

**First published:** June 30, 2015

**Last updated:** December 17, 2021

## **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 manuscript revision.

### **1 HOW DO AUTHORS CORRECTLY DEAL WITH THEIR 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. [yes ]
- 1.2 Authors should carefully read the peer-review report. [yes ]
- 1.3 Authors should carefully answer reviewers. [ y e s ]
- 1.4 Authors should carefully format their manuscript. [yes ]

1.5 Authors should carefully polish the language of their manuscript. [ y e s      ]

## **2 WRITING REQUIREMENTS OF TITLE AND FOOTNOTES YES or NO**

2.1 Title [ y e s      ]

2.2 Running title [yes      ]

2.3 Authorship [ y e s      ]

2.4 Authorship, Institution [ y e s      ]

2.5 ORCID number [ y e s      ]

2.6 Author contributions [yes      ]

2.7 Supportive foundations [ n o      ]

2.8 Informed consent statement [ y e s      ]

2.9 Conflict-of-interest statement [ y e s      ]

2.10 CARE Checklist (2016) statement [ y e s      ]

2.11 Open-Access [yes      ]

2.12 Corresponding author [yes      ]

## **3 WRITING REQUIREMENTS OF MAIN TEXT YES or NO**

3.1 Abstract [ y e s      ]

3.2 Key words [yes      ]

3.3 Copyright [ y e s      ]

3.4 Core tip [ y e s      ]

3.5 Audio core tip [no      ]

3.6 Introduction [ y e s      ]

3.7 Case presentation [ y e s      ]

3.8 Multidisciplinary expert consultation (if relevant) [no      ]

3.9 Final diagnosis [ y e s      ]

3.10 Treatment [ y e s      ]

3.11 Outcome and follow-up [ y e s ]

3.12 Discussion [ y e s ]

3.13 Conclusion [ y e s ]

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

4.1 Units [ y e s ]

4.2 Illustrations [ y e s ]

4.3 Tables [ y e s ]

4.4 Notes in illustrations and tables [ y e s ]

4.5 Abbreviations [ y e s ]

4.6 Italics [ y e s ]

4.7 Acknowledgements [ y e s ]

4.8 References [ y e s ]

#### **5 ETHICS AND RELEVANT DOCUMENT(S) REQUIRED FOR CASE REPORT**

YES

#### **6 LANGUAGE EDITING FOR MANUSCRIPTS SUBMITTED BY NON-NATIVE SPEAKERS OF ENGLISH YES**

#### **7 COPYRIGHT LICENSE AGREEMENT YES**

#### **8 CONSEQUENCES OF MODIFICATIONS AFTER THE FORMAL ACCEPTANCE YES**

#### **Appendix A – Criteria for publishable Case Reports**



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
<https://www.wjgnet.com>

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

WPS PDF编辑试用

## **1 HOW DO AUTHORS CORRECTLY DEAL WITH THEIR 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 describe truthfully 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 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 the peer-review report.** Authors should first read the entire peer-review report carefully, in order to gain a complete 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 their

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

**1.3 Authors should carefully answer reviewers.** 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 (BPG) guidelines and requirements for manuscript revision-case report and format for manuscript revision-case report are provided to assist the 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 the title, abstract, core tip, introduction, materials and methods, results, discussion. 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.

## 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 with 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. The title should summarize the core content of the manuscript, so that the reader may readily understand the key concepts and important findings presented within. The words “case report or case report and review of the literature” should be in the title along with the area of focus. 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 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.

Designation of co-first authors and co-corresponding authors is not permitted.

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, Mariabeatrice Principi, Francesca Buffelli, Floriana Giorgio, Lucia Montenegro, Claudia Sorrentino, Annacinzia Amoroso, Enzo Ierardi, Alfredo Di Leo,** Gastroenterology Section, Department of Emergency and Organ Transplantation, University of Bari, Bari 70124, Italy

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





**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

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. All authors must provide their 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 middles 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 acknowledgment:** 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 BPG 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 BPG for waiver of informed consent, but there is no guarantee that the petition will be granted. In general, BPG 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 BPG requires all authors of each paper to declare any conflicting interests (including but not limited to commercial, personal, political, intellectual or religious interests) on the title page that are related to the work submitted for consideration of publication.

