



TITLE OF CASE *((times new roman, 14 pts, centered, please use a clinical and straight forward title that accurately reflects the diagnosis and main point of the case report, do not include "a case report", "review", "literature review", "rare case", "first case" in the title, do not use cryptic, humorous or play-on-word, there should be no exclamation mark in the title, do not put the patient's age, sex or ethnicity in the title))*

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ABSTRACT (times new roman, 10 pts, centered)

The abstract is written in font Times New Roman, size 10 and single space. This is a summary of the entire manuscript. It is the equivalent of an abstract. A maximum of 150 words summarising the case presentation and outcome. Describe the essential information of the case and emphasise the learning points. The summary is distinct from the background section below - do not copy and paste. Abstracts for short communications, review articles, and commentary and case reports should follow the unstructured format. No need to divide the abstract into different sections.

Keywords: keyword 1; keyword 2; keyword 3. *(Below the abstract, provide a maximum of 5 keywords that will assist in the cross-indexing of the article. Check and confirm that the keywords are the most relevant terms found in the title or the abstract, should be listed in the medical subject headings (MeSH) list of Index Medicus found in <http://www.nlm.nih.gov/mesh/meshhome.html>)*



INTRODUCTION

The subtitles such as introduction, methods, results, discussion, conclusion, Supplementary Materials, Author Contributions, Funding, Institutional Review Board Statement, Informed Consent Statement, Data Availability Statement, Acknowledgments, Conflicts of Interest, Appendix A, Appendix B, and References are written in Times New Roman size 12 pt, bold, spacing 1.15; before 12 pt and after 6 pt. The content of the subtitles is in Times New Roman size 11 pt, justified, spacing 1.15; before 0 pt and after 0 pt. Meanwhile, the bibliography section is written in Times New Roman size 11 pt, bold, spacing 1.15; before 0 pt and after 3 pt.

The introduction should briefly place the study in a broad context and highlight why it is important. Is this a prevalent health problem? Is there a clear message? It should define the purpose of the work and its significance. The current state of the research field should be carefully reviewed and key publications cited. Please highlight controversial and diverging hypotheses when necessary. Finally, briefly mention the main aim of the work and highlight the principal conclusions. As far as possible, please keep the introduction comprehensible to scientists outside your particular field of research. References should be numbered in order of appearance and indicated by a numeral or numerals in square brackets—e.g., [1] or [2,3], or [4–6]. See the end of the document for further details on references.

CASE PRESENTATION

Give a comprehensive account of the presenting features, including the medical/social/family history. This is the patient's story – anonymise the manuscript as far as possible. Do not write the exact age (write “in his 20s” instead). Ethnicities and exact occupations should be avoided unless essential to the clinical discussion. Place names and calendar dates are to be avoided – use regions of the world and “2 months/days later”, for example, instead. Do not name your institution in the text (or in the patient perspective section). If necessary, use phrases such as “presented to the/our Emergency Department”, and “was referred to our tertiary specialist unit.” How did the patient present? Signs and symptoms. What is the relevant history? Why is this relevant? Explain your findings and how they influenced your decisions. Do not use abbreviations for diseases or investigations. Use internationally accepted units for measurements. Use only scientific names of drugs. Include the manufacturer in brackets when describing equipment. Present information in ways that are easy to follow. Use diagrammatic flowcharts and timelines where appropriate. Results may be tabulated or presented graphically. Make clear that you have drawn figures and that these have not been taken from other publications or Internet sources.

Investigations If relevant. All investigations that create a background (baseline) picture are relevant. All investigations that are crucial to management decisions should be discussed in full – include the limitations of investigations and problems in their interpretation. Choose appropriate images and videos to illustrate your point. Remove all details that identify the patient. We do not publish images that include the patient's face. Do not upload these. Images and videos should be fully annotated. Use arrows and labels with explanations so that readers may understand easily and learn from these.

Differential Diagnosis If relevant. Please do not list diagnoses. We want to understand how the final diagnosis was teased out. This is often the most critical section and should be discussed in full. All working diagnoses need to be substantiated.

Treatment If relevant. Include pharmacological and non-pharmacological treatment, e.g. surgery, physiotherapy, supportive care. Please carefully check the details of dosage and frequency (including loading doses and changes in dosage). We do not publish manuscripts about the efficacy of new treatments, new combinations of treatments, existing treatments used for new indications, or the results of phase 2 trials. We do not publish case reports that describe off-label use of a drug. We do not publish manuscripts where the patient is currently enrolled in a clinical trial, whether this relates to the treatment you describe or otherwise. If your patient was previously treated as part of a clinical trial and this is relevant to the current case description, please give full details of the trial

with citations and explain exactly how this relates to the current case description. Is the trial ongoing? Are the authors of the manuscript the trial organisers? If not, are the trial organisers aware of the submission of this manuscript? This information should be disclosed in full in the author's statements at submission.

