

## **Writing up a case presentation**

Have you ever wondered what the story was behind some of the photographs that win prizes? Have you photographed an interesting case? This could be a classic case everyone sees, something rare or although we shouldn't really say it a case that is particularly 'photogenic'.

### **What is a case presentation?**

One good way of seeing what a case presentation involves is to review several case presentations, examples from the past five years of this journal, most recent first, include:

Extracorporeal Photopheresis<sup>1</sup>

Mohs Micrographic Surgery<sup>2</sup>

Raynaud's Phenomenon<sup>3</sup>

Melanosis of the Tongue<sup>4</sup>

Ticks (Ixodes Ricinus)<sup>5</sup>

Pyogenic Granuloma<sup>6</sup>

Radial Nerve Compression Due to Lipoma<sup>7</sup>

Radio-Cephalic Arteriovenous Fistula<sup>8</sup>

Pinguecula<sup>9</sup>

Pseudophakia<sup>10</sup>

Saethre-Chotzen Syndrome: A case report<sup>11</sup>

Typical 'Smoke Stack CSR': A case report<sup>12</sup>

### **Task - Read through several case presentations.**

What does a case presentation include? If you read through a number of case presentations you will see that there are certain features that make them different from a larger paper, indeed most are either one or two pages in the journal including photographs so you there is not that much writing.

### **So what does a case presentation need?**

The following are my suggestions but having read a number of case presentations do you agree with them?

- Interesting photographs that make the reader want to look at the text and read more, but ones that support the description of the condition, treatment etc.
- A short piece of text that covers, the clinical condition, operation or treatment and the photographs or photographic technique.
- The background about the clinical condition is meant to be general enough to explain the importance of the photographs and help a fellow professional if they came across the same condition but not an in-depth discussion of the condition that should come from the references, bibliography or suggestions for further reading.

**Task - Matching your photographs or clinical work to different areas a case presentation might come from.**

What are you doing that could become a case presentation? Think about which photographs of your own could become a case presentation. Write down any interesting cases against the categories below, some of the past case presentations have been added as starting points:

|   |   |
|---|---|
| <p><b>Clinical condition - common or rare</b><br/>Raynaud's Phenomenon</p>        | <p><b>Pre- and post-operative sequence</b><br/>Mohs Micrographic Surgery</p>      |
| <p><b>Pre- and post-treatment</b><br/>Saethre-Chotzen Syndrome: A case report</p> | <p><b>Photographic or clinical technique</b><br/>Extracorporeal Photophoresis</p> |

**Task - Developing your case presentation.**

The next paragraphs are really just some reminders and suggestions to help you develop your case presentation.

**Starting with research or photographs?**

There are really two ways to start out developing your case presentation; starting from scratch, see sequence below, where you investigate an area then take appropriate photographs to go with the clinical information or you may already have photographed something in your routine work that would make an ideal case presentation then you need to research the topic to fill in the clinical details, i.e. changing the order in the list below doing 2 first then 1 and back to 3.

1. Investigate a particular condition, treatment or operation and its features for photography. Make sure it is one you see regularly or something you do regularly. If it is rare it may be awhile before you see a case.
2. Take appropriate photographs to illustrate the condition or create the design to fulfill your brief.
3. Write-up using your research with references using the

photographs to make your points by referring to them i.e. see Figure 1.

It is almost inevitable that once you start to investigate you will find more than you need and have taken more photographs than needed, so you need to think clearly about what the case presentation is trying to do, this refers back to the earlier task of reading already published case presentations.

### **Consent and confidentiality**

It is key to work with the patient. In some circumstances they may have a story they would like to tell as well as the clinical side of things. If you have permission to take the photographs how far does that condition go? Does it include publication? If not you will need to contact the patient for further consent, which they may or may not give.

### **Are the clinical details correct?**

This is often a concern. If you are unsure whether your writing is accurate you can always ask a colleague for feedback this could be a consultant you work with or a registrar. Indeed it can be important that a consultant is aware of what you are going to be writing up especially if it is one of their cases. When in doubt, or even when you are not in doubt, talk about what you are doing. Clinicians want to support and encourage dissemination of information and are engaged in the education and careers of their teams, who should also be publishing in journals.

