

BMJ Case Reports

Publishing, sharing and learning
through experience

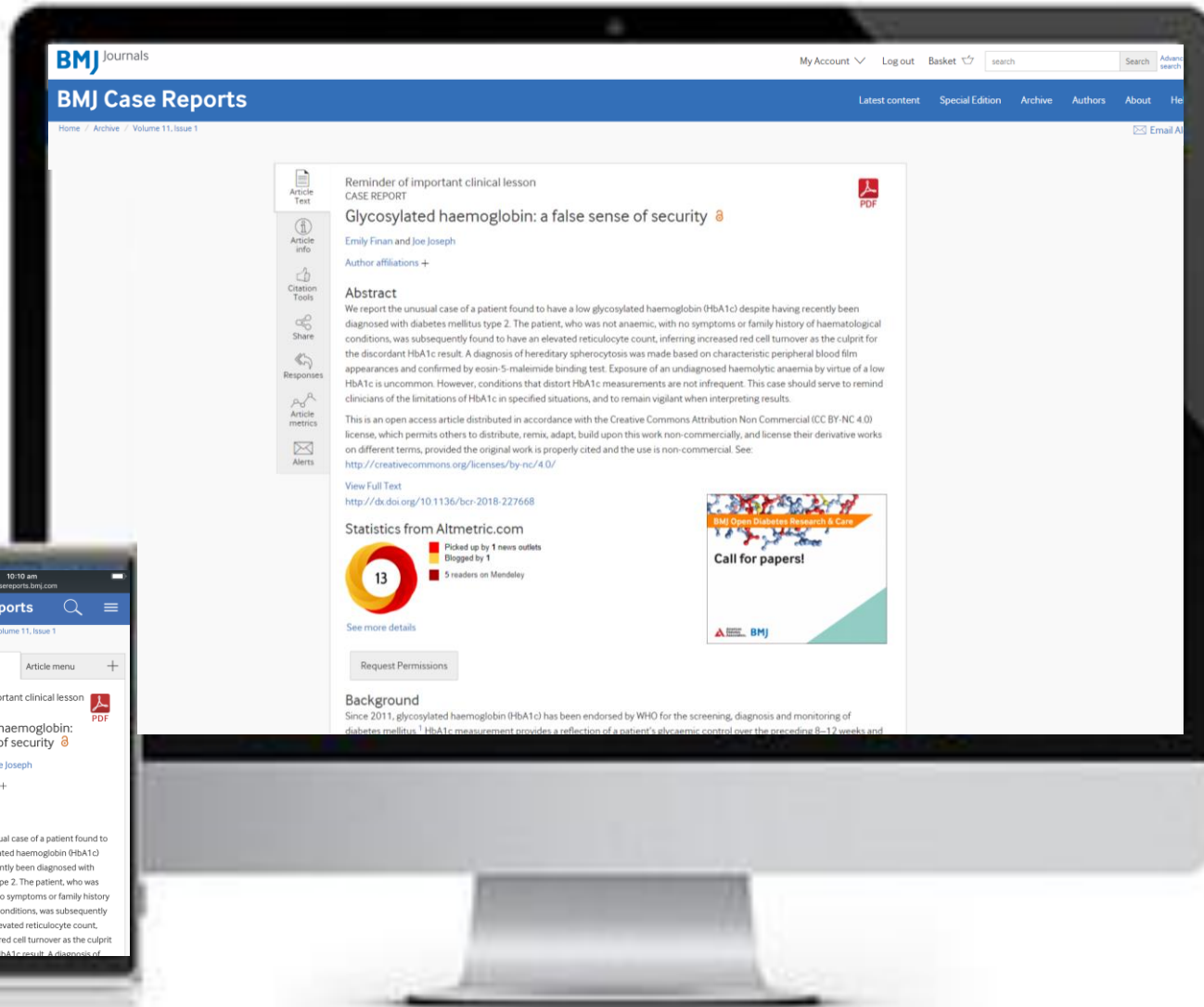




Agenda

- Introduction to BMJ Case Reports
- Website demo
- How to write a good case report
- How to submit a case report
- Questions

Introduction to BMJ Case Reports



casereports.bmj.com

What is BMJ Case Reports?