Outcome And Follow-Up. Always include comprehensive follow-up data; this gives readers a clear understanding of the outcome. Follow-up data should include the patient's health, return to daily activity and work, and aftercare arrangements. The follow-up period should be defined. Please update follow-up data after the final revision of the manuscript so that outcome information is up-to-date. Please include details of surveillance and up-to-date guidelines for disease outcome/monitoring. Please state whether the patient has died, when and whether this is related to the illness described.

This section may be divided by subheadings. It should provide a concise and precise description of the experimental results, their interpretation, as well as the experimental conclusions that can be drawn.

3.1. Subsection

3.1.1. Subsubsection

Bulleted lists look like this:

- First bullet;
- Second bullet;
- Third bullet.

Numbered lists can be added as follows:

1. First item;
2. Second item;
3. Third item.

The text continues here.

3.2. Figures, Tables and Schemes

All figures and tables should be cited in the main text as Figure 1, Table 1, etc.



Table 1. This is a table. Tables should be placed in the main text near to the first time they are cited.

Title 1	Title 2	Title 3
entry 1	data	data
entry 2	data	data ¹

The text continues here (Figure 2 and Table 2).

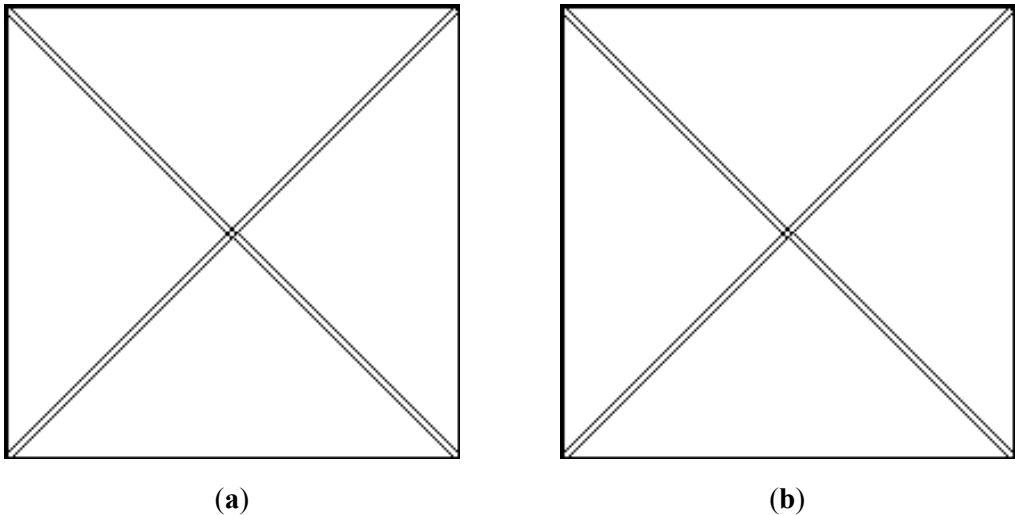


Figure 2. This is a figure. Schemes follow another format. If there are multiple panels, they should be listed as: **(a)** Description of what is contained in the first panel; **(b)** Description of what is contained in the second panel. Figures should be placed in the main text near to the first time they are cited.

Table 2. This is a table. Tables should be placed in the main text near to the first time they are cited.

Title 1	Title 2	Title 3	Title 4
entry 1 *	data	data	data
	data	data	data
	data	data	data
entry 2	data	data	data
	data	data	data
entry 3	data	data	data
	data	data	data
	data	data	data
	data	data	data
entry 4	data	data	data
	data	data	data

* Tables may have a footer.

DISCUSSION

This is the opportunity to describe mechanisms of pathology/injury, current guidelines, diagnostic pathways (use original diagrams to illustrate processes), and the points of interest of the case. Cite up-to-date supporting literature. Include a summary of similar published cases. Where appropriate, these may be tabulated. A summary of relevant clinical guidelines is important. Please do not copy and paste from existing publications, texts or web resources (including material you have published yourself). Ensure that any content used from reference sources is clearly cited. Use software to check for overlapping text before you submit. Please do not reproduce tables or figures from other publications without obtaining permission for reproduction before submission. Make clear (add a note in the legend) whether you have drawn your own figures. We welcome all figures that illustrate clinical-pathological correlations – these add substantially to the learning value of the article.

CONCLUSION

This is the most crucial part of the case – what do you want readers to remember when seeing their own patients? Are your conclusions supported by the clinical information described? Are your learning points derived from the particular case described?

Informed Consent Statement

Any research article describing a study involving humans should contain this statement. Please add “Informed consent was obtained from all subjects involved in the study.” OR “Patient consent was waived due to REASON (please provide a detailed justification).” OR “Not applicable.” for studies not involving humans. You might also choose to exclude this statement if the study did not involve humans.

