An *n* = 1, a single dot in medical journalism

Dr. Muhammad Babar Imran (MD, FRCP, PhD)

European Journal of Medical Case Reports
Volume 2(1):1
© EJMCR. https://www.ejmcr.com/
Reprints and permissions:
https://www.discoverpublish.com/
https://doi.org/10.24911/ejmcr/2/7
Discover Publishing Group

On completion of a successful first year, I must applaud the team efforts of all those who have exercised dedication for the publication of three issues in the first year of EJMCR. It needs lots of efforts from soliciting to the level of being referred. We are on the right track, rose up from soliciting to the present state, where EJMCR is now in the counting of medical journalism. There is good news for authors, readers, and for editorial board members. EJMCR has been accepted in ProQuest, ScopeMed, and MyScienceWork for indexing. Reports from the last year issues will also appear on these sites. Contents appear in the Google Search Engine as well. We have signed an agreement with Crossref, a reference linking service, and have applied for indexing in "Google Scholar".

Now, we are planning to apply for indexing in PubMed, Index Medicus, and Index Copernicus after EJMCR completes a minimum period of continuous publication. Files of the published manuscript are being prepared in required specific format. So that after approval, all the manuscripts, including those of the previous issues will appear on these indexing sites.

Last year, editorial office received 55 manuscripts. Authorship affiliation represented four continents. Acceptance rate in the first year remained 72%. Review process, on the average, took 18 days. The fastest review was 1 (one) day. All those who contributed to their level best deserve special mention for their efforts. Case report publication should be timely and fast, since it does not need any statistical analyses, hence, shorter publication time with rapid processing match the original concept of short communication of any novel case. We would like to see further speed-up in the review process, and average time for the review may be brought down to less than 10 days.

A case report, $n = 1$, once thought as a significant part, like a pillar of the medical literature [1]. However, this pillar remained weak due to an inherent risk of bias in the final conclusion and any potential clinical impact. There is no comparison, no masking or double masking, placebo control analysis in the case reports even when $n > 1$ as in the series of case reports [2–3]. Proponents of evidence-based medicine have assigned any corroboration of case reports as the lowest grade evidence. So, this pillar is actually displaced from the structure of the medical literature. However, the descriptive narrative ($n = 1$), under certain circumstances is the whole universe visible (single dot as whole universe) in that situation. There is actually nothing available for comparison or for any sophisticated statistical analyses. Prowess and talent here is to effectively garner the available information/evidence. And if possible, bring it to bear on clinical decision making at least for any such case in future.

Any case can be reported as case report if it is unusual or a novel case or else unusual presentation of a common case. Unwonted complication out of management also merits publication. Salivary duct obstruction after radioiodine therapy for thyrotoxicosis is such an example published in this issue [4].

Medical science is moving towards personalized medicine. Case report(s) will serve as an instrument to contrivance in generating an evidence, and to implement the concepts of pharmacogenomics. Genetic testing, ultimately individualize disease and therapy, hence, everyone generating a unique case, leading to 7.6 billion reports (the whole world in single dots). Medical case reports, if they have to assume that important role should be adherent to high standards in picking and presenting the novel and unique cases. That makes this single dot ($n = 1$) as a perfect dot (the whole story) and the whole universe for one!

References

[1] Cook MC. Medical case reports in the age of genomic medicine. Clin Trasnl Immunol 2015; 4(10):e45. https://doi.org/10.1038/cti.2015.15
[2] Imran MB, Othman SA. Bilateral tibial adamantinomas simulating stress fractures on scintigraphy. Clin Nucl Med 2011; 36:788–90. https://doi.org/10.1097/RLU.0b013e3181e05ca2
[3] Imran MB, Naeem M. Multifocal adamantinoma simulating traumatic pathology on bone scanning. Rheumatol Int 2013; 33(2):485–7. https://doi.org/10.1007/s00296-010-1578-z
[4] Gilani F, Imran MB, Naeem M. Salivary gland duct obstruction after radioiodine therapy. Eur J Med Case Rep 2018; 2(1):6–8. https://doi.org/10.24911/ejmcr/2/7

Correspondence to: Muhammad Babar Imran
*Editor in Chief, EJMCR.
Email: editor@ejmcr.com