

General Format

All manuscripts must be written in Word (.doc) format or .rtf file with Georgia font type. The page set-up should be set to A4. Left, right, bottom, top margins of the page are 2 cm, 2 cm, 2.5 cm, and 3.3 cm, respectively. Non-English words should be written in italics. Abstract must be written in single space but body text must be written in 1.15 space. Please avoid using footnotes.

TITLE [Georgia, 14, bold, center alignment]

Authors [Georgia, 11, bold, center alignment]

Author's main department, institution, country [Georgia, 10.5, center alignment]

Example:

Nurjanah RAW¹, Habiba C², Oktaviani NA³, Pramukawati DA², Rivaldy AS²

¹Study Program of Midwifery, Faculty of Medicine, Universitas Sebelas Maret

²Master's Program in Public Health, Faculty of Medicine, Universitas Sebelas Maret

³King's College, London

Notes: The author must provide important information under the title of the abstract as follows:

1. Complete names of all authors. Please note only authors with significant contribution to the study can be included. No ghost author or gift/guest author is permitted for inclusion as an author.
2. Name of the affiliated institution for each co-author

ABSTRACT

The abstract should be structured under the following headings: **Background; Case Presentation; Results; Conclusion**. No reference citations are allowed in the abstract. The abstract should be **no longer than 300 words**.

Background: It is comprised of 2 sentences that state the background rationale for conducting the study, and a sentence on the aim of the study.

Case presentation: This part comprises study design, study site, target population, sampling technique and size, dependent and independent variables of interest, method or instrument of variable measurement, as well as method of data analysis.

Results: This part reports principal and important findings from data analysis. For a quantitative study, statement on findings of an association or effect of variables, or group difference, must be supported by the relevant summary statistics written in bracket. These summary statistics include measure of association (effect) or effect size, the interval estimate i.e. 95% Confidence Interval, and p value. The p value must be reported in three digit decimal, for example $p=0.027$. For example: a particular interpretation of an association (OR= 5.67; CI 95%= 4.44 to 9.23; $p=0.027$).

Conclusion: This part contains 1-2 sentences of conclusion. It may include policy implication of the findings, i.e. the consequence of the findings to the current policy. The author is not allowed to provide suggestion or recommendation that is beyond his/her study (e.g. providing recommendation of an intervention based on a study by another researcher).

Keywords: The IJM requires authors to select 3-6 keywords that are deemed to be effective in identifying the article in most search engines. A phrase should not contain more than 2 words.

Correspondence:

Corresponding author's name. Name and address of the affiliated institution. Email address.

Note:

Corresponding author should be the one who knows best of the study or the principal investigator. Contact correspondence should be provided under the abstract with information as follows:

1. Complete name of the corresponding author
2. Name and address of the affiliated institution
3. Active telephone number and email address of the corresponding author or the institution

BACKGROUND

The Introduction section should briefly provide the clinical background and context of the case and explain why the case is important or noteworthy. The introduction should establish the relevance of the case without providing an extensive review of the literature.

Authors should address the following aspects, where applicable:

- **Clinical background:** Briefly describe the relevant disease, condition, clinical problem, or intervention and its importance in clinical practice.
- **Current knowledge:** Summarize the most relevant and up-to-date evidence or literature necessary to provide context for the case. Authors should prioritize recent and authoritative references.
- **Clinical gap or unusual feature:** Clearly identify the clinical gap, unusual presentation, diagnostic challenge, rare condition, unexpected treatment response, adverse event, or other distinctive feature that makes the case worth reporting.
- **Rationale for reporting the case:** Explain why this particular case adds value to the existing literature and what clinicians or researchers may learn from it.
- **Case objective:** Conclude the Introduction with a concise statement describing the purpose of the case report and, where appropriate, the key clinical message or learning point.

The Introduction should be concise and directly relevant to the case. Authors should avoid presenting detailed patient information, extensive methodological descriptions, or a comprehensive literature review in this section.

Please use Harvard citation style with Mendeley reference manager.

CASE PRESENTATION

The Case Presentation section should provide a clear, chronological, and sufficiently detailed description of the patient's clinical course, enabling readers to understand the clinical context, diagnostic process, treatment, and outcome of the case. Authors should present the case in a logical sequence and include the following information, where applicable:

