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Telephone: +1-925-399-1568
E-mail: office@baishideng.com
https://www.wjgnet.com

First published: June 30, 2015

Last updated: December 13, 2023

Guidelines and Requirements for Manuscript Revision: Case Report

Core tip: *Case Report* is a descriptive research method in clinical and epidemiological studies. As a common form of medical papers which is well received by clinicians, a case report is a detailed description or documentation of emerging diseases, unusual or rare diseases, or the unusual manifestations of some common diseases. It is of great social significance and scientific value for clinicians to conduct in-depth research on emerging diseases and unusual or rare diseases in clinical practice. A good case report can often lead to the emergence of a new research hotspot and open up a new research field.

In order to help clinical workers prepare high-quality, valuable case reports and accumulate large amounts of high-quality initial evidence for medical research, we developed the following guidelines for *Case Report* preparation and submission by following the CARE Checklist – 2016: Information for writing a case report

You can use the following checklist to help you fulfill the requirements for *Case Report* manuscript revision.

1 CORRECTLY DEALING WITH THE PEER-REVIEW REPORT AND COMMENTS RAISED BY THE SCIENCE EDITOR [YES or NO]

1.1 Authors should reconsider the strengths and weaknesses of their manuscript []

1.2 Authors should carefully read their peer-review report []

1.3 Authors should carefully answer/address all reviewers' questions/comments
[]



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1.4 Authors should carefully format their manuscript []

1.5 Authors should carefully polish the language of their manuscript []

2 WRITING REQUIREMENTS OF TITLE AND FOOTNOTES [YES or NO]

2.1 Title []

2.2 Running title []

2.3 Authorship []

2.4 Institution []

2.5 ORCID number []

2.6 Author contributions []

2.7 Supportive foundations []

2.8 Informed consent []

2.9 Conflict-of-interest []

2.10 CARE Checklist (2016) []

2.11 Open-Access []

2.12 Corresponding author []

3 WRITING REQUIREMENTS OF MAIN TEXT [YES or NO]

3.1 Abstract []

3.2 Key words []

3.3 Copyright []

3.4 Core tip []

3.5 Audio core tip []

3.6 Introduction []

3.7 Case presentation []

3.8 Multidisciplinary expert consultation (if relevant) []

3.9 Final diagnosis []



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3.10 Treatment []

3.11 Outcome and follow-up []

3.12 Discussion []

3.13 Conclusion []

4 WRITING REQUIREMENTS OF UNITS, FIGURES, TABLES, AND REFERENCES

4.1 Units []

4.2 Illustrations []

4.3 Tables []

4.4 Notes in illustrations and tables []

4.5 Abbreviations []

4.6 Italics []

4.7 Acknowledgements []

4.8 References []

**5 ETHICS AND RELEVANT DOCUMENT(S) REQUIRED FOR CASE REPORT [YES
or NO]**

**6 LANGUAGE EDITING FOR MANUSCRIPTS SUBMITTED BY NON-NATIVE
SPEAKERS OF ENGLISH [YES or NO]**

7 COPYRIGHT LICENSE AGREEMENT [YES or NO]

**8 CONSEQUENCES OF MODIFICATIONS AFTER THE FORMAL ACCEPTANCE
[YES or NO]**

9 BAISHIDENG HOMEPAGE, SUBMISSION SITE AND MANUSCRIPT TYPES



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**10 BAISHIDENG DISTINGUISHED AWARD FOR BAISHIDENG JOURNALS'
PUBLISHED ARTICLES**

11 ARTICLE PROCESSING CHARGE

12 CONTACT US

RECOMMENDED BAISHIDENG QUALITY JOURNALS

OTHER RESOURCES

ABOUT BAISHIDENG

Appendix A – Criteria for publishable Case Reports

**Appendix B – References for preparing the Case Report with guidelines for writing
and content formatting**



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1 CORRECTLY DEALING WITH THE PEER-REVIEW REPORT AND COMMENTS RAISED BY THE SCIENCE EDITOR

