NAZARBAYEV UNIVERSITY

SCHOOL OF MEDICINE

Советы по написанию медицинских статей: Клинические Случаи (Case Reports)

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Почему важно писать клинические случаи!

- Опыт анализа случаев и навыки оформление научных статей
- Карьерный рост не только в практическом направление, но и в академическом
- Предстоящие гранты, научно-практические стажировки и т.д. всегда требуют наличие статей и h-индекса

Cureus
Open Access
Editorial
DOI: 10.7759/cureus.1964

The Importance of Writing and Publishing Case Reports During Medical Training

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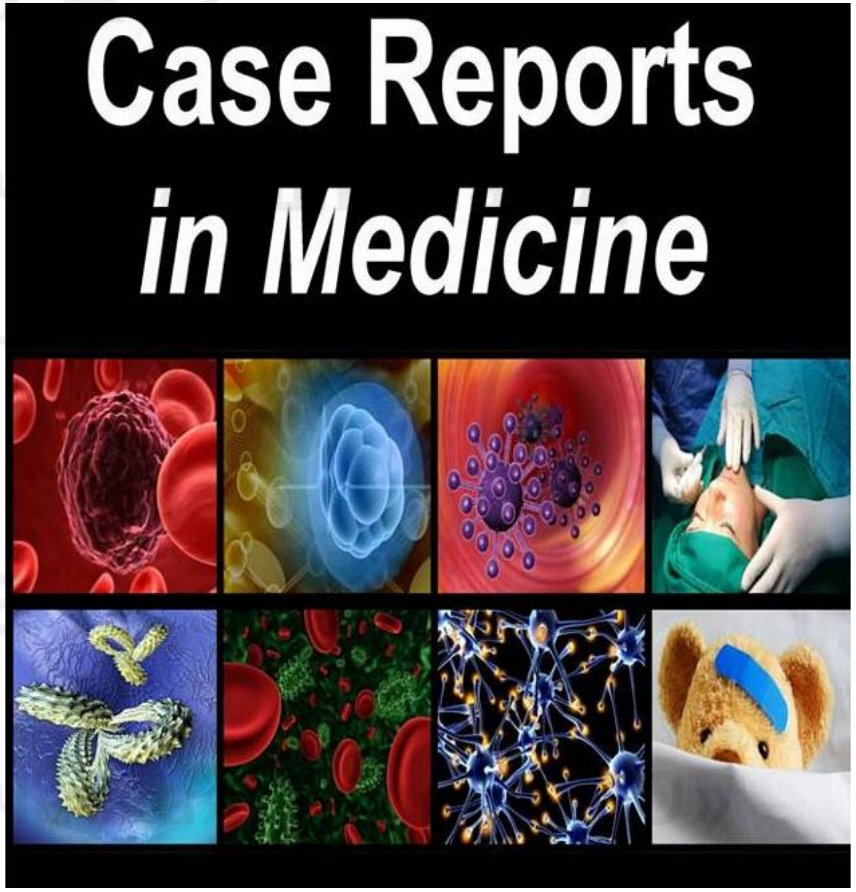
Disclosures can be found in Additional Information at the end of the article

Abstract

Case reports are valuable resources of unusual information that may lead to new research and advances in clinical practice. Many journals and medical databases recognize the time-honored importance of case reports as a valuable source of new ideas and information in clinical medicine. There are published editorials available on the continued importance of open-access case reports in our modern information-flowing world. Writing case reports is an academic duty with an artistic element. Unfortunately, few physicians-in-training receive formal education on what constitutes a publishable case report. This article emphasizes that the medical education community, specially the graduate medical education community, should be aware of the importance of writing and publishing good quality case reports.

Case Report - Клинический случай

- Клинический случай - это подробное описание о симптомах, признаках, диагностике, лечении и наблюдении за пациентом. Клинические случаи могут содержать демографические данные пациента, но обычно описывают необычное или новое явление.



Совет №1: Определите категорию вашего клинического случая

- Неожиданная связь между заболеваниями или симптомами
- Неожиданное событие в ходе наблюдения или лечения пациента
- Выводы, которые проливают новый свет на возможный патогенез болезни или неблагоприятный эффект
- Уникальные или редкие признаки заболевания
- Новые диагностические возможности
- Уникальные терапевтические или хирургические подходы
- Позиционное или количественное изменение анатомических структур
- Другие …..

BMJ Case Reports is interested in any case that fulfils the following criteria:

- Reminder of important clinical lesson
- Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
- Learning from errors
- Unusual presentation of more common disease/injury
- Myth exploded
- Rare disease
- New disease
- Novel diagnostic procedure
- Novel treatment (new drug/intervention; established drug/procedure in new situation)
- Unusual association of diseases/symptoms
- Unexpected outcome (positive or negative) including adverse drug reactions
- Global health - NEW
- *Images in...*1 or 2 striking and/or clinically important images with a brief (less than 500 word) description

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;
- 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 diseases;
- 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.

Новое лечение (новый препарат / вмешательство, установленный препарат / процедура в новой ситуации)

Journal of Medical Ultrasonics
https://doi.org/10.1007/s10396-018-0914-x

CASE REPORT

High-intensity focused ultrasound ablation: a non-surgical approach to treat advanced and complicated liver alveococcosis

Nurlan Zhampeissov[1,2] · Erlan Manap[1] · Kulsara Rustemova[2] · Galina Fedotovskikh[3] · Turlybek Tuganbekov[2] · Suindyk Imankulov[1] · Abduzhappar Gaipov[4]

Received: 4 July 2018 / Accepted: 11 October 2018

Abstract
Liver alveococcosis is a life-threatening parasitic disease with progressive growth and wide metastasis to neighboring tissues, lungs, and brain. The radical treatment option is surgery along with a few chemical therapies. However, the frequency of progression and recurrence, as well as postoperative complications and mortality, remains very high. The high-intensity focused ultrasound (HIFU) treatment system, a therapeutic application using ultrasound to deliver heat or agitation into the body, was initially designed to treat cancer. Advanced and complicated forms of liver alveococcosis usually require surgical treatment to provide partial ectomy of necrotized liver tissue along with alveococcal caverns and sanitation of the peritoneal cavity. In this article, we presented a case of successful HIFU ablation with transhepatic puncture and drainage in treatment of complicated and advanced liver alveococcosis to avoid wide surgical treatment.

Keywords High-intensity focused ultrasound (HIFU) · Liver alveococcosis · HIFU ablation

Novel treatment (new drug/intervention; established drug/procedure in new situation)

Massive haematuria successfully managed by intravesical ankaferd in a haemodialysis patient complicated with disseminated intravascular coagulation

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SUMMARY
Massive haematuria is a life-threatening condition, demanding immediate management of bleeding. The mortality is very high in the case of delayed management of bleeding, especially in elderly patients with concomitant comorbidity. The treatment options of haematuria are wide, and depend on underlying conditions. However, therapeutic choices are limited in the presence of massive and intractable haematuria caused by disseminated intravascular coagulation (DIC). Ankaferd blood stopper (ABS) is a novel, commercially available, haemostatic agent, which has been approved by the Ministry of Health for local use in Turkey. Here, for the first time in the literature, we report a case of diffuse intravesical bleeding stopped by intravesical use of ABS in a 72-year-old man, haemodialysis patient complicated with sepsis and DIC.

BACKGROUND

Thymus Vulgaris, 9 mg *Glycyrrhiza Glabra*, 8 mg *Vitis Vinifera*, 7 mg *Alpina Officinarum* and 6 mg *Urtica Dioica*, in a 100 ml of Ankaferd solution.[5] It is usually applied to stop superficial bleeding. The basic mechanism of action of ABS is the rapid induction of protein network in human blood that provides focal points for vital erythrocyte aggregation without affecting the coagulation factors.[6] Here, for the first time in the literature, we report a case of massive haematuria which was stopped by intravesical ABS irrigation.

CASE PRESENTATION

A 72-year-old man who was undergoing maintenance haemodialysis for 5 months was admitted to our nephrology inpatient unit with complaints of weakness, anorexia, weight loss, nausea and vomiting. The patient had prostate hyperplasia for which he had undergone transurethral resection operation. The aetiology for end stage renal disease (ESRD) was

ABS – Ankaferd blood stopper

Images in ……. Изображения в …….

Total Calcific Pancreatitis With Pancreolithiasis

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The authors have no financial or other conflicts of interest to disclose.

FIGURE 1

CASE PRESENTATION

A 43-year-old male patient was brought to the hospital emergency room because of severe abdominal pain and repeated vomiting for the previous 4 days. Similar episodes had occurred before, and medical history was remarkable in terms of long-term alcohol abuse. Laboratory tests showed serum potassium 2.52 mEq/L, sodium 123.1 mEq/L, ionized calcium 3.48 mg/dL, serum creatinine 8.22 mg/dL, urea 148.4 mg/dL, glucose 165.7 mg/dL and increased pancreatic enzymes (total amylase 176.4 U/L). Computerized tomography images of abdomen (Figures 1A and 1B, curvilinear and 3D reconstructions) showed gross changes of pancreas tissue including multiple diffuse calcifications of the head, body and tail of pancreas, and simultaneous calcification (formation of stones) in pancreatic duct.