- **Patient information:** Provide relevant demographic and clinical characteristics, such as age, sex, relevant medical history, presenting condition, and other pertinent background information. Avoid including personally identifiable information.
- **Presenting concerns and symptoms:** Describe the patient's main complaints, symptoms, duration of symptoms, and relevant clinical history at presentation.
- **Medical, family, and psychosocial history:** Report relevant past medical history, previous diagnoses, treatments, medication use, family history, lifestyle factors, and psychosocial or social circumstances when these are clinically relevant to the case.
- **Clinical examination:** Describe relevant physical examination findings, vital signs, and other clinical findings. Only information relevant to the case should be reported.
- **Diagnostic assessment:** Present the diagnostic evaluation, including laboratory investigations, imaging studies, clinical assessments, diagnostic procedures, and relevant differential diagnoses. Where appropriate, provide the relevant results and explain how these findings contributed to the final diagnosis.
- **Therapeutic intervention:** Describe the treatment or intervention provided, including medication, dosage and duration where relevant, procedures, rehabilitation, surgery, or other clinical management. Any modifications to treatment and the rationale for these changes should also be reported when applicable.
- **Follow-up and outcomes:** Describe the patient's clinical course following treatment or intervention, including follow-up assessments, response to treatment, adverse events, complications, and relevant clinical outcomes. The duration and timing of follow-up should be clearly stated.
- **Timeline:** Where appropriate, authors are encouraged to provide a chronological timeline of important clinical events, from initial presentation and diagnostic assessment through treatment, follow-up, and outcome.

Authors should distinguish clearly between objective clinical findings and clinical interpretation. Information should be presented in sufficient detail to support the clinical interpretation discussed in the manuscript while avoiding unnecessary or irrelevant patient information.

PATIENT CONSENT FOR PUBLICATION

For case reports, authors should provide a clear statement regarding ethical considerations and patient consent. The statement should address the following aspects:

- **Written informed consent:** Authors should confirm that written informed consent was obtained from the patient for publication of the case report, including any accompanying clinical information and/or images. The patient should have been informed about the purpose of the case report, the clinical information to be reported, and the potential implications of publication.
- **Patient privacy and confidentiality:** Authors should ensure that all patient information is appropriately anonymized to protect privacy and confidentiality. Personally identifiable information should not be included in the manuscript. Clinical photographs, radiological images, or other materials that may potentially identify the patient should be carefully reviewed and appropriately anonymized.
- **Consent for publication of images:** Where clinical photographs, radiological images, or other potentially identifiable materials are included, authors should confirm that specific consent for publication of these materials has been obtained from the patient.
- **Ethical approval:** Authors should state whether formal ethical approval was obtained or whether ethical approval was not required. If ethical approval was not required, authors should provide the name of the relevant institution or ethics committee and briefly state the institutional policy or basis for the exemption.
- **Reporting guidelines:** Case reports should be prepared and reported in accordance with the CARE (CAse REport) Guidelines and applicable ethical principles, including the principles of the Declaration of Helsinki.

Authors may use the following statement when formal ethical approval is not required:

“Written informed consent was obtained from the patient for publication of this case report and any accompanying clinical information and/or images. All patient information was anonymized to protect privacy and confidentiality. This case report was prepared in accordance with the CARE (CAse REport) Guidelines and the ethical principles of the Declaration of Helsinki. According to the policy of [Name of Institution/Ethics Committee], formal ethical approval was not required for the publication of a single-patient case report.”

RESULTS

The Results section should present the relevant clinical findings and outcomes arising from the diagnostic assessment, treatment, intervention, or follow-up described in the case. Authors should focus on the objective findings and clinical outcomes that are directly relevant to the reported case. Where applicable, authors should include:

- **Diagnostic findings:** Present relevant laboratory, imaging, pathological, or other diagnostic results, including clinically important changes or findings that contributed to the diagnosis.
- **Treatment or intervention outcomes:** Describe the patient's response to the treatment or intervention, including relevant clinical, functional, laboratory, or imaging changes.
- **Follow-up findings:** Report the patient's condition during follow-up, including improvement, deterioration, recurrence, complications, adverse events, or other clinically relevant developments.
- **Outcome measures:** Where standardized clinical, functional, or patient-reported outcome measures were used, report the relevant results and changes over time.
- **Timeline of outcomes:** When appropriate, present important clinical outcomes according to the chronology of the case to facilitate understanding of the patient's clinical course.

Results should be presented objectively and without extensive interpretation or comparison with previously published studies. Detailed interpretation of the findings and their clinical significance should be reserved for the Discussion section.

As case reports generally describe one or a small number of patients, authors **should not** present statistical analyses or generalize the findings to a broader population unless such analyses are specifically justified by the case design.

DISCUSSION

The Discussion section should provide a critical interpretation of the case findings and explain their clinical significance in relation to the existing literature. Authors should focus on what can be learned from the reported case rather than simply repeating the findings presented in the Case Presentation or Follow-up and Outcomes sections.