**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 checklist to the system.



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

**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.** BPG's Open-Access policy and statement for each article is: 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.** Only one corresponding author is allowed. Designation of co-corresponding authors is not permitted. 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, and the corresponding author's relevant 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](mailto:astarnaw@uci.edu)

### 3 WRITING REQUIREMENTS OF MAIN TEXT

**3.1 Abstract.** An informative, structured abstract of no less 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?*

**Kind reminder:** Does the abstract’s overall content match that of the main and short titles? Is it structured according to the format shown above?

**3.2 Key words.** The ‘Key words’ list will provide 6 keywords that reflect the main content of the study that are selected mainly from the MeSH Tree (<https://meshb.nlm.nih.gov/search>). The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon. For example:

**Key words:** Colorectal cancer; Epigenetic analysis; Case report

**3.3 Copyright.** BPG's Copyright policy and statement for each article is: © **The Author(s)**

2020. 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 file, 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.
- 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

**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) =  $6.4 \pm 2.1$  mmol/L; blood CEA mass concentration,  $p$  (CEA) = 8.6-24.5 g/L; CO<sub>2</sub> volume fraction, 50 mL/L CO<sub>2</sub>, not 5% CO<sub>2</sub>; 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 or spaces. The format for how to accurately write common units and quantities 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 should be used rather than magnification factors, with the length of the bar defined in the legend

text rather than on the bar itself. 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 in the figure legend has to be provided.

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 BPG 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 copyrights. For example, “**Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×).** A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. **Citation:** Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese

herbal medicine formula on non-alcoholic fatty liver disease. *World J Gastroenterol* 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc."

If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

**4.3 Tables.** Tables must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc.). A brief, one-line title must be provided for each table. Detailed legends should not be included under tables, instead having the information presented in the main text where applicable; the information should complement, but not duplicate the text. Use one horizontal line under the title, a second under the column headings, and a third below the last row of the Table (being above any footnotes). Vertical lines and italics should be omitted.

Please note that tables embedded as Excel files within the manuscript are NOT acceptable. Tables made in Excel should be copied and pasted into the manuscript Word file. All tables will be located at the very end of your article document, following the figures. Any tables submitted that are longer/larger than two pages will be published as online-only supplementary material.

Tables must be primarily cell-based and fully editable. Do not use the following to organize data or structure the table: (1) Returns ("Enter" key); (2) Tabs; (3) Spaces; (4) Colored text; (5) Cell shading; and (6) Cells within cells. The software used should be Word (preferred) or Excel. BPG does not allow for graphics, boxes, or embedded tables to appear in the main body of the manuscript.

**4.4 Notes in illustrations and tables.** Data with statistical significance in a figure or table should be denoted using superscripted alphabetical lettering, such as <sup>a</sup>*P* < 0.05 and <sup>b</sup>*P* <



0.01. If there are other series of  $P$  values, the alphabetical subscripted denotation format is continued, such as  $^cP < 0.05$  *vs* control,  $^dP < 0.01$  *vs* control,  $^eP < 0.05$  *vs* group A, and  $^fP < 0.01$  *vs* group B. Data that are not statistically significant should not be denoted, *i.e.*,  $P > 0.05$  is not an allowed denotation.

Other notes in tables or under illustrations should be expressed as  $F^1$ ,  $F^2$ ,  $F^3$ , or sometimes as other superscripted symbols (Arabic numerals). In a multi-curve illustration, each curve should be labeled with  $\bullet$ ,  $\circ$ ,  $\blacksquare$ ,  $\square$ ,  $\blacktriangle$ ,  $\triangle$ , *etc.*, in a specified sequence.

**4.5 Abbreviations.** Standard abbreviations should be defined in the abstract and in the main body of the manuscript upon first mention in the text. In general, terms should not be abbreviated unless they are used two times or more and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA and mAb, do not need to be defined and can be used directly.

**4.6 Italics.** Quantities:  $t$ , time or temperature;  $c$ , concentration;  $A$ , area;  $l$ , length;  $m$ , mass;  $V$ , volume. Genotypes: *gyrA*, *arg 1*, *c myc*, *c fos*, *etc.* Restriction enzymes: *EcoRI*, *HindI*, *BamHI*, *Kbo I*, *Kpn I*, *etc.* Biological nomenclature: *H. pylori*, *E. coli*, *etc.* Latin terms: *i.e.*, *e.g.*, *via*, *etc.*

**4.7 Acknowledgements.** Brief acknowledgements of persons who have made genuine contributions to the manuscript and who endorse the data and conclusions should be included. The name of commercial companies, such as English language editing companies, should not be present in this section.



