

Writing a case report: an editor's eye view

Robin Fox

'That was a nice presentation. Why not write it up for a journal?' With such words a thousand case reports are born. But they are like birds tossed over a stormy ocean: only a few gain a foothold in the rigging of passing ships — for the rest, oblivion. So, how do you persuade an editor to accept your wonderful case report? Here are some reflections from the editor's standpoint.

WHAT ARE YOU TRYING TO ACHIEVE?

First, and most important, understand that most journals do not exist primarily to serve authors. Their mission is to stimulate and educate and entertain their readers. Clever editors and authors arrange for these interests to coincide.

For the best chance of success, you must begin by thinking strategically — about the purpose of your report, who could benefit from reading it, and how to make it stand out from the competition. In the hierarchy of evidence-based medicine, randomized controlled trials come top and case reports near the bottom, so you might think that a case report deserves only a modest investment of time and energy. If you have any such notion (or even if you do not), you are advised to read a subtle critique by the epidemiologist JP Vandenbroucke (1999) who argues that: 'For true intellectual advancement, i.e. in proposing new problems, new solutions, or new ideas, the hierarchy is...reversed'.

In the age of evidence-based medicine, Vandenbroucke declares, case reports remain as necessary as ever — but he also remarks that 'the days of droning out one case after another, as an excuse for a haphazard literature review, are over'.

So, what are you hoping to achieve by getting your case report into print? Publication may be good for your career prospects and can also be a stimulating experience, but let us set aside these

personal aspects. What are you seeking to do for the readers? In his taxonomy of case reports, Vandenbroucke offers the following headings:

- Descriptions of new diseases
- Aetiology and recognition of side-effects
- Study of mechanisms
- Therapy and prognosis
- Education
- Quality assurance.

Most editors will prefer the first three, but what they receive is mainly the last two. An 'educational' report might serve to remind readers of some neglected complex of symptoms or signs, and the 'quality assurance' category might be an instructive tale of accident or error. The real challenge is to avoid 'droning out one case after another'. Whatever the category, the key element of a good case report, according to Vandenbroucke, is surprise — the 'discovery' aspect, both scientific and educational, that 'makes them such great fun to read, to discuss and to present.' For the full argument read the original, but let me offer one further quotation:

'Besides clearly formulating the point you want to make, you should preferably also specify the strong prior expectation that forms the basis of your report. That will make it obvious to the readers why they should be surprised. The expectation can be a "mental control group", based on theory or on the shared experience of physicians, or it can be derived from the published work...?.'

Allied to the purpose of your report is the intended audience. The style and language will depend greatly on whether you are addressing fellow specialists or the multidisciplinary readership of the *British Medical Journal* or *Hospital Medicine*.

WRITING IT

Four decades ago, Richard Asher (1958) asked: 'Why are medical journals so dull?'. One of his complaints was that published reports followed a ritual far removed from the excitement of the clinical pursuit. His words still strike a chord. Good style is partly a matter of structure. Must you give the game away right at the start, in the title or the introduction, or might the case be presented more as it evolved, with clues to the diagnosis accumulating as the story goes on?

Asher refers to a case report which began with his reading an editorial (recent past), then remembering a patient (from 10 years ago), tracing her, and describing her behaviour when she attended a clinical meeting (today). *The Lancet*, for its case reports, favours the 'puzzle' approach, and uses titles such as 'An Asian man with enlarged glands', or 'A boy with chickenpox whose fingers peeled'. Admittedly, this is not ideal for presentation of original findings — especially if the journal does not publish abstracts or keywords for case reports.

If you wish the report to be cited in future publications you will doubtless opt for an explanatory title. But one reason for the dullness of medical jour-

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nals is that authors cater for tomorrow's researchers at the expense of today's readers.