To the best of our knowledge, there is one reported case of total calcific pancreatitis in the literature.[1] The most common cause of pancreatic stones might be an independent disease or secondary disease, because of chronic pancreatitis (for instance, pancreatic cysts, tumors, etc.) It is important to distinguish between cases with "pancreolithiasis" (calculi in the duct) and "pancreatic calcifications" (calculi in pancreatic tissue). The former is associated with high risk of acute pancreonecrosis, which requires urgent surgical treatment. In our case, calcific pancreatitis was combined with pancreolithiasis. The appropriate choice of surgical treatment is pancreas transplantation. Gastroenteroanastomosis could be proposed as palliative treatment.

REFERENCE

1. **Lee FJ, Raleigh J.** Images in clinical medicine. Tropical calcific pancreatitis. N Engl J Med 2011;365:1425.

BMJ Case Reports

Images in...

Blood-stream infection and atrial thrombus due to a buried and forgotten permanent haemodialysis catheter

Yalcin Solak,[1] Osman Koc,[2] Abduzhappar Gaipov,[1] Orhan Ozbek,[2] Zeynep Biyik,[1] Mehdi Yeksan[1]

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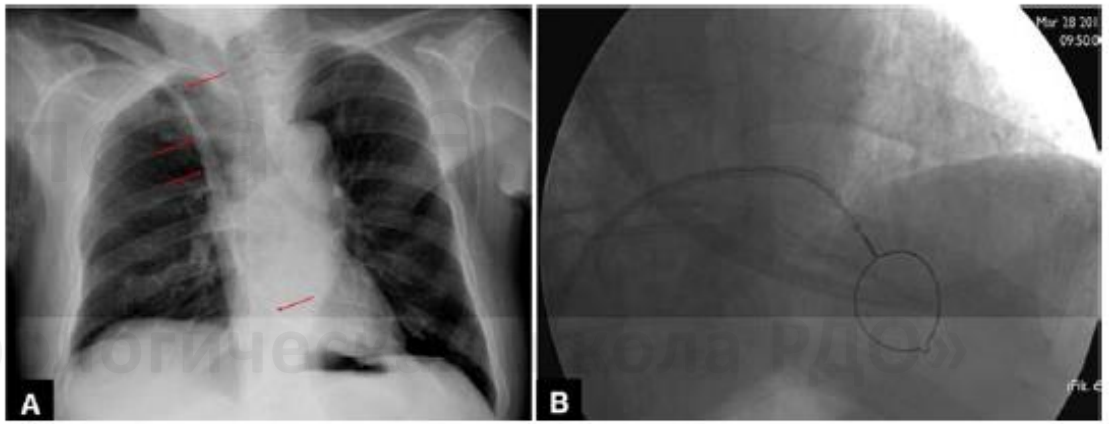

Unusual association of diseases/symptoms

Необычная ассоциация заболеваний / симптомов

Kaohsiung J Med Sci. 2013 Jun;29(6):337-42. doi: 10.1016/j.kjms.2012.10.008. Epub 2013 Jan 16.

Glomerulonephritis associated with tuberculosis: a case report and literature review.

Solak Y[1], Gaipov A, Anil M, Atalay H, Ozbek O, Turkmen K, Polat I, Turk S.

Exp Clin Transplant. 2013 Aug;11(4):358-60. doi: 10.6002/ect.2012.0153. Epub 2012 Nov 22.

Unintentional weight loss in a renal transplant recipient: do not overlook coeliac disease.

Solak Y[1], Gaipov A, Biyik Z, Ucar R, Biyik M, Esen H, Ataseven H, Turk S.

Korean J Intern Med. 2016 Jan;31(1):194-6. doi: 10.3904/kjim.2016.31.1.194. Epub 2015 Dec 28.

Co-existing proteinase 3-antineutrophil cytoplasmic antibody-associated vasculitis with immunoglobulin A nephropathy.

Kucuk A[1], Solak Y[2], Gaipov A[2], Bagcaci S[3], Esen H[4], Turk S[2], Tunc R[1].

BMJ Case Rep. 2013 Jan 25;2013. pii: bcr2012007442. doi: 10.1136/bcr-2012-007442.

Abdominal aortic pseudocoarctation associated with renal artery occlusion.

Solak Y[1], Biyik Z, Ozbek O, Gaipov A.

Describe life-threatening adverse events
Report new medical errors or medication errors

Ошибки в медицине

Indian J Crit Care Med. 2013 Jul;17(4):234-6. doi: 10.4103/0972-5229.118440.

Thrombotic thrombocytopenic purpura secondary to ABO group incompatible blood transfusion in a patient after cardiac surgery.

Solak Y[1], Selcuk NY, Gaipov A, Ucar R, Biyik Z, Acar K.

Author information

Abstract

The triggers of secondary thrombotic thrombopcytopenic purpura (TTP) include drug toxicity, radiation and high-dose chemotherapy, angioinvasive infections, surgery and acute graft versus host disease. TTP secondary to surgery have been reported in a number of cases. Most of the cases have been occurred after open heart surgery. Extensive endothelial damage is held responsible as the initiating mechanism in postoperative TTP cases. However, there is no report of secondary TTP describing development owing to ABO incompatible blood transfusion. Here, we describe a patient who developed TTP after transfusion of ABO incompatible blood during hospitalization for bypass surgery. We also propose a hypothesis which may account for the possible underlying mechanism.

Hemodial Int. 2013 Apr;17(2):320-3. doi: 10.1111/j.1542-4758.2012.00710.x. Epub 2012 May 28.

Heparin-induced thrombocytopenia in a hemodialysis patient treated with fondaparinux: nephrologists between two fires.

Solak Y[1], Demircioglu S, Polat I, Biyik Z, Gaipov A, Acar K, Turk S.

Author information

Abstract

Heparin-induced thrombocytopenia (HIT) is caused by heparin exposure and presents with reduced platelet count. Patients undergoing hemodialysis (HD) treatment have increased risk of developing HIT due to prolonged exposure to unfractionated heparin or low-molecular weight heparin. We report a 79-year-old male patient with end-stage renal disease who developed type-II HIT during maintenance HD. Platelet count of the patient decreased gradually and antiplatelet factor IV antibody was found to be positive. The patient was treated with fondaparinux and continued heparin-free HD. Unfortunately, despite favorable initial response without any thrombotic episodes, the patient died due to severe sepsis complicated by gastrointestinal hemorrhage.

PMID: 22631215 DOI: 10.1111/j.1542-4758.2012.00710.x

Совет №2: Решите, возможно ли опубликовать ваш клинический случай?

Для решения вопроса о возможности публикации клинического случая отметьте для себя основные критерии:

- В вашем клиническом случае описываются ли редкие, запутанные или новые диагностические признаки заболевания?
- Описывает ли ваш клинический случай терапевтические проблемы, споры или дилеммы?
- Описывает ли ваш клинический случай новую хирургическую процедуру?
- Сообщает ли ваш клинический случай, как препарат может улучшить хирургическую процедуру?
- Сообщает ли ваш клинический случай о новых медицинских ошибках или ошибках в лечении?
- В вашем клиническом случае описаны ли редкие или новые побочные реакции?
- Описывает ли ваш клинический случай терапевтическую недостаточность или отсутствие терапевтической эффективности?
- И другие …….

Совет №2: Решите, возможно ли опубликовать ваш клинический случай?

Необходимо убедиться, что подобный клинический случай очень редко встречается и еще не опубликован (или опубликовано, но редко):

- Подробный поиск литературы - *PubMed, Medline, ScienceDirect, Ovid, Embase* и даже поисковые системы, такие как *Google (Google Scholar)*, предоставят вам обширную информацию по вашей теме.
- Детализируйте поиск по вашей теме и изучите подробно то что вы нашли
- Если это приводит к очень немногим результатам поиска, это означает (при условии, что ваш метод поиска верен), что случай редок, и поэтому статья скорее всего будет опубликована.

А как быть если случай интересный, но уже имеются несколько публикаций ?

