

## Author guidelines

### Case report

#### Purpose:

To present a case.

#### Committee contact:

Hon. Education Editor.  
educationeditor@a-s-a.com.au

#### Deadline:

25<sup>th</sup> December, March, June and September for issue 1, 2, 3 and 4 respectively

#### Length:

1000 - 2000 words.

#### Format:

##### Text:

Word document (attached to email).

##### Images:

Images are preferred in digital format emailed as separate files (attached to email). JPG or TIF files – 300dpi required, with a minimum width of 56mm (1 column wide). Please supply a caption for each image.

#### Content:

The case report requires five elements:.

- A statement of why the case is worth reading about.
- An account of the case, with all relevant data.
- Discussion of evidence that the case is unique or unexpected.
- Possible alternative explanations for case features.
- Conclusion with implications.



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## Introduction

The reader needs to know right away what there is about the case that justifies the report. The Introduction, therefore has to compress into one paragraph or two a concise summary of how the case came to the author's attention, its main features worth reporting, in brief what literature search or other studies were carried out, and why the case is unique or unexpected.

Details on the literature search (if any) can be presented in the discussion, where you must assess the strength of the evidence for your conclusion.

## Case description

Usually the clearest way to 'tell the story' is to describe the case in a chronological sequence. The narrative sequence may have to be interrupted by a 'flashback' if events in the past turned out to be important. Text that follows this jump back in time must clearly state that the story is returning to the present time of the case narrative.

All truly relevant data should be included. Dates and times that data were collected should be specified as needed for clear sequence and adequate interpretation. A long case description with extensive data can be more clearly presented with most of the detail set up in a table with a chronological structure rather than strung out in the text.

## Variations in format

In most case reports, the case description can be followed immediately by the Discussion [see below]. Occasionally other elements have to be added at this point. If the case details suggested that the syndrome could be an inherited disorder and the patient's family was studied for evidence of genetic abnormalities, a section on this family study may have to be added after the Case Description, particularly if the evidence confirmed a family related genetic disorder. If the initial case observations led to special detailed laboratory studies, the author may have to insert Materials and Methods and results sections at this point, as in a research paper.

## Discussion and conclusions

You will justify reporting the case in your Introduction, but your argument that the case is unique or unexpected belongs in the Discussion. The features of the case that justify the report are in the case description, but other evidence to support the argument is needed. Such additional evidence may be, in part, drawn from extensive case records in the author's institution. Additional evidence can also be obtained from a thorough search of the medical literature through one of the bibliographic services. This is the type of evidence that proves that the case is unique and has not previously been reported. This may or may not be relevant to case studies published in **soundeffects** on ultrasound cases. In **soundeffects** we are more interested in offering interesting cases to our membership, not necessarily proven one off, occurrences. It may be interesting still to do a literature search if the author feels it is warranted.

You will, however, need to include background material to explain the pathology or condition that you are reporting to a readership that may not necessarily have specialist knowledge in the area of your case report.

The conclusion 'rounds off' the preceding discussion and can suggest possibilities for further study or point to implications for clinical practice.

For further information regarding case reports or other **soundeffects** material please contact:

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