- The **largest single collection of medical cases** in the world
- Over **20,000 case reports** published from over 120 countries
- An **invaluable educational resource** for all healthcare professionals, providing clinically important information on common and rare conditions
- All **cases are peer-reviewed** and **published cases are indexed** on MEDLINE, PubMed Central, Scopus, Embase and Google Scholar
- Key 2019 publishing statistics:
 - **Acceptance rate: 54%**
 - Average time from submission to first decision: 66 days
 - Average time from acceptance to publication: 17 days

Benefits to users

- An **invaluable educational resource** for all healthcare professionals
 - Vast database of real-world clinical scenarios
 - Reuse material personally and for teaching without further permissions
 - Easily download images into PowerPoint presentations
 - Learning Points included in each case
 - Educational Q&As
- A **supportive introduction to medical publishing** for first-time authors
 - Submit as many case reports as you like
 - Simple submission steps
 - Rigorous-yet-sympathetic peer review and rapid publication
 - Gain international recognition and publicity for your cases

Specialties covered (clinical)

Anaesthesia	Geriatric medicine	Palliative care
Cardiovascular medicine	Haematology (incl blood transfusion)	Pathology
Complementary medicine	Immunology (including allergy)	Pharmacology and therapeutics
Dentistry and oral medicine	Infectious diseases	Prison medicine
Dermatology	Intensive care	Psychiatry
Diagnostics	Neurology	Radiology
Drugs and medicines	Nursing	Rehabilitation medicine
Ear, nose and throat/otolaryngology	Nutrition and metabolism	Renal medicine
Emergency medicine	Obstetrics and gynaecology	Respiratory medicine
Endocrinology	Oncology	Rheumatology
Gastroenterology	Ophthalmology	Sexual health
General practice / family medicine	Orthopaedics	Sports and exercise medicine
Genetics	Paediatrics	Surgery
		Urology

Specialties covered (non-clinical)

Ethics	Occupational and environmental medicine
Ethnic studies	Public health
Health economics	Smoking and tobacco
Health informatics	Sociology
Medical education	Statistics and research methods
Medical management	

Types of cases covered

- Full text
- ‘Images in...’ – 1 or 2 striking/clinically important images with a brief description
- Global health – e.g. expedition medicine, humanitarian aid, refugee health, conflict, violence, telemedicine, e-health, health innovations

Findings that shed new light on the possible pathogenesis of a disease or an adverse effect	Other full case
Learning from errors	Rare disease
Medical student electives	Reminder of important clinical lesson
Myth exploded	Unexpected outcome (positive or negative) including adverse drug reactions
New disease	Unusual association of diseases/symptoms
Novel diagnostic procedure	Unusual presentation of more common disease/injury
Novel treatment (new drug/intervention; established drug/procedure in new situation)	Video reports

Top 10 most read cases published in 2019

<u>Fetus in fetu in an adult woman</u>
<u>'Dragon horn SCC'</u>
<u>Boerhaave's syndrome in an ultra-distance runner</u>
<u>Plant-based dietary approach to stage 3 chronic kidney disease with hyperphosphataemia</u>
<u>Pseudomembranous conjunctivitis: unveil the curtain</u>
<u>Sore throat turned to be a bronchogenic carcinoma with superior vena cava syndrome</u>
<u>Uvular necrosis as a cause of throat discomfort after endotracheal intubation</u>
<u>Shrinking of a Tarlov cyst</u>
<u>Sepsis-induced digital ischaemia in a professional pianist, in the absence of vasopressors</u>
<u>Re-expansion pulmonary oedema in pneumothorax</u>

Data correct as at 22 January 2020

Website demo

Browsing and searching for cases

Find a case using the search bar or click 'Advanced search' for more options

View cases published in the last month or the full archive

The screenshot shows the BMJ Case Reports website. At the top is a blue navigation bar with the text 'BMJ Case Reports' and links for 'Latest content', 'Special Edition', 'Archive', 'Authors', 'About', and 'Help'. Below the navigation bar is a search section with the heading 'Search the world's largest collection of clinical case reports' and a search input field. Below the search bar are two main content areas: 'Publish in BMJ Case Reports' with buttons for 'Instructions for authors', 'Submit a case report', and 'Become a fellow'; and 'Spotlight Educational Q&A section' with a list of questions about acute pancreatitis. Below these are two columns of featured content: 'Case Reports by specialty' with a grid of specialty categories and a 'View full list' button; and 'Altmetrics' with a list of cases and their view counts. At the bottom are two more sections: 'Become a Global Health Associate Editor' and 'Most read' with a list of top cases.

Browse cases by specialty

View cases receiving the most attention online

View most read cases

Example of an 'Images in...' case

Additional options for every article including citation tools, social sharing, responses, article metrics and alerts

The screenshot shows a journal article page with several key elements and annotations:

