and medical record number.

Next, present the intervention in details highlighting all the important observations related to the topic. Finally, end with the follow up and outcome of patient. Adverse and unanticipated events should always be reported. We strongly recommend creating a visualization figure that summarize the timeline of the patient. See the Figure 1 of this publication as an example: <https://surgicalcasereports.springeropen.com/articles/10.1186/s40792-019-0588-7>

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| **Discussion** |  |

**[**The editorial board of JATI Udayana regularly receives manuscripts with long discussion. This is not necessarily an indication of a good discussion. With a word limit of 1,500 words, we are making authors to really think how to convey the message in such a short report.

Start with a paragraph that re-introduces your choice of intervention (or its equivalent depending on the nature of this report). Next several paragraphs should discuss the rationale of your choice and associate it to the **up-to-date** relevant literature. This is where authors can discuss pathology/injury mechanisms, current guidelines, and case highlights.

Furthermore, discuss the strength and limitations to your approach to this case. In the event of poor outcome, discuss what can be improved on how we could have approached similar cases in the future. Authors may also summarise several previously similar case reports and discuss the variations in the outcome.

**The final paragraph** should consist of the conclusion and the primary take-away lessons from this case report. There should be no references in this part.]

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| **Acknowledgement** |  |

The authors have no acknowledgment to declare.

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| **Declaration of Patient Consent** |  |

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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| **Financial Support and Sponsorship** |  |

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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| **Conflicts of Interest** |  |

The authors declare that they have no conflict of interest related to the publication of this article.

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| **Authors’ Contributions** |  |

All authors contributed significantly to the conception and design of the study, data collection, analysis, and interpretation of the results. All authors participated in writing and critically revising the manuscript for important intellectual content, approved the final version to be published, and are accountable for all aspects of the research.

**References**

1. Johnson N, Barlow D, Lethaby A, et al. Surgical approach to hysterectomy for benign gynaecological disease. *Cochrane Database Syst Rev*. Epub ahead of print 2005. DOI: 10.1002/14651858.cd003677.pub2.

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13. Brown EN, Pavone KJ, Naranjo M. Multimodal general anesthesia: Theory and practice. *Anesth Analg* 2018; 127: 1246–1258.

**Tables**

Table 1. Laboratory findings

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| **Test names** | **Values** | **Units** |
| Haemoglobin | 12.9 | mg/dL |
| Renal function  BUN  Creatinine | 21  1.2 | mg/dL  mg/dL |
| Electrolytes  Sodium  Potassium | 131  4.5 | mmol/L  mmol/L |

**BUN**: blood urea nitrogen; [write the rest of the legend here]

Table 2. …

**Figure Legends**

Figure 1. Timeline of the current case.

Figure 2. …