Since there is no limit to the numbers of words, tables and color images in the manuscript, the revised manuscript should be well illustrated and very detailed, including research methods, experimental equipment, experimental results, and original data. In addition, authors should truthfully describe the problems and weaknesses of the study in the manuscript so that readers are able to obtain the maximal amount of useful information from reading the article; this practice will also help to improve the authors' academic influence in their field. The methods and requirements for how to revise manuscripts for acceptance are as follows:

1.1 Authors should reconsider the strengths and weaknesses of their manuscript. After the authors receive their peer-review report, they should first reconsider the strengths and weaknesses of their manuscript. They should provide a reasonable and rational explanation as to why they carried out the study, what they did to complete the study, and what is the most important finding of the study. In addition, they should consider their reasoning for choosing the methods and parameters used in the study, as well as for those that have been used in previous studies, what is unique about their study, what additional experimental results will be required to further strengthen their study and its findings, whether other researchers will be able to reproduce all of their methods and results, and whether similar articles have been published.

1.2 Authors should carefully read their peer-review report. Authors should first read their entire peer-review report carefully, in order to gain a comprehensive understanding of its content. Then, they should try their best to revise the manuscript according to each of the peer-reviewers' comments and suggestions. The final decision for publication of the manuscript (acceptance or rejection) largely depends upon whether authors revise



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their manuscript according to the reviewers' comments and whether authors respond to the reviewers' comments truthfully.

1.3 Authors should carefully answer/address all reviewers' questions/comments.

Authors should revise their article according to the reviewers' comments/suggestions and provide point-by-point responses to each in a letter that is to accompany their resubmission.

In order to continually improve the quality of peer-review for our journals, we urge authors to carefully revise their manuscripts according to the peer-reviewers' comments and we promote productive academic interactions between the peer-reviewers, the authors, and our readers. To this end, we include each of the reviewers' comments, in an anonymized manner, as well as the authors' responses along with the manuscript's publication online.

1.4 Authors should carefully format their manuscript. Authors should carefully format their revised manuscript in strict accordance with the Baishideng Publishing Group (*Baishideng*) guidelines and requirements for manuscript revision-case report and format for manuscript revision-case report; these were developed to assist authors in fulfilling this responsibility. In addition, all comments raised by the Science Editor must be addressed, in the appropriate format, in order for the manuscript to eventually reach the standard of publication.

1.5 Authors should carefully polish the language of their manuscript. Authors should carefully polish the language of their manuscript, including in the title, abstract, core tip, introduction, materials and methods, results, discussion, and article highlights. All sentences and paragraphs should be organized in a logical manner, so that readers will not only readily understand the content but also enjoy reading the manuscript.



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2 WRITING REQUIREMENTS OF TITLE AND FOOTNOTES

All contributions should be written in English; the authors may use either UK or US English language, but the chosen English language usage must be consistent throughout the document. All articles must be prepared by Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins. Required information for each of the manuscript sections is as follows:

2.1 Title. The title should be no more than 18 words. It should summarize the core content of the manuscript, so that the reader may readily understand the key concepts and important findings presented within. This type of succinct and impactful statement will serve to catch readers' attention and stimulate their interest in reading the abstract and/or downloading the full paper. It is also strongly recommended that the title include one or two of the key words associated with the manuscript's topical content, to facilitate the paper being readily found by electronic searches of public databases, such as Google or PubMed. Finally, words such as 'exploration', 'research', 'analysis', 'observation', and 'investigation' are to be avoided. The title should not start with 'A', 'An', or 'The' and will not include any Arabic numbers or abbreviations.

2.2 Running title. A short running title of no more than 6 words should be provided. It should state the topic of the paper. Abbreviations are permitted. For example, Losurdo G *et al.* Two-year follow-up of duodenal lymphocytosis.

2.3 Authorship. Authorship credit should be given in accordance with the standard proposed by the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/>). Specifically, authorship is merited by: (1) Substantial contributions to conception and design of the study, acquisition of data, or analysis and interpretation of data; (2) Drafting the article or making critical revisions related to



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important intellectual content of the manuscript; and (3) Final approval of the version of the article to be published. Authors should meet conditions 1, 2 and 3.

