

# **International Journal of Patient Safety and Quality**

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TITLE: (Concine (not exceeding 15 words) Times new roman font style, 16pt font size, full capitalized, bold, 2.0 or double space, center-aligned)

# Abstract:

**Introduction:** Briefly introduce the topic and provide context for the case report. Explain why this case is significant and contributes to the existing medical literature.

Case Presentation: Provide the patient's relevant demographic information. Concisely describe the patient's initial symptoms and physical examination findings, medical history, diagnostic workup, treatment and management, follow-up, and outcome.

**Conclussion:** Briefly recap the key findings of the case. Discuss the implications of the case for clinical practice, research, or education.

Keywords: 3-6 keywords

**Corresponding author:** 

### INTRODUCTION

Briefly introduce the topic and provide context for the case report [1]. Explain why this case is significant and contributes to the existing medical literature [2]. Cite relevant literature to support your claims and demonstrate the novelty of the case [3].

#### **CASE PRESENTATION**

Include the patient's age, sex, race, ethnicity, and other pertinent demographic details. Provide a summary of the initial presenting symptoms and findings from the physical examination. Review the patient's medical background, including prior conditions, surgeries, and current or past medications. Describe the diagnostic workup, such as lab results, imaging studies, and any biopsy findings. Outline the treatment approach, which may involve surgical procedures, chemotherapy, radiotherapy, or other therapeutic interventions. Explain the course of treatment, noting any side effects, complications, or adverse events encountered. Report the clinical outcome, including whether there was disease progression, recurrence, or information on the patient's survival.

Figures and tables must be numbered consecutively and accompanied by a concise, descriptive title placed above. Tables should not be submitted as image files. All abbreviations used within the tables must be clearly defined in footnotes beneath each table. A maximum of five tables is permitted per manuscript.

**Table 1.** Diagnostic value of mutation analysis (Example)

	SN	SP	PPV	NPV
FNAB	% (CI95%)	% (CI95%)	% (CI95%)	% (CI95%)
NRAS	17 (5-30)	93 (81-100)	86 (60-100)	33 (19-47)
BRAF	31 (16-47)	93 (81-100)	92 (76-100)	37 (22-52)

FNAB: fine needle aspiration biopsy, SN: sensitivity, SP: specificity, PPV: positive predictive value, NPV: negative predictive value

### Subheading 1 (if any)

Figures should be numbered consecutively starting from Figure 1, with the title placed beneath each figure. When a figure contains multiple components, they must be merged into a single file and labeled as (A), (B), (C), and so on. Any patient-identifiable information in images must be obscured; if not, written consent must be obtained and submitted. Ensure that all figures are of high-resolution quality. A maximum of five figures is allowed per manuscript.

DISCUSSION

Start the discussion by reiterating the unique aspects of the case or cases, followed by a separate paragraph addressing each objective mentioned in the introduction. Compare your findings with previously published reports; if only a limited number of similar cases exist, consider including a table summarizing the key outcomes or features for comparison. Conclude this section with a synthesis of the relevant literature and highlight the clinical implications.

The discussion is meant to interpret the findings, situate them within a broader context, connect them with existing research, and emphasize the key takeaways. Unlike the methods or results sections, authors have greater flexibility in how they craft the discussion, even more so than in the introduction. While the discussion should begin with a focus on your own findings, it must ultimately convey how those findings contribute to addressing the overarching issues introduced at the start.

#### **CONCLUSIONS**

Provide a concise summary of the case's main findings. Reflect on the case's significance and its potential impact on clinical practice, future research, or medical education. Be transparent about any limitations, such as a limited sample size or absence of a control group. Clear and well-defined conclusions are essential; without them, both reviewers and readers may struggle to evaluate the value of the report and determine its suitability for publication.

#### **DECLARATIONS**

# Ethics approval and consent to participate (if any)

Include a statement on ethics approval and consent (even where the need for approval was waived), and include the name of the ethics committee that approved the study and the committee's reference number if appropriate.

### **Competing interest**

All financial or non-financial competing interests must be declared in this section. If you do not have any competing interests, please state "The author(s) declare no competing interest in this study"

# Acknowledgment

In this section, authors acknowledge all contributions from other persons, funding agencies, and any individual or organization who has contributed to the research that was done. Begin with "The Author(s) wish to thank.."

# **References (using** APA 7<sup>th</sup> style and Mendely)

The reference section includes all citations used to compile the manuscript and follow APA 7<sup>th</sup> edition guidelines. It is essential to include up-to-date citations, particularly those from the current year of writing, and to remove older references (over 10 years old) unless they hold significant relevance to your study. Your reference list should contain a minimum of 30 entries, with 80% originating from journal articles. It is recommended to avoid relying on secondary citations. Self-citations are permissible for up to 15% of the total references. Utilizing Reference Manager Applications like EndNote, Mendeley, Zotero, or similar tools is strongly encouraged.



# TITLE PAGE

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