Case Reports: An Editor’s Perspective

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Howard University, October 2016
Disclosures

• I contribute to the overall strategy, lead policies and practices on research articles in the BMJ, including editorial decisions

• The BMJ does not publish case reports

• I am not a BMJ Case Reports editor

• I am a full-time employee of the University of Maryland. The BMJ pays JHCP for my services as an editor
CASE OF STRANGULATED FEMORAL HERNIA.

BY MR. BANNER,
Surgeon to the Liverpool North Hospital.

MARGARET MAXIN, agt. 40, was seized with symptoms of strangulated femoral hernia in February last, when Mr. Banner was called to see the case, in consultation with Mr. Bradshaw. The history given was as follows:—She had a rupture in the left groin, after the delivery of her first child, which was in 1823; she had been obliged to wear a truss almost constantly ever since; occasionally, when she had been without her truss, or when she was using much exertion, the rupture came down, and she had slight difficulty in returning it. On the 10th of February, after having washed from early in the morning until evening, the rupture came down, and she was unable to return it; early in the morning of the 11th she felt sick and faint; there was pain in the tumour, and slight griping pain in the bowels. These symptoms increased in severity until the night of the 11th, when Mr. Bradshaw was sent for. He found the patient with a small hard hernia in the left groin, which was irreducible; the pulse was weak and very quick, and there was frequent vomiting. After endeavouring, in vain, to persuade her to go into the hospital, he had recourse to the usual means for the reduction

Prov Med Surg J 1840;s1-1:27

Clinical presentation, operative findings and successful outcome of a woman with a strangulated femoral hernia.
Why Case Reports?

• Debated “This house believes that case reports are a waste of time in the era of evidence-based medicine.”

• For the motion and against case reports
  – case reports are rarities that are of no relevance outside the case
  – n=1 is often not of much use as it doesn’t lend itself to statistics

• Against the motion and for case reports
  – first line of evidence especially for new treatments / conditions or harmful drugs
  – they provide a trail of evidence especially for rarer conditions
  – educational especially for those topic areas that don’t lend themselves to quantitative study
Why Case Reports?

- Widely read
- Early evidence of harm from drugs
- Introduction to academic writing
- Experience and career development
- Among the most read content in journals
- Stimulate learning and research
- Complement evidence-based medicine
- If not the strongest evidence they often provide the earliest evidence
- Often a first introduction to academic writing
Types of Case Report

- Pathogenesis or adverse effects
- Global health
- Learning from errors
- Myth exploded
- Important clinical lesson
- Rare disease

- New disease/syndrome
- New dx procedure
- New treatment
- Images in...
- Unexpected outcome
- Unusual association
- Unusual presentation
Types of Case Report

• Shed new light on the pathogenesis of a condition or adverse effects of treatment

The reperfusion injury in a case of CRAO is being reported for the first time in human and corroborates well with the study on a rat model where similar findings were observed on day 4 and 7, respectively. Timeline of reperfusion injury in CRAO gives us a novel insight into the critical period for treatment. The first 72 h following CRAO may be considered to be most crucial following which reperfusion damage occurs resulting in irreversible changes in retinal layers. Corrective measures for salvaging vision in CRAO, should be started within first 72 h of occurrence.
Types of Case Report

- Highlights global health issues

**BMJ Case Reports**

**The contribution of skin camouflage volunteers in the management of vitiligo**

Uruakenwa Ekwegh

**Summary**

A 52-year-old woman with recently diagnosed vitiligo presented at the Skin Camouflage Clinic of the British Red Cross. She found these hypo-pigmented patches very distressing and wanted to be able to cover them up. She was referred to the clinic by her general practitioner. This service of the British Red Cross is run by volunteers and helps the patient find suitable creams, foundations and powders that even out the skin tone and so disguise skin.
Types of Case Report

- Learning from errors

**Background**

The presented case should sensitise clinicians to possible exceptional settings of clinical symptoms in non-typical age categories. It is mandatory to have a high degree of suspicion in cases of unilateral, non-healing, tumorous tissue proliferations and perform early biopsies to avoid fatal diagnostic delay with severe outcomes for the patient. Herein, we discussed the role of diagnostic delay, clinical and histological differentials and the entity of undifferentiated fibroblastic sarcomas.
Types of Case Report

