

Case Report Guideline

The RCH HREC's policy is that case reports are exempt from HREC review but all measures must be taken by the researchers to gain patient (or parent/guardian) consent.

A case report is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports usually describe an unusual or novel occurrence and as such, remain one of the cornerstones of medical progress and provide many new ideas in medicine. Some reports contain an extensive review of the relevant literature on the topic. The case report is a rapid short communication between busy clinicians who may not have time or resources to conduct large scale research.

Any article that contains personal medical information about an identifiable living individual requires the patient's explicit consent before it can be published. It will require the patient to sign a consent form, which requires the patient to have read the article. The consent form is available in multiple languages and the author must ensure that the form is in a language that the patient understands. When informed consent has been obtained it is indicated on the published article.

If consent cannot be obtained because the patient (and parent/guardian) cannot be traced, then publication will be possible only if the information can be sufficiently anonymised*. Anonymisation means that neither the patient nor anyone else could identify the patient as detailed in our standard on anonymisation. A consequence of any anonymisation is likely to be the loss of information/evidence.

What are the reasons for publishing a Case Report?

The most common reasons for publishing a case are the following:

- an unexpected association between diseases or symptoms;
- an unexpected event in the course observing or treating a patient;
- findings that shed new light on the possible pathogenesis of a disease or an adverse effect;
- unique or rare features of a disease;
- unique therapeutic approaches; variation of anatomical structures.

Most journals publish case reports that deal with one or more of the following:

- Unusual observations
- Adverse response to therapies
- Unusual combination of conditions leading to confusion
- Illustration of a new theory
- Question regarding a current theory
- Personal impact.

Structure of a Case Report

Different journals have slightly different formats for case reports. It is always a good idea to read some of the target journals case reports to get a general idea of the sequence and format.

In general, all case reports include the following components: an abstract, an introduction, a case, and a discussion. Some journals might require literature review.

Abstract

The abstract should summarise the case, the problem it addresses, and the message it conveys. Abstracts of case studies are usually very short, preferably not more than 150 words.

Introduction

The introduction gives a brief overview of the problem that the case addresses, citing relevant literature where necessary. The introduction generally ends with a single sentence describing the patient and the basic condition that he or she is suffering from.

Case

This section provides the details of the case in the following order:

- Patient description
- Case history
- Physical examination results
- Results of pathological tests and other investigations
- Treatment plan
- Expected outcome of the treatment plan
- Actual outcome.

The author should ensure that all the relevant details are included and unnecessary ones excluded.

Discussion

This is the most important part of the case report; the part that will convince the journal that the case is publication worthy. This section should start by expanding on what has been said in the introduction, focusing on why the case is noteworthy and the problem that it addresses.

This is followed by a summary of the existing literature on the topic. (If the journal specifies a separate section on literature review, it should be added before the Discussion). This part describes the existing theories and research findings on the key issue in the patient's condition. The review should narrow down to the source of confusion or the main challenge in the case.

Finally, the case report should be connected to the existing literature, mentioning the message that the case conveys. The author should explain whether this corroborates with or detracts from current beliefs about the problem and how this evidence can add value to future clinical practice.

Conclusion

A case report ends with a conclusion or with summary points, depending on the journal's specified format. This section should briefly give readers the key points covered in the case report. Here, the author can give suggestions and recommendations to clinicians, teachers, or researchers. Some journals do not want a separate section for the conclusion: it can then be the concluding paragraph of the Discussion section.

Notes on patient consent

Informed consent is an ethical requirement for most studies involving humans, so before you start writing your case report, take a written consent from the patient (and parent/guardian) as all journals require that you provide it at the time of manuscript submission. In case the patient is a minor, parental consent is required.

Patient anonymity is also an important requirement. Remember not to disclose any information that might reveal the identity of the patient. You need to be particularly careful with pictures, and ensure that pictures of the affected area do not reveal the identity of the patient.

Patient consent

Publication of any personal information about an identifiable living patient requires the explicit consent of the patient and parent/guardian.

You must have signed informed consent from patients (and parent/guardian) before submitting a Case Report to any journal. Ensure patient details are anonymised e.g., specific ages, ethnicity, occupations.

If the patient is deceased the authors must seek permission from a relative (ideally the next of kin). If you don't have signed consent from a deceased patient, guardian or family, the head of your medical team/hospital or legal team must take responsibility that exhaustive attempts have been made to contact the family and that the paper has been sufficiently anonymised not to cause harm to the patient's family.

A copy of the signed consent form will be requested when submitting to the journals.