Do Case Reports Still Have a Place in Turkish Archives of Otorhinolaryngology?

Editorial

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A case report is a type of article that is frequently submitted to scientific journals, and it historically dates back to old times. The examples of first case reports were found in Edwin Smith Papyrus, which belongs to 1600 B.C. (1, 2).

Case reports have made important contributions to the development of science. They have played an important role, particularly in the introduction of new diseases and syndromes or in the presentation of their rarely observed features (3). They have also helped to present side effects of drugs as well as rare complications of some treatment methods (4-7). Moreover, case reports have contributed to the development of new treatment methods. In a letter to editor (not even a case report) published in The New England Journal of Medicine in 2008, with the presentation of 11 cases, propranolol was begun to be used in the treatment of hemangiomas (8).

Case reports, which provide information on new diseases, findings, complications, or side effects to be shared with the scientific society, have also enabled the formation of hypotheses for more comprehensive prospective studies (2, 3, 9).

Another advantage of case reports is that they are the first step for new scientific authors. It is easier for young authors to prepare a case report because it is shorter and does not require the application of a serious methodological or biostatistical method (3, 10).

Then, why has the acceptability of case reports by journals been more difficult in the last 20 years? This has two main reasons: The first reason is that

case reports are at the lowest evidence level in evidence-based medicine hierarchy. Now, editors prefer to publish meta-analyses and randomized controlled studies or reviews conducted by a well-known author or groups in their journals (2, 9, 11, 12). The second and even more important reason is that case reports are not cited as much as clinical studies or reviews. At present, being cited is the only criterion that is considered while calculating the impact factors of scientific journals. Therefore, journals publish case reports, which have low citation potentials, as less as possible (2, 9, 11). Actually, there is no problem related to the reading frequency of case reports. However, the fact that their citation rates are too low has become a commercial concern for journals in competition and this disadvantage has caused case reports to be ignored to a greater extent (1, 9, 11, 13).

In our country, because international standards are used in scientific publication, in the Tubitak Ulakbim Turkish Medical Index (TR Index) criteria for journal evaluation, there is a rule that the total number of original research articles published in medical journals in a year must constitute at least 50% of the total scientific articles (research, case reports, review) (14). This fact prevents medical journals from publishing more case reports.

We, the Editorial Board of Turkish Archives of Otorhinolaryngology, believe in the importance of case reports, which still contribute to the development of science to a great extent. These articles will always be included in our journal as long as they are original and interesting and make contributions, particularly to the national literature.

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References

1. Nissen T, Wynn R. The history of the case report: a selective review. *JRSM Open* 2014; 5: 2054270414523410. [CrossRef]
2. Bağatur AE, Yalçınkaya M. How to write a case report? or...not write at all? *Eklemler Hastalıkları Cerrahisi* 2014; 25: 165-7. [CrossRef]
3. van der Meer JW. Should we do away with case reports? *Neth J Med*. 2002; 60: 161.
4. Onerci M, Gumus K, Cil B, Eldem B. A rare complication of embolization in juvenile nasopharyngeal angiofibroma. *Int J Pediatr Otorhinolaryngol* 2005; 69: 423-8. [CrossRef]
5. Ahmmed AU, Camilleri AE, Small M. Cavernous sinus thrombosis following manipulation of fractured nasal bones. *J Laryngol Otol* 1996; 110: 69-71. [CrossRef]
6. Dowley AC, Strachan DR. Allergy to Merocel nasal packs causing septal perforation and inferior turbinate necrosis. *J Laryngol Otol* 2001; 115: 735. [CrossRef]
7. Dias A, Casserly P, Fenton JE. 'Case reporting of rare adverse events in otolaryngology': can we defend the case report? *Eur Arch Otorhinolaryngol* 2010; 267: 1477-81. [CrossRef]
8. Léauté-Labrèze C, Dumas de la Roque E, Hubiche T, Boralevi F, Thambo JB, Taïeb A. Propranolol for severe hemangiomas of infancy. *N Engl J Med* 2008; 358: 2649-51. [CrossRef]
9. Flood LM, Kenyon G. The ENT case report in the era of evidence-based medicine: a defence and a guide. *J Laryngol Otol* 2009; 123: 1-3. [CrossRef]
10. Goihman-Yahr M. About case reports and the perverse application of reasonable principles. *Int J Dermatol* 2016; 55: 117-9. [CrossRef]
11. Abu Kasim N, Abdullah B, Manikam J. The current status of the case report: Terminal or viable? *Biomed Imaging Interv J* 2009; 5: e4. [CrossRef]
12. Packer CD, Katz RB, Iacopetti CL, Krimmel JD, Singh MK. A Case suspended in time: The educational value of case reports. *Acad Med* 2017; 92: 152-6. [CrossRef]
13. Ruano-Ravina A, Pérez-Ríos M. Regarding a case report: rare diseases and bibliometric impact factor. *J Clin Epidemiol* 2012; 65: 916-7. [CrossRef]
14. <http://cabim.ulakbim.gov.tr/tr-dizin/tr-dizin-dergi-degerlendirme-kriterleri/>