Written informed consent for publication must be obtained from participating patients who can be identified (including by the patients themselves). Please state “Written informed consent has been obtained from the patient(s) to publish this paper” if applicable.

Conflicts of Interest

Declare conflicts of interest or state “The authors declare no conflict of interest.” Authors must identify and declare any personal circumstances or interest that may be perceived as inappropriately influencing the representation or interpretation of reported research results. Any role of the funders in the design of the study; in the collection, analyses or interpretation of data; in the writing of the manuscript; or in the decision to publish the results must be declared in this section. If there is no role, please state “The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results”.

Supplementary Materials

The following supporting information can be downloaded at: <https://jurnal.uns.ac.id/smjim/>

Author Contributions

For research articles with several authors, a short paragraph specifying their individual contributions must be provided. The following statements should be used “Conceptualization, X.X. and Y.Y.; methodology, X.X.; software, X.X.; validation, X.X., Y.Y. and Z.Z.; formal analysis, X.X.; investigation, X.X.; resources, X.X.; data curation, X.X.; writing—original draft preparation, X.X.; writing—review and editing, X.X.; visualization, X.X.; supervision, X.X.; project administration, X.X.; funding acquisition, Y.Y. All authors have read and agreed to the published version of the manuscript.” Please turn to the [CRediT taxonomy](#) for the term explanation. Authorship must be limited to those who have contributed substantially to the work reported.

Funding

Please add: “This research received no external funding” or “This research was funded by NAME OF FUNDER, grant number XXX” and “The APC was funded by XXX”. Check carefully that the details given are accurate and use the standard spelling of funding agency names at <https://search.crossref.org/funding>. Any errors may affect your future funding.

Data Availability Statement

We encourage all authors of articles published in TSCM journals to share their research data. In this section, please provide details regarding where data supporting reported results can be found, including links to publicly archived datasets analyzed or generated during the study. Where no new data were created, or where data is unavailable due to privacy or ethical restrictions, a statement is still required. Suggested Data Availability Statements are available in section “TSCM Research Data Policies” at <https://jurnal.uns.ac.id/smjim/>.

Acknowledgments

In this section, you can acknowledge any support given which is not covered by the author contribution or funding sections. This may include administrative and technical support, or donations in kind (e.g., materials used for experiments).

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Declare conflicts of interest or state “The authors declare no conflict of interest.” Authors must identify and declare any personal circumstances or interest that may be perceived as inappropriately influencing the representation or interpretation of reported research results. Any role of the funders in the design of the study; in the collection, analyses or interpretation of data; in the writing of the manuscript; or in the decision to publish the results must be declared in this section. If there is no role, please state “The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results”.

Appendix A

The appendix is an optional section that can contain details and data supplemental to the main text—for example, explanations of experimental details that would disrupt the flow of the main text but nonetheless remain crucial to understanding and reproducing the research shown; figures of replicates for experiments of which representative data is shown in the main text can be added here if brief, or as Supplementary data. Mathematical proofs of results not central to the paper can be added as an appendix.

Appendix B

All appendix sections must be cited in the main text. In the appendices, Figures, Tables, etc. should be labeled starting with “A”—e.g., Figure A1, Figure A2, etc.

References

References must be numbered in order of appearance in the text (including citations in tables and legends) and listed individually at the end of the manuscript. We recommend preparing the references with a bibliography software package, such as EndNote, Mendeley, Reference Manager or Zotero to avoid typing mistakes and duplicated references. Include the digital object identifier (DOI) for all references where available.

In the text, reference numbers should be placed in square brackets [] and placed before the punctuation; for example [1], [1–3] or [1,3]. For embedded citations in the text with pagination, use both parentheses and brackets to indicate the reference number and page numbers; for example [5] (p. 10), or [6] (pp. 101–105).

1. Author 1, A.B.; Author 2, C.D. Title of the article. Abbreviated Journal Name Year, Volume, page range.
2. Author 1, A.; Author 2, B. Title of the chapter. In Book Title, 2nd ed.; Editor 1, A., Editor 2, B., Eds.; Publisher: Publisher Location, Country, 2007; Volume 3, pp. 154–196.
3. Author 1, A.; Author 2, B. Book Title, 3rd ed.; Publisher: Publisher Location, Country, 2008; pp. 154–196.
4. Author 1, A.B.; Author 2, C. Title of Unpublished Work. Abbreviated Journal Name year, phrase indicating stage of publication (submitted; accepted; in press).
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6. Author 1, A.B.; Author 2, C.D.; Author 3, E.F. Title of Presentation. In Proceedings of the Name of the Conference, Location of Conference, Country, Date of Conference (Day Month Year).
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