# THE Template for an CLINICAL CASE report

Please follow the appropriate current versions of international recommendations published on [EQUATOR](https://www.equator-network.org/reporting-guidelines/) (Enhancing the Quality and Transparency of Health Research) when preparing a manuscript, i.e. [CARE](http://www.equator-network.org/reporting-guidelines/care/)

**TEMPLATE USE GUIDE**

All manuscript materials should be placed in a single \*.docx file (exception - the rules for providing certain types of figures are given below).

The manuscript section headings are highlighted in black.

Recommendations regarding the content of this section/subsection are indicated in blue. Some recommendations may not apply to your research.

**Replace** the blue text with the text of your manuscript (black), saving the section headings.

Upload the completed manuscript to the journal's website.

***(Delete this page in the final version of the manuscript)***

### Title

##### The title of the article has to include and fully reflect a subject and a topic of the article, and also the main objective (question) set by the author for disclosure of a subject.

### AUTHORS

Author's full name1\* Author's full name2, Author's full name3,..., ....

### Affiliations

1Author's affiliation (official name of the university/institute), city, country

2Author's another affiliation (official name of another university/institute), city, country

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### abstract

The abstract volume is **150-350** words.

The abstract has to:

* include the basic provisions stated in the survey work;
* reflect the author's view on the problem discussed in the manuscript taking into account the analyzed material;
* allow the reader to understand originality of the described case study: why its description thereof may inform medical practice.

##### **Keywords**: term 1; term 2; term 3. Minimum – 3, maximum – 7 key words. Key words should be chosen from MeSH thesaurus only (<http://www.ncbi.nlm.nih.gov/mesh>). Among the keywords you have to use a term "clinical case".

### background

##### Explain why you consider this case important – why its description thereof may inform medical practice. Each statement excluding generally known ones should have references but no more than 3 for each statement.

##### It isn't necessary to do the section superfluous. The optimum volume is 1–3 paragraphs. In most cases the reduction of the expanded literary review on the described nosology is inexpedient.

### description of the case

##### **Anamnesis**. Present concerns, patient characteristics, the anamnesis of a disease, and the family anamnesis.

##### In this section it is necessary to describe the initial condition of a patient while medical personnel examined/interrogated/studied the incoming medical documentation. If during the follow-up the condition of a patient changed, and the changes were a subject of interest and had to be described as an integral part of a clinical case – specify the changes in a chronological order giving references on the events.

##### **Diagnostic assessment.** Submit the results of any laboratory testing / imaging results / questionnaires / referral diagnostic information that were carried out. It is necessary to mention only those results which are related to the described case (e.g., it isn't necessary to describe results of radiological research of a thorax and psychological testing during analysis of a clinical difficult differential and diagnostic case of the patient with an autonomous gastro-intestinally polyneuropathy and pseudomembranous colitis).

##### The results of diagnostic evaluations should be described chronologically. Specify the date of diagnostic procedures. It is desirable to create a timeline that includes specific dates and times in a table, figure, or graphic. Visit www.care-statement.org/case-report-examples for one example of a case report timeline.

##### The relevant details of related past interventions should be included in the previous section, as data of the anamnesis.

##### **The differential diagnosis**. If the differential diagnosis is a subject of interest for the presented clinical case, it is necessary to describe the circle of nosology which was included in differential and diagnostic search, with an explanation of reasons of an inclusion/exception of the corresponding options.

##### **Interventions**. Any conducted intervention (medicinal / surgical / psychotherapeutic / non-drug) which is directly connected with the considered clinical case and made interest for discussion should be described in details. All assigned medicines should be specified in a form of the international unlicensed names (IUN) **ONLY**. Describe the administration and intensity of the intervention (including dosage, strength, duration, frequency). The doses should be given in absolute units in system of SI (mg, ml, ME, PIECE) but not in semi-quantitative measures (tablets, spoons, cups).

##### **Follow-up and outcomes**. Describe the clinical course of the case including all follow-up visits as well as intervention modification, interruption, or discontinuation, and the reasons; adherence to the intervention and how this was assessed; and adverse effects or unanticipated events. Surely describe patient-reported outcomes, clinician assessed and reported outcomes, and important positive and negative test results. The reader has to know what was the outcome. In case you have no information on a further condition of the patient, please, mention this fact and give the reason if possible (e.g., the patient returned home to the Dominican Republic).

### Discussion

##### This section should not be superfluous: the discussion should be concentrated on a case or series of cases which are presented in the article. Please describe the strengths and limitations of this case report including case management, and the scientific and medical literature related to this case report.

##### Discuss the rationale for your conclusions such as potential causation and the ways this case might be generalized to a larger population.

### Conclusion

##### The clinical case as a single supervision does not grant the right to authors to draw unambiguous conclusions from a position of evidential medicine. Therefore in this section it is not necessary to draw conclusions about efficiency, expediency, safety, etc.

##### We recommend mentioning the KEY POINTS for readership - from 3 to 5 points (small clauses) in which the most significant thoughts are summarized briefly which a reader surely remember and implement in routine clinical practice.

### additional information

**Funding.** Specify the funding source(-s) for the study (grant, planned R&D, contract with a sponsor, etc.), using the wording: "The study was supported by grant ..." or "The study was carried out with financial support, medical supplies, technical support ..., etc. ...from …"

If the work was performed proactively, without any funding, and was analytical (e.g., analytical work with the use of available sources of information), specify: "No funding."