**4.8 References.** Case Report should be composed of detailed contents, comparisons, and evaluations in relation to other published relevant articles, and an in-depth discussion. Case Reports generally have 30–60 references. Please don't use informal publications. For seminal references, however, the publication date is not strictly limited. You should always cite references that are relevant to your article. Citing more than five references in a single citation, even when separated by a hyphen, should be avoided; for example [1–6], [2–14], and [1,3,4–10,22] are all considered inappropriate reference citations. Moreover, authors should not cite their own unrelated published articles. Citation of references not indexed on PubMed is discouraged, but if a reference that is not indexed by PubMed is necessary, you must provide BPG with a printed copy of the first page of the full article. Please update the format of all the references according to the Format for references guidelines. The accuracy of the information of journal citations is very important. We will interlink all references with DOIs in an XML file, so that readers can immediately access the abstracts of cited articles online.

Authors have to highlight the unstructured references with yellow color, including In Press Article, Books, Conference Proceedings, Patents, Deposited Articles, Published Media, New Media, Masters' Theses or Doctoral Dissertations, Databases and Repositories, and Multimedia.

This section includes Coding system, PMID and DOI, Style for journal references, Style for book references, and Format for references (Examples). Specific requirements are as follows:

#### (1) *Coding system*

The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces. For example, "Crohn's disease (CD) is associated with increased intestinal

permeability<sup>[1,2]</sup>.” If references are cited directly in the text, they should be included with the direct citation content within the text; for example, “From references<sup>[19,22-24]</sup>, we know that...”. Before submitting your manuscript, please ensure that the order of citations in the text is the same as in the references section, and also ensure the spelling accuracy of the authors’ names. Do not list the same citation twice (*i.e.*, with two different numbers).

#### **(2) PMID and DOI**

Please provide the PMID number, which is the serial number that roots the abstract for that publication into the PubMed index, and the CrossRef DOI® (Digital Object Identifier) name, which is a unique string created to identify a piece of scholarly content in the online environment for each reference in the References section. The PMID number can be found at <http://www.ncbi.nlm.nih.gov/pubmed> and the DOI name at <http://www.crossref.org/SimpleTextQuery/>. The numbers will be used in the electronic (E)-version of the manuscript.

#### **(3) Style for journal references**

For authors’ names, the name of the first author should be typed in bold letters; the family (sur)name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Lian-Sheng Ma and Bo-Rong Pan will be written as Ma LS and Pan BR. The title of the cited article will be written in sentence case. The journal title will be written in its abbreviated form (as shown in PubMed) in italics and followed by the article publication information (not italicized), including the publication date, volume number (in bold numbers), and start page through end page (separated by a hyphen, with no space). The PMID and DOI will follow this information and be written as [PMID: 11819634 DOI: 10.3748/wjg.13.5396].

#### **(4) Style for book references**

For the authors’ names, the name of the first author should be typed in bold letters. The family (sur)name of all authors should be typed with the initial letter capitalized, followed by their abbreviated middle and first initials. The book title will follow the

authors' names and not be italicized. The publication information will follow, written as punctuated here: publication number, publication place: publication press, year: start page-end page.

BPG uses the reference style outlined by the International Committee of Medical Journal Editors (ICMJE), also referred to as the "Vancouver" style. Example formats are listed below. Additional examples are in the [ICMJE sample references](#).

Journal name abbreviations should be those found in the [National Center for Biotechnology Information databases](#).

## PRINT JOURNALS

**English-language journal articles (list all authors and include the PMID and DOI, where applicable):**

1 Ma L, Chua MS, Andrisani O, So S. Epigenetics in hepatocellular carcinoma: An update and future therapy perspectives. *World J Gastroenterol* 2014; 20: 333-345 [PMID: 24574704 PMCID: PMC3923010 DOI: 10.3748/wjg.v20.i2.333]

**Chinese-language journal articles (list all authors and include the PMID and DOI, where applicable):**

2 Zhang ZM, Deng H, Zhang C, Yu HW, Liu Z, Liu LM, Wan BJ, Zhu MW. Strategies for diagnosis and treatment of benign and malignant colorectal obstruction. *Shijie Huaren Xiaohua Zazhi* 2017; 25: 2597-2604 [DOI: 10.11569/wcjd.v25.i29.2597]

## In press articles:

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

### Conference papers:

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 journals (list all authors):**

15 Huynen MMTE, Martens P, Hilderlink 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****Patents (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-pe>



nguins-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/>.

