

EDITORIAL

From Clinical Images to Publishable Case Reports

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A case report is one of the valuable articles in most medical-indexed journals. It is a scientific documentation of a single or more (traditionally less than 3) clinical case observation on the symptoms, signs, investigations, treatment, and follow-up showcasing the extensive medical review and knowledge (Carey, 2010). The ecosystem of submitting case reports for publication usually is practised among clinicians. Even though case report is found at the lower hierarchical level of evidence (Figure 1), it has its advantages, which are valuable to the medical literature (Burns et al, 2011; Nissen & Wynn, 2014), and clinical practices.



Figure 1 Level of evidence showing the hierarchical position of case reports

Nevertheless, the acceptance of a case report for publication can be challenging due to its level of hierarchal position, and low citation, which may affect the journal

performance. This has led a journal to limit the number of manuscripts accepted for publication under the case report section. The higher impact factor journals usually do not publish case reports anymore. Many factors determine the editors' decision in selecting case reports for those limited spaces. One critical aspect is the quality of the images included. This editorial explores the strategies to improve the acceptance of case reports by making informed choices and enhancing image-related strategies.

Perfect Angle

Manuscripts with images have a relatively higher chance of being accepted than those without. Thus, choosing not only the correct images but more importantly the perfect one is more critical. Nevertheless, most of the time, obtaining those 'perfect images' can happen by chance. Thus we need to be more prepared when we begin attending cases with the ending of publication, in mind. In the clinical ecosystem, every window of golden opportunity must be grasped, thus the practice of taking on-the-spot and live pictures is crucial. This is applied to the moment of seeing any patient in the clinic, wards and even during procedures for example intraoperative findings, in which it will not be repeated. In the era of modern technology, we can use high-resolution cameras to ensure the clarity and detail of the images, making it easier for readers to appreciate the highlights in the portrayed cases. Even though the requirements of images are always mentioned on the website, there are usually general rules that we can follow.

Quality

Some of the vital rules include getting a clear and sharply focused image with a clean background, deidentifiable patient and institution, and high-quality JPEG or TIFF files not more than 3 - 4 MB in size. The choice of getting excellent pictures includes using a

point-and-shoot camera, a digital single-lens reflex camera and even more practically a good smartphone. When possible, we can include before-and-after images to demonstrate the impact of treatment or interventions, hence the readers can benefit from the case discussed. That is why, nowadays one of the practises is to get dynamic images or high-quality videos, especially on techniques and steps of procedure, so if needed, they can be converted into precious images. One more important rule in producing images is to maintain a consistent format for image labelling, captions, and sizing throughout the case report. We must not crop the original images as we opt to use image editing tools to improve the quality of such figures. Besides, the tools can also judiciously be used to enhance clarity, brightness, and contrast without altering the actual content. Together, we must include clear reference images within the text to guide readers to relevant visuals and explain the significance of each image in the context of the case. Markers such as arrows, asterisks, scales, abbreviations, and others are portrayed in the images so that the expression of specific findings or areas of interest can be delivered to the readers (Carleton & Webb, 2012).

Appropriateness

Besides the quality, the appropriateness of the images is very much dependent on the highlights. Some manuscripts require images of the clinical presentations (symptoms) or findings (signs), radiological images, intraoperative techniques, histological slides, or combinations of any. For example, if the case highlights a rare pathology, a microscopy slide (we identify as 'figures') with details of evidence that support the diagnosis is essential. On the other hand, if the symptoms are unusual or the signs are unique, most likely the histology slides are not required.

Anonymity

Another important requirement when taking pictures is to preserve the patient's anonymity. We must ensure that all images adhere to patient privacy regulations. It is highly crucial not to disclose any information that might reveal the identity of the patient. This includes other information such as the patient's unique signs, birthmark, or tattoo. The name and description of the institution must be anonymised as well, not only for privacy and confidentiality purposes but also to avoid any medicolegal risk. In addition, it will be helpful in the blinded review processes. Regarding consent, it is important to take note that some journals need that for all images, while some only for selected cases of exposed identity. Hence, it is good to prepare beforehand or keep track of the patient's contact number/follow-up date in case signatures are required later.

Self-Explanatory

However, the images must be clinically educational in a manner that they are vivid to the readers, as to what and which regions are involved (Figure 2). If we are showcasing a tumour from a large bowel, attempts must be made to anatomically align the structures to show that the portrayed organ is a large bowel and from where the tumour arises. In addition, the background must be clean as much as possible without degrading the quality or purity of the specimen. To make sure it is informative, a rule of thumb is to insert a ruler or tape for dimension (Figure 3).



Figure 2 The image is not too zoomed which makes the identification of the landmark difficult



Figure 3 Specimens with a clean background (green towel) and a ruler (10-millilitre syringe) display informative and self-explanatory clinical images.

Get the Permission

In the event of published images, we must apply for written permission from the copyright holder (usually the former publisher) to reproduce the material and provide credit to the original source in the acknowledgement section. This is also applicable for published tables, and figures that we want to re-use in our manuscript. A credit line should appear in the legend for such figures. Or else, we can produce our images either by self-hand-

drawing or drawing applications or software. Besides, in the current era, images also can be produced using generative artificial intelligence (MQA, 2023).

Unsatisfactory Images

Occasionally, the best images to us may be unsatisfactory to the editor. We go for the best but at the same time, we must prepare for the worst unfavourable comments. Quite at times, the reviewers asked to replace it with a better-quality picture and most of the time, we do not have any other better. In such cases, where the images are not reproducible by tracing the old notes, by dwelling in the storage PAC system, or by going back to the pathology labs, we must admit to the reviewer, in the reply letter, that this is regrettably the best that we have. We can give the option of withdrawing the images/figures as a last resort if they are not up to the quality of the reviewer. Most of the time, the editor will accept the initial submitted ones as the opinion of the reviewers, is still an opinion.

In conclusion, enhancing the acceptance of case reports relies significantly on the relevance, quality, and presentation of images. By selecting appropriate images, standardising their presentation, and adhering to ethical guidelines, authors can improve the chances of their case reports being accepted for publication.

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