

Observational Study

Self plagiarism — and its utility to the reader

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Self-plagiarism is using ones own sentences again without proper citation. This practice is every now and then defended as harmless. This paper analyses a few recent scientific works that were published in orthopaedic and surgical journals which attract the clause of self-plagiarism. The apparently undamaging practice boosts the Curriculum Vitae of the author and actually causes harm in (i) wasting the time of the reader (ii) creating duplicate data in meta-analysis and (iii) consuming the space of original articles in the journals. With more journals going online and with gadgets available to identify repetition pattern such practices will surely decrease in future. Strict anti-plagiarism rules for journals and some soul-searching from the writers' side are the urgent need of the hour.

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Key words : Self-plagiarism, wasting time, reader, Citation, Journal, Meta-analysis.

The need to publish research articles is mounting. The worker has an urge to get benefits like salary hikes, remuneration and also promotion. This sometimes makes him to include names of others which are not part of the work. He also tries to publish the same case again and again, at least twice to boost up the Curriculum-vitae. Such practice of using one's own words again without proper citation is called self-plagiarism. "Self-plagiarism is the practice of an author using portions of their previous writings on the same topic in another of his publications, without specifically citing it formally in quotes"¹. This practice is also occasionally defended as normal as it does not cause any harm to anyone. This paper analyses scientific works from two authors that were published recently in orthopaedic and surgical journals which attracted this above clause of self-plagiarism.

MATERIALS AND METHODS

This section has details of two pairs of papers that were published in orthopaedic and surgical journals which attract the clause of self-plagiarism. First pair of papers^{2,3} were cases seen by same authors. The second pair of papers^{4,5} was a case study presented by different authors (maintaining the first author). Within each of the two pairs, there appeared strong similarity as to the region of the ailment, treatment methods etc. These two pairs of articles were analysed if these were double publications with regard to the content, text and figures.

OBSERVATIONS

First case :

The article 'Outcome of ankle arthrodesis in post-

traumatic arthritis' in the Indian Journal of Orthopaedics² (IJO) by Narayana Gowda *et al* (A1) was similar to the one published as 'Ankle arthrodesis as a salvage procedure: A case of secondary ankle arthritis using Charnley's compression device' by the same authors in Foot and Ankle Online Journal (FAOJ) in February 2012³. It presents a study done in the same period by the same authors with even the same photographs. Finer points like sex distribution in study-period of study, centre of study, indication of arthrodesis, the apparatus used, figures, intra operative steps and follow up period are surprisingly the same and can be verified from Table 1. It is observed that certain words are not even rephrased from the original article. This shows the sheer callousness of the authors. Figures 1a and 1b show the lines which were similar in first pair of articles^{2,3}.

Second case :

The first of the second pair of articles titled Soft Tissue Textiloma- A Diagnostic Pitfall⁴ by Elyazid Moushine *et al* (A2) Department of Orthopedic Surgery, and Traumatology, University hospital, Lausanne, Switzerland published in the Canadian Journal of Surgery. This article had similarity with another article 'Leg – Textiloma' published by the same first author in the journal - Medicine Principles and Practice⁵. A detailed analysis of these two articles was done and tabulated in Table 2. The details shown in this table are patient age, sex, biochemical parameters, previous surgeries done with their dates, present clinical examination like the skin condition, size and shape of the swelling, findings of diagnostic imaging like the ultrasound and MRI; operative findings and histopathology were noted in these two papers^{4,5}. Figs 2a and 2b show the lines which were similar in the articles of the second pair of articles^{4,5}. It is observed that certain words are used verbatim from the article.

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Sno	Detail	FAOJ	IJO
1	Journal name	Foot and ankle online Journal	Indian Journal of Orthopedics
2	Published month	February 1,2012	May-June 2012
3	Authors	Narayana B.S. Gowda, J Mohan Kumar	Narayana B.S. Gowda, J Mohan Kumar
4	Males in study	10	10
5	Females in study	5	5
6	Period of study	Jan 2006- Dec 2009	Jan 2006- Dec 2009
8	Centre	Department of orthopedics, People's Education Society (PES) Medical College and Research Center, Kuppam, Andhra Pradesh (AP)	Department of orthopedics, People's Education Society (PES) Medical College and Research Center, Kuppam, Andhra Pradesh (AP)
9	Indication of arthrodesis	6 cases of post traumatic AVN talus (Fig. 1), 4 cases malunited bimalleolar fracture, 3 cases of distal tibial plafond fractures, 2 cases of medial malleoli non-union	posttraumatic arthritis and/or avascular necrosis (AVN) talus (n=6), malunited bimalleolar fracture (n=4), distal tibial plafond fractures (n=3), medial malleoli nonunion (n=2).
10	Apparatus used	Charley in all the cases	Charley in all the cases
11	Figures and number in the journal	Fig 1	2a
12	"	Fig 3	3b
13	"	Fig 4	1c
14	"	Fig 5	2e
15	"	Fig 6	2d
16	Follow up period	2years and 8 months All the fifteen patients who had secondary ankle arthritis have undergone open ankle fusion with anterolateral approach (Fig. 2) in supine position under tourniquet control and spinal anaesthesia.	2years and 8 months All the 15 patients had undergone open ankle fusion by anterolateral approach [Figure 1]b in supine position under tourniquet control and spinal anaesthesia.
17	Intra operative steps		
18	Limb length discrepancies	Limb length discrepancies were insignificant (0.5 to 1.5 cm) except in one patient who had 2.5 cm secondarily due to distal tibial plafond fracture.	Limb length discrepancies were insignificant (0.5-1.5 cm) except in one patient who had 2.5 cm secondarily due to distal tibial plafond fracture.
19	Reference section		No mention of Narayana Gowda B S, Kumar J M. Outcome of ankle arthrodesis in posttraumatic arthritis. Indian J Orthop [serial online] 2012. [cited 2013 Apr 5];46:317-20.

