

4. WHY SHOULD I PUBLISH MY CASE(S)?

There are several reasons why a case may be interesting to share beyond your healthcare structure and to submit for publication. You need to be sure, however, that your case report will bring something new or particularly insightful about an illness and its management. Below is a non-exhaustive list of what can make a case report or case series worth submitting for publication, as well as some advice as to when you should not think of submitting a report for publication.

Why should I publish a Case Report (one or two patients)?

Rare disease, syndrome or complication? E.g.:

- *melanoma of the eye (few cases worldwide)*
- *multiple sclerosis in sub-Saharan Africa (rare in the southern hemisphere)*
- *a woman with severe hemophilia (severe hemophilia usually occurs in men)*

Common disease, syndrome or complication but for which evidence is lacking from resource-limited settings? E.g.:

- *congenital hydrocephalus in a newborn*
- *postpartum mental health complications*
- *consequences of sexual violence*

Non-differentiated / unsure diagnosis? E.g.:

- *blistering skin disease*
- *pneumonia-like symptoms*
- *non-specific psychotic manifestations*

Atypical manifestations of a well-known disease? E.g.:

- *unusual presentation of tuberculosis in a child*
- *spontaneous resolution of a condition generally requiring treatment*

Context-dependent case management? E.g.:

→ *protocol treatment unavailable, so case managed with second- or third-line drugs (whether successfully or unsuccessfully)*

→ *diagnostic or therapeutic procedures rendered difficult by resource-limited context (lack of an anesthesiologist or other specialist, lack of radiology or lab techniques, lack of modern airway techniques for performing surgery...)*

Severe adverse event? E.g.:

→ *transfusion error and why it occurred*

→ *allergic reaction to a drug*

Cases engendering ethical or moral dilemma in terms of management? E.g.:

→ *multiple resuscitations of a gravely ill patient as versus palliative care*

→ *lack of consensus within the medical team and/or patient's family as to the course of action to follow in the best interest of the patient*

Case with strong advocacy message? E.g.:

→ *prolonged suffering or death in a patient because of unavailability of a drug which is easily available in other settings*

→ *unaccompanied minor migrant abused by traffickers*

→ *neglected or orphan disease or neglected populations/patient groups*

Why should I publish a Case Series (≥ 3 patients)?

All of the above and also:

Case series illustrating a public health need? E.g.:

→ *snakebites, land mine victims, mental illness in migrants*

Case series illustrating the need for a change in medical protocol or practice? E.g.:

→ *lack of screening for sickle cell disease in anemic patients*

→ *drug-resistant infection*

→ *nosocomial spread of infection within healthcare structure*

Case series indicating an improvement or deterioration in treatment outcome? E.g.:

→ *introduction of chemotherapy to treat retinoblastoma*

Cluster of patients with similar symptoms?

→ *e.g. outbreak of dysentery or mass hysteria*

Series of patients receiving the same treatment but with different outcomes? E.g.:

→ *surgical procedure*

→ *multi-drug resistant tuberculosis*

When should you NOT submit a case report for publication?

When such a report could in any way affect the safety and/or the dignity of the patient(s)!

However, note that there is often a way to protect the safety and dignity of the patient(s) by observing a series of steps such as complete de-identification of the patient and the health structure where s/he was treated (see chapters 5 and 6).

When the report consists of routine observations which have already been published many times; E.g.:

→ *malaria in pregnancy with typical manifestations and standard treatment*

→ *standard protocol treatment which has been often described in the literature*

If your case could be seen to correspond in any way to “unhealthy curiosity”, rather than actual clinical management or outcome; E.g.:

→ *sordid details of a delirious psychotic patient which adds nothing to the knowledge of the illness or its management.*

In a word, if there are no “lessons learned” from case management which can be of benefit to other clinicians, patients, health scientists, or humanitarian workers: do NOT submit for publication.