- Article Title:** "An incidental finding of a gastric foreign body 25 years after ingestion" (FREE)
- Author:** Oliver Richard Waters, Tawfique Daneshmend, Tarek Shirazi
- Author Affiliations:** +
- View Full Text:** <http://dx.doi.org/10.1136/bcr.2011.5001>
- Statistics from Altmetric.com:** A circular chart showing 215 total mentions. Breakdown: Picked up by 12 news outlets, Blogged by 2, Tweeted by 117, On 9 Facebook pages, Mentioned in 4 Google+ posts, Reddited by 4, 12 readers on Mendeley.
- Description:** A 76-year-old female, with a blameless medical history other than well-controlled depression, was referred for urgent investigation due to weight loss and diarrhoea. A flexible sigmoidoscopy demonstrated severe diverticulosis and a subsequent CT abdomen showed a linear foreign body in the stomach but no other abnormality (figure 1). Her symptoms resolved spontaneously. On subsequent questioning, she recalled unintentionally swallowing a pen 25 years earlier. While she was interrogating a spot on her tonsil with the pen she slipped, fell and swallowed the pen by mistake. Her husband and general practitioner dismissed her story and plain abdominal films done at the time were reported as normal. A gastroscopy demonstrated a plastic felt-tip pen sitting in the lumen of the stomach without evidence of any gastric damage. The case was discussed at the gastrointestinal multi-disciplinary meeting and the consensus of opinion was that despite being there for 25 years without causing any problems, the pen should be removed as there has been at least one case report of a duodenal perforation caused by an ingested ballpoint pen.¹ It was subsequently removed in a combined endoscopic and ear, nose and throat procedure under general anaesthetic. The pen was still in working order (figure 2). This case highlights that plain abdominal x-rays may not identify ingested plastic objects and occasionally it may be worth believing the patient's account however unlikely it may be.
- Figure 1:** A CT scan image showing a linear foreign body in the stomach of a 76-year-old woman.
- Annotations:** Orange callout boxes with arrows pointing to specific features: "View a PDF of the article" (points to a PDF icon), "Altmetrics summary shows how much attention the article is receiving online" (points to the Altmetric statistics), "Automatically download image into a PowerPoint slide" (points to the "Download powerpoint" button), and "Additional options for every article including citation tools, social sharing, responses, article metrics and alerts" (points to the left sidebar menu).

View a PDF of the article

Altmetrics summary shows how much attention the article is receiving online

Automatically download image into a PowerPoint slide

Figure 1
CT scan demonstrating a linear foreign body in the stomach of a 76-year-old woman.

How to write a good case report

Handy hints

- Know what the editors are looking for – view the [Author Instructions](#) and [Author FAQs](#)
- Explore some of the published cases
- Read the [Guide to Writing and Publishing a Case Report](#)
- Follow the templates provided – [Full Case](#), [Images In...](#) or [Global Health](#)
- Use simple language and grammar
- Seek help from your senior colleagues
- Further tips available on the [BMJ Author Hub](#)

What are the editors looking for?

- Healthcare workers, including medical students and junior doctors, must find the cases to be **relevant, engaging and a valuable learning resource**
- Valuable **clinical or ethical lessons**
- Common cases that present a **diagnostic, ethical or management challenge**
- Cases where there are **pitfalls to learn from**

Typical BMJ Case Report structure

- Abstract
- Background
- Case presentation
- Investigations
- Differential diagnosis
- Treatment
- Outcome and follow-up
- Discussion
- Learning points/take home messages

Title and abstract

- You do not need to include 'case report' in the title
- Keep the title clinical and straightforward
- The abstract will be freely available online
- Use up to 150 words to summarise the case presentation and outcome
- Emphasise the learning points

The screenshot shows a BMJ article page. On the left is a vertical sidebar with icons for Article Text, Article info, Citation Tools, Share, Responses, Article metrics, and Alerts. The main content area includes the title 'Dentures discovered in larynx 8 days after general anaesthetic', author 'Harriet A Cuniffe', and a short abstract. Below the abstract is a 'View Full Text' link with a DOI. A statistics section from Altmeter.com shows a donut chart with the number 1427 and a legend: 'Picked up by 171 news outlets', 'Blogged by 1', 'Tweeted by 71', and 'On 3 Facebook pages'. A 'See more details' link is below the chart. In the top right corner, there is a PDF icon. In the bottom right corner, there is a promotional banner for 'Family Medicine and Community Health' with the text 'Be the first to read the latest content' and a 'Sign up for email alerts' button. The BMJ logo is in the bottom right corner of the banner.

Article Text

Learning from errors
Case report

PDF

Dentures discovered in larynx 8 days after general anaesthetic

Harriet A Cuniffe

Author affiliations +

Article info

Citation Tools

Share

Responses

Article metrics

Alerts

Abstract

An active 72-year-old man presented to the accident and emergency department (A&E) with odynophagia, dysphagia and haemoptysis 6 days after a minor operation and was discharged after treatment for an aspiration pneumonia. He presented to A&E 2 days later with worsening symptoms and was found to have dentures lodged in his larynx which were then removed in theatre. For 6 weeks after removal, he had periodic episodes of frank haemoptysis requiring multiple blood transfusions and, after extensive investigation, was found to have an erosion into an arterial vessel on his right parapharyngeal wall, just posterior to the glossopharyngeal sulcus. This case raises questions about perioperative care in patients with dentures, diagnostic decision-making in the emergency care setting and postoperative care after delayed removal of foreign bodies from the upper aerodigestive tract.

