How to help your resident (or yourself) take a case report from idea to meeting abstract to publication

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Why?
Good cases?
Abstract
Publishing
Summary

• Fame (impact)
• Fortune (promotion)
• Micro-expert
• Collaboration
• Makes meetings more interesting (maybe some money too?)

Objectives
1. Use 5 questions to help assess the suitability of a case for submission as a clinical vignette (for a meeting)
2. Summarize key steps in preparing a clinical vignette
3. Explain how to find an appropriate journal for your case report

Five questions
1. Is there a diagnosis?
2. Is the topic something strange, rare or uncommon presentation?
3. If it is not strange or rare, is it an important clinical issue?
4. Is there a diagnostic, therapeutic, or management dilemma?
5. Is there an important teaching point?

Any good cases?

Why?
Good cases?
Abstract
Publishing
Summary
2013 National SGIM CV Finalists

<table>
<thead>
<tr>
<th>Title (DIAGNOSIS)</th>
<th>Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Great Imitator Strikes Again</td>
<td>• Recognize the signs, symptoms, and pathophysiology of gastrointestinal sarcoidosis.</td>
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<tr>
<td>SARCOIDOSIS</td>
<td>• Understand testing characteristics of CA-19-9</td>
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<tr>
<td>Exudative pleural effusion in a Haitian Man</td>
<td>• Diagnose tuberculous pleural effusion when all cultures are negative.</td>
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<tr>
<td>TB</td>
<td>• Recognize the features of a tuberculous pleural effusion.</td>
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</tbody>
</table>

Key steps

- You’ll thank me later...inpatient tasks
  - Get the ball rolling
  - Be a good mentor

You’ll thank me later...

- Get consent
- Get consent
- GET CONSENT
- Please just get consent
- Did you get consent?

Consent

Why?  Good cases?  Abstract  Publishing  Summary

Why?  Good cases?  Abstract  Publishing  Summary

Why?  Good cases?  Abstract  Publishing  Summary

Why?  Good cases?  Abstract  Publishing  Summary
Gather data / images

- Intra-op images?
- Pictures of your patient?
  - Ruler
  - Maneuvers
  - Video
- Pathology
- Paper chart records
  - Nocturnal oximetry?

Key Steps

- You’ll thank me later...inpatient tasks
  - Consent
  - Gather data
  - Get the ball rolling

  - Be a good mentor

Authorship and responsibilities

- Don’t step on toes
  - Other specialties
  - Subspecialists
- Outside the box
  - Pathologists?
  - Radiologists?
  - Nutritionists?
  - Toxicologists?

  - Define roles / authorship up front

Help make a team

Set deadlines

- First author
  - Literature review
  - First draft of abstract
  - First draft of poster
  - Present poster

  - Middle authors
    - Aspects of literature review
    - Obtain images
    - Edit abstract
    - FAST TURNAROUND

  - Last author (usually experienced)
    - Confirming literature review
    - Polishing abstract and poster

  - First author
    - Literature review
    - First draft of abstract
    - First draft of poster
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Why?  Good cases?  Abstract  Publishing  Summary
Discussion

To our knowledge, this is the first report of a patient with insulinoma presenting with cardiomyopathy and VF arrest

5-Oxoprolinemia Causing Elevated Anion Gap Metabolic Acidosis in the Setting of Acetaminophen Use

There have been at least 28 other cases of APAP associated 5-oxoprolinemia reported in the literature

Key steps

- You’ll thank me later...inpatient tasks
  - Consent
  - Gather data
  - Get the ball rolling
  - Authorship and responsibilities
  - Set deadlines
  - Be a good mentor

Literature review

- MSSA brain abscess and pyomyositis presenting as brain tumour and DVT
  - Pyomyositis
  - Pyomyositis + staph aureus
  - Pyomyositis + staph aureus + diabetes
  - Pyomyositis + staph aureus + diabetes + temperate climates
  - Pyomyositis + staph aureus + diabetes + temperate climates + brain abscess = 0

"Just write something down"

<table>
<thead>
<tr>
<th>SGIM</th>
<th>SHM</th>
<th>ACP</th>
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<tr>
<td>Learning Objectives</td>
<td>Introduction</td>
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<td>Case</td>
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<td>Discussion</td>
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<td>Conclusions</td>
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"Just write something ..."

