

# Types of medical writings

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# Types of medical writings

- Original research articles.
- Case reports
- Case series
- Letter to editors
- Editorials
- Short communications
- Book reviews
- View points
- Clinical images
- Pictorial CME

# The Case Report

- **Definition:** description and discussion of a clinical case
- “The archetypal medical article”
- Popular with readers
- Perhaps the easiest type of journal article for clinicians to write

# Functions

- Presenting newly found
  - Conditions
  - Manifestations
  - Disease mechanisms
  - Effects of drugs
- Teaching
  - Students
  - Health professionals

# Potential Publication Sites

- Research-oriented medical journals
  - General medical journals
  - Specialty and subspecialty journals
- Teaching-oriented publications
  - Journals
  - Textbooks
- Journals specializing in case reports

# Examples of Case-Report Journals

- BMJ Case Reports (<http://casereports.bmj.com/>)
- Journal of Medical Case Reports  
(<http://www.jmedicalcasereports.com/>)
- Case Reports in Gastroenterology  
(<http://content.karger.com/ProdukteDB/produkte.asp?Aktion=JournalHome&ProduktNr=232833>)

# Section Wise Advice

- **Introduction:**
  - Provide background to help readers appreciate the case.
- **Case description:**
  - Mainly pertinent positives and negatives.

# Section Wise Advice

- **Discussion/conclusions:**
  - Focus on items relating to **why the case is being reported.**
  - Evidence supporting the conclusions .
  - Discuss ambiguities and alternative interpretations
  - Relate to previously published material.
  - Discuss implications for clinical care and, if applicable, for research.



# Case Reports: Some Issues

- Confidentiality of information and photos
- Sensitivity of wording
- Style Points
  - “Case” versus “patient”
  - Drug names (generic or trade)
  - Avoiding excessive capitalization of disease names

# Review Articles

- **Definition:** An article summarizing and synthesizing the literature on a topic or question
- Popular
- Audiences
  - Physicians and other health professionals
  - Students
  - Researchers

# Main Types of Review Articles

- **Descriptive**
  - Traditional type of review article
  - Summarizes knowledge on various aspects of a topic (a disease)
  - Resembles a book chapter
- **Evaluative:** (systematic review article)
  - Focuses on a relatively narrow question
  - Follows a specified protocol
  - Structure: similar to IMRAD format

# “OPINION PIECES” for journals

- **Some types:**
  - **Letters to the editor**
  - **Editorials**
  - **Book reviews**
  - **Other**
- **Should present well-informed opinion**

# Letters to the Editor

- Functions:
  - “Post-publication peer review”
- Report briefly on research
- Other purposes—to make an announcement or share an unusual or humorous observation

# A Few Pointers

- If commenting on an article, submit the letter promptly.
- Follow the journal's instructions, for example regarding length.
- Focus on one point or a very few points.
- Organize the letter simply.
- Write clearly and concisely.
- Avoid sarcasm.

# Book Reviews

- Book review—an article describing and evaluating a book
- Some functions of book reviews
  - Helping individuals and libraries to identify suitable books
  - Acquainting readers with highlights of books that they might not read
  - Providing feedback to authors and publishers

# Tips- Writing a book review

- If you have a conflict of interest, do not review the book.
- In general, read the book thoroughly.
- Take notes as you read.



# Questions to consider in a book review

- What is the goal of the book?
- What does the book consist?
- What is the background of the author(s)?
- What are the strengths of the book?
- What are the limitations?
- How does the book compare with related books?
- Who would find the book useful?

# Editorials

- Generally written or invited by one or more of the editors at the journal
- **Main types**
  - **Perspective editorial**: provides context for an article in the same issue
  - **Persuasive editorial**: supports a specific point of view
  - **Sounding boards**: similar to editorials but initiated by readers

# Essays

- May address, for example, aspects of being a physician
- Often are narratives
- Some guest-essay sections of journals:
  - “A Piece of My Mind” in *JAMA*
  - “On Being a Doctor” in *Annals of Internal Medicine*

# Other Types of Articles That Sometimes Appear in Journals

- Medical news articles
- Items to share with the public (for example, *JAMA* patient pages)
- Clinical conference abstracts, special issues (JPMA)

# Short communication

- Brief reports of unusual or preliminary findings
- Very short reports of methodological, technological, or experimental advances
- 100 word abstract and 750-1000 word manuscript

# View point

VIEW POINT

## HOW I WROTE AND PUBLISHED MY FIRST CASE REPORT?

Farooq Azam Rathore<sup>1</sup>

**This article may be cited as:** Rathore FA. How i wrote and published my first case report? Khyber Med Univ J 2012; 4(4): 197-198.