Table 1 — The Striking similarity between the two articles in FAOJ and IJO

DISCUSSION

The words and lines re-used in these two pair of articles²⁻⁵ are seen in Figs 1a, 1b and 2a, 2b. In the case of both authors A1 (Figs 1a and 1b) and A2 (Figs 2a and 2b) both have used similar words, not even rephrasing. Both these authors have chosen journals of high impact and Scopus value. Thus it is obvious that much of the text in Fig 1a matches that in Fig 1b and also much of the text in Fig 2a matches the text in Fig 2b.

iThenticate, defines Self-Plagiarism as a “type of plagiarism in which the writer republishes a work in its entirety or reuses portions of a previously written text while authoring a new work⁶.” If in a composite laboratory experiment yield different results each one can be published individually maintaining the same methodology part for all these articles, if a prior work can be written in the literature review as a basis for the next work - ie, if the core of the theory can be exactly described in one sentence of the previous paper, if a component of the prior article must

be repeated to deal with new evidence or arguments or tell differently a second time or if the audience of the different set up for eg, surgeons on one hand and biomed engineers on the other. But only way out is to openly mention the article where the author used it first in the reference section of the second article^{7,8}.

In all these above two pairs of papers, Narayana Gowda *et al* (A1 -first authors of the first pair of articles^{2,3}) and Moushine *et al* (A2-first authors of the second pair^{4,5}) did not mention their prior work (ie, in the references section of the second paper^{3,5} there is no mention of the corresponding first papers^{2,4}) to claim (i) an extension of their work or (ii) one of more follow up or (iii) they want to re-iterate something they have not told in the first report. If they actually want to get their own sentences re-published they have to put them between inverted commas and suitable citation given in superscript and in references⁸.

Both these articles are case reports but on the same cases. It is therefore vital that both these first authors have not cited the first work in their second work. The

study and follow up period are the same and the authors nowhere have quoted their work which was published online in their second paper. It is obvious that the readers will not benefit from such republishing the same work including photographs and demographic details that too from the same authors in the same time period.

To find the validity of the diagnostic or treatment methods meta-analysis is commonly used. Double publications will reduce the validity of such studies⁹. Thus such practices will only increase worthless junk of scientific literature and will not only be of any use to the reader but also waste the time of the reader, confuse meta-analysis of intervention studies giving duplicate data. It is natural to feel that the editors should be ruthless on these authors to retrieve the articles or at least make public those letters which are sent citing the misconduct citing paucity of space in the journal. Presence of a few common characteristics between the same author's own papers are tolerable. The fresh paper should have a fresh outcome. One point of the