Authors should address the following aspects, where applicable:

- **Interpretation of the key findings:** Explain the most important or unusual clinical findings and their possible clinical significance.
- **Comparison with existing literature:** Compare the reported case with relevant and up-to-date published evidence, including previous case reports, case series, clinical studies, guidelines, or systematic reviews. Authors should highlight similarities, differences, and possible explanations for the observed findings.
- **Clinical reasoning:** Discuss relevant diagnostic considerations, differential diagnoses, treatment decisions, or clinical management challenges that contributed to the case. Where appropriate, explain why a particular diagnostic or therapeutic approach was selected.
- **Novelty and contribution:** Clearly explain what is distinctive about the case and how it contributes to current clinical knowledge or practice.
- **Clinical implications:** Discuss the potential implications of the findings for clinical practice, patient management, diagnosis, treatment, rehabilitation, prevention, or future research, as applicable.
- **Strengths and limitations:** Acknowledge the strengths of the case report as well as its limitations. These may include the single-patient nature of the report, limited follow-up, incomplete clinical information, potential reporting or selection bias, lack of a comparator, or other factors that limit interpretation.
- **Generalizability:** Authors should clearly acknowledge that findings from a single case should not be generalized to the wider population. Any broader clinical implications should be presented cautiously and supported by existing evidence.

The Discussion **should not merely repeat the case findings**. Authors should distinguish clearly between **observed findings, clinical interpretation, and hypotheses or possible explanations**. Speculative explanations should be explicitly identified as such.

Authors **should avoid unsupported causal claims and should not imply treatment efficacy based solely on a single case**. Conclusions should remain proportionate to the evidence provided by the case.

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AUTHOR CONTRIBUTION

Authors should provide a clear statement describing the individual contributions of each author to the case report. Authorship should be based on the criteria established by the [International Committee of Medical Journal Editors \(ICMJE\)](#).

To qualify for authorship, each author should meet **all four of the following criteria**:

1. **Substantial contributions** to the conception or design of the work; or the acquisition, analysis, or interpretation of data related to the case.
2. Drafting the work or revising it critically** for important intellectual content.
3. **Final approval** of the version to be published.
4. **Accountability** for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Authors should be able to identify which aspects of the work they are responsible for and should **agree to be accountable** for the work as a whole.

The corresponding author should ensure that all individuals who meet the four ICMJE authorship criteria are appropriately included as authors and that **all authors have approved** the final manuscript. Individuals who contributed to the work but do not meet all four authorship criteria should be acknowledged in the **Acknowledgments** section rather than listed as authors.

Authors are encouraged to provide an individual contribution statement using the [CRediT \(Contributor Roles Taxonomy\)](#) where required or recommended by the journal. Appropriate contribution roles for case reports may include *Conceptualization, Methodology, Investigation, Clinical Management, Data Curation, Writing – Original Draft, Writing – Review & Editing, Supervision, and Project Administration*.

FINANCIAL SUPPORT AND SPONSORSHIP

Details of all funding sources for the work in question should be given in a separate section entitled “Financial Support and Sponsorship”. This should appear before the “Acknowledgements” section.

The sentence should begin: ‘This work was supported by ...’

If there are none, it should be written as “Nil or None”.

ACKNOWLEDGEMENT

Should be included at the end of the text and not in footnotes. Personal acknowledgements should precede those of institutions or agencies; include any grant numbers where appropriate.

CONFLICT OF INTEREST

Association with a sponsor or potential conflict of interest, if any, it must be declared here.

If there are none, it should be written as “There are no conflicts of interest” or “The authors declare that the study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest”.

REFERENCES

We expect papers submitted to IJM to meet standards of research reporting to international standards. Authors are responsible for the accuracy of the references.

References must be cited as Harvard style using Mendeley reference manager.

The IJM suggests references consist of minimum 20 references including, at least 80% journal primary articles and at most 20% secondary book. All articles and books should not exceed 10 years of age.

Author of an article does not necessarily a person. It can also an organization (e.g. WHO, CDC).

The sequence for a standard article is: author(s); year; title; journal; volume; issue/number; first and last page numbers; and doi (if available). Reference needs not be written in italics.

Example:

Demirel H, Arlı C, Özgür T, İnci M, Dokuyucu R (2018). The role of topical Thymoquinone in the treatment of acute otitis externa; an experimental study in rats. *J Int Adv Otol.* 14(2): 285-289. doi: 10.5152/iao.2017.4213.

If there are more than 7 co-authors, only seven authors are mentioned while the rest is represented by et al.

Example:

Iida M, Banno K, Yanokura M, Nakamura K, Adachi M, Nogami Y, Umene K, et al. (2014). Candidate biomarkers for cervical cancer treatment: Potential for clinical practice (Review). 2(5): 647-655. <https://doi.org/10.3892/mco.2014.324>.

The sequence for a book or other publication is: author(s); year; editor(s) or compiler(s); title; edition number; place of publication; publisher's name.

Example:

Fletcher RH, Fletcher SW (2005). Clinical epidemiology. The essentials. Fourth Edition. Baltimore, MD: Lippincott Williams & Wilkins.