



# Instructions for submission

## *Case report*

A case report consists of the initial presentation, medical history, physical examination, tests performed, eventual outcome and discussion on the case, backed up by scientific literature.

**Maximum amount of words: 700.**

### **Patient consent**

It is required that the patient signs our consent form, which is available in Dutch and English and requires the patient to read the case report. Please make sure the patients details are made fully anonymous. If the patient has passed away, the authors should ask for permission from a relative. Without explicit consent from the patient/guardian/relative, the case report will not be taken into consideration, as this is a legal requirement.

If consent cannot be obtained because the patient cannot be traced, publication will only be possible if the information can be sufficiently anonymized. *Id est*: neither the patient nor anyone else could identify the patient with certainty. The consequence is loss of information/evidence. If this happens, we will include the following note at the end of the paper: *“Detail has been removed from this case description/these case descriptions to ensure anonymity. The editors and reviewers have seen the detailed information available and are satisfied that the information backs up the case the authors make.”*

### **Submission**

Via the website, [www.amc.nl/amsj](http://www.amc.nl/amsj), you can submit your case report online. It should follow the lay-out below.

### **Submission template**

#### **TITLE OF CASE**

You do not need to include “a case report” in the title – you may be cryptic if you wish.

#### **SUMMARY**

Up to 150 words summarising the case presentation and outcome. We need a clear view of the case –emphasize the learning points.

#### **BACKGROUND**

Why is the case of interest to our readers?

Is this a prevalent health problem?

Is there a clear message?

#### **CASE PRESENTATION**

This is the patient’s story, but please be sensitive to patient confidentiality.

- How did the patient present?
- What is the relevant history? Why is this relevant?
- Explain your findings and how they influenced your decision making.

Minimize the use of abbreviations for diseases or investigations.

### **INVESTIGATIONS** (*according to relevance*)

All investigations that create a background (baseline) picture are relevant.

All investigations that are crucial to management decisions should be presented in appropriate images and videos to illustrate your point (maintaining patient confidentiality).

### **DIFFERENTIAL DIAGNOSIS** (*according to relevance*)

Please do not list these. We want to see how the final diagnosis is teased out.

### **TREATMENT** (*according to relevance*)

Include pharmacological and non-pharmacological treatment, e.g. surgery, physiotherapy, supportive care.

### **OUTCOME AND FOLLOW-UP**

Always include follow-up data; it gives readers a clear understanding of the outcome. The follow-up period should be defined. Please state if the patient has passed away, even if not directly related to your case.

### **DISCUSSION**

This is the opportunity to describe mechanisms of injury, guidelines and their relevance, diagnostic pathways (use diagrams if you like) and the points of interest of this case. A brief summary of relevant clinical guidelines is recommendable. Did you have to make an exception? Did you have to adapt the guidelines?

### **LEARNING POINTS/TAKE HOME MESSAGES**

3 to 5 bullet points – this is a required field. This is the most crucial part of the case- what do you want readers to remember when seeing their own patients?

### **REFERENCES – VANCOUVER CITATION STYLE**

Was the patient involved in a clinical trial? Please include related articles. Consult the following document for guidelines. Use superscript in the main text to refer.

### **FIGURE/VIDEO CAPTIONS**

We do not have a limit on illustrations but choose only what illustrates your case most effectively. We encourage colour images and video files.

### **PATIENT'S PERSPECTIVE** *Optional, but encouraged*

This is an optional section to give the patient the opportunity to comment on their experience. Only relevant personal and family details should be included.

### **COPYRIGHT STATEMENT**

Do not forget to sign the copyright transfer agreement form. Please make sure every author has agreed to publication. The form should be uploaded along with the article (PDF, TIFF, JPEG file). For the copyright transfer agreement form, see Appendix I.

**FORMAT**

Please save your template in the following format: corresponding author's last name and date of submission, e.g.: Smith\_September\_2014.doc.

Please submit your case report as a Word-document, with the lines numbered.