#### **MASTERS' THESES OR DOCTORAL DISSERTATIONS**

**21 Wells A.** Exploring the development of the independent, electronic, scholarly journal. M.Sc. Thesis, The University of Sheffield. 1999. Available from: <http://cuminad.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](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.

#### **5 ETHICS AND RELEVANT DOCUMENT(S) REQUIRED FOR CASE REPORT**

First, for all manuscripts involving animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. **This is mandatory and is one of the determining factors for whether or not the manuscript will be sent for peer review or finally accepted.** The approved ethics document(s) will be released online, together with the manuscript. If animal studies received waiver of the approval requirement from the ethics committee,



the author(s) must provide an official statement to this effect by the ethics committee.  
The ethics and relevant document(s) required for Case Report are described as follows:

Manuscript Type	Name(s) of ethics and relevant documents required	Sample
Case Report	<p>(1 of 4) Signed Consent for Treatment Form(s) or Document(s)</p> <p>Please upload the primary version (PDF) of the Consent for Treatment Form(s) or Document(s) that has been signed by the patients in the study, prepared in the official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, <i>etc.</i> For guidelines on informed consent, please visit: <a href="https://www.wjgnet.com/bpg/GerInfo/287">https://www.wjgnet.com/bpg/GerInfo/287</a>.</p> <p><b>Note:</b> To obey the publication ethics and improve the protection of all patients' rights to privacy, the authors should provide the informed consent form on which the patient's name, birthday, address, ward, bed number, hospital number and other private</p>	<a href="#">Download</a>

	information are obfuscated.	
	<p>(2 of 4) <b>Conflict-of-Interest Disclosure Form</b></p> <p>Please download the fillable ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF), fill it in, and then upload the completed PDF version to the system.</p> <p><b>Note:</b> The Corresponding Author is responsible for filling out a Conflict-of-Interest Disclosure Form.</p>	<a href="#">Download</a>
	<p>(3 of 4) <b>Copyright License Agreement</b></p> <p>Please upload the PDF version of the Copyright License Agreement Form that has been signed by all authors.</p>	<a href="#">Download</a>
	<p>(4 of 4) <b>CARE Checklist - 2016: Information for writing a case report</b></p> <p>In order to improve the quality of Case report manuscripts, authors should:</p> <ol style="list-style-type: none"> <li>1) Download the 'CARE Checklist - 2016: Information for writing a case report' before the peer review process;</li> <li>2) Complete the checklist to ensure that the manuscript meets the requirements of the CARE Checklist - 2016: Information for writing a case report;</li> <li>3) State on the title page of the manuscript that the guidelines of the "CARE Checklist - 2016: Information for writing a case report" have been adopted;</li> </ol>	<a href="#">Download</a>

	4) And, upload the PDF version of the completed checklist to the system.	
--	--	--

## 6 LANGUAGE EDITING FOR MANUSCRIPTS SUBMITTED BY NON-NATIVE SPEAKERS OF ENGLISH

We will, with the right attitude and approach, cooperate with authors who are not native speakers of English so that they may successfully complete the final publication of their manuscripts. Quality control of a manuscript's language is not negotiable with the BPG or any of its journals. The language of the manuscript must meet the requirements of academic publishing.

For manuscripts submitted by non-native speakers of English, the authors are required to provide a language editing certificate which will serve to verify that the language of the manuscript has reached grade A. Before the manuscript is finally published, the language of the manuscript must also pass the proofreading test by an English language editor (native or non-native) who will be designated at the discretion of the journal's editorial office.

We strongly recommend that authors use language editing services provided by the following biomedical editing companies, based on their good reputation and reliable quality:

**Filipodia Publishing, LLC:** <http://www.filipodia.com/>

**MedE Editing Group:** <http://meditorexpert.com>

**American Journal Experts:** <http://www.aje.com>

**Nature Publishing Group Language Editing:** <http://languageediting.nature.com>

These companies often provide several different types of language editing services, typically including proofreading, standard editing, extensive editing and rewriting. We strongly recommend that authors use the extensive editing service so as to completely address the language problems of the manuscript. For example, extensive editing will



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

involve editing the manuscript for proper grammar and spelling and the correct usage of articles, prepositions, conjunctions, abbreviations, punctuation, italic font of Latin words, biomedical terms, tenses, active voice and passive voice, and sentence structure, as well as checking of the academic rules and norms, and for scientific misconduct, details of the materials and methods, manuscript integrity, manuscript title appropriateness, logical organization of the Introduction, Results and Discussion sections, and image features.