**Conflict of interest.** Specify the presence of obvious and potential conflicts of interest, i.e. conditions and facts that may influence the study outcomes or their interpretation (e.g., funding from stakeholders and companies, their participation in the discussion of study outcomes, writing a manuscript, etc.). If not available, use the following wording: "The authors declare no obvious and potential conflicts of interest related to the content of this article."

##### **The patient's informed consent**. Before submission of the manuscript to the journal you have to obtain the informed consent from your patients (or lawful representatives). This requirement is necessary for both alive and the dead patients. We won't be able to send your manuscript for reviewing and to publish the article without signed informed consent of the patient or his lawful representative where they gave their permission for publication of their de-identified data (even if the form is depersonalized). In this section it is necessary to ensure that the patient provided their informed consent for the publication of this case report. It is obligatory to send the scanned image of the signed informed consent to the journal’s editor in the form of the separate file together with the manuscript and other accompanying documents on Step 4 of the submission process.

**Contribution of authors**. It is necessary to describe the contribution of each author to the study and preparation of the manuscript, using ICJME criteria for authorship:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

2. Drafting the work or revising it critically for important intellectual content; AND

3. Final approval of the version to be published; AND

4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Each author must meet **all four criteria** for authorship.

A description of the compliance of the contribution with the first and the second criteria of authorship should be presented as follows:

“**Full name of author 1 - contribution of author 1 according to criterion 1, according to criterion 2;**

**Full name of author 2 - contribution of author 2 according to criterion 1, according to criterion 2 ... "**

To confirm the authors' compliance with criteria 3 and 4, it is necessary to specify at the end that

"All of the authors read and approved the final version of the manuscript before publication, agreed to be responsible for all aspects of the work, implying proper examination and resolution of issues relating to the accuracy or integrity of any part of the work".

**Acknowledgment**

Thank those whose contributions to the writing of the manuscript were insufficient to be recognized as authors (e.g., they met only three of the four criteria for authorship), but are still considered significant by authors. Specify what was this person’ impact (advises, technical assistance, translation, etc.)

**ReferenceS**

The reference list include publications only (references to Internet resources are also allowed).

References to theses, conference abstracts, textbooks, and anecdotal overviews should be avoided. References to original scientific publications and systematic reviews are desirable.

Self-citation should be avoided unless it is necessary (e.g., if there are no other sources of information, or the present work was performed on the basis of or as a continuation of cited studies). Self-citation should be limited to 3 references.

For details of citing, see **[here](https://www.omet-endojournals.ru/index.php/index/pages/view/references/)**.

**Tables**

Tables should have a numbered heading and legible clearly marked columns. The tables’ content should correspond to that in the text, but should not duplicate the information presented in it. References to tables in the text are required. If there are no tables, leave this section blank.

If necessary, add a "**Note**" section under each table and add explanatory information: abbreviations (even if they are presented in text), presentation format, statistical significance tests, etc.)

**Figures**

The volume of graphic material is minimal (with the exception of works where this is justified by the nature of the study). Each figure must be with a numbered caption. References to figures in the text are required.

1. **Illustrations** (graphs, diagrams, schematic illustrations, sketches) drawn with MS Office tools should be contrast and clear. Illustrations should be converted in a separate file and saved as an image (in \*.jpeg, \*.bmp, \*.gif format), and then placed in the manuscript file as a fixed figure. It is unacceptable to apply any elements (arrows, captions) over the figure inserted in the manuscript file by means of MS Word due to the risk of their loss at the stages of editing and layout.
2. **Photographs, screenshots** and other non-drawn illustrations should not only be inserted in the text of the manuscript, but also uploaded separately in a special section of the manuscript submission form as \*.jpeg, \*.bmp, \*.gif files (\*.doc and \*.docx - if additional markings are applied to the image). The image resolution should be >300 dpi. The image files should be named according to the number of the figure in the text. The file description should include a separate caption, that should correspond to the name of the photo placed in the text   
   (e.g.: Figure: 1. Louis Pasteur).
3. If a manuscript contains previously published figures (even if their parts have been translated from a foreign language into Russian), the author must provide the editorial office with consent of the copyright holder to publish this image in another journal (with the correct indication of the corresponding journal), otherwise it will be considered plagiarism (see "[Ethics of Scientific Publications](https://www.omet-endojournals.ru/jour/about/editorialPolicies" \l "custom-2)" in detail).

If there are no illustrations for the manuscript, leave this section blank.

**Information about the authors**

Information about EVERY AUTHOR should be given as follows:

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**Note.**

* **ORCID** is a personal identifier for the author, capable of interacting with most other identification systems. More details [here](http://orcid.org/).
* **ResearcherID** is a personal author identifier that links the author to publications in the Web of Science ecosystem (e.g., Web of Science, Publons, and InCites). More details [here](https://publons.freshdesk.com/support/solutions/articles/12000038281-what-is-my-web-of-science-researcherid-).
* **Scopus** **Author** **ID** is a personal author identifier that links authorship to groups of documents in the Scopus databases. More details [here](https://ru.service.elsevier.com/app/answers/detail/a_id/19175/c/10546/supporthub/scopus/kw/%D0%B8%D0%B4%D0%B5%D0%BD%D1%82%D0%B8%D1%84%D0%B8%D0%BA%D0%B0%D1%82%D0%BE%D1%80/).
* **eLibrary SPIN** - personal identifier of the author in the RSCI. More details [here](http://elibrary.ru/projects/science_index/author_tutorial.asp).

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