We consider requests for co-first/co-corresponding authors on a limited basis, making the final decision to allow/deny according to the detailed reasons provided by the authors for justification on a case-by-case basis, with allowance permitting no more than 2 co-first/co-corresponding authors. For the *policy of allowing co-first authors and co-corresponding authors* who made equal contribution to a manuscript, please visit: <https://www.wjgnet.com/bpg/GerInfo/310>.

Author names (unabbreviated) should be given as first name, middle name initial (with no period) and family (sur) name, and typed in bold with the first letter capitalized; a hyphen should be included between the syllables of Chinese names. For example, **Jason Lamontagne, Laura F Steel, Paul V Harper Jr, Bo Yuan, and Wei-Hong Tang.**

2.4 Institution. Author names should be written out first (as first name, middle name initial (with no period) and family (sur)name; with a hyphen included between the syllables of Chinese names) and typed in bold, followed by a comma and the complete name of the affiliated institution, city, province/state, postcode and country typed in non-bold. For example:

Xu-Chen Zhang, Li-Xin Mei, Department of Pathology, Chengde Medical College, Chengde 067000, Hebei Province, China

In the case that multiple authors represent a single institution, the authors will be listed together for that institution. For example:

Giuseppe Losurdo, Domenico Piscitelli, Antonio Giangaspero, Mariabatrice Principi, Francesca Buffelli, Floriana Giorgio, Lucia Montenegro, Claudia Sorrentino, Annacinzia Amoruso, Enzo Ierardi, Alfredo Di Leo, Gastroenterology Section, Department of Emergency and Organ Transplantation, University of Bari, Bari 70124, Italy



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In the case that one author represents multiple institutions, the institutions will be listed separately. For example:

Jun Wen, Department of Liver Surgery and Liver Transplantation Center, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China

Jun Wen, Department of General Surgery, The Third People's Hospital of Chengdu, Chengdu 610031, Sichuan Province, China

2.5 ORCID number. ORCID provides a persistent digital identifier that distinguishes you from every other researcher and, through integration in key research workflows such as manuscript and grant submissions, supports automated linkages between you and your professional activities, thereby ensuring that your work is recognized. Please visit the ORCID website at <https://orcid.org/> for more information. The corresponding author must provide his/her personal ORCID registration number.

2.6 Author contributions. The 'Author contributions' passage describes the specific contribution(s) made by each author. The author's names will be listed in the following format: full family (sur)name, followed by abbreviated first and middle names. For example, Bryan L Copple should be revised as Copple BL. A full multi-author example is:

Author contributions: Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data and wrote the manuscript; All authors have read and approve the final manuscript.

2.7 Supportive foundations. The approved grant application form(s) will be released



online, together with the manuscript in order for readers to obtain more information about the study and to increase the likelihood of subsequent citation. Our purpose of publishing the approved grant application form(s) is to promote efficient academic communication, accelerate scientific progress in the related field, and improve productive sharing of research ideas.

Supportive foundation acknowledgement: The complete name(s) of supportive foundation(s) and identification number(s) of grants or other financial support will be provided on the title page of all submitted manuscripts using the following format:

Supported by the National Natural Science Foundation of China, No. 30224801.

2.8 Informed consent. Any research article describing a study (clinical research and case report) involving humans should contain a statement in the title page clearly stating that all involved persons (subjects or legally authorized representative) gave their informed consent (written or verbal, as appropriate) prior to study inclusion. For case report, the authors should provide the *Consent for Treatment Form(s) or Document(s)* that has been signed by the patients in the study. In general, the *Baishideng* requires that any and all details that might disclose the identity of the subjects under study should be omitted or anonymized. In the rare situation that a study participant's identifiable information is crucial to the case presentation, the statement of informed consent is absolutely necessary, unless the participant is deceased.

Sample wording: All study participants, or their legal guardian, provided informed written consent prior to study enrollment.

Waiver of informed consent for human study subjects may be justifiable under certain rare and specific conditions, such as for a trial with demonstrated minimal risk or cases of emergency care. Authors may petition *Baishideng* for waiver of informed consent, but



there is no guarantee that the petition will be granted. In general, *Baishideng* favors the requirement of informed consent for all reports of information (anonymized or identifiable) and reserves the right to refuse publication of such if informed consent was not obtained.