You have done all the background reading and decided what and who your report is for. Now you can start work on the central part, the case history. You sit at the keyboard and, if you are at all typical, rattle out something like 'A 55-year-old man presented with...'. (Nine out of ten case reports sent to the *Journal of the Royal Society of Medicine* begin in this way — and I sometimes wonder who started the rot.) Apart from the lack of originality, isn't 'presented' an odd word to use these days for a person seeking medical help? And must every person be immediately defined by age? Perhaps because of their origin in medical meetings, where jargon is permissible, case reports are peculiarly subject to hackneyed phraseology and cliché, of which my least favourite at present is 'demonstrates the need for a high index of suspicion' (usual translation — 'how astute we were').

But all this, you may say, is mere nit-picking, nothing to do with the quality of the report which went down so well at the clinical meeting. True — but, for a journal that aims to serve readers, style does matter. Real scientific excellence will usually win through, but if the editor has to choose between two items of equal and modest scientific merit, an imaginative presentation can make the difference between success and failure.

SENDING IT IN

You have now added an introduction and a discussion, shown the final text to your co-authors and obtained their signed agreement, and checked the text one last time for typing errors (carelessness is deeply unpopular with editors and reviewers). You have also looked at the journal, to see how it prints articles of this sort, and followed all the instructions to authors.

Now for the covering letter: 'Dear Sir/Madam, I enclose a case report and look forward to hearing from you...'. No! You may feel that a bland letter of this kind is the correct form, since the editorial evaluation will be objective

and the merit of your article will speak for itself. This a delusion. You are not dealing with a sorting office or a quality control system but with a dynamic process in which the editor's priorities will change from day to day according to what papers are in hand, popular topics of the day and perhaps even the state of his or her digestion.

Sifting through the week's pile of submissions, the editor will conduct a sort of triage in which your paper may become an immediate victim. One editorial question may be 'why this journal?'; another 'what have we done on this subject recently?'. The editorial catch 22 is: 'if the condition is rare, one more case will be of scant general interest; if it is common, what can one more case contribute?'

In your covering letter, you have an opportunity to explain, and thus improve your chances. Say just how well your observations fit in with what the journal has published over the past year or so, and why they will interest the readers. Editors are proud of their journals and are human: if you fail to spot that the subject has been covered in a recent issue, you may damage your chances of success.

REACTIONS FROM REVIEWERS

If your paper survives this editorial assessment, the next hurdle is peer review; and, here again, do not expect complete objectivity. The report often comes down to 'I enjoyed it'. Many clinician-scientists will scorn a case report that does not offer some original observation, so a kindly editor has to choose the reviewers accordingly. The reports that fare best in peer review, I find, are those in Vandembroucke's last category — stories of accident or error.

They arouse sympathy — in contrast to those designed to illustrate exemplary management, which invite criticism.

A common non-scientific complaint from reviewers is that, although 'authorship' includes every clinician who laid hands on the patient, there is no mention whatever of the radiologist or histopathologist or microbiologist who provided crucial information (a particularly common objection from reviewers who are radiologists, histopathologists or microbiologists). Authorship is handled too casually, I find.

ASK NOT...

Many of the case reports that are offered to the *Journal of the Royal Society of Medicine* might be described as pedestrian, but a well-done report gives me satisfaction as an editor; and some of my readers seem happier reading about a single patient than the report of a randomized trial in 200. Nevertheless, many journals now declare the case report unwelcome, and competition for the remaining slots is such that special efforts are required to gain a place. Follow my advice and you will certainly improve your chances with the *Journal of the Royal Society of Medicine*; for other journals I can promise nothing.

My parting message is, do not cast your paper haphazardly into the stormy air. Aim it carefully at the editor you most favour. And ask not what the journal can do for you, but what you can do for the journal. **HM**

Conflict of interest: none.

Asher R (1958) Why are medical journals so dull? *Br Med J* ii: 502-3
Vandembroucke JP (1999) Case reports in an evidence-based world. *J R Soc Med* 92: 159-63

KEY POINTS

- The vital element in a good case report is surprise — an observed event compared with expectations.
- The author should have a clear idea of the purpose of the report, scientific or educational.
- There is no standard format: if dullness is to be avoided, the structure and phrasing of a case report demand creative thought.
- The report should be written with a particular journal and readership in mind.
- When dealing with editors, authors should bear in mind that journals exist primarily to serve readers.