



Article Title in English, Brief and Describing the Entire Article (Maximum 15 Words), Written in Arial Font, Size 14, Justified Alignment, Capitalizing Each Word, and in Bold

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ARTICLE INFO

Keywords:

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.....

History:

Received :

Revision :

Accepted :

Published:

ABSTRACT

Background: The background summary of the article ends with the purpose of reporting the case.

Objective: The aim of the case report (e.g., to report a rare case, a new management technique, etc.).

Case: Summarizes the patient's clinical presentation, including demographics, chief complaint, relevant examination findings, diagnosis, and the specific treatment or management delivered

Outcome: Describes the clinical results, follow-up conditions, and the success of the treatment.

Conclusion: The conclusion or "take-home message" obtained from the case management.

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Citation:

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INTRODUCTION

Articles are written using A4 format (210 x 297 mm) with Times New Roman font size 12 consisting of 8-12 pages. The line spacing is 1.5, the text is written in justified style with moderate text margins (right-left: 2.5 cm; top-bottom: 2.5 cm). The introductory part contains 3-5 paragraphs without subtitles. It should clearly state the background of the case, explaining why this case is unique, rare, or important to be reported (e.g., diagnostic challenges, new treatment modification, or rare pathology). The main purpose of the report must be stated at the end of this section. The literature review included must be strictly relevant to the specific case being reported.¹

CASE REPORT

This section serves as a substitute for the Research Methods and Research Findings sections typically found in original research articles, requiring a detailed chronological description of the case. The narrative should comprehensively cover patient information, including demographics, chief complaints, and relevant medical or dental history, followed by clinical findings from extra-oral and intra-oral examinations. Furthermore, it must detail the diagnostic assessment—incorporating supporting examinations, differential diagnoses, and the definitive diagnosis—as well as the therapeutic intervention, which entails a step-by-step account of the treatment procedure, materials, and instruments utilized, concluding with the treatment outcome and patient condition during follow-up visits. A statement confirming that the patient has provided informed consent for the publication of the case and associated images is also mandatory in this section.

Supporting data such as clinical photos or laboratory values should be presented here. Data will be presented concisely and clearly. It is not recommended to repeat data. Numbering of tables or figures is done in Arabic numerals and single spacing. To avoid degradation of the quality of images or tables, they should be attached in separate files (JPEG format with at least 300 dpi for images and doc or xls format for tables).

Example of a format for writing table and figure:

Table 1. Comparison of the Average Thickness of the Epithelium⁵

| Observation Day | The Average \pm SB μm | | |
|------------------------|--|-------------------------|---|
| | Positive Control | Negative Control | Sap Gel Treatment of Pisang Raja |
| 1 | 0 ± 0 | 0 ± 0 | 0 ± 0 |
| 3 | $34,08 \pm 8,6$ | $21,4 \pm 3,07$ | $48,78 \pm 1,07$ |
| 5 | $70,33 \pm 1$ | $35,41 \pm 6,05$ | $60,00 \pm 3,51$ |
| 7 | $81,89 \pm 3,81$ | $35,22 \pm 0,39$ | $108,44 \pm 8,14$ |

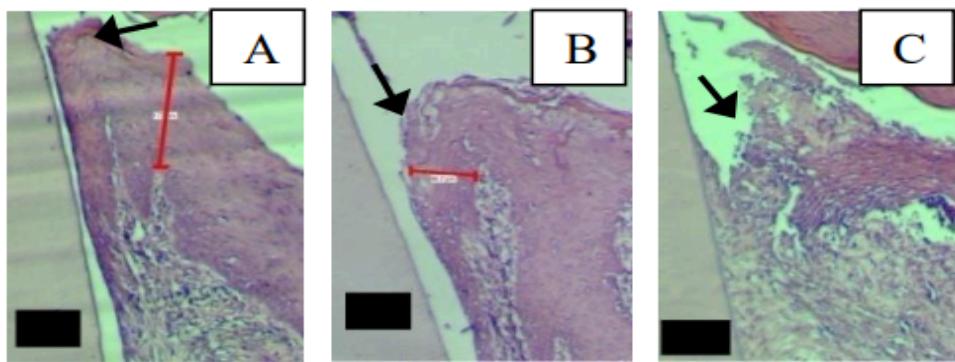


Figure 1. Re-epithelialization of the alveolus 14 days after tooth extraction. In the group treated with banana sap gel (A), the epithelium was closed and thicker than in the positive control (B). The epithelium of the negative control (C) had not closed.

DISCUSSION

The discussion analyzes and evaluates the case management by synthesizing clinical findings with existing literature. This section should interpret the rationale for the specific diagnosis and chosen treatment plan, while comparing the findings and management with previous similar reports or current standard guidelines. Furthermore, it must discuss the strengths and limitations of the case management, ensuring that cited references are consistent with the topic. Rather than repeating details from the Case Report section, the discussion should focus on interpreting the significance of the findings and must be of equal or greater length than the introduction⁶

CONCLUSION

Contains a summary of the key learning points or clinical implications derived from the case. It should answer the purpose of the case report stated in the introduction and provide a "take-home message" for the readers.

ACKNOWLEDGMENTS- YOU REMARKS

This section contains acknowledgements and support from various parties related to the research (financial support, analytical assistance, patents, grants, funding, etc.).

REFERENCES

When writing a bibliography, the Vancouver system format is used and it is recommended to use a reference management application (e.g. Endnote, Zotero, Mendeley, etc.). The bibliography used as reference consists of 80% primary sources (journals,

proceedings) and 20% primary sources (textbooks) with a recent publication year (\pm 10 years). References are written in Times New Roman font size 10 with 1 space.

Example of writing a bibliography:

1. McNamara I, McNamara JA Jr., Acherman MB, Baccetti T. *Hard and Soft Tissue Contributions to the Esthetics of the Posed Smile in Growing Patients Seeking Orthodontic Treatment*. American Journal of Orthodontics and Dentofacial Orthopedic, 2008;133: 491-499.
2. Peck H, Peck S. *A Concept of Facial Esthetics*. Angle Orthodontist 1970, 40: 284-318
3. Ferrario V F, Sforza C, Serrao G, Ciusa V, Dellavia C. *Growth and Aging of Facial Soft-Tissues: A Computerized Three-Dimensional Mesh Diagram Analysis*. 2003, Clinical Anatomy 16: 420-433 in Smile Arc and Buccal Corridor Space. Orthod Cranofacial Res. 2006;10:15-21.
4. Martin AJ, Buschang PH, Boley JC, et al. *The Impact of Buccal Corridor on Smile Attractiveness*. European Journal Orthodontics. 2007;29:530-537.
5. Gracco A, Cozzani M, D'Elia L, et al. *The Smile Buccal Corridors: Aesthetic Value for Dentists and Laypersons*. Prog