View Full Text
<http://dx.doi.org/10.1136/bcr-2019-230055>

Statistics from Altmeter.com

1427

- Picked up by 171 news outlets
- Blogged by 1
- Tweeted by 71
- On 3 Facebook pages

See more details

Family Medicine and Community Health

Be the first to read the latest content

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BMJ

Background

- Why do you think this case is important – why did you write it up?
- Why is the case of interest to readers?
- Is this a prevalent health problem?
- Is there a clear message?

Background

Full or partial dentures are used by approximately one in five people aged between 18 and 74 years.¹ According to the literature, eating, maxillofacial trauma and dental treatment procedures are the main reasons for an aspirated tooth or denture,²⁻⁴ and while ethanol intoxication, dementia, stroke and epilepsy are predisposing factors, the majority of cases occur in patients with no known risks.^{2,3} Foreign bodies in the upper aerodigestive tract (UADT) can pose a diagnostic challenge, as the delayed symptoms may mimic other common conditions like asthma, recurrent pneumonia, upper respiratory tract infection and persistent cough.⁵

Endoscopic removal of foreign bodies in the aerodigestive tract using rigid scopes under general anaesthesia is considered the gold standard; however, there have been reports of patients requiring tracheotomy for removal.⁶ Complication rates from foreign body removal were not found to be related to method of removal but were associated with delayed removal (presentation >24 hours after symptoms onset), pharyngeal location, the foreign body being a fish bone and radiolucency.⁷ In older patients (aged >10 years), the most common complication is retropharyngeal abscess, followed by pulmonary complications (aspiration, pneumonia, pneumonitis, pulmonary collapse), local infection (oesophagitis, cellulitis, ulceration) and perforation. There is also a risk of bleeding secondary to granulation tissue or erosion into a major vessel but such a case has not yet been reported.⁸ At present, there is little advice regarding follow-up after removal of foreign bodies in high-risk cases. This case is important as it highlights a number of key learning points for anaesthetists, theatre staff, emergency physicians and ear, nose and throat (ENT) surgeons alike.

Case presentation

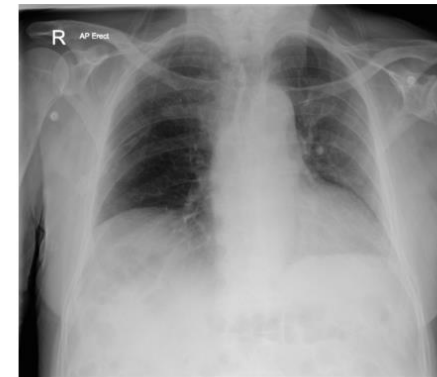
- Presenting features, medical/social/family history
- This is the patient's story – be sensitive to patient confidentiality
- How did they present?
- What is the relevant history? Why is this relevant?
- Explain your findings and how they influenced your decisions
- Do not use abbreviations for diseases or investigations

Case presentation

This case report concerns an active 72-year-old retired electrician who lives independently with his wife, has never smoked and whose only medical history is chronic obstructive pulmonary disease (COPD), well controlled with occasional salbutamol use.

He presented to the accident and emergency department (A&E) with odynophagia, dysphagia and haemoptysis 6 days after excision of a benign abdominal wall lump. He had not been able to swallow any solid food since his general anaesthetic. Oropharyngeal examination was normal, chest X-ray showed changes consistent with his COPD, haemoglobin was stable and inflammatory markers were mildly raised. He was treated for lower respiratory tract infection and concurrent pain secondary to intubation and discharged with clarithromycin, difflam mouthwash and a 5-day course of prednisolone.

He returned to A&E 2 days after this with worsening pain in his throat, ongoing haemoptysis, a hoarse breathy voice and being unable to swallow the medication he was discharged with. He was also feeling short of breath, particularly when lying down, and had taken to sleeping upright on the sofa. He was now requiring 2 L oxygen via nasal cannula to maintain his saturation. His chest X-ray showed some hazy opacification in the left hemithorax (see figure 1). He was admitted under the medics for aspiration pneumonia, who referred him to ENT on initial clerking. On ENT examination, the patient had a soft neck with full movement and no lymphadenopathy and a normal oropharynx. Flexible nasendoscopy examination revealed a metallic semicircular object overlying the vocal cords and completely obstructing their view. The object was pressed against the epiglottis and had caused erythema and swelling with evidence of erosion that was likely the cause of the haemoptysis. On explaining this to the patient, he revealed that his dentures had been lost during his general surgery admission 8 days earlier and consisted of a metallic roof plate and three front teeth. Lateral and anteroposterior neck X-rays revealed this to be the foreign body (see figures 2 and 3). He was taken to the emergency theatre where the dentures were removed. Postoperatively, his oxygen requirements continued to increase, so he was started on optiflow and continued treatment for an aspiration pneumonia. His oxygen was weaned, and he was discharged 6 days later.