2.9 Conflict-of-interest. A conflict-of-interest statement is required for all article and study types. In the interests of transparency and helping reviewers to assess any potential bias in a study's design, interpretation of its results or presentation of its scientific/medical content, the *Baishideng* requires all authors of each paper to declare any conflicting interests (including but not limited to commercial, personal, political, intellectual or religious interests) that are related to the work submitted for consideration of publication in the Footnotes section.

Sample wording: [Name of individual] has received fees for serving as a speaker, a [position; such as consultant and/or an advisory board member] for [name(s) of organization(s)]. [Name of individual] has received research funding from [name(s) of organization(s)]. [Name of individual] is an employee of [name(s) of organization(s)]. [Name of individual] owns stocks and/or shares in [name(s) of organization(s)]. [Name of individual] owns patent [patent identifier information (including patent number, two-letter country code, and kind code) and a brief description].

2.10 CARE Checklist (2016). In order to improve the quality of Case Report manuscripts, authors should download and complete the 'CARE Checklist - 2016: Information for writing a case report' to ensure that the manuscript meets the requirements of the "CARE Checklist - 2016: Information for writing a case report". Authors must state on the title page of the manuscript that the guidelines of the CARE Checklist (2016) have been adopted (see below). Authors must upload the PDF version of the completed



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checklist to the system. CARE Checklist (2016) as a fillable PDF can be downloaded through the link below on page 30 (item 4) or here: <https://www.wjgnet.com/bpg/GerInfo/239>. Authors must upload the filled-in PDF version of the completed CARE Checklist (2016) to the system.

Sample wording: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

2.11 Open-Access. *Baishideng's* Open-Access policy and statement for each article is as follows:

This article is an open-access article which was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

2.12 Corresponding author. The corresponding author's contact information will be provided in the following format: written-out first name, middle name initial (with no period) and family (sur)name (with a hyphen included between the syllables of Chinese names) and typed in bold and ending with a comma, followed by the corresponding author's relevant academic and professional honorifics (such as PhD, MD, Chief of Surgery, Assistant Professor, *etc*). This is followed immediately by the affiliation, written out as complete name of institution, present address, city, province/state and postcode, and country, and ending with a period. Immediately following the ending period and a single space will be the corresponding author's E-mail address; this E-mail address must



be issued by his/her institution. All the letters in the E-mail address should be typed in lowercase. For example:

Andrzej S Tarnawski, MD, PhD, DSc (Med), Professor, Chief, Department of Gastroenterology, VA Long Beach Health Care System, University of California, Irvine, 5901 E Seventh St, Long Beach, CA 90822, United States. astarnaw@uci.edu

3 WRITING REQUIREMENTS OF MAIN TEXT

3.1 Abstract. An informative, structured abstract of no more than 250 words should accompany each manuscript. Abstract should include background, case summary, and conclusion. The Abstract will be structured into the following sections, adhering to the word count thresholds indicated in parentheses:

BACKGROUND (no more than 80 words)

What does this case report add to the medical literature? Why did you write it up?

CASE SUMMARY (no more than 150 words)

What were the chief complaints, diagnoses, interventions, and outcomes?

CONCLUSION (no more than 20 words)

What is the main "take-away" lesson from this case?

3.2 Key words. The 'Key words' list will provide 5-10 keywords that reflect the main content of the study. Please do not use abbreviations for the keywords (*e.g.*, Ulcerative colitis, not UC). The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon. For example:



Key Words: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic steatohepatitis; Animal models; Insulin resistance; Oxidative stress

3.3 Copyright. *Baishideng's* Copyright policy and statement for each article is: © **The Author(s) 2023.** Published by Baishideng Publishing Group Inc. All rights reserved.

3.4 Core tip. Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study.

3.5 Audio core tip. In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

Acceptable file formats: .mp3, .wav, or .aiff

Maximum file size: 10 MB

To achieve the best quality, when saving audio files as an .mp3, use a setting of 256 Kbps or higher for stereo or 128 Kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

3.6 Introduction. The Introduction describes the subject, purpose and merit of the case report, and the strategy used for the literature review.

