Case histories: increasing role for major journals

E.E. van der Wall, A.A.M. Wilde

It has become a tradition that the *Netherlands Heart Journal* publishes case histories in the combined July/August issue.¹ Although not fully recognised, case histories may constitute the true background for systematic or hypothesis-based research. The accurate observation and description of a single patient case may form the basis for further exploration of the observed phenomenon, thus opening new fields of interest. The role of case histories is therefore to expand our knowledge based on incidental experiences. In this respect, we cite VandenBroucke who stated that *there is no other way but a series of cases to bring a potentially new disease to the attention of the medical public.*²

Last year we already alluded to an initiative of the British Medical Journal (BMJ) which was about to start a new dedicated site called BMJ Case Reports. BMJ Case Reports is an online gathering pool for the numerous case reports submitted to the BMJ. Many of these case reports cannot be published in the regular BMJ journals, but since the end of 2008 the case reports can be read on the special site. The site delivers a focused, peer-reviewed, valuable collection of cases in all disciplines. BMJ Case Reports therefore constitutes a major source for medical teaching whereby specialists are able to quickly retrieve clinical information on both frequent and less frequent diseases. The site already includes hundreds of case reports in all fields of medicine. When restricted to the field of cardiovascular medicine, 67 case reports have already been published since January 2009.

E.E. van der Wall

Department of Cardiology, Leiden University Medical Center, Leiden, the Netherlands

A.A.M. Wilde

Department of Cardiology, Academic Medical Center, Amsterdam, the Netherlands

Correspondence to: E.E. van der Wall
Department of Cardiology, Leiden University Medical Center,
PO Box 9600, 2300 RC Leiden, the Netherlands
E-mail: e.e.van_der_wall@lumc.nl

Along those lines, many mainstream journals are now focusing on case histories. Comparable sources are American Journal of Case Reports, Cases Journal, Journal of Medical Case Reports, Clinical Medicine: Case Reports (http://www.la-press.com/journal.php?journal_id=91), International Medical Case Reports Journal (<http://www.dovepress.com/international-medical-case-reports-journal-journal>), Journal of Radiology Case Reports (<http://www.radiologycases.com/index.php/radiologycases>), and Radiology Case Reports (<http://radiology.casereports.net/index.php/rcr/index>).

The increasing interest of major journals in publishing case histories testifies the inherent value of case histories. Generally, case histories receive a low esteem as they are considered to be non-citable items, lowering the impact factor of a journal. However, editors have become convinced that case reports may stimulate learning and education. It has been proven that educational material belongs to the most read content of a journal.

Of course, case histories should also provide novel, preferably unique, scientific information. The flipside of the coin is that case reports are relatively easy to compose compared with original and/or review articles. As a consequence, journals may become flooded with case reports, most of which are largely repetitive. In that sense, stringent criteria should be applied for acceptance and publication of case reports. For our Journal, we already have a backlog of over 25 case histories implying a very long time window between acceptance and publication. As we routinely publish one case report per issue, it implies that we can publish only ten case reports per year, apart from the July/August issue. There are several ways to cope with this problem: 1) changing the structure of case reports i.e. more concise allowing publication of more case histories per issue, 2) applying more stringent criteria (more rejections), 3) referring to the above-mentioned journals in case of overload, 4) creating a similar site as the BMJ, and 5) to have them listed on-line before actual publication (published ahead of print). We will inform you about our policy as soon as possible.

In the 2009 July/August issue of our Journal we present nine interesting case histories.³⁻¹¹ The nine cases

have been selected based on originality and potential educational interest to the reader. Topics of the case histories are the various manifestations of ischaemic heart disease varying from drug-induced myocardial infarction to aneurysms of coronary artery bypass grafts. We hope that these patient cases will be inspiring for both scientific and educational purposes. History will teach us the true value and impact of these cases on the long run. ■

References

- 1 Van der Wall EE. Case history: more than a beauty case!: A case for case histories. *Neth Heart J* 2008;16:235-6.
- 2 Vandenbroucke JP. Case reports in an evidence-based world. *J Royal Soc Med* 1999;92:159-63.
- 3 Basalus M, Louwenburg HW, van Houwelingen KG, Stoel MG, von Birgelen C. Primary percutaneous coronary intervention in the left main stem of a monocoronary artery: a case report. *Neth Heart J* 2009;17:274-6.
- 4 Şentürk T, Kanat Ö, Evrensel T, Aydınlar A. Capecitabine-induced cardiotoxicity mimicking myocardial infarction: a case report. *Neth Heart J* 2009;17:277-80.
- 5 Houthuizen P, Polak PE, Edelbroek MAL, Peels CH. Giant cell arteritis as a cardiovascular entity. *Neth Heart J* 2009;17:281-3.
- 6 van der Velden LBJ, Otterspoor LC, Schultze Kool LJ, Biessels GJ, Verheugt FWA. Acute myocardial infarction complicating sub-arachnoid haemorrhage. *Neth Heart J* 2009;17:284-7.
- 7 Camaro C, Danse PW, Bosker HA. Acute chest pain in a patient treated with capecitabine. *Neth Heart J* 2009;17:288-91.
- 8 Van Mieghem C, de Feyter PJ. Combining non-invasive coronary anatomical imaging with invasive functional information: An unconventional but appropriate hybrid approach. *Neth Heart J* 2009;17:292-4.
- 9 Tatli E. Thrombotic occlusion of the ostial left main coronary artery in a patient with acute coronary syndrome. *Neth Heart J* 2009;17:295-6.
- 10 Camaro C, Aengevaeren WR. Acute myocardial infarction due to coronary artery embolism in a patient with atrial fibrillation. *Neth Heart J* 2009;17:297-9.
- 11 Gossner J, Larsen J. Tandem aneurysms of an internal mammary-aortocoronary bypass graft - a case report. *Neth Heart J* 2009;17:300-2.