Journal	Can J Surg	Med Princ Pract
Article	Moushine E et al .Soft tissue textiloma : a potential pitfall ,Can J Surg 2005 december;48(6)495-6.	Moushine E et al 'Leg – Textiloma , med princ pract 2006, 15 ; 312-315
Patient profile	58 year male	58 year male
Duration of symptoms	1.5 year ²	[18 months ⁴]!!!
history	swelling and tethering of left leg.	swelling and tethering of left leg.
History of previous surgery	He had right side inguinal hernia surgery in 15 years back ³ (paper was in 2004)	He had right side inguinal hernia surgery in 1989 ⁸ 1989-15-2004
Previous surgery	left leg was operated for varicose veins in 8 years after that previous surgery ²	left leg was operated for varicose veins in 1997 ⁴ (28 years after 1989)
Other diseases	The patient has gout and high cholesterol.	The patient has gout and high cholesterol.
Gait	He had a normal gait without limp.	He had a normal gait without limp.
Local examination	There was slight edema of the left ankle and distal 1/3 rd of the left calf with ochre dermatitis. A 6x4 cm hard indolent mass was palpable in the antero internal aspect of the distal third of the leg. This mass was adherent to subcutaneous tissue and not to deep tissues.	There was slight edema of the left ankle and distal 1/3 rd of the left calf with ochre dermatitis. A 6x4 cm hard indolent mass was palpable in the antero internal aspect of the distal third of the leg. This mass was adherent to subcutaneous tissue and not to deep tissues.
Ultrasonography	Ultrasonography revealed the presence of a soft tissue shadow high echogenic mass 2 cm wide and 10 cm thick. This mass was surrounded by multiple blood vessels.	Ultrasonography revealed the presence of a soft tissue shadow high echogenic mass 2 cm wide and 10 cm thick. This mass was surrounded by multiple blood vessels.
MRI	MRI hypodense in T1 and hyperdense in T2 with relation to surrounding fatty tissue. The MRI also showed a central nucleus which may be most likely to be necrosis. With IV contrast of gadolinium, the mass enhanced and showed a strong vascular supply and large draining vessels.	MRI hypodense in T1 and hyperdense in T2 with relation to surrounding fatty tissue. The MRI also showed a central nucleus which may be most likely to be necrosis. With IV contrast of gadolinium, the mass enhanced and showed a strong vascular supply and large draining vessels.
MRI	MRI LS was shown in another. ¹	figures MRI TS was shown in one article
Provisional diagnosis	tumour of mesenchymal origin	tumour of mesenchymal origin
findings at surgery	At surgery, old retained surgical gauze was found	At surgery, old retained surgical gauze was found
Histologic examination	large foreign body giant cells.	large foreign body giant cells.
Reference section	-	no mention of 'Moushine E et al .Soft tissue textiloma : a potential pitfall ,Can J Surg 2005 december;48(6)495-6.

Table 2 — The Striking similarity between the two articles in Canadian Journal of surgery and medical principle and practice

previous paper alone may be acceptable. However if the same paper as a whole is printed again, then it is atrocious⁶.

As far as the first case in the present paper, even though the materials are the same and they would have not used materials from other centre, they cannot defend writing the same material for two journals^{2,3}. For example if they describe the presence of cataract or dental caries or hypertension or cardiomyopathy in these patients, they need not quote the first work in the second work. But here in the second paper, they are again reporting on their same region and same modality of treatment and the same evaluation method. Is it correct to hide the first work², in the second work³ ?

In the case report published in foot and ankle online journal the authors of the first pair of case study Narayana *et al* can try a defense that they have highlighted the Charnley's compression device in the first relation to cost, simplicity and good outcome. They have incorporated a photograph and X-ray of one patient to show the fixator in situ and union of arthrodesis. However they have also repeated the same photos again in the second publication as it is obvious from the table and Figs 1 and 2. They (Narayana *et al*) cannot claim that they can write an article to the Indian Journal of Orthopaedics³ (their second paper) emphasizing the ankle arthrodesis procedure in post-traumatic arthritis and clinical and radiographic evaluation for which functional evaluation with American Orthopaedic Foot and Ankle Society (AOFAS) Ankle Hindfoot scale was done to indicate to find if ankle fusion will help to relieve pain and to improve overall function .

If they think the second paper³ (in the Indian Journal of Orthopaedics)the procedure of using compression device for ankle arthrodesis was described only as a procedure, in the first paper² (Foot and Ankle Online Journal) they have not at all used any other device other than Charnely compression clamp with a calcaneo tibial pin to justify the re-use of the published material. In both these

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papers (FAOJ and IJO) they have used only the ankle arthrodesis by Charnley's clamp and calcaneo-tibial pin and used AOFAS criteria in assessment of post operative status. But why they have not highlighted that they have already published an article on the same region on the same patients and on same period and in the same (their) centre. i.e. where is the citation of the work published in the first journal? As far as the copy right form of Indian Journal of Orthopedics, it is clearly printed, "Neither this manuscript or one with substantially similar content under our author ship has been published nor is being considered for publication except as described in the covering letter. We certify that all the data collected in the study is presented in this manuscript and no data from the study has been or will be published separately"¹⁰ Res ipsa loquitur. Obviously this is an attempt to hide facts.

It is surprising that common data and same figures are being used in such journals of high repute. This has been overlooked by the reviewers and editors alike. Obviously the scientific content of the work masqueraded the wanton copying in the second article. A section of people may feel that this repetition of words is harmless. But it is not so. It wastes the time of the reader. For eg when you search for articles textilomas you will waste time in reading same work of Moushine E *et al* over and over again for nothing. This obviously is an utter waste of time. This practice should be penalised whether there is open access or not. As (in a civil rights case involving the alleged stealing of three soda cans) Judge Posner says 'The law does not excuse crimes . . . merely because the harm inflicted is small'¹¹.

CONCLUSION

Summing up the seemingly harmless practice which enhances the Curriculum Vitae of the author actually causes harm in wasting the time of the reader causing mis-interpretation of meta-analysis of diagnostic or interventional

studies. With more journals going online and with gadgets available to identify pattern repetition such practice will decrease in future. But what is needed is some soul searching from the writers' side.

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