I still remember, writing and publishing my first case report. I hope that I can enlighten my young colleagues with the valuable lessons I learned during that process. It was April 2007 when I was a third year resident in FCPS Rehabilitation Medicine program at the Armed Forces Institute of Rehabilitation Medicine (AFRIM) , Rawalpindi. A 20 years old male, was transferred from the department of neurology, Military Hospital, Rawalpindi with acute flaccid paraplegia, pressure ulcers and urinary tract infection for spinal rehabilitation. We used to receive non traumatic spinal cord injuries (SCI) quite frequently. But this guy had acute flaccid paraplegia following acute meningococcal meningitis and nobody at my institute had heard of this particular complication of meningococcal meningitis. The details of the case can be read online.<sup>1</sup>

articles). This got me excited and after going through all the abstracts and conducting a similar search on Science Direct, OVID and Springerlink I was convinced that this condition was a rare complication of meningococcal meningitis. I consulted my supervisor the next day and we decided to go ahead with the case report plan. I sent an inquiry to the editor of the Spinal Cord about the possible publication of this case. I got a positive response asking for submission for the editorial and peer review. I submitted the manuscript after three months and after two revisions received the letter of acceptance in Aug, 2007.

I learned few lessons from this case and its publication which I would like to share so that my younger colleagues may not get slowed or overwhelmed by the comments of the “Senior” and “Experienced” clinicians

# Pictorial CME

## Clinical images

## Medical imagery

A 67 years old previously healthy gentleman presented with two months history of pain and weakness left shoulder and arm. There was no history of trauma. His dominant hand was right. He gave history of lifting a heavy bag of wheat one month back when he felt a sudden "pop" and excruciating pain in his left upper anterior arm near the shoulder. He developed bruising in the area and restriction and pain in shoulder and arm movements. He consulted local GPs for the pain and it responded well to NSAIDs and household remedy of hot fomentation. He also noticed a small lump in the arm region that could be reduced manually but he ignored that (Fig 1). On examination there was mild restriction of range of motion of left shoulder both actively and passively. There was a visible lump in left forearm that was firm and non-tender and became prominent on resisted flexion of arm that could be manually reduced (Fig 2). There was mild weakness of left biceps brachii (MRC Grade 4). There was no signs of impingement. Rest of the musculoskeletal examination and neurological examination was unremarkable. A diagnosis of ruptured long head of biceps brachii along with early adhesive capsulitis was made and was confirmed on musculoskeletal ultrasonography (USG). MRI of rotator cuff was not ordered as there was no signs of impingement or

associated injury. Patient was advised surgical repair but he declined as he was satisfied with the functional upper limb. He was advised analgesics for pain and home based exercise plan. He was lost to follow up.



Fig 1- Left Arm with a Prominent Bulge



Fig 2- The Biceps Muscle Balled up

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#### Cite as:

Mansoor S N, Rathore F A. The popeye sign. *JPJMR* March 2012,  
Vol 24 (1): 19

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Received on 27.02.2012, Accepted on 18.07.2012

# Perspectives

- Forward-looking viewpoints that advocate important future directions in a field or application
- Papers that advance a hypothesis or represent an opinion relating to a topic of current interest or importance
- 100 word abstract and 1000-2000 word manuscript



# The Lancet

- Articles
- Editorial
- Comment
- World report (professional journalists)
- Perspectives
- Obituaries
- Adverse drug reactions
- Correspondence
- Hypothesis
- Clinical pictures



# JCPSP

- Recent Advances
- New techniques
- Debates
- Adverse Drug Reports
- Current Practices
- Clinical Practice Article
- Short Article
- KAP (Knowledge, Attitudes, Practices) s
- An Audit Report
- Evidence Based Report
- Short Communication
- Letter to the Editor

# JCPSP

ISSN 1022-386X  
CODEN JSPJER

Journal of the College of  
Physicians and Surgeons Pakistan



MARCH 2014 - VOL. 24, NO. 3

*Indexed in:*

*Index Medicus / MEDLINE (USA)*

*EMBASE / Excerpta Medica, SciVerse Scopus (The Netherlands)*

*Impact Factor: Thomson Reuters (USA)*



THANK YOU