

# APSP Journal of Case Reports

Official journal of the Association of Paediatric Surgeons of Pakistan



## Instructions for Authors

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APSP J Case Rep entertains interesting case reports contributing to medical knowledge. It must be original and not submitted to any other journal. The cases may address unexpected or unusual presentations of a disease, new associations or variations in disease processes, management of new and emerging conditions, an unexpected event in the course of observing or treating a patient, observations that through light on the possible pathogenesis of a disease etc.

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### Manuscript Submission

All manuscripts and letters to the editor should be submitted electronically at [submit@apspcaserep.com](mailto:submit@apspcaserep.com)

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### Review Process

Manuscript shall be reviewed by the Editorial Board and two external referees. The identity of the authors and affiliated institute shall remain hidden during the review process. The review process will be as expedite as possible.

There are no article-processing charges.

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### Manuscripts must be submitted in following style

Case reports should be no more than 1500 words including up to 100 words non-structured abstract. Maximum of 10 references and 3 figures are allowed. Case reports must be submitted in the following format:

- Title page
- Abstract
- Introduction
- Case presentation
- Discussion and conclusion
- Competing interests
- Authors' contributions
- Acknowledgements
- References
- Illustrations and figure with legends.

Images should be sent as separate files (jpg file). Each image should not be more than 1MB size.

## **Title page**

The first page of the manuscript should be a dedicated title page, including the title of the article. It should relate to case presented and be suitable for a scientific journal. It must be brief and without any abbreviation.

The full names, institutional addresses, telephone numbers and email addresses for all authors must be included on the title page. The corresponding author should also be identified with his complete postal address.

Relevant information about the author(s) of the article may include details about the authors' qualifications, current positions they hold at institutions.

The template is as below

Author Name 1<sup>1</sup>, Author Name 2<sup>2</sup>, Author Name 3<sup>3\*</sup>

Address: <sup>1</sup> Full postal address of author 1; <sup>2</sup> Full postal address of author; <sup>3</sup> Full postal address of author 3

Email: Email addresses for the authors; email@address.com;

\* Corresponding author should be indicated with an asterisk.

This page must contain total word count.

## **Abstract**

This should start on page 2 of the manuscript. The abstract must not exceed 100 words. Please do not use abbreviations or references in the abstract. The abstract should be non-structured, related to the case managed, giving significant details and also highlighting how the case report adds to the medical literature.

Add 3 – 5 MeSH words for indexation.

## **Introduction**

The introduction section should explain the background of the case with brief review of the literature as to what is already known. It should not be more than three paragraphs with 3 – 5 references. It must not describe features of the case to be reported.

## **Case Presentation**

Details of the case managed will appear in this segment.

This should present all relevant details the case being reported. No sub headings are allowed. It should be in a form of narration broken into various paragraphs. Where possible, follow up must be added.

## **Discussion**

This provides critical view of the case managed in the background of what is already known. It

should be contextual. Case reports should include an up-to-date review of previous cases in the field but mere review of literature is not allowed until it adds to flow of thoughts expressed. A separate heading of conclusion is not required. Any message up coming must be added into last few sentences of this segment.

If abbreviations are used then they should be defined in the text where first used. No separate list of abbreviations is needed.

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### **Consent**

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This section is compulsory. It should provide a statement to confirm that the patient has given their informed consent for the case report to be published.

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### **Competing interests**

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Authors are required to complete a declaration of competing interests. All competing interests that are declared will be listed at the end of published articles. Where an author gives no competing interests, the listing will read 'The author(s) declare that they have no competing interests'.

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### **Authors' contributions**

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In order to give appropriate credit to each author of a paper, the individual contributions of authors to the manuscript should be specified in this section.

An "author" is generally considered to be someone who has made substantive intellectual contributions to a published study. To qualify as an author one should 1) have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) have been involved in drafting the manuscript or revising it critically for important intellectual content; and 3) have given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship. Same applies for mere conception of idea only while rest of the work is done by others.

All authors must read and approve the final manuscript.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support and suggested a topic.

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## **Acknowledgements**

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Please acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include their source(s) of funding. Please also acknowledge anyone who contributed materials essential for the study. Authors may also like to acknowledge (anonymously) the patient on whom the case report is based.

The role of a medical writer must be included in the acknowledgements section, including their source(s) of funding.

Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements.

Please list the source(s) of funding for the study, for each author, and for the manuscript preparation in the acknowledgements section. Authors must describe the role of the funding body, if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication.

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## **References**

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There should be no more than 10 references. All references must be numbered consecutively, in brackets, in the order in which they are cited in the text. Reference citations should not appear in titles, abstract and headings.

Only articles and abstracts that have been published or are in press, or are available through public e-print/preprint servers, may be cited; unpublished abstracts, unpublished data and personal communications should not be included.

Notes/footnotes are not allowed. Journal abbreviations follow Index Medicus/MEDLINE. Citations in the reference list should contain all named authors, regardless of how many there are. The examples are given below.

