

PAIN MEDICINE

Case Reports

An Electronic Publication of **The American Society of Interventional Pain Physicians** and a Clinical Companion Journal to *Pain Physician*

Pain Medicine Case Reports is an open access journal, available online with free full manuscripts at www.painmedicine-casereports.com

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Mission

The mission of *Pain Medicine Case Reports* is to promote excellence in the practice of interventional pain management, pain medicine, and clinical research. *Pain Medicine Case Reports* is a peer-reviewed, multi-disciplinary journal directed to an audience of pain physicians and other clinicians with an interest in interventional pain management and pain medicine.

Scope

Pain Medicine Case Reports is an official publication of the American Society of Interventional Pain Physicians (ASIPP) and is a sister publication of *Pain Physician*, with a different perspective, and priorities of publication. Thus, *Pain Medicine Case Reports* publishes case reports, case series, and letters to the editor. It is a peer-reviewed journal written by and directed to an audience of pain physicians and other providers, policy makers, and clinicians with an interest in interventional pain management and pain medicine.

Pain Medicine Case Reports is an open access journal, available online with free full manuscripts. It is listed in CrossRef, WorldCat, ResearchBIB, and DRJI.

Publication Ethics

Pain Medicine Case Reports adheres to the guidelines and best practices as recommended by the International Committee of Medical Journal Editors (ICMJE) and the Principles of Transparency and Best Practice in Scholarly Publishing by the Committee on Publication Ethics (COPE). Further, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

If there is suspicion of misbehavior or alleged fraud *Pain Medicine Case Reports* will carry out an investigation following COPE guidelines. If, after investigation, there are valid concerns, the author(s) concerned will be contacted under their given e-mail address and given an opportunity to address the issue. Depending on the situation, this may result in *Pain Medicine Case Reports'* implementation of the following measures, including, but not limited to:

If the manuscript is still under consideration, it may be rejected and returned to the author. If the article has already been published online, depending on the nature and severity of the infraction: an erratum/correction may be placed with the article an editorial expression of concern may be placed with the article or in severe cases retraction of the article may occur

The reason will be given in the published erratum/correction, editorial expression of concern or retraction note. Please note that retraction means that the article is maintained on the platform, watermarked "retracted" and the explanation for the retraction is provided in a note linked to the watermarked article.

The author's institution may be informed. A notice of suspected transgression of ethical standards in the peer review system may be included as part of the author's and article's bibliographic record.

Categories of Manuscripts

Pain Medicine Case Reports focuses solely on the publication of Case Reports, Case Series and Letters to the Editor.

Case Reports

For case reports, authors should follow the CARE guidelines and provide the CARE checklist (<https://www.care-statement.org/checklist>) upon submission. A case report is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports usually describe an unusual or novel occurrence and as such, remain one of the cornerstones of medical progress and provide many new ideas in medicine. Some reports contain an extensive review of the relevant literature on the topic. The case report is a rapid short communication between busy clinicians who may not have time or resources to conduct large scale research.

The most common reasons for publishing a case are the following: 1) an unexpected association between treatments or symptoms, 2) an unexpected event in the course of observing or treating a patient, 3) findings that shed new light on a possible new treatment or an adverse effect; 4) unique or rare features of a treatment or outcome, 5) unique therapeutic approaches, 6) variation of anatomical structures.

Most case reports deal with one or more of the following:

- Unusual observations
- Adverse response to therapies
- Unusual combination of conditions leading to controversy
- Illustration of a new theory
- Question regarding a current theory

Case Series

A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment.

Letters to the Editor

Letters to the Editor are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere.

MANUSCRIPT REQUIREMENTS

All Manuscripts except Letters to the Editor

Word count should not exceed 2,000 words or be less than 1,000 words. Authors should contact the Editor-in-Chief if requesting a word count of more than 2,000 words.

Maximum of 60 references, unless approved prior to submission by the Editor-in-Chief.

4 tables and figures

Letters:

1,000 words

25 references

2 tables and figures

no abstract needed

Abstract

The abstract should summarize the case, the problem it addresses, and the message it conveys. Abstracts of case studies are usually very short, with a minimum of 100 words, not to exceed more than 150 words. Abstract MUST contain Background, Case Presentation, Conclusion.

Background

The background gives a brief overview of the problem that the case addresses, citing relevant literature where necessary. The background generally ends with a single sentence describing the patient and the basic condition that he or she is suffering from.

Case

This section provides the details of the case in the following order:

- Patient description
- Case history
- Physical examination results
- Results of pathological tests and other investigations
- Treatment plan
- Expected outcome of the treatment plan
- Actual outcome

Discussion

This section should start by expanding on what has been said in the background, focusing on why the case is noteworthy and the problem that it addresses. This is followed by a summary of the existing literature on the topic. Describe the existing theories and research findings on the key issue in the patient's condition.

Conclusion

This section should briefly give readers the key points covered in the case report. Here, the author can give suggestions and recommendations to clinicians, teachers, or researchers.

Author Contributions

Contributions made by each author should be included at the end of the manuscript. Use author initials and include what part of the manuscript the author contributed to including writing, editing, research, artwork, statistical analysis, etc.

Disclosures and Conflicts of Interest

Authors must identify all sources of funding from public and private sources such as pharmaceutical companies and commercial organizations that supported the study presented in the manuscript. *Pain Medicine Case Reports* utilizes the ICMJE form for Disclosure of Potential Conflicts of Interest. This must be submitted by each author for every manuscript submitted.