- Подробно изучите все случаи в литературе
- Найдите **ньюансы** и **отличительные моменты** между каждым случаем
- Если **ваш случай** имеет некоторые **особенности** по сравнению с другими, тогда систематизируйте все критерии и напишите **клинический случай с обзором литературы**

Гигантский камень мочеточника: наблюдение из практики и обзор литературы

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Таблица

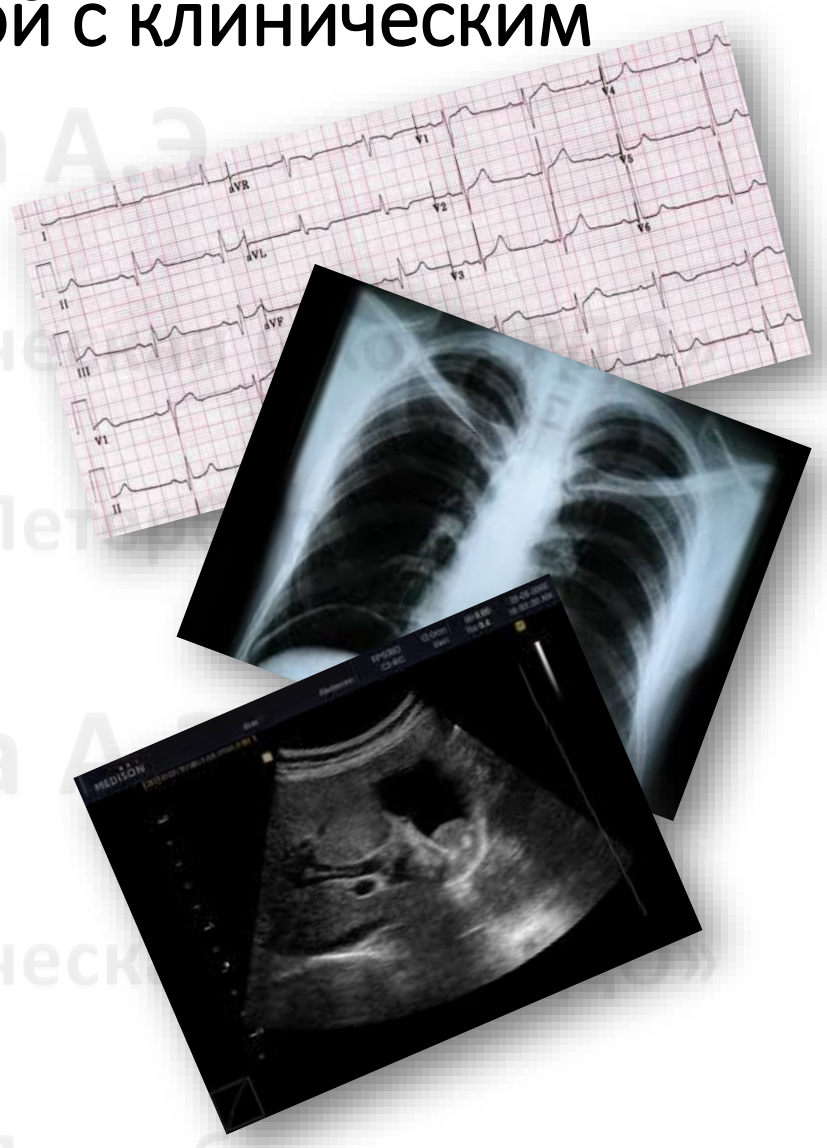
Наблюдения образования гигантских камней мочеточника

Автор	Возраст, пол пациента	Локализация камня	Клинические симптомы	Размер и масса камня	Сопутствующие урологические факторы	Обструктивная нефропатия / почечная недостаточность	Метод лечения	Состав камня
Colomb J. и соавт. [7]	43 года, мужчина	ЛМ	Боли в пояснице слева, дизурия	5×14 см	Ортотопическое уретероцеле	НП / нет	НУ	Оксалат кальция
Terai A. и соавт. [6]	37 лет, мужчина	ПМ	Боли в правой подвздошной области	4×3×3 см, 15 г	Доброкачественный полип уретры	УГ / нет	ОУ	Оксалат кальция
Sabnis R. и соавт. [3]	58 лет, мужчина	ЛМ	Лихорадка, боли в поясничной области слева в течение 15 дней	13 см в длину, 90 г	Камень левой почки	НП / нет	НУ	Кальция оксалат и фосфат
Metin A. и соавт. [5]	64 года, женщина	ПМ	Боли в поясничной области справа, анурия 3 дня	2×18 см, 26,9 г	Туберкулез мочевой системы, сморщенная левая почка с камнем	УГ / да	ОУ	Вевеллит и струвит
Kim H. и соавт. [13]	55 - лет женщина	ПМ	Боли в пояснице справа, слабость, тошнота, отсутствие аппетита	11×2×1.5 см , 45 г	–	УГ / нет	ОУ	магний, аммоний, кальций и апатит карбоната
Dominici A. и соавт. [12]	65-лет женщина	ЛМ	Лихорадка, учащенное мочеиспускание, тошнота, боли в левой половине поясничной области в течение 10 дней	10.5 см в диаметре вес 85 г	Удвоение почки слева и уретероцеле	УГ/ нет	ОУ с двойным уретеро-неоцистоанастомозом слева	Кальция оксалат (75%) и фосфат (25%)
Delakas D. и соавт. [14]	20 лет, женщина	ЛМ	Внезапно возникшие боли в животе в течение 4 ч	12 см	–	НП / нет	НУ	–
Eroglu M. и соавт. [10]	36 лет, мужчина	ПМ	Боли в поясничной области справа	9.6 см, 65 г	«уо-уо phenomenon», возникший вследствие неполного удвоения правой почки с образованием камня размером 2 см в верхней нефункционирующей половине	УГ / нет	ОУ и резекция почки	Магнезия аммония фосфат и оксалат кальция

Рис. 2. Удаленный гигантский камень мочеточника

A giant ureteral stone: case report and literature review. *Urologiia*, 2015 (6), 136-138.

Совет №3: Сбор информации, связанной с клиническим случаем



- **Используйте данные пациента**, чтобы записывать детали всех событий, то есть **историю, результаты обследования, результаты исследований** с датами и оперативные вмешательства, если таковые имеются, вместе с деталями фактических вмешательств и последующих действий

- **Используйте копии** - **не берите оригиналы** рентгенограмм, фотографий и т. д. (это единственные записи пациента для дальнейшего использования).

- **Проверьте все данные пациента**, такие как история и даты обследования пациента и снова убедитесь, что у вас все данные правильные.

Совет №4: Определение содержания клинического случая

Подведите итоговую информацию, которую вы собрали:

- Краткая история и важные и соответствующие положительные и отрицательные результаты с подробными исследованиями
- Лечение
- Состояние пациента после лечения
- Исключите не нужные данные, не относящиеся к особенностям данной случаи (например некоторые анализы которые не информативны в данном случае, такие как кал на яйца глисты, ВИЧ, RW, УЗИ других органов и т.д.)
- Предварительно составьте структуру по порядку - анамнез, данные осмотра и результаты исследований, лечения и исходы в отдельных параграфах.

Совет №5: Структура клинического случая – Титульный лист

Предлагаемый план разделов для клинического случая:

- ***Title page***
- ***Abstract/Summary***
- ***Introduction***
- ***Case Presentation***
  - *Patient's Examination/Identification*
  - *Medical History*
  - *Analysis of test results*
  - *Appropriate plan and analysis*
- *Differential Diagnosis*
  - *Support for conditions considered*
  - *Support for additional investigations*
- *Pathophysiology*
- *Treatment/Patient Management*
- ***Discussion***
  - *Etiology*
  - *Epidemiology*
  - *Prevalence*
  - *Complications*
  - *Prognosis*
  - *Ethical Dilemmas (if any)*
  - *Conclusion*
- ***References***
- ***Tables and Figures***

Case Report

High-intensity focused ultrasound ablation: A non-surgical approach to treat advanced and complicated liver alveococcosis

Nurlan Zhampeissov[1,2], Erlan Manap[1], Kulsara Rustemova[2], Galina Fedotovskikh[3], Turlybek Tuganbekov[2], Suindyk Imankulov[1], Abduzhappar Gaipov[4]

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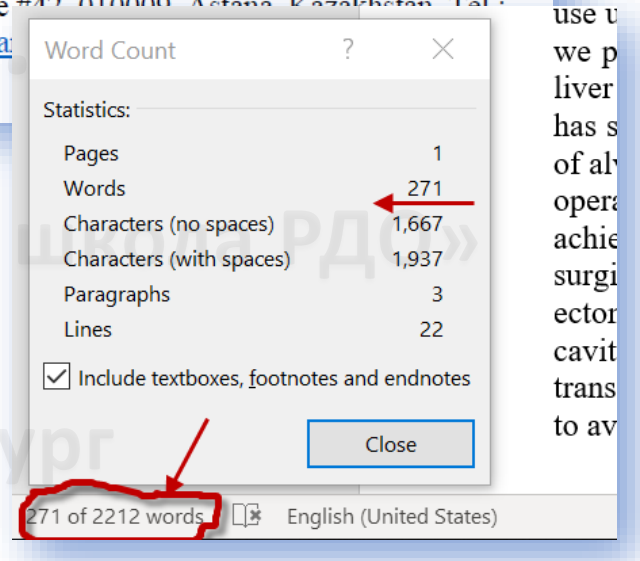

Word count:
Abstract: 132 words
Main text (without references): 2212 words
References: 22
Tables: 1
Figures: 5

Совет №6: Структура клинического случая - Абстракт

Предлагаемый план разделов для клинического случая:

- ***Title page***
- ***Abstract/Summary***
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ABSTRACT

Liver alveococcosis is the life-threatening parasitic disease with its progressive grow and widely metastasis to neighbor tissues, lungs and brain. The radical treatment option is surgery along with few chemical therapies. However, the frequency of progressions and recurrence, as well as postoperative complications and mortality is very high. The high-intensity focused ultrasound (HIFU) treatment system is therapeutic applications uses ultrasound to deliver heat or agitation into the body and was initially designed to treat cancer. Advanced and complicated forms of liver alveococcosis usually requires surgical treatment to provide partial ectomy of necrotized liver tissues along with alveococcal cysts and sanitation of peritoneum cavity. In this article, we presented a case of successful HIFU ablation with transhepatic puncture and drainage, in treatment of complicated and advanced liver alveococcosis, to avoid wide surgical treatment.