• Myth exploded

We discuss the case of a 77-year-old man who received thrombolysis for a massive PE 4 weeks following admission with a significant intracerebral bleed. There was rapid resolution of hypotension and hypoxia and he survived to be discharged home. This case is used to illustrate that no potential therapy should be discounted in patients faced with acute life-threatening PE. Decisions to thrombolysse patients with traditional contraindications—even those considered absolute—must be taken by clinicians able to weigh relative risks.
Types of Case Report

- New disease or syndrome

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**BMJ Case Reports**

**A new syndrome: right-sided arcus aorta syndrome**

Soykot Ozkaya¹, Adem Dirican¹, Tibol Tuna², Forah Eco³

**Summary**

Right-sided arcus aorta (RSAA) is a rare congenital anomaly that may cause chronic cough and dyspnoea. We aimed to define RSAA as a new syndrome characterised by RSAA, dyspnoea and cough during exercise. RSAA syndrome should be included in the differential diagnosis of asthma.
Summary
A 69-year-old woman was admitted to a tertiary care centre after suffering from an iatrogenic bile duct injury, diagnosed by the unexpected leakage of bile during laparotomy for a colectomy. On initial assessment the patient was clinically stable, although she remained intubated after her surgery. In order to diagnose whether or not she sustained a complete or partial bile duct injury, a finding that would determine if she underwent conservative management or surgical repair, a technetium-99m-hepatobiliary scan was requested. Owing to a shortage in technetium-99m-iminodiacetic acids, the radiopharmaceutical (tracer) for this imaging test, a decision was made to employ technetium-99m-tetrofosmin, the tracer for cardiac scans (traditionally used for diagnosis of myocardial perfusion) as it has been established that this tracer is excreted in the biliary tract. The imaging showed flow of bile into the bowel, thereby establishing bile duct continuity and permitting conservative management.
Types of Case Report

• New treatment (or new uses of old treatments)

BMJ Case Reports

CASE REPORT

A novel treatment for management of a trapped placenta using intracervical nitroglycerin tablets

Blake Conley Rodgers1, 2, Adam Pasternak2, Richard Gray3, 4

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Summary

A 34-year-old gravida 2, para 1 woman delivered a viable male infant and developed retained placenta due to entrapment. A nitroglycerin tablet was used to relax the lower uterine segment and cervix, which allowed the placenta to pass through the cervix for delivery. The nitroglycerin tablet was placed in the cervix and held in place by the delivering physician as it dissolved. Soon after administration, the intact placenta delivered. The patient did not experience the
Types of Case Report

- Rare disease
Types of Case Report

- Reminder of important clinical lesson

BMJ Case Reports

Spontaneous pneumothorax as manifestation of Marfan syndrome

Carolina Viveiro, Patricia Rocha, Cristiana Carvalho, Maria Manuel Zarcos
Types of Case Report

- Images in...

**BMJ Case Reports**

An incidental finding of a gastric foreign body 25 years after ingestion

Oliver Richard Waters, Tawfiqe Daneshmand, Tarek Shirazi
How To Spot A Good Case

• Something that’s never been reported before?
  – What good is that? It may never be reported again?
  – Look for the broader message
    • Research
    • Education
    • Quality
Elements of a Good Case Report

- Zebras vs. Horses?
- Focused message
- Clinical lessons
- Worthy of discussion
Choosing a Case

• First choose your case!
• Pick a strong educational or scientific message
• Rare and unusual is not as important as strong message and relevant to practice
• Present your case to colleagues or at meetings and take note of the messages it creates (or not)
Know Your Audience

• Generalist audience
  – Common presentations. Especially ones supporting rational medicine
  – Cases that support a systematic or team approach

• Specialist audience
  – Important to that discipline
  – Cases that question accepted wisdom, “break the rules”
Finding and Writing Case Reports

• Look all around
• Do not procrastinate!
• Literature
• Images
• Consent
• Clear writing
Writing Case Reports

• Read a lot of cases especially ones that are similar to yours
• Learn to write well
• Grow thick skin and don’t be too precious about your prose
• Use your librarian
Elements of a Good Case Report

• Clear writing
• Courage
• Judicious use of tables and images
• Understand the audience
• Describe thought process
• Certainty about diagnosis
• Cautious interpretation: no over generalization
• Patient perspective
Good Images

- First get your image! Be creative
- Be familiar with a camera and various image formats
- Take multiple photos at maximum resolution and quality
- If there is a medical photographer use them
- Talk to radiology and get them interested in your case report if you want the best image
Take Lots Of Images
Consent

• Data collection- check institutional policies
• Confidentiality, HIPAA
• You won’t get published without it
• Use the consent form from the journal
• Get consent from family if patient is not available
Peer Review