The key points for writing the Introduction are as follows:



- Describe the subject matter.
- State the purpose of the case report.
- Provide background information.
- Provide pertinent definitions.
- Describe the strategy of the literature review and provide search terms.
- Justify the merit of the case report by using the literature review.
- Introduce the patient case to the reader.
- Make the Introduction brief and less than three paragraphs.

Kind reminder: Does the Introduction clearly describe a special clinical problem? Does it present adequate and reasonable rationales for the study? Does it clearly describe a research aim or a research hypothesis?

3.7 Case presentation. Under the heading of Case Presentation, the following seven aspects must be presented in this order: 1) Chief complaints; 2) History of present illness; 3) History of past illness; 4) Personal and family history; 5) Physical examination upon admission; 6) Laboratory examinations *e.g.*, routine blood tests, routine urine tests and urinary sediment examination, routine fecal tests and occult blood test, blood biochemistry, immune indexes, and infection indexes; and 7) Imaging examinations *e.g.*, ultrasound, plain abdominal and pelvic CT scan, high-resolution chest CT scan, and head MRI. The patient case presentation should be descriptive, organized chronologically, accurate, salient, and presented in a narrative form.

The key points for writing the Case Presentation are as follows:

- Describe the case in a narrative form.
- Provide patient demographics (age, sex, height, weight, race, occupation).
- Avoid patient identifiers (date of birth, initials).



- Describe the patient's complaint.
- List the patient's present illness.
- List the patient's medical history.
- List the patient's family history.
- List the patient's social history.
- List the patient's medication history before admission and throughout the case duration that is described in the report.
- Ensure that the medication history includes any herbals, vaccines, depot injections, and nonprescription medications, and state that the patient was asked for this history.
- List each drug's name, strength, dosage form, route, and dates of administration.
- Verify the patient's medication adherence.
- Provide renal and hepatic organ function data for determining the appropriateness of medication dosing regimens.
- List the patient's drug allergy status, including the name of the drug (brand or generic) and the date and type of reaction.
- List the patient's adverse drug reaction history and the dates of any reactions.
- Provide pertinent serum drug levels and include the time of each level taken and its relationship to a dose.
- Provide the patient's dietary history.
- Provide pertinent findings on physical examination.
- Provide pertinent laboratory values that support the case.
- Provide the reference range for laboratory values that are not widely known or established.
- List the completed diagnostic procedures that are pertinent and support the case.
- Paraphrase the salient results of the diagnostic procedures.
- Provide photographs of histopathology, roentgenograms, electrocardiograms, skin manifestations, or anatomy as they relate to the case.



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- Obtain permission from the patient to use the patient's photographs, or follow institutional guidelines.
- Provide the patient's events in chronological order.
- Ensure a temporal relationship.
- Ensure a causal relationship.
- Ensure that the patient case presentation provides enough detail for the reader to establish the case's validity.

Kind reminder: Are patient characteristics described appropriately in the Case Presentation? Is the initial clinical scenario described appropriately? Does the clinical scenario support the intervention? Are other interventions discussed? Is there any good reason to rule out other interventions? Are intervention techniques and clinical operations described appropriately? Are clinical outcomes described in detail? Are the effects of treatment clearly reported? Are follow-up outcomes reported? Do figures adequately and appropriately describe the initial clinical scenario? Do figures adequately and appropriately describe the technical process of treatment? Do figures adequately and appropriately describe the final clinical scenario?

3.8 Multidisciplinary expert consultation (if relevant)

Andrzej S Tarnawski, DSc, MD, PhD, Professor, Chief of Gastroenterology

Bao-Gan Peng, MD, PhD, Chief Doctor, Professor, Department of Spinal Surgery

3.9 Final diagnosis

3.10 Treatment

3.11 Outcome and follow-up



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3.12 Discussion. The discussion should compare and contrast the case report's findings with the literature review, establish causal and temporal relationships, and validate the case with a probability scale. The literature review should be extensive and should support the justification of the Case Report. The discussion section should end with a brief summary of the case along with rational recommendations and conclusions.

The key points for writing the Discussion are as follows:

- Compare and contrast the nuances of the case report with the literature review.
- Explain or justify the similarities and differences between the case report and the literature.
- List the limitations of the case report and describe their relevance.
- Confirm the accuracy of the descriptive patient case report.
- Establish a temporal relationship.
- Establish a causal relationship.
- Report the validity of the case report by applying a probability scale such as the Naranjo nomogram.
- Summarize the salient features of the case report.
- Justify the uniqueness of the case.
- Draw recommendations and conclusions.

