Original article

Analysis of case reports submitted to the *European Annals of Otorhinolaryngology Head & Neck Diseases*☆

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A R T I C L E   I N F O

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A B S T R A C T

Objectives: To assess flaws, rejection rate and reasons for rejection of case reports submitted for publication in the *European Annals of Otorhinolaryngology Head & Neck Diseases.*
Materials and methods: A prospective analysis of flaws noted in reviewing 118 case reports from 29 countries consecutively submitted to the *European Annals of Otorhinolaryngology Head & Neck Diseases* during the period Sept. 1, 2014 to Sept. 30, 2015.
Results: The most frequent flaws, noted in 74.5% of cases, were: lack of originality (more than 15 such cases previously reported in the medical literature) and lack of new data contributing to the medical literature. Overall, 5% of the cases were accepted for publication, 7% were not resubmitted by the authors, and 88% were rejected. On univariate analysis, none of the variables under analysis correlated with acceptance or rejection of the submitted case. Editorial decision time varied from 1 to 7 months (median, 1 month). In 16.3% of the 104 cases of rejection (17/104), the editors suggested resubmission in the section "Letter to the Editor" or "What is your diagnosis?"; 15 of the 17 reports were resubmitted, and 10 (66.6%) were ultimately accepted for publication.
Conclusion: The editorial committee of the *European Annals of Otorhinolaryngology Head & Neck Diseases* hope that the present data and review of the literature will provide authors with a framework to avoid major errors leading to rejection and will speed publication of the case reports they submit to our columns in the near future.

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1. Introduction

Since September 2014, the *European Annals of Otorhinolaryngology Head & Neck Diseases* has provided authors wishing to publish ENT case reports with the opportunity to submit articles, in French or in English, via two dedicated websites: http://ees.elsevier.com/aforl/and http://ees.elsevier.com/anorl/default.asp).

In the present prospective study, based on an analysis of review data for case reports submitted to the *European Annals of Otorhinolaryngology Head & Neck Diseases* between September 1, 2014 and September 30, 2015, the editorial committee detail the flaws noted during the review process, acceptance rates and the impact of certain variables on acceptance. Data were analyzed in the light of the literature, to provide authors with a framework to speed publication of their case reports in our columns.

2. Material and methods

Between September 1, 2014 and September 30, 2015, 118 case reports from 29 countries were submitted to the *European Annals of Otorhinolaryngology Head & Neck Diseases* via the journal's French-language (http://ees.elsevier.com/aforl/) or English-language website (http://ees.elsevier.com/anorl/default.asp) in respectively 29.6% (35/118) and 70.4% (83/118) of cases. Table 1 and Fig. 1 present origins (country, and city for reports by French teams), first author's medical specialty and academic status, topics, and associated medical specialties and research structures. There were 12 associated medical specialties: anatomopathology (12), radiology (9), internal medicine (4), odontology (3), oncology (2), emergency (2), anesthesiology (1), general surgery (1), gynecology (1), neurosurgery (1), stomatology (1) and urology (1). Two

Table 1
Origins and topics of the 118 case reports submitted to the *European Annals of Otorhinolaryngology Head & Neck Diseases* (*N*: number).

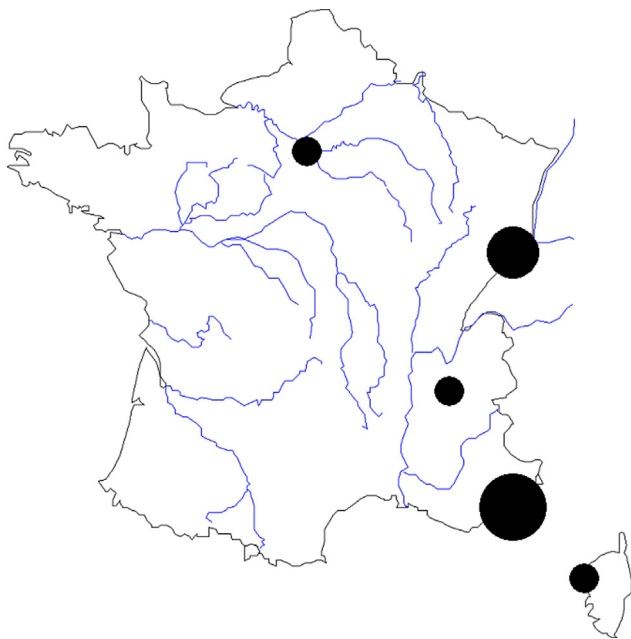| Country of first author	*N* (%)
France	15 (12.7)
Turkey	14 (11.8)
Spain	13 (11)
UK, India	9 (7.6)
Morocco, Tunisia	6 (5)
Malaysia	5 (4.2)
Cote d'Ivoire, USA	4 (3.3)
Korea, China, Italy	3 (2.5)
Algeria, Denmark, Ireland, Japan, Lebanon, Macedonia, Poland, Portugal	2 (1.6)
Germany, Egypt, Iran, Israel, Kuwait, Senegal, Switzerland, Togo	1 (0.8)
First author in university team	85 (72)
First author's medical specialty	
ENT	81 (68.6)
Maxillofacial	14 (11.8)
Anatomopathology, odontology, radiology	4 (3.3)
General surgery, pediatrics	2 (1.6)
Anesthesiology, thoracic surgery, internal medicine, neurology, ophthalmology, emergency	1 (0.8)
Associated medical specialties	39 (33)
Associated non-medical structures	2 (1.6)
Topics	
Otology	14 (11.8)
Rhinology	22 (18.6)
Laryngology	15 (12.7)
Cervicofacial surgery	55 (46.6)
Maxillofacial & plastic surgery	12 (10.1)
Oncology	43 (36.4)
Pediatrics	6 (5)