• Many case reports will have some changes suggested by the peer review
• See it as constructive criticism
• You may disagree but make sure you have a good argument
Example

**BMJ Case Reports**

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**BMJ Case Reports 2013; doi:10.1136/bcr-2012-008412**

**CASE REPORT**

**Blunt traumatic internal carotid artery dissection with delayed stroke in a young skydiver**

Michael Abbo¹, Kosar Hussain², Mohammad Baqer Mohammad Ali³

[Author Affiliations]

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A Good Case Report

Well identified and relevant learning points

Broad audience
Clinically relevant topic

Learning points

- Traumatic carotid dissection may be silent until secondary ischaemia occurs.
- Carotid dissection is described in ‘canopy-piloting’ which is gaining in popularity.
- Physicians should be vigilant to pick up the early subtle signs of cervicocerebral artery dissections.
- A diagnosis of traumatic cervicocerebral artery dissections can be missed as there can be an asymptomatic ‘latent period’ so diagnostic studies are advocated if the mechanism is appropriate.
- Use of anticoagulants is controversial and need to be considered on a case-by-case basis.
A Good Case Report

Clear take home message

Summary
We describe a case of a 33-year-old skydiver who presented to the emergency department after a traumatic landing following a parachuting episode. He initially presented with right knee pain secondary to a tibial plateau fracture. There were no neurological symptoms or signs at the initial assessment. While he was still in the emergency department, he suddenly developed headache and left-sided hemiplegia. An urgent work-up showed right middle cerebral artery thrombosis with right internal carotid thrombosis and dissection. We have discussed some possible mechanism of injury in skydiving that may have predisposed to the occurrence of cervical dissection in our patient.
A Good Case Report

Well written prose places case in context.
Strong supported statements

**Background**
To the best of our knowledge no previous cases of internal cervical artery dissection causing stroke after a skydiving episode has been previously reported in the literature.

Internal carotid artery dissection is one of the important causes of stroke in young adults, which can lead to a potentially life-threatening condition. Failure to consider, diagnose and treat this condition promptly may result in long-term neurological disability or death.

**Discussion**
Cervicocerebral dissection is a potentially life-threatening condition, that is, increasingly being recognised as one of the main causes of ischaemic strokes among young adults. This condition may involve both the intracranial and extracranial segments of ICA and vertebral artery. However, the extracranial segments are more likely to be injured due to their mobility and proximity to surrounding bony structures. Patients who have had a stroke secondary to ICA dissection are generally younger and have a worst prognosis compared to those who have had stroke secondary to atherothrombotic occlusions.
A Good Case Report

Images should be representative, good quality, clear

BMJ Case Reports

Unusual presentation of more common disease/injury
Fell off of a horse – journey from Emergency Department to Stroke clinic

E J Traer, T Loganathan, D M Sinha, P C Guyler, A O’Brien

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Published: 18 July 2010

Summary
The authors present a case of a young woman who presented with transient episodes of left-sided weakness after she fell off a horse. She attended Emergency Department twice before being referred to the Stroke clinic, where she was diagnosed with carotid artery dissection.

Traer E J et al. BMJ Case Reports 2010;2010:bcr.03.2010.2819
A Good Case Report

The title is important
Tells the reader what the report is about

Top rated cases

- An incidental finding of a gastric foreign body 25 years after ingestion
- A cough conundrum in a patient with a previous history of BCG immunotherapy for bladder cancer
- Intraoral teratoma in a newborn presenting as severe respiratory distress
- A space occupying lesion masquerading as pancreatic carcinoma
- Blunt traumatic internal carotid artery dissection with delayed stroke in a young skydiver
A Good Case Report

A little extra

Catches attention of the reader

Skydiving is a form of extreme sports which carries with it inherent risks of traumatic injuries. However after reviewing medical literature, we could not find any reported case of ICA dissection after parachuting. Unedited internet blogs have described this phenomenon. This is perhaps due to under-reporting of such cases and thus calls for increasing awareness about such an association.

which may attribute to traumatic ICA dissection. Another mechanism, which we believe caused the dissection in our patient, is related to the increasing popularity of canopy-piloting. An aspect of this sport is pond swooping, which typically uses a body of water to touch or display a skill prior to landing on solid ground on the other side. This type of canopy piloting is increasingly gaining popularity among both skydivers and spectators. This manoeuvre involves trying to hit the surface at high speeds and then decelerating, while dragging through the surface of water.
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