Keywords: High-intensity focused ultrasound (HIFU), liver alveococcosis, HIFU-ablation.

Абсракт должен быть представлен на отдельных листах. Объем абстракта не должен превышать 200 слов. Ключевые слова не должны превышать 5-ти слов. При выборе ключевых слов, авторы должны строго использовать Медицинские предметные рубрики (MeSH) и список IndexMedicus. В абстракте не должны использоваться сокращенные слова.

Совет №7: Структура клинического случая - Ведение

Предлагаемый план разделов для клинического случая:

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Следуйте правилу краткости!

- Укажите вопрос и его значение. Вы также можете процитировать некоторые статьи, которые уже ссылались на эту проблему.
- **Не забывайте упоминать, насколько редкий или уникальный данный случай.**
- суть и цель исследования должны быть четко определены

Вступление

- Содержание должно быть кратким и менее 3-4 абзацев:
- Предоставлять справочную информацию и соответствующие определения
  - Определения заболевания, его значимость и статистика
  - Описание новой процедуры, лечение, нового симптома
- Описания ранее существующих метод диагностики и лечения
  - их недостатки или неполноценность, или другие минусы
- Описать преимущество предлагаемой диагностики и лечения
- Укажите цель клинического случая

Совет №7: Структура клинического случая - Ведение

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- суть и цель исследования должны быть четко определены

INTRODUCTION

Alveococcosis is a natural focus disease, infectious agent of which is a helminth named Echinococcus multilocularis [1]. Unlike Echinococcus monolocularis, it is characterized with more unfavorable course, bad forecast and high mortality rate [2,3]. Liver alveococcosis is one of the life-threatening parasitic disease with its progressive grow and widely metastasis to neighbor tissues, lungs and brain [4-6]. It is not rarely called as "parasitic liver cancer", because of infiltrating growth and possibility to metastasis [7]. Along with few chemical therapies, the radical treatment option is surgery of affected area or liver transplantation [8-11]. Despite this, 20 years survival achieves less than 20% of infected patients [12,13].

The high-intensity focused ultrasound (HIFU) treatment system is therapeutic applications use ultrasound to deliver heat or agitation into the body, and widely used to treat cancer [14]. As we previously reported, HIFU-ablation has shown a high efficiency in noncomplicated cases of liver alveococcosis [15,16]. Morphological investigation of biopsy material after HIFU-ablation has shown a destructive effect on protoscolexes, laminar and cellular elements of germinal layer of alveococcosis lavrocysts[15,16]. The next stage after ablation of alveococcosis tumors was an operative removal of pathologically changed liver segments with alveococcal caverns, allowing to achieve good clinical results. However, in advanced and complicated liver alveococcosis, wide surgical treatment such as semi-hepatectomy or liver transplantation is required to provide partial ectomy of necrotized liver tissues along with alveococcal cysts and sanitation of peritoneum cavity. In this article, we presented a case of successful HIFU therapy in combination with transhepatic puncture and drainage, in treatment of complicated and advanced liver alveococcosis, to avoid wide surgical treatment.

Совет №8: Структура клинического случая – Описания случая

Предлагаемый план разделов для клинического случая:

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- Поскольку клинический случай обычно относится к одной или группе пациентов, этот раздел играет очень важную роль.
- Согласие пациента является очень важным моментом и обязательно следует упомянуть в статье.
- Получение согласия пациента является не только хорошей медицинской практикой, но и обязательным для большинства журналов, таких как BMJ (у которого есть собственная форма согласия на веб-сайте журнала).
- Случай обычно описывается в хронологическом порядке.
- Предоставьте результаты соответствующих исследований и лабораторных тестов, как правило, только те которые имеют непосредственно клинические и диагностическое значение, желательно с положительными результатами.

Совет №8: Структура клинического случая – Описания случая

Предлагаемый план разделов для клинического случая:

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Презентация пациента

Убедитесь, что презентация случая пациента обеспечивает достаточную детализацию для читателя, чтобы установить его истинность:

- Демографические данные пациента (возраст, пол, рост, вес и т. д.) - избегайте идентификации пациента (дата рождения, инициалы)
- Жалобы пациента
- Сопутствующие болезни пациента и медицинский / семейный / социальный / лекарственный анамнез до поступления
- Название, доза, лекарственная форма, вид и сроки введения каждого препарата
- Заверенные диагностические процедуры, которые уместны и поддерживают этот случай, и их основные результаты
- Фотографии гистопатологии, рентгенограмм, электрокардиограмм, кожных проявлений или анатомии
- Согласие пациентов и соблюдение институциональных руководящих принципов

Демографические данные, жалобы и анамнез

Лабораторно-диагностические данные

Консилиум специалистов

Протокол лечения

Результаты и успехи лечения

Case presentation

A 34-year-old male patient was admitted to our clinic with the complaints of epigastric pain, progressive faintness, absence of appetite, weakness, weight loss during the last 6 months, and typical symptoms of cholestasis (jaundice, dark urine, light-colored stools, and generalized itchiness). Baseline laboratory data (Table 1) confirmed the presence of cholestasis. The patient underwent contrast-enhanced abdominal computed tomography (CT) and ultrasound (US). Both liver CT and US investigations detected a mass with a liquid content in the right lobe of the liver (Figs. 1a, 2a) with an approximate length of 69 mm, height of 62 mm, width of 68 mm, and total volume of 153 ml. Approximately two-third of the right lobe of the liver tissue was affected by alveococcosis. A blood test for antibodies to alveococcosis was positive, confirming the diagnosis of liver alveococcosis.

Table 1 Baseline and control laboratory parameters

Laboratory parameters	Baseline data	After 7 months	Reference range
Bilirubin total, μmol/L	62.0	20.0	<22.2
Bilirubin direct, μmol/L	51.7	4.8	<5.1
ALT, μkat/L	1.60	0.64	<0.68
AST, μkat/L	0.80	0.58	<0.62
Serum protein total, g/L	69	74	66–87
Hemoglobin, g/L	125	140	130–160
WBC, $\times 10^9$/L	10.2	4.8	4.9–9.0
Eosinophils, %	10	3	0.5–5
ESR, mm/h	38	14	2–10

ALT alanine aminotransferase, *AST* asparagine aminotransferase, *WBC* white blood cells, *ESR* erythrocyte sedimentation rate

The patient consulted with surgeons, hepatologists, and other medical specialists to discuss different therapeutic approaches and possible complications, and it was ultimately decided to use multisession HIFU ablation to avoid large hepatobiliary surgery and risk of alveococcal seedings. After discussing the risk–benefits of HIFU therapy versus hepatobiliary surgery with the patient, we obtained signed informed consent from the patient and his relatives.

The treatment protocol with HIFU ablation was comprised of three sessions with 3-month intervals. HIFU ablation was performed on the JC Focused Ultrasound Therapeutic System (Chongqing HIFU Technology Company, China) under general anesthesia. A therapeutic lens with a diameter of 15 cm and radiation frequency of 0.9 MHz was employed. The course of the focused ultrasound was in the vertical direction and 5-mm slices were used. The time-averaged radiation intensity power was 250–300 W (Fig. 3). After the first session of HIFU ablation, the patient was discharged for outpatient follow-up. The patient was admitted to the hospital after 3 months to receive the second course of treatment with HIFU ablation. Three days after the second HIFU ablation, the patient underwent percutaneous transhepatic drainage of the alveococcal cavity with insertion of a 12F dual lumen catheter by the Seldinger technique (same as the intravascular technique) under ultrasound guidance and local anesthesia. The aspirated liquid was sent to morphological electron microscopical study. The examination of the puncture biopsy content showed the destruction of laminar and cellular elements of the germinal layer of alveococcosis larvocysts due to the cavitating and necrotizing effects of HIFU therapy (Fig. 4). In the outpatient clinic, the cavernous cavity was irrigated with an aseptic solution (dioxidine solution 1%) daily for 2 weeks, then alternate days during the next 9 weeks, and then twice a week with subsequent removal of the drainage. The last HIFU ablation was conducted 3 months after the second ablation. The patient's clinical condition significantly improved, and cholestatic symptoms disappeared during the overall 6 months (Table 1). On control liver CT and US, the area of the cavernous cavity changed to fibrous and calcifications without any liquid content. Compensatory hypertrophy of the liver left lobe was observed (Figs. 1a, 2b). The patient was followed up over the next 5 years with control liver CT and US. During the follow-up period, there were no signs of recurrence.

