

Revival of the Case Series in Publication Circuitry

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The current era of evidence based medicine has paved the way for reliance of the medical fraternity on meta analysis, systematic reviews and randomized control trials for therapeutic decision making. The hierarchy triangle of scientific evidence places these at the top while the Case Series and Reports occupy lower rungs. However does this mean that case depictions either singly or in a series have lost their relevance ?

A Case Series is a conglomeration of four to ten cases which have a common thread or bond in terms of pathophysiology, clinical spectrum, diagnosis and have received similar therapy.

The National Medical Council has recognized the Case Series as a valid publication accepted for career progression. But the value of a Case Series extends beyond the boundaries of personal gains and adds to the domain of scientific wisdom.

A Case Series is a descriptive narrative that highlights novel, unusual disease processes or reports a typical presentations of common ailments identified in patients in daily practice. They are empirical enquiries or analysis of clinical problems in a group of patients in a natural, real-world scenario.

Such treatises have immense educational value for the medical graduates to encourage problem based learning and analytical skills for diagnosis and management¹.

Therefore, it is desirable for medical education programs as well as Journals to uphold the fast disappearing tradition of narrative publication. Medical teachers should encourage students to go through case studies for developing their faculty of critical learning and thinking skills.

Writing case studies is also an efficient way of learning to pen down scientific manuscripts for beginners. Novice writers can benefit from the physician - patient interaction, sharpen their writing and communication skills, and learn about the procedural formalities of manuscript submission in journals.

A Case Series is greatly helpful in pattern recognition that is the central essence of medical diagnosis. Often it also puts forward new research questions and informs us about various aspects of patient management, adverse drug reactions, novel therapies or even ethical dilemmas².

We are publishing a couple of Case Series in this issue – one is on six interesting cases of ocular tuberculosis. The clear message from the series is that in case of chronic inflammatory conditions of eye, a high index of suspicion should be nurtured for ocular tuberculosis in a endemic country such as ours even if direct microbiological confirmation of the bacillus is not possible.

Either hematogenous spread or a hypersensitivity is the common pathophysiological basis of these cases. This observation, as well as the fact that uveal involvement and positive tuberculin test are being noted as clinical pointers, are of an educational value to clinicians that will help in their daily practice.

Another Case Series is of a different flavour – autoimmune hemolytic anemia with IgG and IgA antibodies both found in the patients, which is a rarity. Awareness about autoimmune hemolytic anemia is important as a cause of new onset pallor and jaundice specially in the background of sepsis or autoimmune diseases, as the diagnostic test is very simple ie, DAT and therapy leads to rapid improvement. Thus it is important to recognize the clinical presentation and suspect early.

To summarise, despite many divergent points of view regarding their strength of evidence, Case Reports and Series portray the value of narrative publication that can not be ignored or underplayed.

Real life medical dilemmas along with the depiction of the differential analysis as well as management goes a long way in enriching clinical acumen and experience.

REFERENCES

- 1 Murad MH, Sultan S, Haffar S, Bazerbachi F — Methodological quality and synthesis of case series and case reports. *BMJ Evid Based Med* 2018; **23(2)**: 60-3. doi: 10.1136/bmjebm-2017-110853.
- 2 Gagnier JJ, Kienle G, Altman DG — The CARE guidelines: consensus-based clinical case reporting guideline development. *J Med Case Rep* 2013; **7**: 223. doi:10.1186/1752-1947-7-223.