EDITORIAL

Why so few case reports—why (systematic) reviews instead?

Dentomaxillofacial Radiology (2013) 42, 20130272. doi: 10.1259/dmfr.20130272

Cite this article as: Schulze R. Why so few case reports—why (systematic) reviews instead?
Dentomaxillofac Radiol 2013; 42: 20130272.

In an editorial board meeting in 2011, it was suggested that *Dentomaxillofacial Radiology* (DMFR) drastically reduce the number of case reports, as many other journals have done recently. Indeed, many of them have completely abolished case reports. What is the reasoning behind this decision? For a reader, it might not be obvious, given that a case report may provide interesting clinical information. The problem is that this information is valid only for that specific case—*i.e.* it is anecdotal. Interestingly, “It [an anecdote] is useful for documenting that the outcome can occur, but provides no information about the frequency with which it occurs or the effect of an intervention on the frequency of occurrence.”¹ In radiology, this means that a case report documents that a disease or interesting anatomical finding can occur (at least once), yet no information can be derived from that on how often it may occur. A faulty conclusion could be, for example, that an image appearance is specific for an entity; this cannot be concluded from case reports owing simply to their scientific design (no control group, etc.).²

Apart from that scientific shortcoming, case reports are costly for a journal. Firstly, they require voluntary review services from reviewers plus processing work for the handling editor. Secondly, they take up publication space that could otherwise be occupied by high-quality research or review articles of interest to a wide cross-

section of the DMFR readership. Thirdly, a large number of case reports may have a negative impact on the overall quality of a research journal. These factors are undeniably problematic for any journal and certainly a major reason why case reports are having a hard time these days.

It is clear that for any scientific journal in the competitive world of scientific, technical and medical publishing, the decision to abolish or at least massively reduce case reports is logical. Authors should be encouraged to prepare (systematic) reviews instead. We are well aware that these involve a lot of work and also require a very thorough scientific approach, yet the outcome from a systematic review provides high-quality empirical scientific information. A good general overview on how to design and prepare a systematic review is given in an article by Henderson et al.³ As editor of DMFR, I can assure you that we could handle many more well-designed systematic reviews. Hence, I would like to invite all of you to prepare and submit such work, because the chances are high that it will be read and cited frequently, showing its true impact on the radiological community.

Sincerely,

Ralf Schulze
Editor

References

1. Eddy D. *Assessing health practices and designing practice policies*. Philadelphia, PA: American College of Physicians; 1992
2. Sica GT. Bias in research studies. *Radiology* 2006; 238: 780–789. doi: 10.1148/radiol.2383041109
3. Henderson LK, Craig JC, Willis NS, Tovey D, Webster AC. How to write a Cochrane systematic review. *Nephrology* 2010; 15: 617–624. doi: 10.1111/j.1440-1797.2010.01380.x