#### **Article within a journal**

1. Koonin EV, Altschul SF, Bork P. BRCA1 protein products: functional motifs. *Nat Genet* 1996, 13: 266-7.

#### **Article within a journal supplement**

2. Orengo CA, Bray JE, Hubbard T, LoConte L, Sillitoe I. Analysis and assessment of ab initio three-dimensional prediction, secondary structure, and contacts prediction. *Proteins* 1999, 43(Suppl 3):149-70.

#### **In press article**

3. Kharitonov SA, Barnes PJ. Clinical aspects of exhaled nitric oxide. *Eur Respir J*, in press.

#### **Published abstract**

4. Zvaifler NJ, Burger JA, Marinova-Mutafchieva L, Taylor P, Maini RN. Mesenchymal cells, stromal derived factor-1 and rheumatoid arthritis [abstract]. *Arthritis Rheum* 1999, 42: 250.

#### **Article within conference proceedings**

5. Jones X. Zeolites and synthetic mechanisms. In *Proceedings of the First National Conference on Porous Sieves: 27-30 June 1996; Baltimore*. Edited by Smith Y. Stoneham: Butterworth-Heinemann; 1996:16-27.

### **Book chapter, or article within a book**

6. Schnepf E. From prey via endosymbiont to plastids: comparative studies in dinoflagellates. In *Origins of Plastids. Volume 2*. 2nd edition. Edited by Lewin RA. New York: Chapman and Hall; 1993:53-76.

### **Whole issue of journal**

7. Ponder B, Johnston S, Chodosh L (Eds). Innovative oncology. In *Breast Cancer Res* 1998, 10: 1-72.

### **Whole conference proceedings**

8. Smith Y (Ed). *Proceedings of the First National Conference on Porous Sieves: 27-30 June 1996; Baltimore*. Stoneham: Butterworth-Heinemann; 1996.

### **Complete book**

9. Margulis L. *Origin of Eukaryotic Cells*. New Haven: Yale University Press; 1970.

### **Monograph or book in a series**

10. Hunninghake GW, Gadek JE. The alveolar macrophage. In *Cultured Human Cells and Tissues*. Edited by Harris TJR. New York: Academic Press; 1995:54-56. [Stoner G (Series Editor): *Methods and Perspectives in Cell Biology*, vol 1.]

### **Book with institutional author**

11. Advisory Committee on Genetic Modification: *Annual Report*. London; 1999.

### **PhD thesis**

12. Kohavi R. Wrappers for performance enhancement and oblivious decision graphs. *PhD thesis*. Stanford University, Computer Science Department; 1995.

### **Link / URL**

13. The Mouse Tumor Biology Database [<http://tumor.informatics.jax.org/mtbwi/index.do>]

## **Microsoft Word template**

We accept manuscripts prepared as Microsoft Word only. Use Times New Roman, font of size 12 for text and size 14 for headings. Do not bold or underline. Use either British / American English through out the manuscript except when citing references.

## **Clinical photographs**

These must be of high resolution in JPEG format. Pictures / figures should be provided as separate files and should not be included in the main text of the submitted manuscript or include within them. Each figure should comprise only a single file.

Authors should make every effort to preserve the anonymity of the patient by removing or concealing any identifiable features. Please take extra care with images of the head and face, ensuring that only the relevant features are shown.

## **Figure caption**

The caption should be included in the main manuscript text file immediately following the references, rather than being a part of the figure file. For each figure, the following information should be provided: Figure number (in sequence, using Arabic numerals - i.e. Figure 1, 2, 3 etc); short title of figure (maximum 15 words).

Please note that it is the responsibility of the author(s) to obtain permission from the copyright holder to reproduce figures or tables that have previously been published elsewhere.

## **Style and language**

### **General**



We only accept manuscripts written in English. Spelling should be US English or British English, but not a mixture.

It is essential that submitted manuscripts have a high standard of written English. Manuscripts with grammatical errors may not be peer-reviewed. Authors are advised to write clearly and simply.

### **Typography**

- Please use double line spacing.
- Type the text unjustified, without hyphenating words at line breaks.
- Use hard returns only to end headings and paragraphs, not to rearrange lines.
- Capitalize only the first word, and proper nouns, in the title.
- All pages should be numbered.

**Please ensure that all special characters used are embedded in the text, otherwise they will be lost during conversion to PDF.**

### **Units**

SI Units should be used throughout.

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### **Covering Letter:**

Authors should indicate in covering letter how the case report adds to the medical literature. Submissions that do not include this information will be returned to authors. Any conflict of interest must be disclosed. The covering letter must be signed by all the authors. Authorship shall be give to only those who have contributed significantly to the manuscript. Any legal implication thus will be the responsibility of all. The order of authorship once submitted shall not be changed.

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### **Ethical Issues**

Authors should seek consent to publish the information from the patients or their guardians prior to submission. The covering letter must contain a statement that an informed consent was taken.

Plagiarism is strongly condemned. An effort must be done to write the sentences in one's own words and use inverted commas judiciously with appropriate references.

Duplicate submission, salami slicing, gift and ghost authorship etc., all fall into category of publication misconduct and shall be addressed on case to case basis that may include retraction of article with appropriate clarification on the website as well as reporting to the head of the institutes and monitoring and licensing bodies.

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## Reference

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Most of the material is produced from the following link with appropriate changes.

<http://jmedicalcasereports.com/info/instructions/>