After authors confirm the revisions made during the professional editing process, the companies listed above should provide authors with an official manuscript language editing certificate, through which the company guarantees that the language of the manuscript has reached grade A.

## **7 COPYRIGHT LICENSE AGREEMENT**

### **7.1 The following should be noted when all authors sign this agreement:**

- (1) Authors are prohibited from making any changes to the COPYRIGHT LICENSE AGREEMENT without the prior consent of the BPG editorial board. If authors have any different opinions about the copyright license agreement, they should contact the editorial office before making any changes to it.
- (2) All authors should sign their names on a single page, in the order that they appear on the title page of the manuscript; multiple signature pages are not acceptable. After all authors have provided their signatures, please return the single completed page (in PDF format) to the editorial office. Delivery of a printed version of the copyright license agreement or faxing of the copyright license agreement is not acceptable. This agreement will be released online together with the published article.
- (3) Each author must sign his/her name and date himself/herself. Others are not allowed to sign the agreement on behalf of authors. If this situation is found to have occurred, the manuscript will be withdrawn immediately, all of the authors will be placed onto a publication blacklist for any journal published by the BPG, and any submissions to

journals published by the BPG will not be considered or accepted for publication.

**7.2 Application for copyright license agreement will be made by written declaration of and attestation to the following.**

- (1) ©The Author(s):** The copyright on any open access article in a journal published by BPG is retained by the author(s).
- (2) Author(s) grant BPG permission to publish the article:** Author(s) grant BPG license to publish the article and identify itself as the original publisher.
- (3) Author(s) grant copyright permission:** This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (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/>
- (4) Simultaneous submission statement:** Author(s) certify that the manuscript is not simultaneously being considered by other journals nor is already published elsewhere.
- (5) Academic misconduct statement:** Author(s) certify that the manuscript has no redundancy, plagiarism, data fabrication, or falsification.
- (6) Conflict of interest statement:** Author(s) certify that there is no conflict of interest related to the manuscript. If any potential conflict-of-interest exists, author(s) certify that it is fully disclosed.
- (7) Ethics statement:** Author(s) certify that all experiments involving animals and human subjects were designed and performed in compliance with the relevant laws regarding humane care and use of subjects.
- (8) Referenced figures and tables authorization statement:** Author(s) certify that the manuscript's content is original, with all information from other sources appropriately

referenced, and that specific permission has been granted in writing by any existing copyright holders prior to publication and is clearly cited and available.

**(9) Author(s) grant BPG permission to use the published articles exclusively:** Author(s) grant exclusive copyright ownership to BPG for all formats of the manuscript, including print and electronic formats, English and non-English language formats, and subsequent editions such as Erratum, in addition to all rights for (1) granting permission to republish or reprint the materials in whole or in part, with or without a fee, (2) printing copies for free distribution or for sale, and (3) republishing the materials in a compendium or in any other format.

**(10) Author(s) grant BPG permission to publish manuscript-related documents:** Author(s) grant permission to BPG to publish manuscript-related documents (*e.g.*, peer review report, answers to reviewers, CrossCheck report, signed copyright license agreement, *etc.*) at the same time that the manuscript is published online.

**(11) Author(s) declare that the language of the manuscript is correct and free of language errors:** Author(s) certify that the manuscript contains no errors in grammar, syntax, spelling, punctuation, or logic.

**(12) Author(s) declare that the figure(s) and table(s) are quoted correctly:** Author(s) certify that all figures and tables have been correctly placed and clearly identified, and meet the journal's standards of high-resolution quality.

**(13) Author(s) declare that the references are cited correctly:** Author(s) certify that the references are numbered according to their order of appearance in the main text of the manuscript.

## 8 CONSEQUENCES OF MODIFICATIONS AFTER THE FORMAL ACCEPTANCE

After the author(s) sign the copyright license agreement and the journal's Editor-in-Chief and the company's Editor-in-Chief accept the manuscript for publication, no modification is allowed to be made by the author(s) to the author list (including names,



order, or affiliations), corresponding author's information, author contributions, or funding information.

If such modification by the author occurs, the manuscript will be withdrawn in accordance with the BPG's authorship policy, the International Committee of Medical Journal Editors, and the Committee on Publication Ethics, and the responsibility will be borne by the first author and the corresponding author, who will also be included in the list of perpetrators of academic misconduct. If the publication fee has been paid, it will be forfeited to BPG in full and will not be returned to the author(s).

#### **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 rarely recognized.
- Describe rare or novel adverse drug reactions.





**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

- 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 pharmacoeconomic 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>