Результаты и успехи лечения

Совет №9: Структура клинического случая - Обсуждения

Предлагаемый план разделов для клинического случая:

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Этот раздел должен быть написан иначе, чем при других типах статей (в отличие от оригинальной статьи).

- Продолжайте поэтапно при написании обсуждения:
- Во-первых, объясните цель сообщения об этом случае.
- Опишите, что писали ранее другие, о состоянии или какой-либо связанной функции.

Заметка!

Будьте щедры в цитировании литературы, но не включайте ненужные детали.

- Самый важный момент, который следует отметить, - это то, что ваши рецензенты нуждаются в доказательстве редкости этого условия и научных объяснений.

Пример,

- Ответьте на эти вопросы в разделе «Обсуждение»:
- Опишите причину этого условия или почему была выбрана определенная процедура или функция.
- Как это повлияло на результат?
- Как он отличается от обычного и каковы ваши рекомендации?
- Есть ли уроки, которые нужно извлечь?

Заключение не всегда необходимо, но если это требуется, то подведите выводы в нескольких предложениях.

Совет №9: Структура клинического случая - Обсуждения

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Обсуждение

Обосновать уникальность случая в этом разделе:

- Сравните и сопоставьте нюансы клинического случая с обзором литературы
- Перечислите ограничения клинического случая и опишите их актуальность
- Подтвердите точность описания пациента в клиническом случае
- Обобщите основные признаки клинического случая
- Нарисуйте рекомендации и выводы

Заключение

Этот раздел должен быть кратким и не превышать один абзац:

- Предоставить обоснованный вывод
- Предоставить научно обоснованные рекомендации
- Перечислите возможности для исследований

DISCUSSION

To the best of our knowledge, this is the first case in the literature demonstrating successful implementation of HIFU-ablation followed with trans-hepatic drainage in the treatment of advanced and complicated liver alveococcosis, contributing to avoid wide hepatobiliary surgery.

Основная изюменька этого случая

Liver alveococcosis is a surgically dependent disease. The primary goal in the treatment of liver alveococcosis is a radical removal of a parasitic lump [17,8,13]. Unfortunately, alveococcosis is characterized by a long-term asymptomatic course and is frequently diagnosed at late stages, therefore in 60-70% it is impossible to perform a radical surgery[18,19].Applied methods of local destruction, such as radio frequency ablation, cryodestruction, plasma coagulation, laser irradiation are minimally invasive methods[20], however, efficacy of these palliative cares are disputable in advanced and complicated cases of liver alveococcosis. The efficiency of single antiparasitic therapy for alveococcosis without radical surgical treatment is low. Despite adjuvant antiparasitic therapy in combination with palliative surgery (as partial hepatectomy by 90% resection of alveolar lump) recurrence or progression was occurred in 12,5% during the 15 years follow-up [13].

Преимущество и недостатки сравниваемого метода лечение

The morphological study confirmed the existing opinion that, non-invasive remote effect of the HIFU-ablation causes destructive changes in protoscolexes, laminar and cell elements of the cuticular and germinal membrane of the alveococcosis larvocyst [15,21,22]. In our earliest study we demonstrated efficacy of HIFU -ablation in non-complicated cases as a pre-surgical preparation of patients [15]. Non-invasiveness and possibility of multiple application of HIFU-ablation allows to methodically separate the sites of damaged by alveococcosis liver parenchyma from the healthy one. This makes easy to remove almost "died" or "inactivated" alveococcosis via surgical approach.

Преимущество и недостатки предлогаемого метода лечение

In our current case, according to surgeon's opinion, it was not possible
resection of a parasitic lump, due to its large size, localization and patients clin
only available surgical approach was to perform either hemi-hepatectomy, wh
warrant possible recurrence, or liver transplantation, that was unable at this pe
HIFU-therapy, it was decided to be limited by abdominal drainage with fu
antiparasitic and symptomatic treatment. The third HIFU session, finally dest
regions and subsequently lead to right lobe fibrosis and left lobe compensatory
liver.

Using HIFU at complicated extended liver alveococcosis combined with percutaneous trans-hepatic drainage of cavernous cavity can be considered as an alternative method of the liver radical surgery. Clinical example given by us demonstrate that using of two-stage treatment tactics combining HIFU-therapy and minimally invasive drainage manipulations allow to achieve positive results. Further investigations need to assess patient's quality of life and long-term outcomes.

CONCLUSION

HIFU–ablation in combination with minimally invasive intervention as percutaneous liver drainage was effective in treatment of advanced and complicated liver alveococcosis with no recurrences or progression during the 5 years. This treatment approach might be preferred as alternative to wide hepatobiliary surgery in individual cases with liver alveococcosis.

Выводы

Совет №10: Структура клинического случая - Литература

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Раздел *литературы* чрезвычайно важен.

- Придерживайтесь стиля (Ванкувер, Гарвард и т. д.), который требуется вашему журналу. Кроме того, как упоминалось ранее, форматирование в значительной степени повлияет на принятие вашего отчета.
- Поэтому следите за всеми инструкциями по форматированию, связанными с полями, интервалом, нумерацией цифр и типом **английского** языка.

Проблема: разные журналы - разные стили.
Может быть решена с помощью программного обеспечения

EndNote, Mendeley, RefMan, Procite…

+ База данных по теме Вашего исследования
+ Автоматическая загрузка цитат из PubMed и т. д.
+ Легкая смена стиля практически для любого журнала

Совет №11: Структура клинического случая – Таблицы и Рисунки

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WBC, $x10^9$/L	10.2	4.8	4.9-9.0
Eosinophils, %	10	3	0.5-5
ESR, mm/h	38	14	2-10

Abbreviations: ALT – alanine aminotransferase, AST – asparagine aminotransferase, WBC – white blood cells, ESR - erythrocyte sedimentation rate.

FIGURE LEGENDS:

Figure 1. Contrast-enhanced computed tomography of alveococcosis mass in the left liver lobe before treatment (a) and computed tomography after 9 months of treatment (b).
In the contrast-enhanced liver CT image, alveococcosis mass of the right lobe of the liver determined as a solid hypodense and partially fluid formation of oval shape with relatively undefined and uneven contours (yellow arrow). After 9 months of the treatment, in control CT, alveococcosis mass transferred to fibrous tissue and the hypertrophy of the left lobe of the liver was also observed.

Figure 2. US of alveococcosis mass in the left liver lobe before treatment (a) and after 9 months of treatment (b).
In the B-mode ultrasound imaging, alveococcosis mass determined as a liquid content with approximate size of length 69 mm, height 62 mm and width 68 mm in the right lobe of the liver (panel a). This alveococcosis mass disappeared after the treatment in control B-mode ultrasound (panel b).

Figure 3. Illustrative screen-shot from HIFU–ablation during the procedure.
This is a real time working moment of HIFU-ablation of liver alveococcosis. In the left panel of the figure the point strike (the upper group of perpendicular lines) and the linear strike (lower group of square pictograms) of the focused high-intensity ultrasonic beams directed for ablation of the alveococcosis mass. At the same time, in the right panel of the figure, the "cloud" effect of HIFU is seen (yellow arrow). This is a hyperechoic region of the boiled alveococcosis caverns in response of ablation. The technical and therapeutic characteristics of HIFU-ablation at the time of treatment presented in the bottom part of the figure.

Figure 4. (a) Destruction of membranes and cell elements of alveococcosis larvocyst (Semithin section. Stained with methylene blue, azure – 2 and basic fuchsin. Magnification: 1x1000); (b) Destruction of the calcium-containing cell of germinal layer (Electron – diffraction photo – graph. Magnification: 1x7500)

Совет №11: Структура клинического случая – Таблицы и Рисунки

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  - *Ethical Dilemmas (if any)*
  - *Conclusion*
- ***References***
- ***Tables and Figures***

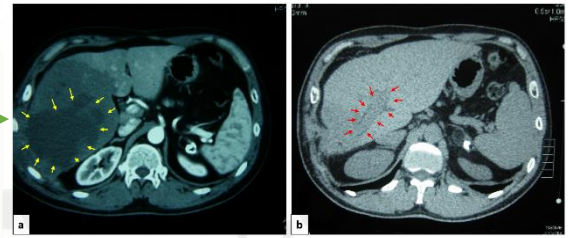
FIGURE LEGENDS:

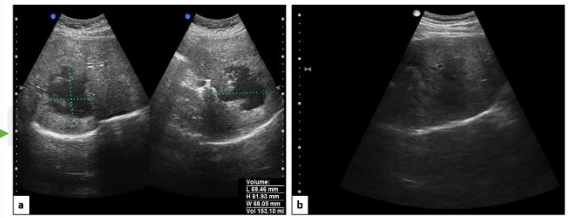
Figure 1. Contrast-enhanced computed tomography of alveococcosis mass in the left liver lobe before treatment (a) and computed tomography after 9 months of treatment (b).
In the contrast-enhanced liver CT image, alveococcosis mass of the right lobe of the liver determined as a solid hypodense and partially fluid formation of oval shape with relatively undefined and uneven contours (yellow arrow). After 9 months of the treatment, in control CT, alveococcosis mass transferred to fibrous tissue and the hypertrophy of the left lobe of the liver was also observed.