Download figure

Open in new tab

Download powerpoint

Figure 1
Anteroposterior (AP) chest X-ray.

Investigations

- If relevant. All investigations that create a background/baseline picture are relevant
- All investigations that are crucial to management decisions should be discussed in full
- Choose appropriate images and videos to illustrate your point (maintaining patient confidentiality)

Investigations

Blood work on his first presentation to the A&E showed stable haemoglobin at 161 g/L and mildly raised inflammatory markers with white cells of $11.2 \times 10^9/L$ and C-reactive protein of 81 mg/L. He showed some evidence of dehydration with a urea of 11.7 mmol/L but normal creatinine and electrolytes. On return to A&E 2 days later, his haemoglobin remained stable but concentrated at 173 g/L, but his white cells had increased to $14.4 \times 10^9/L$ and urea to 15.5 mmol/L.

Figure 1 depicts the chest X-ray after his second A&E attendance showing some consolidation in the left lower lobe consistent with an aspiration pneumonia. Figures 2 and 3 are the lateral and anteroposterior neck X-rays showing the position of the dentures in the larynx.

Other negative investigations were the oesophagogastroduodenoscopy which was important for exclusion, and CT angiogram which would have been more helpful in the context of active bleeding but was unfortunately not helpful in this case.

Differential diagnosis

- If relevant. Please don't list these
- Show how the final diagnosis was derived
- What are the consequences to management or treatment for the differential diagnosis?

Differential diagnosis

The initial diagnosis of aspiration pneumonia was probably an accurate diagnosis, based on the chest X-ray, but certainly did not explain all his symptoms. When he returned with further haemoptysis and requiring oxygen, he was also investigated for a pulmonary embolism, but his D-dimer was found to be negative, so he was admitted under the medical team for the aspiration pneumonia. It was not until the medical team saw him, and he reiterated his presenting complaint of odynophagia and dysphagia, that ENT were asked to perform nasendoscopy, and the primary diagnosis was made.

Treatment, outcome and follow-up

- Include pharmacological and non-pharmacological treatment
- Always include follow up data where you can to show the outcome of the treatment
- The follow-up period should be defined
- Please state if the patient has died even if not directly related to your case

Treatment

The initial treatment of the foreign body involved close teamwork between the anaesthetic team and the ENT surgeons. The patient was sedated and prepared for the worst-case scenario of an emergency tracheostomy with local anaesthetic and position markings; fortunately, this was not required. Awake nasal intubation was initially attempted, but this was not possible due to an obstructed view of the vocal cords. In the end, the foreign body was successfully removed by the ENT surgeon using a laryngoscope and Tilley's forceps.

In the treatment of the bleeding point, medical management with tranexamic acid proved ineffective in the long term and while bipolar diathermy stopped the bleeding temporarily, the definitive treatment was to oversew with vicryl and stitch surgical over the bleeding vessel.

Outcome and follow-up

On review a week after his final operation, the patient had not had any further bleeding, and nasendoscopy showed that the bleeding area was healing well. Six weeks later, he had not had any further admissions or attendances to A&E, and his haemoglobin was back up to 150 g/L.

Discussion

- Include very brief review of similar published cases
- Describe mechanisms of injury, guidelines and their relevance, diagnostic pathways (can use diagrams) and the points of interest of the case
- A brief summary of relevant clinical guidelines is appropriate
 - Did you make an exception?
 - Did you have to adapt the guidelines?

Discussion

There have been documented cases of iatrogenic foreign bodies in the UADT in both dentistry⁹ and anaesthesia, including teeth,¹⁰ a latex glove¹¹ and a denture that was aspirated into the larynx on intubation, in a case of bilateral maxillary fractures, which sadly ended in fatality after extubation.¹² A 15-year review of 83 cases of aspirated dentures identified that in 12 (14%) cases the dentures were found in the hypopharynx or larynx, and in 6 (7%) cases the dentures were aspirated during general anaesthetic.³

There are no set national guidelines on how dentures should be managed during anaesthesia, but it is known that leaving dentures in during bag-mask ventilation allows for a better seal during induction,¹³ and therefore, many hospitals allow dentures to be removed immediately before intubation, as long as this is clearly documented.

In addition to reminding us of the risks of leaving dentures in during induction of anaesthesia when the Swiss cheese model of errors aligns, this case also highlights a number of important learning points. The first is to always listen to your patient. It has long been known that one gets the majority of the information needed to form a diagnosis based on the patients' history; this was shown in a study of 80 patients where the final diagnosis was established after only the history in 82.5% of cases.¹⁴ However, with easy access to imaging and laboratory tests, we are all sometimes guilty of relying on these investigations. Although one should not underestimate the power of hindsight, looking back through this man's A&E notes, he was clear that the reason he attended A&E was a sore throat and difficulty swallowing, and therefore, the positive findings on blood work and chest X-ray acted as a distraction. This concept is known as anchoring, a cognitive bias where a positive finding, such as consolidation on a chest X-ray, usually at the beginning or end of the decision-making process, alters our subsequent judgements so that other findings fit into the model we have created.¹⁵ Another relevant concept is something called 'zebra retreat' where a diagnostician retreats from making a correct diagnosis because of self-doubt about entertaining such a remote or unusual diagnosis.¹⁵ This is essential to prevent unnecessary investigations but occasionally results in situations like the one described in this report.

