CASE REPORT

Article Title (English)

The article is written in English

The title must be clear, brief, and comprehensive within 15 words maximally. Theme font Times New roman, size 14, bold, single spacing

First author' full name ✉ *, Second author' full name** (Times New Roman 12)

ABSTRACT

Background : Why the case should be reported and its novelty.

Case Illustration : a brief description of the patient's clinical and demographic details, the diagnosis, any interventions and the outcomes.

Conclusion : a brief summary of the clinical impact or potential implications of the case report.

Abstract body uses font Times New Roman sized 12, single spacing, no reference/quotation, must be 250-300. The content of the abstract must be that is clear, concise and descriptive, contains the initial issue of the main topic and does not contain quotations.

Keywords : three to ten keywords representing the main content of the article, without the dot ending.

INTRODUCTION

This section provides sufficient background, a brief literature survey. Write down the emphasis of the case report. At the end of the introduction contains the purpose of the case report. Use A4 paper size; 3 cm of top, 3 cm bottom, 2 cm right, 2 cm left margins. Times New Roman font 12 with 1.5 spacing. All quotations have to be written in Reference.

CASE ILLUSTRATION

Write the case concisely and clearly. Describe the patient's history, physical examination, investigations and assessments, therapy or actions performed. Make observations and management observations (success/failure). Unusual abreviations and footnotes are not permitted.

DISCUSSION

The discussion must answer the problem and the purpose of writing a case report. Compare your case with existing literature. Discussion also reviews and interprets, and even finds new things that are linked or compared with existing cases. Presentation can be supported by tables or pictures. Each table or image is numbered sequentially.

The table title must present the contents of the table and pictures written in the middle and include the source table or picture. At the end of the discussion, a summary of the relevant literature and clinical relevance of the case is written.

CONCLUSION

Conclusion answers the problems and the purpose of writing a case report. The conclusion is not a rewrite of the conclusion.

REFERENCE

Contains references of at least 5 lists of references and in the form of the latest references in the last 5 years. Eighty percent of the referenced literature should be primary sources, originating from the results of case reports, ideas or theories that have been published in print and electronic journals. References are written according to the Vancouver style, given a numbering according to order of appearance in the manuscript. If the authors of the given reference exceeded 6 authors, the seventh author and beyond are termed et al. Avoid using abstracts and personal communications, unless absolutely essential. Use reference management software, in writing the citations and references such as: MendelayÂ®

EXAMPLE OF WRITING REFERENCE LIST

Articles in Journals

Powers WJ. Intracerebral haemorrhage and head trauma. Common effect and common mechanism of injury. Stroke 2010;41(suppl 1):S107-S110.

Qureshi A, Tuhrim S, Broderick JP, Batjer HH, Hondo H, Hanley DF, Spontaneus intracerebral haemorrhage. N Engl J Med 2001,344(19):1450-58.

Volume with Supplementaries

Bratton S, Bullock MR, Carney N, Chestnut RM, Coplin W, Ghajar J, et al. Brain trauma foundation, American association of neurological surgeons, congress of neurological surgeons. Guidelines for the management of severe traumatic brain injury. J Neurotrauma. 2007;24(suppl 10):S83-86.

Porter RJ and Meldrum BS. Antiseizure Drugs. Dalam: Katzung BG, Masters SB, Trevor AJ. Basic and Clinical Pharmacology. 11th ed., San Fransisco; McGraw Hill-Lange, 2009,399-422.

Chapters in Books

Ryan S, Kopelnik A, Zaroff J. Intracranial hemorrhage: Intensive care management. Dalam: Gupta AK, Gelb AW, eds. Essentials of Neuroanesthesia and Neurointensive Care. Philadelphia: Saunders Elsevier; 2008, 229-36.

Rost N, Rosand J. Intracerebral Hemorrhage. Dalam: Torbey MT, ed. Neuro Critical Care. New York: Cambridge University Press;2010,143-56.

Journal Articles in Electronic Format

Lipton B, Fosha D. Attachment as a transformative process in AEDP: operationalizing the intersection of attachment theory and affective neuroscience. Journal of Psychotherapy Integration [Online Journal] 2011 Available from: http:www.sciencedirect.com