



Journal of Emergency Medicine

Case Reports

- Penetrating Trauma of the Soft Palate
- Left Gastric Artery Aneurysm Rupture
- A Case of Staphylococcal Scalded Skin Syndrome
- Seizure as the Cause of Atrial Fibrillation
- Atrial Fibrillation due to Blunt Cardiac Injury
- Diclofenac and Atrial Fibrillation
- Postpartum Facial Paralysis



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Case Reports

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Aims and Scope

"Journal of Emergency Medicine Case Reports" (J Emerg Med Case Rep) is the official publication of the Emergency Medicine Physicians Association of Turkey. The journal implements "online-only" publication model and published quarterly in January, April, July and October on the journal's web page. The journal accepts manuscripts written in English.

Journal of Emergency Medicine Case Reports is an Open Access, peer-reviewed journal that considers original and interesting case reports and brief reports that have contributed to medical field. Journal of Emergency Medicine Case Reports will only evaluate manuscripts submitted via the journal's self-explanatory online manuscript submission and evaluation system available at www.jemcr.org, manuscripts submitted via any other medium will not be evaluated.

Journal of Emergency Medicine Case Reports does not charge a fee for submission, processing or publication from authors. It is %100 non profit to help encouraging scientific contribution and good publication.

All the papers are first evaluated by the editor; later the papers are sent to advisory board members. If needed, some questions can be asked to the authors to answer; or some defaults may have to be corrected by the authors. Accepted manuscripts are forwarded for publication; in this stage, all information and data are checked and controlled properly; the proof of the article to be published by the journal are forwarded to the writers for proof reading and corrections. The result can be acceptance, minor revision, major revision, rejection in the current form, or rejection.

Any processes and submissions about the journal can be made from the website: www.jemcr.org. Past issues of the journal are also available at this website.

Journal of Emergency Medicine Case Reports is indexed in Web of Science-Emerging Sources Citation Index, EBSCO, ProQuest, Embase, DOAJ, HINARI and TUBITAK ULAKBIM TR Index.

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Case Reports

Information for Authors

"Journal of Emergency Medicine Case Reports" (J Emerg Med Case Rep) is the official publication of the Emergency Medicine Physicians Association of Turkey. The journal implements "online-only" publication model and published mostly on the journal's web page. The journal accepts manuscripts written in English.

Scope of Journal of Emergency Medicine Case Reports:

Journal of Emergency Medicine Case Reports is an Open Access, peer-reviewed journal that considers original and interesting case reports and brief reports that have contributed to medical field. The manuscript should cover at least one of these categories below:

- Mystery cases
- New or unusual illnesses
- Presentations, diagnoses and/or management of new and emerging diseases
- Important clinical situations that must be kept in mind
- Pitfalls
- New associations or variations in disease processes
- New diagnostic procedures
- An unexpected association between diseases or symptoms
- An unexpected event in the course of observing or treating a patient
- Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
- Unexpected or unusual presentations of a disease or trauma process
- New treatment modalities (new drug/approach; new trends for known drug/approach)
- Using new medical technologies
- Patient complaints and/or malpractice
- Unreported or unusual side effects or adverse interactions involving medications
- Radiological screening and photographs: impressive and clinically important teaching materials that should not exceed 250 words

Submission:

Papers must be submitted on the understanding that they have not been published elsewhere (except in the form of oral or poster presentation) and are not currently under consideration by another journal or any other publisher. The submitting author is responsible for ensuring that the article's publication has been approved by all the other coauthors. It is also the authors' responsibility to ensure that the articles emanating from a particular institution are submitted with the approval of the necessary institution. By the acceptance, authors are responsible for applying for permission for both print and electronic rights for all borrowed materials to Journal of Emergency Medicine Case Reports. The authors should accept that an accepted manuscript cannot be published in another language elsewhere without permission. If the manuscript had been presented in a meeting before; the name, date and the province of the meeting should be noted.

The journal accepts manuscripts written in English. All the papers are first evaluated by the editor; later the papers are sent to advisory board members. If needed, some questions can be asked to the authors

to answer; or some defaults may have to be corrected by the authors. Accepted manuscripts are forwarded for publication; in this stage, all information and data are checked and controlled properly; the proof of the article to be published by the journal are forwarded to the writers for proof reading and corrections.

Terms of Submission:

All manuscripts (including figures) must be submitted via the journal's self-explanatory online manuscript submission and evaluation system available at www.jemcr.org

Format of manuscripts:

All manuscripts must be written in English, double-spaced with adequate margins on each side. The size and the writing style of the main text should be Arial 10 font. The text of the manuscript should not normally exceed 2000 words and include no more than 10 references and 3 figures or tables.