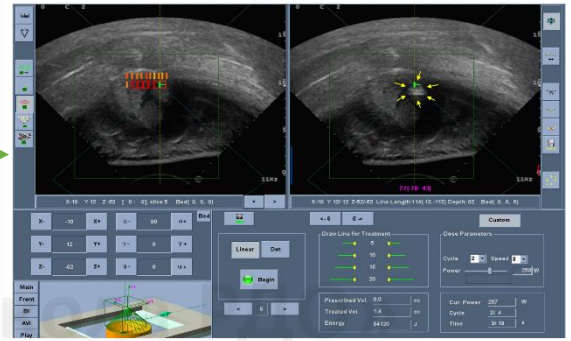
Figure 2. US of alveococcosis mass in the left liver lobe before treatment (a) and after 9 months of treatment (b).
In the B-mode ultrasound imaging, alveococcosis mass determined as a liquid content with approximate size of length 69 mm, height 62 mm and width 68 mm in the right lobe of the liver (panel a). This alveococcosis mass disappeared after the treatment in control B-mode ultrasound (panel b).

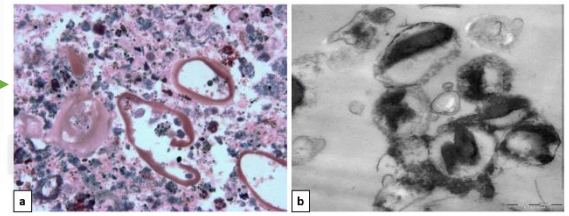
Figure 3. Illustrative screen-shot from HIFU–ablation during the procedure.
This is a real time working moment of HIFU-ablation of liver alveococcosis. In the left panel of the figure the point strike (the upper group of perpendicular lines) and the linear strike (lower group of square pictograms) of the focused high-intensity ultrasonic beams directed for ablation of the alveococcosis mass. At the same time, in the right panel of the figure, the "cloud" effect of HIFU is seen (yellow arrow). This is a hyperechoic region of the boiled alveococcosis caverns in response of ablation. The technical and therapeutic characteristics of HIFU-ablation at the time of treatment presented in the bottom part of the figure.

Figure 4. (a) Destruction of membranes and cell elements of alveococcosis larvocyst (Semithin section. Stained with methylene blue, azure – 2 and basic fuchsin. Magnification: 1x1000); (b) Destruction of the calcium-containing cell of germinal layer (Electron – diffraction photo – graph. Magnification: 1x7500)









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BMJ Case Reports: Submission template

TITLE OF CASE Do not include “a case report”
SUMMARY Up to 150 words summarising the case presentation and outcome
BACKGROUND Why you think this case is important – why did you write it up?
CASE PRESENTATION Presenting features, medical/social/family history
INVESTIGATIONS If relevant
DIFFERENTIAL DIAGNOSIS If relevant
TREATMENT If relevant
OUTCOME AND FOLLOW-UP
DISCUSSION Include a very brief review of similar published cases
LEARNING POINTS/TAKE HOME MESSAGES 3 to 5 bullet points – this is a required field
REFERENCES Vancouver style
FIGURE/VIDEO CAPTIONS figures should NOT be embedded in this document
PATIENT’S PERSPECTIVE Optional but encouraged

Совет №11: Выберите подходящий журнал

- Journal selection should be based on the type of your Case Report.

Совет №11: Выберите подходящий журнал

Озық мақалалар (Передовая статья)

- **How to publish biomedical research in “non-predatory” journals: a discussion and notes from experts**

Как публиковать биомедицинские исследования в «не хищнических» журналах: обсуждение и заметки экспертов

Askhat Myngbay, Zulfiya Orynbayeva, Kuat Oshakbayev, Abduzhappar Gaipov

J Clin Med Kaz 2018;2(48):6-8 **doi:10.23950/1812-2892-JCMK-00577**

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Бас Мақала / Передовая Статья / Editorial *DOI: 10.23950/1812-2892-JCMK-00577*

How to publish biomedical research in “non-predatory” journals: a discussion and notes from experts

Askhat Myngbay,[1] Zulfiya Orynbayeva,[2] Kuat Oshakbayev,[3] Abduzhappar Gaipov[4]

[1]Private Institution “National Laboratory Astana”, Nazarbayev University, Astana, Kazakhstan; [2]Department of Surgery, Drexel University College of Medicine, Philadelphia, PA, USA; [3]Metabolic Syndrome Department, Nazarbayev University Medical Center, Astana, Kazakhstan; [4]Department of Extracorporeal Hemocorrection, National Scientific Medical Center, Astana, Kazakhstan. On behalf of Editorial and Advisory Board of Journal of Clinical Medicine of Kazakhstan.

БИОМЕДИЦИНАЛЫҚ ЗЕРТТЕУЛЕРДІ «ЖЫРТҚЫШ ЕМЕС» ЖУРНАЛДАРДА ҚАЛАЙ ЖАРИЯЛАУҒА БОЛАДЫ: САРАПШЫЛАРДАН ТАЛҚЫЛАУ ЖӘНЕ ЕСКЕРТУЛЕР

Асхат Мынбай, Зұлфия Орынбаева, Қуат Ошақбаев, Абдужаппар Гаипов

КАК ПУБЛИКОВАТЬ БИОМЕДИЦИНСКИЕ ИССЛЕДОВАНИЯ В «НЕ ХИЩНИЧЕСКИХ» ЖУРНАЛАХ: ОБСУЖДЕНИЕ И ЗАМЕТКИ ЭКСПЕРТОВ

Асхат Мынбай, Зульфия Орынбаева, Куат Ошакбаев, Абдужаппар Гайпов

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Это полезно, чтобы просмотреть документы в предыдущих опубликованных выпусках и получить представление о типе исследований, затронутых в журнале.

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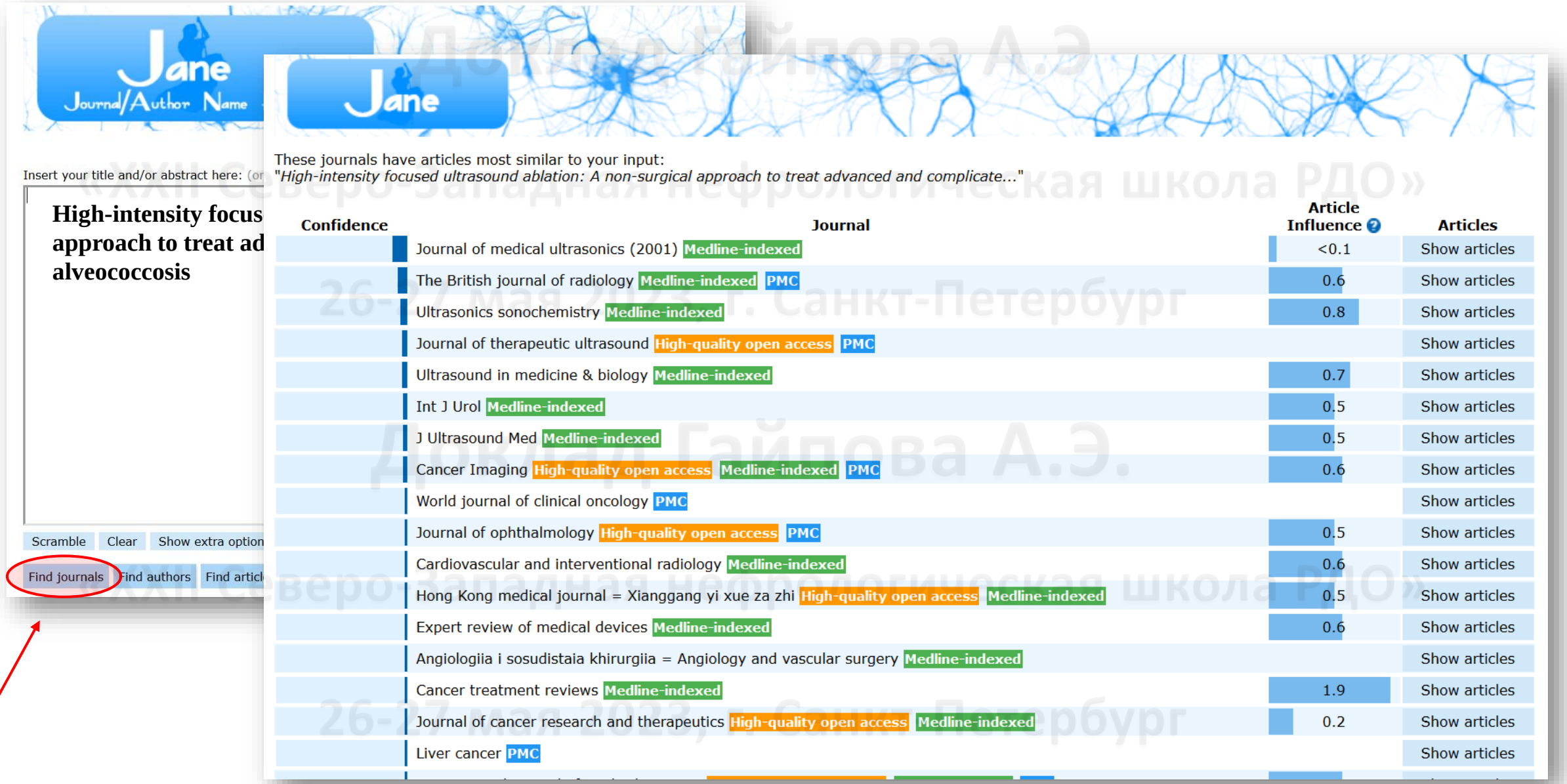

Journal of Medical Ultrasonics

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Revised: December 10, 2018

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Original written work will be accepted only with the understanding that it is being contributed solely to the Journal of Medical Ultrasonics.

