Writing Clinical Case Reports

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What is a case report?

A case report is a \textit{story} with \textit{educational value} to other clinicians.
Planning to write a case report

1. Identify an appropriate case.
2. Conduct a literature search.
3. Identify a target journal.
4. Get permission from the patient.
Appropriate topics for a case report

- Uncommon or new presentations of a disease
- Beneficial, adverse, or unexpected responses to treatment
- Unusual combinations of symptoms, test results, or events that make differential diagnosis challenging
- Findings that shed new light on the possible pathogenesis of a disease

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Zika Virus Infection with Prolonged Maternal Viremia and Fetal Brain Abnormalities

THALIDOMIDE AND CONGENITAL ABNORMALITIES

Difficult diagnosis of brainstem glioblastoma multiforme in a woman: a case report and review of the literature

Isolation of a T-Lymphotropic Retrovirus from a Patient at Risk for Acquired Immune Deficiency Syndrome (AIDS)
Where to publish a case report

- Many journals do not publish case reports.
- Some newer journals focus solely on case reports.
- Check author instructions or recent issues.
- Don’t be taken in by disreputable publishers!
  thinkchecksubmit.org
“Without the benefit of reporting guidelines, case reports often are insufficiently rigorous to be aggregated for data analysis, inform research design, or guide clinical practice.”

Structure of a case report

- Title
- Abstract
- Introduction
- Case Description
- Discussion
A tumor of the parotid gland would usually be expected to be a primary tumor. Metastases to the parotid gland are extremely rare and present a diagnostic challenge. According to one report, only 14 cases of parotid gland metastases were reported in the period from 1982 to 2010. The kidney, lung, and breast are the most commonly reported primary tumor sites leading to metastases in the head and neck region. Immunohistochemistry is an invaluable diagnostic tool in differentiating primary salivary gland tumors from secondary ones. We report a case of parotid gland metastases in a patient who had been treated for breast cancer 26 years earlier.

Case description

- Patient information
- Clinical findings
- Diagnostic assessment
- Therapeutic intervention
- Follow-up and outcomes
A 36-year-old Caucasian man with a past history of intellectual impairment and epilepsy diagnosed in childhood presented to our hospital. He had high-grade fever and abdominal pain and had been vomiting for a week. His mother reported that he had had childhood behavioral difficulties that included a propensity to swallow coins. Despite her assurance that he had not swallowed any coins since the age of 12, we performed an abdominal radiograph.
On admission, she received a chest x-ray that showed a large lung mass. Follow up chest computed tomography and magnetic resonance imaging (MRI) studies showed a 7.7 × 8.5 × 7.4-cm necrotic mass arising from the right lower lobe, invading the left atrium via the inferior left pulmonary vein, and extending into the left ventricle (Figure 1). Electrocardiography (ECG) showed normal sinus rhythm but also showed evidence that the left atrial mass was prolapsing through the mitral annulus, partially obstructing the mitral valve. Routine laboratory tests, including a metabolic panel and complete blood count, were normal, with the exception of a low platelet count (120 000 per microliter).

Although our patient had ankle pain, she did not have the morning stiffness or joint pain characteristic of rheumatoid arthritis. She also did not have the keratoconjunctivitis sicca and xerostomia characteristic of the Sjögren syndrome. An inguinal lymph node biopsy with flow cytometry ruled out lymphoproliferative disorders. She had positive test results for antinuclear antibodies (ANA) (titer, 640), rheumatoid factor, anti–double-stranded DNA (anti-dsDNA), antiribonucleoprotein antibodies, and anti–68-kD antibodies. Her C3 and C4 levels were within normal limits. We diagnosed SLE on the basis of her alopecia, anemia, positive ANA results, and positive anti-dsDNA results.
Six months after surgery, the immunosuppressive therapy had been reduced and consisted of tacrolimus (target 3 to 6 µg/L), everolimus (target 3 to 6 µg/L), mycophenolate mofetil 0.5 g twice a day, and prednisolone 7.5 mg daily. After the diagnosis of HEV infection, the dose of mycophenolate mofetil was reduced to 0.25 g twice a day, and treatment with ribavirin was initiated at a dose of 800 mg daily. Ribavirin therapy resulted in a rapid decline of liver enzyme levels, and after 2 months of treatment, the level of HEV RNA in the patient’s serum dropped from $1.6 \times 10^7$ to 63 copies per milliliter (Fig. 1).

