

CASE REPORTS : A WORLD OF CONTROVERSY

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Reporting a *case* is perhaps the oldest form of medical communication. Most of the eponyms still used today are based on the first recorded description of a particular condition. Clinical teaching in medical school is based on the presentation of a patient's history : usually the typical or the pathognomonic case is presented.

The case report is for many students, clinicians and nonacademic doctors, their first, sometimes their only introduction to a journal.

Case reports represent a large segment of the total in medical journals : 121.000 case reports were submitted for publication in the indexed medical literature from March 1986 to March 1991 (2). The rejection rate in most journals is high : up to 75% are not published. Even a published case report does not receive the respect accorded to peer-reviewed articles and in a curriculum vitae is regarded with contempt.

In questionnaires about a Journal's content the case reports get a bad press : they are too numerous, too long, too rare or too common. Still most readers read them more readily than the more basic research papers. Why do these controversies exist, and what can be done about it ? When should one consider presenting a case report ?

Usually a staff member sees a clinical, radiological, or anatomical rarity, asks a junior trainee to look up the literature, and with the help of worldwide information networks, a case report is born. The junior trainee has his (first) publication, the staff surgeon extends his c.v., the department gets more respect and everybody is pleased. The intrinsic value of these care reports is generally high, but they are often too long, because the junior author tends to overemphasize the effect on medical history from this case report.

Sometimes a surgeon is astonished by the (good) result of an unusual treatment for a more

or less complicated clinical problem and wants it documented. The value of these reports is diminished by the lack of basic support for the ideas, a follow-up that is much too short, and often too few (preoperative) parameters.

A good case report can be very enlightening if it adds new information on a rare condition or an unusual presentation of a pathological condition ; and/or if a new, modified or improved method in the diagnosis, screening or treatment is provided.

Most case reports are too long, and still do not contain all the details. The condition that merits description should be recognized and closely observed, and the author should describe what happened over what time lapse, why the described management was followed and why the course of the condition evolved in the way described (3).

Rarity of itself is not a criterion for publication (1).

A case report, like all other publications should contain a message. A well-described, well-illustrated case report can tell more about a clinical problem than a vague, clinical paper with the retrospective review of a cohort of mixed conditions.

The ideal case report should be limited to one or two typed pages with a brief, detailed description containing adequate data, a short discussion, 1 or 2 illustrations and a limited literature list (5 references maximum). The reader should *see* the problem and be aware why this was a special case worthy of publication.

REFERENCES

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2. Bora W. Case Report. *J. Hand. Surg.*, 1991, 16, 573.
3. Wildsmith J., ed. Hall G. How to write a paper. BMS Publishing Group, London, 1995, pp. 64-70.