Kind reminder: Are the limitations of methodology discussed from a perspective of research design in the Discussion? Is there any discussion about the potential variation of clinical outcomes? Is there any discussion about literature evidence supporting the intervention? Are the factors that limit the intervention's proper implementation discussed?



3.13 Conclusion. The Conclusion section must provide a brief conclusion with evidence-based recommendations.

The key points for writing the Conclusion are as follows:

- Provide a justified conclusion.
- Provide evidence-based recommendations.
- Describe how the information learned from this case report will apply to one's own practice.
- List opportunities for research.
- Ensure that this section is brief and does not exceed one paragraph.

Kind reminder: Is the conclusion clear and does it have bias? Is it drawn based on the clinical significance of research results? Do you clearly describe whether the treatment was successful?

4 WRITING REQUIREMENTS OF UNITS, FIGURES, TABLES, AND REFERENCES

4.1 Units. Use SI units. For example: body mass, m (B) = 78 kg; blood pressure, p (B) = 16.2/12.3 kPa; incubation time, t (incubation) = 96 h, blood glucose concentration, c (glucose) 6.4 ± 2.1 mmol/L; blood CEA mass concentration, p (CEA) = 8.6 24.5 g/L; CO₂ volume fraction, 50 mL/L CO₂, not 5% CO₂; likewise, for 40 g/L formaldehyde, not 10% formalin; and mass fraction, 8 ng/g, *etc.* Arabic numerals such as 23,243,641 (*i.e.* 23 million, 243 thousand, and 641) should be written as 23243641, with no commas and no spaces. The format for how to accurately write common units and quantums can be found at: <https://www.wjgnet.com/bpg/gerinfo/189>.

4.2 Illustrations. Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, *etc.*). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented



in the figure, so that the reader can understand without having to refer back to any other portion of the manuscript.

It is necessary to keep all elements compiled in a line-art image. Scale bars (with the length of the bar defined in the legend text rather than on the bar itself) or magnification factors (with textual definition in the legend) can be used. Figure file names should identify the figure and panel. Avoid layering type directly over shaded or textured areas in the figure. Uniform presentation should be used for figures showing the same or similar contents; for example, “**Figure 1 Pathological changes of atrophic gastritis after treatment.** A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”

Authors have to provide the figures as separate electronic files. Figures should be supplied in either vector art formats or bitmap formats so that we will be able to edit them:

Vector art formats: bw, Illustrator, EPS, WMF, EMF, FreeHand, CorelDraw, Color Map File, PowerPoint, Excel, IFF, *etc.*

Bitmap formats: Photoshop, TIFF, GIF, JPEG, *etc.*

If a figure has labels, arrows or other markers, the images and labels should be embedded in separate layers. And an explanation for all labels, arrows or other markers has to be provided in the figure legend.

Images or line drawings are the most intuitive exhibition of the results and/or findings presented in the manuscript. They should be prepared scientifically, normatively, and beautifully, as they reflect on not only the academic quality and norms of the journal but also on the rigorous academic attitude of the manuscript’s authors.

The Baishideng journals’ policy for picture citation includes: (1) Obtaining permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; (2) Correctly indicating the reference source and



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diagnosis and treatment of benign and malignant colorectal obstruction. *Shijie Huaren Xiaohua Zazhi* 2017; 25: 2597-2604 [DOI: 10.11569/wjcd.v25.i29.2597]

In press article:

3 Sipos F, Constantinovits M, Valcz G, Tulassay Z, Múzes G. Association of hepatocyte-derived growth factor receptor/caudal type homeobox 2 co-expression with mucosal regeneration in active ulcerative colitis. *World J Gastroenterol* 2015; In press

Organization as author:

4 Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002; **40**: 679-686 [PMID: 12411462]

Both individual authors and an organization as author:

5 Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1, 274 European men suffering from lower urinary tract symptoms. *J Urol* 2003; **169**: 2257-2261 [PMID: 12771764]

No author given:

