

HOW TO WRITE A CASE REPORT

There is a need for research to be conducted by chiropractors at all levels. Many chiropractors will not have the opportunity to get involved with large trials, but the body of research can be expanded by the publication of case reports. Case reports are frequently published in the medical literature; more than 240,000 have been published in the past 5 years. Case reports can be used for educational purposes providing an enormous amount of clinical information about a valuable lesson from practice; they can describe a diagnostic or therapeutic dilemma or present important information on an adverse reaction to a particular form of treatment. Additionally, case reports can also suggest the need for a change in practice or thinking in terms of diagnosis or prognosis. Suggestions for changes in intervention(s) or prevention cannot be made from case reports since they require stronger evidence. It is unfortunate that case reports are regarded as being quite lowly in the hierarchy of evidence (see Figure 1) since many practitioners feel they can provide a great deal of helpful information.



Figure 1: The hierarchy of evidence

If a patient has presented in clinical practice with an unusual or interesting disorder, it can be helpful to capture this in a case report. If you feel you would like to write a case report, written and signed consent should be obtained initially from the patient or their guardian. Obtaining consent is mandatory for some journals, but it is important to recognise that this is a demonstration of good practice.

Once a suitable patient has been identified, there are certain steps to follow when writing a case report. A literature search should be carried out using suitable databases and a search engine. A summarised account should be written including the patient's history, the examination performed, the clinical features revealed in the examination, investigations (both negative and positive findings), treatment and management strategy undertaken and the outcome of treatment. The patient's notes can be used to recall these details. Previous treatment and the outcome of any previous treatment should also be included. Confidentiality is essential and all of the information relating to the patient in the case report should be anonymised to prevent the patient's identity being revealed.

The commonest way to present a case report is as follows:

Introduction

Summarise what your case report is about in one or two sentences.

Case Report

This should be a summary of the information obtained from the patient's history, examination, test results and treatment. Each category of information can be enclosed in its own paragraph without headings. This part should read easily as if telling a story about the patient and omitting any unnecessary details. This should contain selected clinical material, which illustrates the points you are making; it should not be a blow-by-blow account of a consultation and treatment.

Discussion

This section should include a number of different criteria. The reason for writing a case report on the particular patient chosen should introduce the discussion. This can then be followed with what the literature search revealed and provide information concerning what other authors have written about this particular subject area.

The final and most important part of the discussion should concentrate on the proof for the rarity or uniqueness of a condition or response to treatment and should include scientific explanations for the position you have adopted concerning the management of this particular case. It is important to describe the cause of a particular condition, why you chose a particular clinical aspect of it and how this influenced the outcome for the patient. If your approach differed from a standard treatment approach, you must describe what recommendations you would make for future patients based on your experience and what lessons can be learnt.

Conclusion

Some case reports do not contain conclusions. If you choose to include one, this should summarise your findings in one or two sentences.

References

This should be created in the particular output style required by the journal to which your article has been submitted.

Acknowledgements

A statement should be included mentioning informed consent. This could be, for example, "Written informed consent was obtained from the patient/their relative for publication of this report."

Additional information

It can also be helpful to include details of abbreviations if these have been used. Any competing interests from financial or academic parties should also be included in this section.

Preparing your case report for submission

It is advisable to read what you have written several times. This will allow you to correct any areas where the text is too verbose or if there are areas in the report that lack clarity. When the report has been edited to your satisfaction, it can be helpful to ask a colleague to read it and encourage them to give constructive feedback.

Submission to a journal

Submission to journals can often be made electronically. The section on a journal's website signifying "instructions to authors" will indicate the journal's preferred method for submission. Each journal will have reviewers who will send comments about your case report. It may need to be edited further in view of these comments before it is ready for publication.

Reference

Brodell RT. Do more that discuss that unusual case. Write it up. *Postgraduate Medicine* 2000; 108(2).