The Disclosure and Conflict of Interest section will be published with each manuscript. This is a list of all contributions, disclosures, credits, and other information including authors' contributions; information on author access to data; disclosure of potential conflicts of interest, including financial interests, activities, relationships, and affiliations; sources of funding and support; an explanation of the role of sponsor(s); information on independent statistical analysis (if required); names and degrees; information on previous presentation of the information reported in the manuscript.

Similarity Check

All manuscripts submitted to *Pain Medicine Case Reports* are subject to screening using the Copyleaks similarity check platform (<https://copyleaks.com/plagiarism-checker>) for textual similarity to other previously published works or other platforms as deemed necessary.

References

References must be the most recent and up-to-date available. References from a single journal or a single author must be limited to 20% of total references which includes *Pain Medicine Case Reports* and primary author references.

Each journal reference should include the following, in this order:

1. Author(s) last name(s) and initials
2. Title of the manuscript
3. Journal name (abbreviated according to Index Medicus)
4. Year of publication
5. Volume number
6. First and last pages

List all authors unless there are more than 6. If there are more than 6, list the first 3 then use "et al."

Contributors are responsible for providing complete and accurate references. References are to be numbered in the order that they appear in the text. References should be cited in the text in their order of appearance and be listed by number in parentheses.

When data are from an unpublished source, give complete information, including name of the researcher and location. If the work is in progress, provide the journal or book publisher by which it will be published. Please check your references carefully.

Examples

Journal:

Gerdesmeyer L, Wagenpfeil S, Birkenmaier C, et al. Percutaneous epidural lysis of adhesions in chronic lumbar radicular pain: A prospective randomized controlled trial. *Pain Physician* 2013; 16:185-196.

Author Guidelines 2022-2023

Website:

Centers for Medicare and Medicaid Services: www.cms.hhs.gov.

Press Release:

AMA Press Release: *AMA Adopts New Policies During Final Day of Semi-Annual Meeting*. November 15, 2011.

News manuscript:

Adamy J. Overlapping Health Plans Are Double Trouble for Taxpayers. *The Wall Street Journal*. June 27, 2011. <http://online.wsj.com/manuscript/SB10001424052702304453304576392194143220356.html>.

Book:

Manchikanti L, Navani A, Atluri S. *Essentials of Regenerative Medicine in Interventional Pain Management*. ASIPP Publishing, Paducah, KY 2019.

Book Chapter:

Navani A, Manchikanti L. Lumbar facet joints and regenerative medicine. In: Manchikanti L, Navani A, Atluri S (eds). *Essentials of Regenerative Medicine in Interventional Pain Management*. ASIPP Publishing, Paducah, KY 2019.

Brand Names

When citing a brand name, provide the manufacturers' name and address. Use generic names for all drugs.

Tables and Figures

The manuscript should contain supportive tables and figures that are necessary, but not duplicative. Authors must secure permission for reproduction of all previously published illustrations; figures or tables without accompanying permission will not be accepted. Tables and figures should each be numbered consecutively using Arabic numerals. Any images or illustrations submitted must be a minimum of 300 dpi and saved in either a TIF or JPG format. Digital image files may be included as part of the manuscript or downloaded separately.

Abbreviations

Abbreviations are discouraged except for units of measurement. When first used, the abbreviation should be preceded by the words for which it stands.

Personal Communications and Unpublished Data

Any inclusion of personal communications and unpublished data in the manuscript must be accompanied by a signed statement of permission from each individual identified as a source of information in a personal communication or as a source for unpublished data. Further, specific date of communication and the type of communication (written or oral) must be provided.

Citations

It is the policy of *Pain Medicine Case Reports* that no more than 20% of references may be from a single journal or primary author, including current and past 2 year references. Use current up-to-date citations whenever feasible. Special consideration is required if these limits have to be exceeded.

Ethical Considerations and Informed Consent

Informed consent is an ethical requirement for most studies involving humans, so before you start writing your case report, take a written consent from the patient as all journals require that you provide it at the time of manuscript submission. In case the patient is a minor, parental consent is required. For adults who are unable to consent to investigation or treatment, consent of closest family members is required.

Patient anonymity is also an important requirement. Remember not to disclose any information that might reveal the identity of the patient. You need to be particularly careful with pictures, and ensure that pictures of the affected area do not reveal the identity of the patient.

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Editorial Board Submissions

Reviews are welcome to submit manuscripts to the journal. These submissions are not given any priority over other manuscripts, and Editorial Board Member status has no bearing on editorial consideration.

Manuscript Checklist

Please review manuscript for accuracy and style to follow *Pain Medicine Case Reports* guidelines.

- Transmittal letter with information on authorship, level of funding and with author(s) signature, completed conflict of interest form (www.icjme.org).
- Disclosure information including any corporate sponsorship.
- References checked for accuracy and duplication. Be sure all are cited within the text (**none in the abstract**) and are numbered as they appear in the text. Make sure that 20% or fewer of the references are from the same journal or author.
- Identify the corresponding author and provide complete identifying information. *Pain Medicine Case Reports* only lists one corresponding author.
- Each author's affiliation information including title(s), place of affiliation, address, and e-mail address.
- Word count for manuscript and abstract included on first page of article file
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- Manuscript includes Abstract, Key Points, Manuscript, Author Contributions, Conflicts of Interest and References.
- Ensure the CARE Guidelines are followed for Case Reports and complete the CARE Checklist.