The manuscript should include the following:

- Title page that includes writer details (will be entered into the system)
- Abstract (will be entered into the system)
- Introduction (full text file)
- Case Report (full text file)
- Discussion (full text file)
- Conclusion (full text file)
- References (full text file)
- Informed consent form (will be sent by mail)
- Conflict of interest (also as a file)
- Contributions of the writers (also as a file)
- Acknowledgments (also as a file)

Title page:

Please provide a concise and informative title. The title page should include a list of all contributing authors and all of their affiliations. Positions of authors and names of departments and institutions to which they are attached and the province should be written. Supply full correspondence details for the corresponding author, including phone, mobile phone, fax number and e-mail address. A manuscript can not be signed by more than 5 authors unless it is approved by the editorial board prior to submission.

Abstract:

For submissions from Turkey, the manuscript should include an English abstract. Please provide an abstract of 200 words or fewer. Abstract should include these three separate structured paragraphs:

- Introduction
- Case Report
- Conclusion

This part should not include any reference to the text.

Introduction:

Should be brief and set out the purposes for which the study has been performed along with relevant previous scientific studies only where essential and necessary.



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Case Report:

Clearly state these main study objectives below:

- Demographic characteristics
- Medical and family history
- History of pregnancy or delivery for females
- Cigarette, alcohol and drug use and their amounts (or doses)
- Symptoms and physical examination findings
- Procedures done for diagnosis and treatment
- Expectable and unexpected results
- Prognosis of the patient

If more than one case will be represented, these objectives should be given for each case.

Discussion:

Should include additional data about the case and possible implications should be discussed. Discussion should be directly related to the study being reported. Do not include a general review of the topic only. An in-depth and insightful discussion in regarding to the new findings is encouraged.

Conclusion(s):

Should include clinical implications of the case(s) and important results.

Patient consent form - Ethics:

Our policy is to obey traditional medical and social ethical rules and adhering to confidentiality requirements specified in Constitution of the Republic of Turkey.

If a manuscript includes knowledge about a patient's personal medical data that must be kept in secret, authors must be able to provide written confirmation that the patient described in the case report has given his/her informed consent for publication. This form can be acquired from the web address of Journal of Emergency Medicine Case Reports. After fulfilling this form, it must be sent to editorial office via fax or e-mail (after scanning). If the patient is in pediatric age group, the form must be signed by his/her legal guardian.

If patient consent form cannot be taken from the patient or reaching to the patient is impossible, than the data must be written anonymously without describing the patient. Anonymous data mean that the given knowledge should not describe a special patient and should not include secrets of a patient. Due to anonymisation, the probability of loss of data or argument is high. Thus, at the end of the manuscript, these sentences should be added: "The case report has written in an anonymous characteristic, thus secret and detailed data about the patient has removed. Editor and reviewers can know and see these detailed data. These data are backed up by editor and by reviewers." In extreme conditions, the writers name may be included in this anonymisation.

If the patient has died, the statute of preserving the data is not valid. However, the writers can take permission from the patient's close relatives for the purposes of considerateness and medical ethics. If making a connection with the relatives is impossible, the editorial team will examine the scientific value of the paper. If the scientific value is high, than

the editorial team will make a decision about publishing the paper without consent. This publishing politics is also valid for other medical documents such as photographs and medical histories.

Patient Photographs:

Our general policy is to take permission from patients whose photographs will be published. If the identity of the patient can be understood from the photograph that will be published, than written consent is definitely needed. Photographs of radiological screenings, laparoscopic views, ultrasonographic images, pathology slides or a pathological image of a certain body part can be used without permission of the patient if the identity of the patient is not understood or if no name, no sign and no determinant about his/her identity is given in the image.

Conflict of interest:

If any of the writers have a relationship based on self-interest, this should be explained.

Authorship criteria:

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Acknowledgments:

Only acknowledge persons who have made substantial contributions to the study, but was not a writer of the paper.

References:

Number references consecutively in the order in which they first appear in the text. In the text, references should be cited by numerals in brackets and without miniaturizing. Only list the literature that is published, in press (with the name of the publication known) or with a DOI number in references. References should conform to the updated style used in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals". Journal names should be abbreviated according to Index Medicus. List all authors up to six. When there are more than six authors, list only first six and add et al.

Follow the styles shown in examples below:

Journal Articles: Lewin MR, Stein J, Wang R, Lee MM, Kernberg M, Doe J, et al. Humming is as effective as Valsalva's maneuver and Trendelenburg's position for ultrasonographic visualization of the jugular venous system and common femoral veins. *Ann Emerg Med* 2007; 50: 73-7.

Book Chapters: Gary B. Green Peter M. Hill Approach To Chest Pain. In Judith E. Tintinally, MD, MS, Editor. *Emergency Medicine*. 6th ed. New York: McGraw-Hill; 2004. p.333-43.

Tables, Figures, Graphics and Photographs:

All tables, figures and graphics should be numbered in the text in order. For photographs and tables, desired positions must be explained in the text. Electron and light micrographs must have a scale marker and the staining technique used must be written. For patient photographs, written consent signed by the patient and/or parents should be added or patient's face or eyes must be concealed so as not to be recognized by others.



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