Learning points/take home messages

- 3 to 5 bullet points
- Compulsory field
- This is the most crucial part of the case
- What do you want readers to remember when seeing their own patients?

Learning points

- Presence of any dental prosthetics should be clearly documented before and after any procedure, and all members of the theatre team should be aware of the perioperative plan for them.
- Listen to the story the patient is telling you and do not be distracted by positive findings on investigations.
- High-risk foreign bodies in the upper aerodigestive tract, such as those that have been present for over 24 hours, should be closely monitored for complications.

Other sections

- References (Vancouver style)
- Figure/video captions
- Patient's perspective

Research and publishing ethics

- You must have signed informed consent from patients (or relatives/guardians) before submitting to BMJ Case Reports
- Please anonymise the patient's details as much as possible
- Consent forms are available in 19 languages from <https://casereports.bmj.com/pages/authors/#consent>

The image displays two versions of a BMJ patient consent form. The top version is a full-page form with the BMJ logo in the top right corner. It is titled "Consent form" and specifies it is for a patient's consent to publication of images and/or information about them in BMJ publications. The form includes fields for: Name of patient, Relationship to patient (if patient not signing this form), Description of the photo, image, text or other material (Material) about the patient (with a note that a copy of the Material must be attached to this form), and Provisional title of article in which Material will be included. Below these fields is a section titled "CONSENT" where the patient provides their name and gives consent for the Material to appear in a BMJ publication. This is followed by a confirmation section with three checkboxes: "I have seen the photo, image, text or other material about me/the patient", "I have read the article to be submitted to BMJ", and "I am legally entitled to give this consent." A list of six points follows, detailing the patient's understanding of the publication process, including anonymity, potential recognition, distribution, social media linking, editing, and financial benefits. The bottom version of the form is a smaller, simplified version with fields for Email address, Telephone no., and Date, and the BMJ logo in the bottom right corner.

How to submit a case report

3 easy steps to submit a case

- Complete a simple Word template
- Obtain a signed patient consent form
- Submit online

How to submit your case

The screenshot displays the BMJ Case Reports website interface. At the top, there is a navigation bar with the BMJ logo, social media icons, and links for 'Subscribe' and 'Log In'. Below this is a search bar with the text 'Search the world's largest collection of clinical case reports' and a search input field. A secondary navigation bar contains links for 'Latest content', 'Special Edition', 'Archive', 'Authors', 'About', and 'Help'. The main content area is divided into several sections:

- Publish in BMJ Case Reports:** This section contains three buttons: 'Instructions for authors', 'Submit a case report', and 'Become a fellow'. An orange callout box with an arrow points to the 'Submit a case report' button, containing the text 'Click on 'Submit a case report''. The 'Submit a case report' button is highlighted with a dashed orange border.
- Spotlight:** This section features a star icon and the title 'Spotlight Editor's choice article'. It includes a paragraph of text about glycosylated haemoglobin (HbA1c) and a sub-heading 'Glycosylated haemoglobin: a false sense of security'.
- Case Reports by specialty:** This section lists various medical specialties in a grid format, including Obstetrics and gynaecology, Paediatrics, Cardiovascular medicine, Neurology, Orthopaedics, Anaesthesia, Ophthalmology, Psychiatry, Dentistry and oral medicine, Dermatology, Endocrinology, Oncology, Radiology, Infectious Diseases, Respiratory medicine, Surgery, Rheumatology, General practice / family medicine, Emergency medicine, Ear, nose and throat, Haematology (incl blood transfusion), Geriatric medicine, and Radiology (diagnostics). A 'View full list' button is located at the bottom of this section.
- Altmetrics:** This section displays a list of articles with their altmetric scores and titles, such as 'Dentures discovered in larynx 8 days after general anaesthetic' (score 432) and 'Takotsubo cardiomyopathy triggered by wasabi consumption: can sushi break your heart?' (score 729).

Register on the submission system

ScholarOne Manuscripts™ Instructions & Forms Help

BMJ Case Reports

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⚠ Please add this site to your pop-up blocker exception list
Blocking pop-ups on this site may prevent peer-review related e-mails from being sent.
[More information on disabling pop-up blockers](#)

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User ID
ekalceff@bmj.com

Password
.....

