



UHL NHS Libraries:  
supporting NHS  
Evidence

“That’s an interesting case,  
maybe you could write that up?”

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# Brief

- What makes a good case report
  - How to select the journal to submit to
  - Where to get help & background information
- 
- Multiprofessional meeting, but mainly focused at Junior Doctors

# Not going to cover

- How to select what journal to submit to

# Am going to cover

- My experience as a junior doctor

# Anecdote

- Pre-registration house officer
- Departmental presentation
  - 92 slides
- Case report
- CVs and application forms

# Published

- Patel RS, Harman KE, Nichols C, Burd RM, Pavord S.  
Acquired haemophilia heralded by bleeding into the oral mucosa in a patient with bullous pemphigoid, rheumatoid arthritis, and vitiligo.  
Postgrad Med J 2006 Jan; 82(963):e3.
  
- Costopoulos C. Patel RS. Mistry CD.  
Painful Horner's syndrome.  
Emergency Medicine Journal. 25(5):295, 2008 May.

# Postgraduate Medical Journal

- An unusual clinical development, and/or a new insight into a well recognised clinical problem.
- This clearly excludes the simple reporting of rare cases.
- A case report needs to have an educational message and must provide evidence of how the case contributes to our understanding of the disease.

# Conference Proceedings

- British Renal Society (BRS)
  - 1 abstract
- Renal Association (RA)
  - 2 abstracts
- BRS/ RA
  - 2 abstracts
- American Society of Nephrology
  - 3 abstracts
- Association for the Study of Medical Education
  - 6 abstracts
- Association for Medical Education in Europe
  - 1 abstract





# Why write

- Communication
- Influence
- Record
- Self reflection

# “What’s different about scientific writing?”

- Written objectively
- Written in the passive voice
- Impersonal

# Postgraduate Medical Journal

- All reports must summarise the key learning points in a series of brief statements. The patient's written permission to publish their case must be obtained prior to submission.
- The article should be divided into the title page, summary, introduction, case report, discussion, conclusions, learning points and references. The title should contain no more than 10 words.
- Word count: up to 1000 words.  
Abstract: up to 100 words.  
Tables/Illustrations: up to 2.  
References: up to 10.





# Storyboarding

Summary

Introduction

Case report

Discussion

Conclusions

Learning  
points

References

Title page

Word count 1000

# Style

- Writing
  - Developmental
  - Concise
  - Objective
- Manage
  - Time
  - Reading
  - Drafting processes
  - Personal biases

# Time

Check citations and references

Case note review

Literature search

Write Summary

1<sup>st</sup> draft

2<sup>nd</sup> draft

Edit

Write Case report

Write discussion

Proof read

Write abstract

Narrative review

Write Conclusions

Learning points





# Good and Bad Forces



Other commitments  
On-call duties  
**Accessing library services**  
Error correction and editing  
Writer's block  
Case notes not available



Case notes available  
Help from seniors  
**Full access to Library services**  
Other colleagues also writing  
up case reports



# Don't know where to start

- Get advice
- Library services
  
- Illogical structure
- Poor flow
- Waffling
- Plagiarism

# Search Results

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# An Unusual Case Of Rhabdomyolysis Following A Switch From A Branded To A Generic Preparation Of Statin

Bahareh Arsalanizadeh, \*<sup>1</sup>, Rakesh S Patel<sup>1</sup>, James O Burton<sup>1</sup>, Sunil Daga<sup>1</sup>, Graham Warwick<sup>1</sup> and Jonathan Barratt<sup>1</sup>. <sup>1</sup>John Walls Renal Unit, University Hospitals of Leicester NHS Trust, Leicester, United Kingdom.

An 83 year-old female with established renal failure due to chronic pyelonephritis on maintenance peritoneal dialysis for four years was admitted due to generalised pain in her lower legs, knees and hips. Her comorbidities included hypertension, cerebrovascular disease, osteoarthritis and hypercholesterolaemia. Medications included Epoetin beta, amlodipine, lansoprazole, furosemide, aspirin, tramadol and simvastatin 80 mg. She had been established on 80 mg since a transient ischaemic attack two years previously. She was afebrile and haemodynamically stable. Gait was not assessed due to reduced and painful lower limb movements and exquisite tenderness over her quadriceps. There was no acute joint disease.

Biochemistry revealed Sodium 134 mEq/dL; potassium 3.4 mEq/dL; BUN 111 mg/dL; creatinine 4.9 mg/dL; bicarbonate 26 mEq/dL; phosphorus 4.1 mg/dL calcium 9.2 mg/dL; creatinine kinase 11,680 U/L; WBC 8.9 \*10<sup>9</sup>/L; haemoglobin 105 g/L; Platelets 395 \*10<sup>9</sup>/L.

A diagnosis of rhabdomyolysis was made and the statin discontinued. Further questioning revealed her statin was recently changed branded to a generic preparation. Following physiotherapy and rehabilitation she was discharged eighteen days later.

Rhabdomyolysis resulting from switching amongst different statins is well described. There are currently few reports of rhabdomyolysis due to a switch from a branded preparation to generic equivalent. Important differences in metabolism and safety exist due to variability in potency of up to 20% depending on statin manufacturer. Prescriptions of statins should be dispensed along the same line as anti-epileptics where adverse effects are limited by using the same preparation of drug.

# To deal with 'waffling'...

- Read slowly for sense –does it say what you mean?
- Remove surplus words and phrases.
  - Is every word/phrase necessary?
  - Could I re-phrase for clearer sense or better style?

# Avoid jargon

...In particular...

...With respect to specific complications...



...A large proportion of the symptoms that were...

...The characterisation of specific complications...



...Any associated supported feature of the disease...

...Is further compounded when taking into account...



...presents extremely difficult challenges to...

...adds further weight to the growing consensus that...



# Engaging with the literature

- Agreeing with, defending or confirming a particular point of view
- Proposing a new point of view
- Conceding that an existing point of view has certain merits but that it needs to be qualified in certain important respects
- Reformulating an existing point of view or statement of it, such that the new version makes a better explanation