Manuscripts are accepted for consideration with the understanding that they have not been published elsewhere except in abstract form and are not concurrently under review for any other publication.

Papers with subject matter that corresponds to all of the following as compared with a paper published previously or a similar paper currently under submission elsewhere shall be considered a duplicate submission:

1. The subject is basically the same.
2. The method is the same.
3. There are no new results/discussion.

Note that submission of a similar paper shall be regarded as a duplicate submission even if the previously published paper or paper currently under submission elsewhere is in another language.

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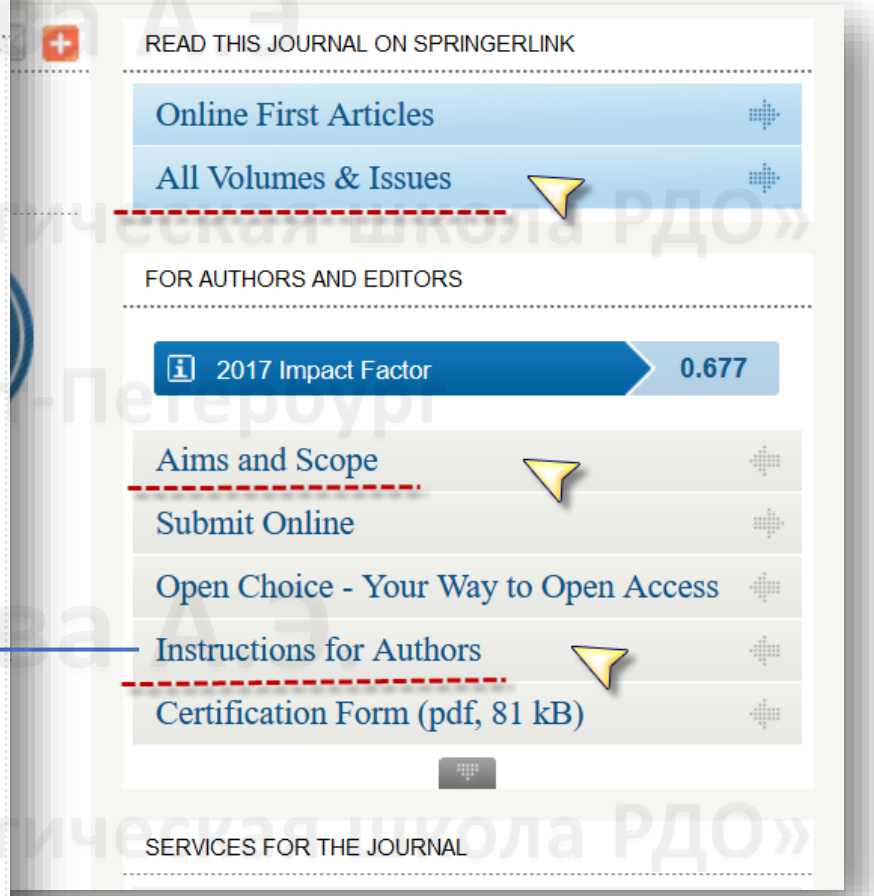

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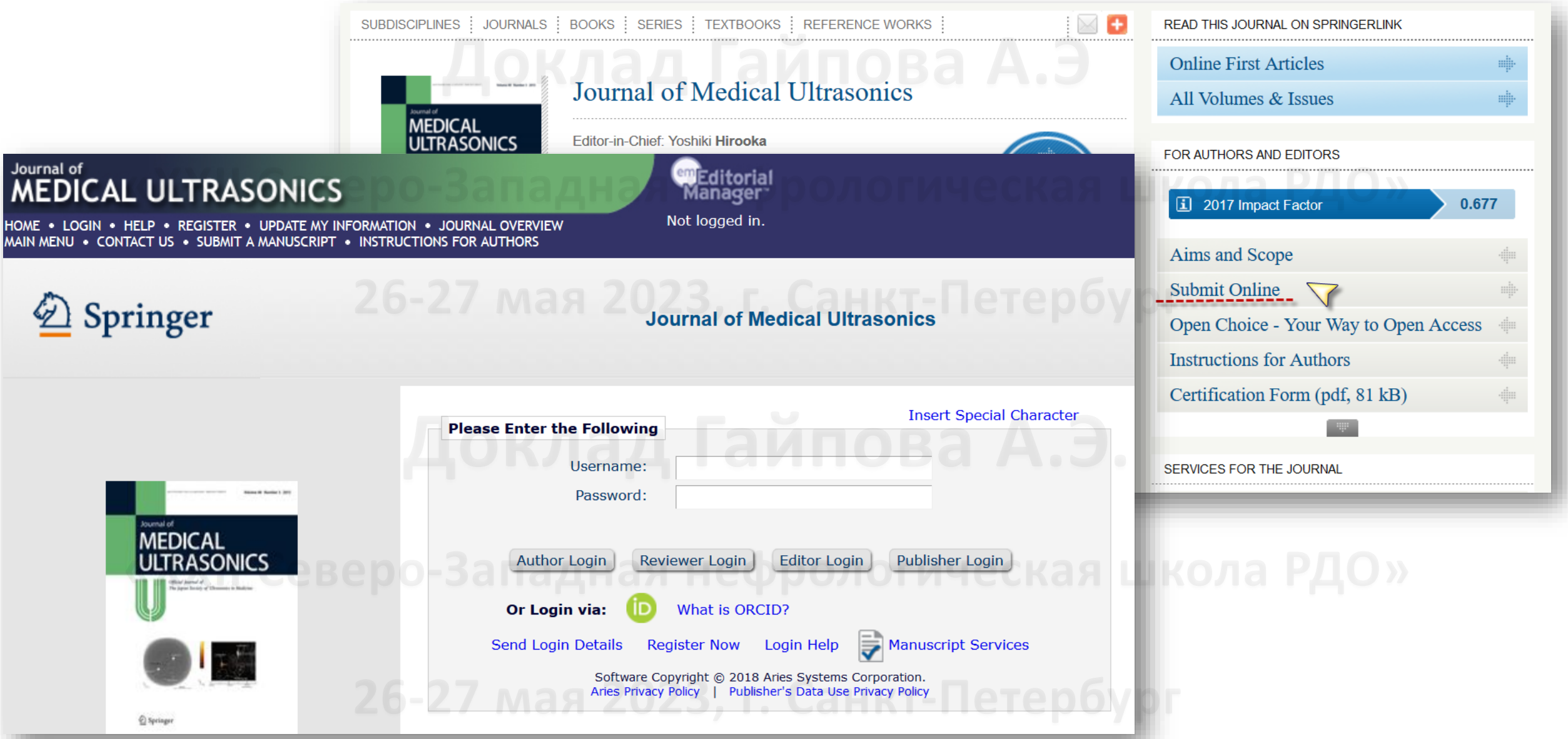
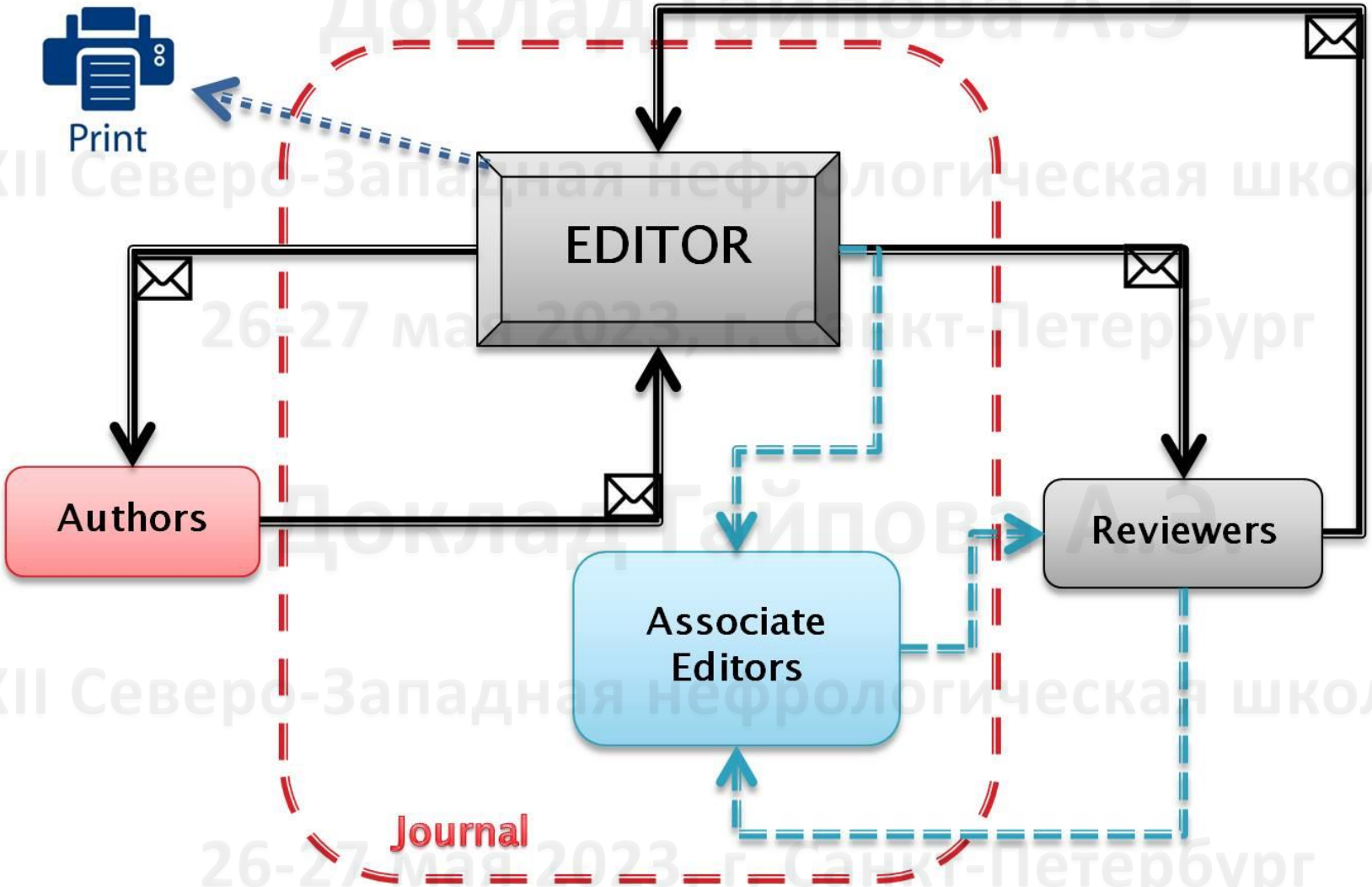