Log In

Log In With ORCID ID

Resources

- User Tutorials
- Instructions & Forms
- Journal Home
- Help / Site Support

Welcome to the submission site for
BMJ Case Reports

To begin, log in with your user ID and password.
If you are unsure about whether or not you have an account, or have forgotten your password, go to the [Reset Password](#) screen.

All authors need to register on the submission system (ScholarOne Manuscripts). Click on 'Create An Account'...

ScholarOne Manuscripts™ Instructions & Forms Help

BMJ Case Reports

Log In Reset Password Create An Account

Create an Account

There are three screens to fill out in the Create Account process. In this first screen, enter your name and e-mail information into the boxes below. Required fields are marked with "req." When you are finished, click "Next."

E-mail Addresses

- E-mails will always be sent to the 'Primary E-mail Address'. If you would also like copies of the e-mails to go to a second address, please complete the 'Primary Cc E-mail Address' as well.
- 'Secondary E-mail Address' and 'Secondary Cc E-mail Address' are for the records only and will not receive correspondence generated from the system. The site administrator may use these if your primary e-mail is unable to receive messages.

Next

ORCID®

Select the appropriate option below to associate an ORCID ID to your account.

Create an ORCID ID
[Associate your existing ORCID ID](#)

Open Researcher and Contributor ID (ORCID) is a non-profit organization dedicated to solving the long-standing name ambiguity problem in scholarly communication by creating a central registry of unique identifiers for individual researchers and an open, transparent linking mechanism between ORCID and other current author identifier schemes. To learn more about ORCID, please visit <http://orcid.org/content/initiative>.

Name [Special Characters](#)

Prefix: --- Select One --- req

First (Given) Name: req

Middle Name: req

Last (Family) Name: req

Degree: req

Primary E-Mail Address: req

Primary E-Mail Address (again): req

Primary Cc E-Mail Address: req

Secondary E-Mail Address: req

Secondary E-Mail Address (again): req

Secondary Cc E-Mail Address: req

Next

... and complete all 3 steps of the registration process. Ensure you complete all required fields. At the end of Step 3 on the 'User ID & Password' page, click on 'Finish' to complete your registration.

Login and navigate to Author Dashboard

ScholarOne Manuscripts™ Instructions & Forms Help

BMJ Case Reports

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⚠ Please add this site to your pop-up blocker exception list
Blocking pop-ups on this site may prevent peer-review related e-mails from being sent.
[More information on disabling pop-up blockers](#)

Log In [Create an Account](#)

User ID
ekalceff@bmj.com

Password [Reset Password](#)

Log In [Log In With ORCID iD](#)

Resources

- User Tutorials [Journal Home](#)
- Instructions & Forms [Help / Site Support](#)

Welcome to the submission site for BMJ Case Reports

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If you are unsure about whether or not you have an account, or have forgotten your password, go to the [Reset Password](#) screen.

Once you have registered, enter your User ID and Password and click 'Log In'.

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EDITORIAL OFFICE
For assistance, please contact bmjcases@bmj.com

AUTHORS
Click on Author in the navigation bar above to access your Author Dashboard.

[BMJ Case Reports instructions for authors](#)
[BMJ privacy policy](#)

New submissions
To **start** the submission of a new manuscript, click on the 'Start new submission' link in the Author Dashboard. To **continue** with the submission of a manuscript already in progress, find the relevant manuscript in the 'Unsubmitted and Manuscripts in Draft' list and click on the 'Continue' link.

Revised submissions
To **start** the submission of a revised manuscript, click on 'Manuscripts Awaiting Revision' link or click 'Manuscripts with Decisions' to display a list of decided manuscripts. Find the submission you wish to start the revision process for and click on the 'Create a Revision' link for that manuscript.
To **continue** with a revised manuscript that has yet to be submitted, either click on the revision link as outlined above or click on the 'Unsubmitted and Manuscripts in Draft' queue. Find the submission you wish to continue with and then click on the 'Continue' link.

Correcting/Updating submissions
To correct or update a submission that has been returned to you by the journal, find the relevant manuscript in the 'Unsubmitted and Manuscripts in Draft' list and click on the 'Continue' link.

Manuscript status
To check the status of a manuscript you have submitted, click on the 'Submitted Manuscripts' queue in the Author dashboard. All manuscripts you have submitted that are currently being evaluated will be listed in this area. The status of the manuscript can be found under the column Reading Status.

Open access
All authors have the option to publish their manuscript [open access](#) for a fee, payable after acceptance. A number of [institutions](#) have taken out open access memberships with BMJ which cover part or the full cost of open access publishing for authors at those institutions.