Case presentation: This 27 year old woman presented to the emergency department with three months of constant, diffuse abdominal pain, nausea, vomiting and fever. The patient was a known history of chronic conditions, but was not difficult care. Two weeks prior to this presentation, she was admitted to another hospital with initial complaints of diffuse abdominal pain and vomiting. She was found to have a markedly elevated which presented back to the same facility. Working up at that time included a CT abdomen / pelvis, MRD, HIDA scan and sonography that were all unremarkable. After discharge she returned continued to have 0-2 diarrhea 2-3 times per day. In the ED the patient had no significant findings on physical exam, and imaging including her abdomen, appearing to be largely normal. She was admitted with a concern for anorexia. Abdominal was diffusely tender, but soft, with no rebound or guarding. Laboratory analysis showed an ABG on 2L by nasal cannula: 7.12 / 16 / 120 / 1. Cardiac panel showed the following: 150 mg/dL, BUN 1.2 mg/dL, creatinine 0.8 mg/dL, and serum glucose 170 mg/dL. Urinalysis found acetaminophen and other drugs. She was discharged to a nursing home with the diagnosis of a malignant tumor.

Conclusions: Acetaminophen, a commonly used non-steroidal anti-inflammatory drug, can cause serious adverse events. It is recommended that all patients be counseled about the potential risks and benefits of acetaminophen use.

1/16/2015
On physical exam, she was afebrile, tachycardic to the 110’s, tachypnic to the high 20’s, with normal oxygen saturation. She was somnolent but conversant when aroused. Abdomen was diffusely tender, but soft, with no rebound or guarding.

Why?
- Good cases?
- Abstract
- Publishing
- Summary

Key steps
- You’ll thank me later...inpatient tasks
  - Consent
  - Gather data
- Get the ball rolling
  - Authorship and responsibilities
  - Set deadlines
- Be a good mentor
  - Literature review
  - “Just write something down”
  - Edit abstract to just tell the story
  - Edit poster to help tell the story

Where should it go?
- Images
- Vignette
- Clinical Reasoning

Pros
- Shorter
- Less work
- Not much extra work
- More fun
- Collaboration
- Bigger audience

Cons
- Fewer authors
- Short discussion
- But it is extra work
- May not get published
- Lots more work
Let’s publish this?

- Look at the “good journals”
  - # Authors
  - Case report criteria
  - Length
  - Format
  - Hidden Costs (color photos)

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<tr>
<th>JAMA – April 2014</th>
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<td>Exercises in Clinical Reasoning</td>
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<td>Tolfenamic Acid and Back Pain: Too Many Choices</td>
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<td>Glioblastoma Treatment: Kryotherapy After Stem Cell Transplantation</td>
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<td>Acute myeloid leukemia syndromes, an inclusive disease of the myeloid lineage</td>
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<td>Cytokine-associated Myeloid Disorder</td>
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<th>BMJ – March 31, April 6</th>
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<td>Chronic Problem Solving: Endoscopy – picture quiz</td>
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<td>A man with fever, a productive cough, and a striking chest radiograph</td>
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Recent case reports: Good Journals

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Subspecialty journals

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Why? Good cases? Abstract Publishing Summary

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Why? Good cases? Abstract Publishing Summary
Subspecialty journals

- Journal of Gastroenterology and Hepatology
- European Journal of Gastroenterology and Hepatology
- Gastroenterology and Hepatology
- Revista de Gastroenterologia de Mexico
- FMC Formacion Medica Continuada en Atencion Primaria

Let’s publish this?

- Look at the “good journals”
- Look at the next level of journals
  - Regional
  - Specialty and subspecialty

The next level

- Journal of Medical Case Reports - $1090 – pubmed listed
- American Journal of Case Reports - $695 – pubmed listed
- Scholar’s Journal of Case Reports - $25 – NOT pubmed listed
- Journal of Case Reports - $150 – NOT pubmed listed
- International Journal of Case Reports and Images - $245 – NOT pubmed listed
- Clinical Case Reports - $800 – NOT pubmed listed
- JMM Case Reports - $2939 – NOT pubmed listed

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Summary

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BMJ Case Reports

- Pub med listed
- $260.00 for 1 year “fellowship”

Criteria

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<td>Solid pseudopapillary tumour of pancreas</td>
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<tr>
<td>Paranasal sinus and retro-orbital metastasis in a case of breast carcinoma: a clinicoradiological review</td>
</tr>
<tr>
<td>Crescent-in-doughnut sign and telescope sign of intussusception in Peutz-Jeghers syndrome</td>
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Questions?
If nothing else, remember this

- Get consent
- Establish authorship
- Set deadlines
- Edit to tell the story
- Consider specialty journals