The patient then experienced an exacerbation of gout, which was treated by increasing the dose of prednisolone to 20 mg daily for 3 days, then 10 mg daily for another 3 days. During this period and for up to 9 weeks afterward, HEV replication reactivated, and the serum viral load increased to $2.3 \times 10^4$ copies per milliliter.
Follow-up and outcomes

Histology of the resected tumor showed moderately differentiated invasive squamous cell carcinoma, and margins were negative for malignancy.

Post-operatively, the patient wore compression stockings and was given subcutaneous clexane. No lower limb swelling was noted. His recovery was uneventful and he returned home on the 5th day.

Post-operative follow up at the 6th month with a positron emission tomography–computed tomography (PET–CT) scan showed no recurrence of the tumor.

Using images

- Clear
- Easy to understand
- Logical
- Anonymous
- Brief but descriptive legend

Figure 1
CT scan showing bilateral interstitial pulmonary infiltrates at admission (A), ECG revealing acute left bundle branch block (B), treatment allowed vanishing of the pulmonary infiltrates (C) and of the left bundle branch block (D).

Discussion

Literature review and case comparison

Discussion

Conclusions and take-home message

To the best of our knowledge, this is the first case demonstrating FDEIA to chickpea in an adolescent patient. This case demonstrates the challenge in identifying specific causative food allergens when foods are eaten in combination, when the food is processed, and when cross-reactivity is possible. These challenges add complexity to a condition, FDEIA, which is already rare and unfamiliar to some health care providers. We hope that this case will serve as an important reminder that, although rare, FDEIA exists and making a diagnosis can lead to life-saving preventative strategies. As legumes are not a common food associated with FDEIA, this will add to our current knowledge base in the field of allergy.

Most patients with non-small cell lung cancer with common epidermal growth factor receptor (EGFR) mutations respond dramatically to EGFR tyrosine kinase inhibitors (TKIs), but data are limited on the response of tumours with uncommon mutations. We present the case of a 68-year-old man with stage IV lung adenocarcinoma with an uncommon EGFR mutation in exon 21 (L861Q). The disease progressed 2 years after he started erlotinib (150 mg daily). Using a transbronchial lung biopsy, we detected additional mutations in exon 20 (T790M) and exon 21 (L858R). He was treated with osimertinib (80 mg daily) and achieved a partial remission. This case demonstrates the value of repeating a biopsy after EGFR-TKI therapy in patients with uncommon EGFR mutations.
Title

Should be brief, focused, and include the words “case report.”
Hospital apologises after musician's family find out in journal his death was linked to mouldy bagpipes
Protecting patient privacy

**Do**

- Remove all identifying information
- Avoid full-face photographs if possible
- Get patient consent to publish the case and **HIPAA Authorization form**
- Obtain signed **Media Authorization and Release form** for permission to publish photos or images that are not de-identified
Protecting patient privacy

Don’t

- Use bars over the patient’s eyes
- Pixelate the patient’s face
- Show the patient’s PHI on images
Key points to remember

• The purpose of a case report is always educational.

• Case reports tell a story in chronological order.

• Case reports should be written in a simple, clear style.

• Patient privacy must be protected.
For more information

CARE Statement

www.care-statement.org

Scientific Publications: Writing Case Reports

http://inside.mdanderson.org/departments/scipub/writing-case-reports.html

*The Write Stuff: Publishing Patient Information in Case Reports*


*The Write Stuff: Using Calendar Dates in Case Reports*