ESSENTIAL INFORMATION FOR BMJ CASE REPORT AUTHORS

Submission Templates
Submissions must be submitted using the most recent version of the Word templates:
[Full cases template](#)
[Images in... template](#)
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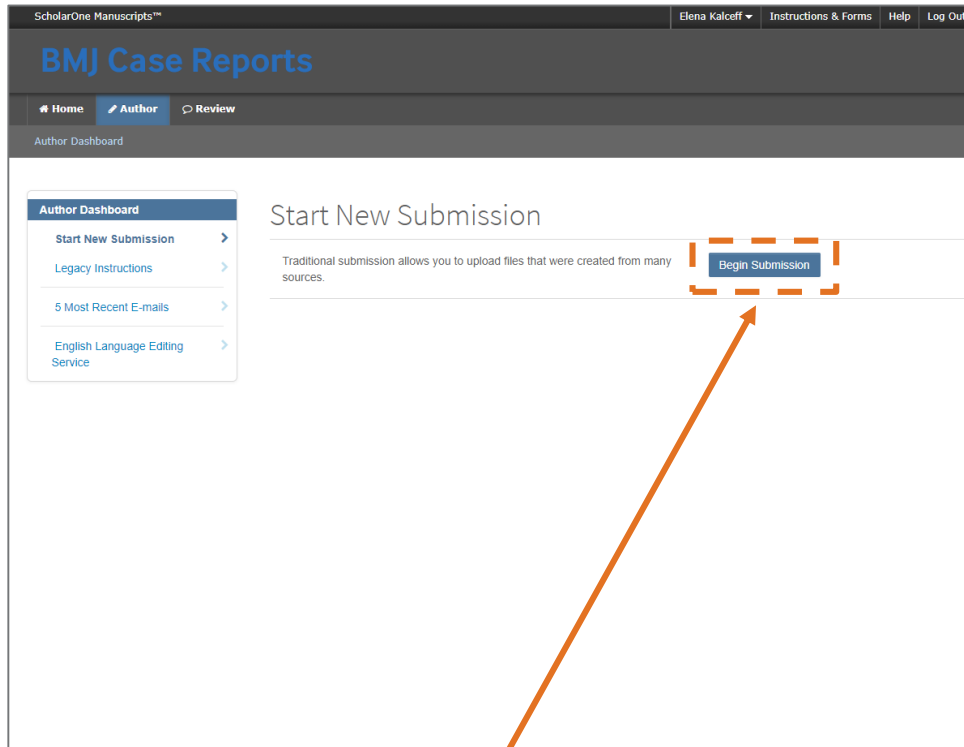
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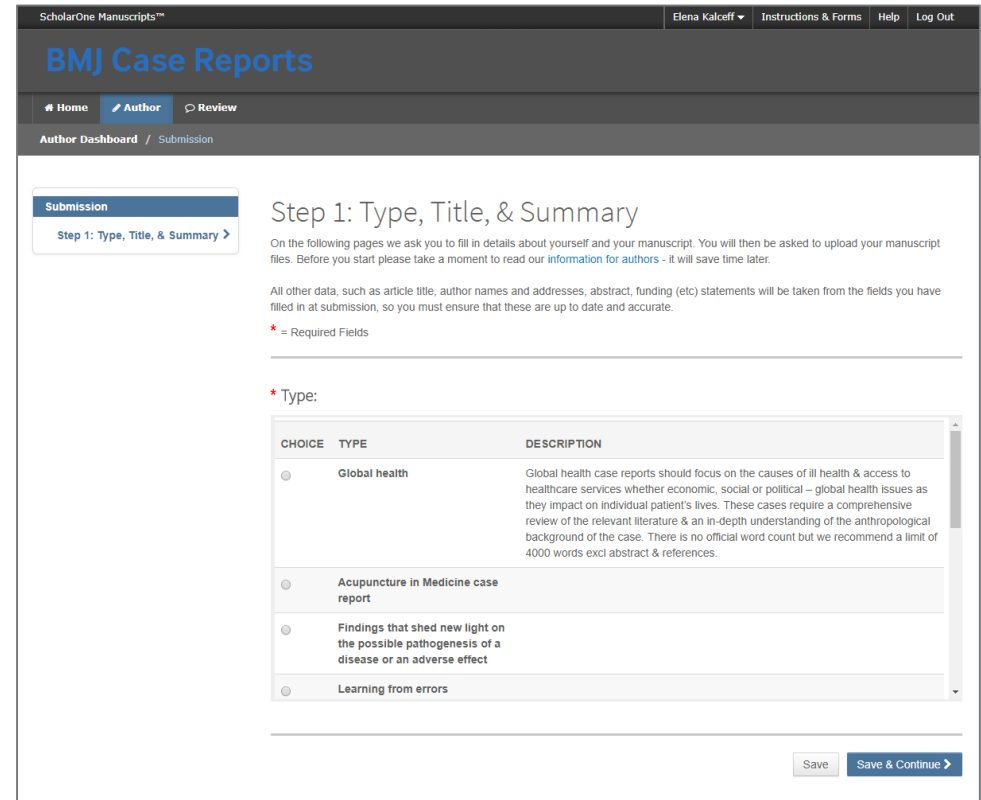
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