6 21st century heart solution may have a sting in the tail. *BMJ* 2002; **325**: 184 [PMID: 12142303]

Volume with supplement:

7 Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002; **42** Suppl 2: S93-99 [PMID: 12028325]



Issue with no volume:

8 **Banit DM**, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop Relat Res* 2002; **(401)**: 230-238 [PMID: 12151900]

No volume or issue:

9 Outreach: Bringing HIV-positive individuals into care. *HRSA Careaction* 2002; 1-6 [PMID: 12154804]

BOOKS

Individual author(s):

10 **Sherlock S**, Dooley J. Diseases of the liver and biliary system. 9th ed. Oxford: Blackwell Sci Pub, 1993: 258-296

Chapter in a book (list all authors):

11 **Lam SK**. Academic investigator's perspectives of medical treatment for peptic ulcer. In: Swabb EA, Azabo S. Ulcer disease: investigation and basis for therapy. New York: Marcel Dekker, 1991: 431-450

Author(s) and editor(s):

12 **Breedlove GK**, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wiczorek RR, editor. White Plains (NY): March of Dimes Education Services, 2001: 20-34

CONFERENCE-RELATED ARTICLES

Conference proceedings:

13 **Harnden P**, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ cell tumours Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer, 2002: 30-56



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Conference paper:

14 Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer, 2002: 182-191

ELECTRONIC JOURNALS

Electronic journal (list all authors):

15 Huynen MMTE, Martens P, Hilderink HBM. The health impacts of globalisation: a conceptual framework. *Global Health*. 2005; 1: 14. Available from: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-1-14> doi.org/10.1186/1744-8603-1-14 [PMID: 21501219 DOI: 10.1186/1744-8603-1-14]

PATENTS

Patent (list all authors):

16 Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1

CLINICAL TRIAL

17 Cannon R. Riloncept to improve artery function in patients with atherosclerosis. [accessed 2015 Apr 25]. In: ClinicalTrials.gov [Internet]. Bethesda (MD): U.S. National Library of Medicine. Available from: <http://clinicaltrials.gov/show/NCT00417417> ClinicalTrials.gov Identifier: NCT00417417

DEPOSITED ARTICLES (preprints, e-prints, or arXiv)



18 Valenzuela N, Alt C, Winnier GE, Alt EU. Isolation of adipose tissue derived regenerative cells from human subcutaneous tissue with or without the use of enzymatic reagent. 2018 Preprint. Available from: bioRxiv:485318 [DOI: 10.1101/485318]

PUBLISHED MEDIA (print or online newspapers and magazine articles)

19 Fountain H. For Already Vulnerable Penguins, Study Finds Climate Change Is Another Danger. The New York Times. 29 Jan 2014. Available from: <http://www.nytimes.com/2014/01/30/science/earth/climate-change-taking-toll-on-penguins-study-finds.html> Cited 17 March 2014.

NEW MEDIA (blogs, web sites, or other written works)

20 Allen L. Announcing PLOS Blogs. 2010 Sep 1 [cited 17 March 2014]. In: PLOS Blogs [Internet]. San Francisco: PLOS 2006 - . [about 2 screens]. Available from: <http://blogs.plos.org/plos/2010/09/announcing-plos-blogs/>.

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21 Wells A. Exploring the development of the independent, electronic, scholarly journal. M.Sc. Thesis, The University of Sheffield. 1999. Available from: <http://cumincad.scix.net/cgi-bin/works/Show?2e09>

DATABASES AND REPOSITORIES (Figshare)

22 Roberts SB. QPX Genome Browser Feature Tracks; 2013 [cited 2013 Oct 5]. Database: figshare [Internet]. Available from: http://figshare.com/articles/QPX_Genome_Browser_Feature_Tracks/701214

MULTIMEDIA (videos, movies, or TV shows)