Editorial process – double-blind peer review



Процесс рецензирования

Процесс рецензирования

- **Reviewers' comments:**

Response to Reviewers:	Reviewers' comments Reviewer #1: General comments In this article, the authors presented a case of successful HIFU ablation with transhepatic puncture and drainage, in treatment of complicated and advanced liver alveococcosis, to avoid wide surgical treatment. The case report was well written. The findings are interesting to readers of the journal. We thank the Reviewer #1 for evaluating and supporting our manuscript. Specific comments 1. In general, HIFU therapy for a lesion located in right robe of the liver seems to be difficult compared to a lesion located in left robe due to an interference of ribs and attenuation of ultrasound beam. Nevertheless, the authors successfully treated the lesion. So, the reviewer suggests that the authors should provide readers of this journal with tips for HIFU therapy. Also, is this intercostal or subcostal approach? Authors' reply: Compared to traditional surgery, HIFU therapy of liver alveococcosis (complicated by cavernous cavities) in combination with minimally invasive drainage, the hospital stay should be reduced from approximately 14 days (traditional surgery) to 5 days (HIFU-therapy), as well as the cost related with a hospital stay will be reduced. The most important thing is the quality of life, which is significantly higher after HIFU-therapy. The HIFU ablation is doable via intercostal approach to treating cysts located behind the ribs, which is easy under the general endotracheal anesthesia when you can fixate the inspiration and expiration phases of the breath. This information is provided in the discussion 2. Do you usually perform HIFU therapy under general anesthesia? Is this case special? Authors' reply: In all cases of HIFU-therapy we perform general anesthesia. 3. You should provide a cost of HIFU therapy compared to surgical resection. Authors' reply: The approximate comparative cost of the HIFU treatment versus surgical treatment is $800 versus $1,600, respectively. Reviewer #2:

omplicated and advanced liver alveococcosis, to avoid wide

t robe due to an interference of ribs and attenuation of
vide readers of this journal with tips for HIFU therapy. Also, is

ranshepatic percutaneous drainage in treatment of advanced
icated liver alveococcosis. However, there are a lot of

ility of HIFU with percutaneous drainage depends on a number
FU with drainage in the clinical setting of liver alveococcosis in

Пересмотр после рецензии

Авторы должны ответить по пунктам на все замечания, которые могут быть представлены после рассмотрения эксперта в соответствующем поле онлайн-системы и в загруженных дополнительных файлах. Кроме того, авторы должны сделать необходимые изменения в рукопись, выделить их и представить в онлайн-системе.

Процесс исправления

CASE PRESENTATION

A 34-years-old male patient, admitted to our clinic with the complains of epigastric pain, progressive faintness, absence of appetite, weakness, loss in weight during the last 6 months and typical symptoms of cholestasis (jaundice, dark urine, light-colored stools, and generalized itchiness). Baseline laboratory data (**Table 1**) confirmed presence of cholestasis. Patient has ~~performed~~ underwent the contrast-enhanced abdominal computed tomography (CT) and ultrasound (US). Both liver CT and US investigations detected a mass with a liquid content in the right lobe of liver (**Fig. 1a** and **Fig. 2a**) with approximate length 69 mm, height 62 mm, width 68 mm and total volume of 153 ml. Approximately 2/3 part ~~It is almost half~~ of the right lobe of the liver tissue was affected by alveococcosis. Blood test for antibodies to alveococcosis was positive and diagnosis of liver alveococcosis was confirmed.

The patient consulte
different therapeutic appr
multisession HIFU-ablation
After discussing the risk-be
we obtained signed informe

Treatment protocol
HIFU–ablation was perfor
HIFU Technology Compan
with diameter 15cm, radiat
vertical direction and 5 mn
250 – 300W (**Fig. 3**). After

conservative antiparasitic and symptomatic treatment. The third HIFU session, finally destroyed all parasitic regions and subsequently lead to right lobe fibrosis and left lobe compensatory hypertrophy of the liver.

The main tips of HIFU-ablation in liver alveococcosis deserve to be mentioned. First, hospital stay will be reduced approximately from 14 days (with traditional surgery) to 5 days (HIFU-therapy with minimally invasive drainage), as well as the cost will be reduced related with a hospital stay. According to our experience, the estimated cost for HIFU-ablation is two times lower than hepatobiliary surgery, and approximately $800 was sper
the quality of life is significantly higher after HIFU therapy compar
surgery. Third, the intercostal approach of HIFU-ablation makes it ea
in the liver right lobe (behind the ribs) during the inspiration/ex
supported by general endotracheal anesthesia.

The main indication for HIFU therapy is a presence of alveoc
of liver confirmed by CT and laboratory tests. Percutaneous trar
performed if the cavernous cavity diameter is more than 3 cm. The o
drainage depends on the amount of liquid produced from alveococ
6 months.

Using HIFU therapy combined with percutaneous trans-h
cavity can be considered at complicated extended liver alveococcos
~~the liver radical surgery~~. Clinical example given by us demonst
treatment tactics combining HIFU-therapy and minimally invasive
to achieve positive results. Further investigations need to assess pat
term outcomes.

FIGURE LEGENDS:

Figure 1. Contrast-enhanced computed tomography of alveococcosis mass in the left liver lobe before treatment (**a**) and computed tomography after 9 months of treatment (**b**).
In the contrast-enhanced liver CT image, alveococcosis mass of the right lobe of the liver determined as a solid hypodense and partially fluid formation of oval shape with relatively undefined and uneven contours (yellow arrow). After 9 months of the treatment, in control CT, alveococcosis mass transferred to fibrous tissue and the hypertrophy of the left lobe of the liver was also observed.

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In the B-mode ultrasound imaging, alveococcosis mass determined as a liquid content with approximate size of length 69 mm, height 62 mm and width 68 mm in the right lobe of the liver (panel a). This alveococcosis mass disappeared after the treatment in control B-mode ultrasound (panel b).

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Полезные ссылки

- https://www.enago.com/academy/ten-steps-to-writing-an-effective-case-report-part-1/
- https://www.enago.com/academy/ten-steps-to-writing-an-effective-case-report-part-2/
- A guide to writing case reports for the Journal of Medical Case Reports and BioMed Central Research Notes. Journal of Medical Case Reports 2013 7:239. doi:10.1186/1752-1947-7-239
- How to Write a Medical Case Study Report, Co-authored by Mark Ziats https://www.wikihow.com/Write-a-Medical-Case-Study-Report