This journal like many others is peer reviewed so a specialist in the area covered probably one for the photographic aspects and one for the clinical to ensure the details are correct will review your case presentation.

### **Where to publish?**

The obvious choice is in this journal or you could publish in other general or specialist journals. If the case is of interest to General Practitioners it could go into a magazine like Pulse or more specialist into journals for individual specializations e.g. ophthalmology or orthopaedics. For one of these you could join forces with a junior doctor, registrar or consultant they provide the medical knowledge, supported by your photographic expertise.

### **What does the journal require?**

It is always important to check that you are submitting what the journal needs in the format it requires. Look at the requirements for submitting to this journal on the inside of the back cover and for more details at the journal's website<sup>13</sup>.

### **Citations and references, bibliography and further reading.**

Citations are references that have been included in the text. In this

journal via a numbering system 1, 2, 3 etc and in others via 'Author date' (Smith 2009) and if you have included a quote you add the page number (Smith 2009 p213). The references for the citations are then collected either at the bottom of each page or at the end of the case presentation.

The next two are optional. A bibliography consists of books that you have used to read around the subject that have helped you but have not been cited. Further readings are your suggestions for books or journals that may help anyone who wants to know more information about the clinical condition or photographic techniques used in your case presentation.

### **Dotting the 'i's and crossing the 't's**

Always check your work for spelling and grammar using spelling and grammar checkers but also cheque for sense. One classic mistake that spell checkers don't find are words that have been spelt correctly but are not right for what you are trying to say. I have maid some deliberate mistakes in this paragraph, you should be able to spot them but the spell checker would ignore them.

### **Further development**

If you have a number of case presentations or a number of patients with the same condition or in a specific area each showing different aspects of the condition, treatment, operation or photographic technique you could always pull these together into a larger paper where you introduce the topic, present each of your cases normally at least two which makes the difference between this and the shorter single case presentation, then a discussion which brings together information and suggestions for practice from your cases<sup>14</sup>.

- <sup>1</sup> Treen, N. (2010) Extracorporeal Photopheresis. *Journal of Visual Communication in Medicine* 33( 1): 31-33.
- <sup>2</sup> Ellie, R. (2009) Mohs Micrographic Surgery. *Journal of Visual Communication in Medicine* 32(2): 49-52.
- <sup>3</sup> Betton, C. & Rowland, K. (2008) Raynaud's Phenomenon. *Journal of Visual Communication in Medicine* 31( 4): 148-149.
- <sup>4</sup> Smithers, R. (2008) Melanosis of the Tongue. *Journal of Visual Communication in Medicine* 31( 3):122.
- <sup>5</sup> Thompson, C. (2008) Ticks (Ixodes Ricinus). *Journal of Visual Communication in Medicine* 31(1): 22-23.
- <sup>6</sup> Goodfellow, N. (2007) Pyogenic Granuloma. *Journal of Visual Communication in Medicine* 30( 4): 177-179.
- <sup>7</sup> Nelson, G. (2007) Radial Nerve Compression Due to Lipoma. *Journal of Visual Communication in Medicine*; 30(2): 84-85.
- <sup>8</sup> Bishop, D.C. (2006) Radio-Cephalic Arteriovenous Fistula. *Journal of Visual Communication in Medicine*; 29(3):127-129.
- <sup>9</sup> Bell, A. (2006) Pinguecula. *Journal of Visual Communication in Medicine* 29( 2): 82-83.
- <sup>10</sup> Dimock, J. (2006) Pseudophakia. *Journal of Visual Communication in Medicine*; 29(1): 41.
- <sup>11</sup> Wright, J. (2005) Saethre-Chotzen Syndrome: A case report. *Journal of Visual Communication in Medicine* 28(4): 163-165.
- <sup>12</sup> Hancock, R. (2005) Typical 'Smoke Stack CSR': A case report. *Journal of Visual Communication in Medicine* 28(2): 80-82.
- <sup>13</sup> *Journal of Visual Communication In Medicine* (2010) Information for authors. [URI <http://informahealthcare.com/page/Description?journalCode=jau> accessed 19th April 2010]
- <sup>14</sup> Bryson, D. (1999) Operating theatre photography for personal injury cases. *Journal of Visual Communication in Medicine* 22( 2): 75-82