23 Hitchcock A, producer and director. Rear Window [Film]; 1954. Los Angeles: MGM.



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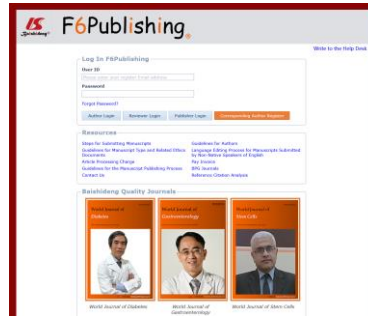
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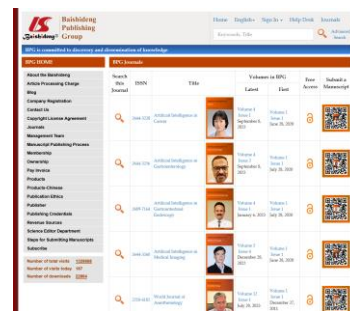


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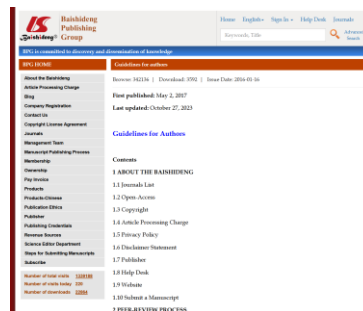
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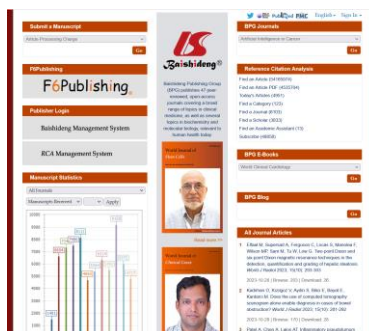


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Baishideng Publishing Group Inc (*Baishideng*) was founded in 1993 and is headquartered in California, USA. *Baishideng* published its first journal, *Shijie Huaren Xiaohua Zazhi/World Chinese Journal of Digestology* in 1993; and the second journal, *World Journal of Gastroenterology* in 1995. *Baishideng* currently edits and publishes 47 interdisciplinary biomedical academic journals, include one in Chinese and 46 in English. *Baishideng* is committed to providing an open, fair, and transparent high-quality academic exchange platform for authors, editorial board members, peer reviewers, and readers. *Baishideng* is a member of COPE, the Committee on Publication Ethics. *Baishideng* edits and publishes every article in accordance with COPE's academic ethics standards, and publishes related academic ethics documents together with the article. *Baishideng* has



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Appendix A – Criteria for publishable Case Reports

Publishable patient case reports include cases that:

- Advance medical science and spawn research.
- Describe rare, perplexing or novel diagnostic features of a disease state.
- Report therapeutic challenges, controversies, or dilemmas.
- Describe a new surgical procedure.
- Report how a drug can enhance a surgical procedure.
- Teach humanistic lessons to the health care professional.
- Review a unique job description of a health care professional that improves patient care.
- Report new medical errors or medication errors.
- Discover a device malfunction that results in patient harm.
- Describe adverse effects and patient toxicity of a radiopaque agent.
- Describe life-threatening adverse events.
- Describe dangerous and predictable adverse effects that are poorly appreciated and



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rarely recognized.

- Describe rare or novel adverse drug reactions.
- Describe a therapeutic failure or a lack of therapeutic efficacy.
- Describe rare or novel drug–drug, drug–food or drug–nutrient interactions.
- Report unlabeled or unapproved uses of a medication.
- Explore the use of pharmacogenomics to manage disease.
- Use life-saving techniques not previously documented.
- Use pharmaco-economic principles that improve patient care.
- Uncover barriers to patient adherence.
- Discover an interaction between a drug and a laboratory test that yields a false-positive or false-negative result.
- Describe the effect of drugs in pregnancy and lactation.
- Detect novel pharmacokinetic or pharmacodynamic principles.
- Use technology to improve patient outcomes.

Appendix B – References for preparing the Case Report with guidelines for writing and content formatting

1 Cohen H. How to write a patient case report. *Am J Health Syst Pharm* 2006; 63(19):1888-92.

<http://www.ajhp.org/content/63/19/1888.long?sso-checked=true>

2 Oliveira GJ, Leles CR. Critical appraisal and positive outcome bias in case reports published in Brazilian dental journals. *J Dent Educ* 2006;70(8):869-74.

<http://www.jdentaled.org/content/70/8/869.long>

3 CARE Checklist (2016). <https://www.care-statement.org/care-checklist.html>