Article title title (Arial size 16, single-spaced, and align left)

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Keywords
3-5 words or phrases, alphabetic
First keyword
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Third keyword

Abstract
An unstructured abstract should be performed for the case report. The abstract should consist of an Introduction (What does this case add), case presentation (The main symptoms of the patient, the main clinical findings, the main diagnoses and interventions. and the main outcomes), and Conclusion (What were the main "take-away" lessons from this case). The abstract should be concise and clear so it allows readers to understand the important message aspects without having to read the entire article. The abstract should be limited to 150 - 200 words. Below the abstract, provide a list of 3–5 keywords that can assist for indexing purposes. Text of the case report should be made brief but complete (adopted from CARE guidelines)

1. Introduction

The introduction should contain a definition and background of the problem, or experience of other people's writing briefly about the same issues, the case's interests, and the reason for reporting.. If it is a case discussing an adverse intervention the Introduction should give details of intervention's common use and any previously reported side effects. It should also include a brief literature review. This should introduce the case report from the standpoint of those without specialist knowledge in the area, clearly explaining the background of the topic. It should end with a very brief statement of what is being reported in the article.

The Introduction should be in brief, stating the purpose of the study. Provide background that puts the manuscript into context and allows readers outside the field to understand the significance of the study. Define the problem addressed and why it is important and include a brief review of the key literature. Note any relevant controversies or disagreements in the field. Conclude with a statement of the aim of the work and a comment stating whether that aim was achieved.

2. Case Description

Describe the relevant patient information, physical examination findings, diagnostic methods, therapeutic intervention, follow-up, and outcomes.

Patient information: consists of demographic information (e.g., age, gender, ethnicity, occupation), main symptoms of the patient (his or her chief complaints), medical, family, and psychosocial history—including diet, lifestyle, genetic information whenever possible, details about relevant comorbidities including past interventions and their outcomes.

Diagnostic methods: include laboratory testing, imaging, questionnaires, diagnostic challenges (e.g., financial, language/cultural), diagnostic reasoning including other diagnoses considered, and prognostic characteristics (e.g., staging) where applicable.

- For x-ray films, scans, and other diagnostic images, as well as pictures of pathology specimens or photomicrographs, send sharp, glossy, black-and-white, or color photographic prints. The ID of the patient should not be displayed. Important points in the picture must be annotated.
- For other provisions regarding tables and figures please refer to the explanation of the original article.

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Follow-up and outcomes: Summarize the clinical course of all follow-up visits including Clinician and patient-assessed outcomes, Important follow-up test results (positive or negative), intervention adherence and tolerability (and how this was assessed), and adverse and unanticipated events

3. Discussion

The discussion section should contain major interpretations from the findings and results in comparison to past studies. The significance of the findings and case presentation should be emphasized in this section against previous findings in the subject area. This section should evaluate the patient case for accuracy, validity, and uniqueness and compare or contrast the case report with the published literature. The authors should briefly summarize the published literature with contemporary references.

The strengths and limitations of the management of the case. The relevant medical literature, the rationale for conclusions (including assessments of cause and effect, and the main "take-away" lessons of this case report. Review of Literature should be appropriate and closely related to the case. Rooted in the study of literature is made, and then a summary as a basis for discussion. Discussion should not be written in the subheading.

4. Conclusion

This section consists of conclusions and suggestions in one paragraph. The conclusions should be the answer of research problems, without unequivocal statement. The suggestions should be logical and appropriate.

Author Contributions

A paragraph should be included on the title page explaining how each author contributed to the manuscript. the author can refer to the original article section for detail information of this section.

Funding

The author requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement, it is recommended to state this.

No funding support was received.

Declaration of Conflicting Interests

The authors should make a conflict-of-interest disclosure statement or a declaration that they do not have any conflicts of interest. They should disclose at the time of revision any financial arrangement they may have with a company whose product is pertinent to the submitted manuscript or with a company making a competing product. Such information will be held in confidence while the paper is under review and will not influence the editorial process. They also should declare that the patients have given informed consent for publication.

Data Availability

The authors are required to include a data availability statement in their manuscript. The data availability statement should clearly explain where the data supporting the research findings can be accessed. If the data are not publicly accessible, the authors must provide a clear reason and explain how to obtain access if upon request.

Acknowledgement (Optional)

Recognize those who helped in the research, especially funding supporter of your research. Include individuals who have assisted you in your study: Advisors, Financial supporters, or may another supporter, i.e. Proofreaders, Typists, and Suppliers, who may have given materials. Do not acknowledge one of the authors names.

Ethical Clearance

Case reports must at least be followed by informed consent or a statement of the patient's consent for the case to be published. It would be better if accompanied by an ethics statement from the relevant agency.

References

All references cited in the manuscript must be listed in the reference section and formatted consistently according to the journal's citation style (Vancouver).

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The references should reflect the **main scientific foundations** of the research and consist only of **sources the authors have read**.

Each manuscript must include **a minimum of 15 references**, with at least **85% drawn from peer-reviewed scientific journals** published within the **last ten years**. While the use of **textbooks should be minimized**, citations from **general websites must be avoided**, unless they originate from credible scientific institutions or official data sources.

Authors are **required to provide DOIs or stable URLs** for all references whenever available. To ensure scholarly integrity, **excessive self-citation should be avoided**, as well as **excessive citations of publications from the same region**, in order to maintain a balanced and globally relevant perspective.

Although the use of reference management tools such as Zotero, Mendeley, or EndNote is encouraged, authors must **manually verify all metadata**. Including author names, article titles, journal names, volume, issue, page numbers, and DOIs to ensure completeness and accuracy. Unnecessary inflation of references should be avoided.

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