Fig. 1. Distribution of case reports submitted by French ENT teams, by city (Nice: 3; Mulhouse: 2; Ajaccio, Paris, Grenoble: 1).

Table 2
Flaws found during review of the 118 case reports.

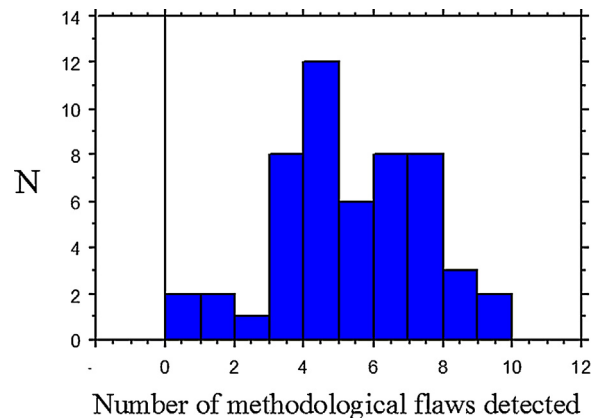| Flaws noted on review	
Lack of originality (at least 15 cases already in PubMed)	88 (74.5%)
No contribution to knowledge on the topic	88 (74.5%)
Flaws in 'Discussion'	23 (19.4%)
Non-respect of *Eur Ann Otorhinolayngol H N Dis* writing recommendations	15 (12.7%)
References missing or incorrect	11 (9.3%)
Topic not suited: submit elsewhere	8 (6.7%)
Introduction vague, irrelevant to case or not matching the literature	7 (5.9%)
Poor spelling and grammar	6 (5%)
Diagnosis incorrect or unproven, or insufficient follow-up	5 (4.2%)
Tables or figures duplicating text	4 (3.3%)
Uninformative title	3 (2.5%)
Association of 2 rare cases without causal relation (simple concomitance)	2 (2.5%)
Failure to take reviewers' comments into account	2 (2.5%)

Fig. 2. Histogram of number of flaws per case report (*N*: number of case reports).

3. Results

3.1. Flaws noted during review of case reports submitted to the journal

Table 2 presents the flaws noted during the review process.

The most frequent flaws, noted in almost three-quarters of case reports (Table 2), were: lack of originality (more than 15 identical cases already published) and of new data contributing to the scientific literature on the topic.

Flaws noted in a fifth to a tenth of cases (Table 2) comprised: problems in the 'Discussion' section, and omission or incorrect citation of previous publications on the topic. The main problems in the 'Discussion' were: failure to do more than mention previous publications on the topic; introduction of data not presented in the 'Case Report' section; and lack of structure (vague, irrelevant discussion; PubMed abstracts cut and pasted, etc.), limiting the impact of the authors' message and the contribution of the report.

Flaws noted in a twentieth to a thirtieth of cases (Table 2) comprised: case not matching the journal's field (editors advised authors to submit elsewhere: anesthesiology, maxillofacial surgery, neurology, ophthalmology or pediatrics); vague 'Introduction', unrelated to the case being reported or not reflecting the published literature; poor spelling and/or grammar; tables and figures duplicating the text; misdiagnosis; insufficient follow-up; uninformative title; and failure to take reviewers' comments into account.

The number of flaws noted showed a Gaussian distribution (Fig. 2), ranging from 1 to 7, with a median of 2. Three articles (2.5%) were flawless and accepted for publication without any changes.

non-medical research structures were associated: a neuroscience institute, and a biostatistics unit.

This prospective study listed flaws found during the review process, evaluated editorial decision time and acceptance rates, and assessed the impact of certain variables (Table 1) on acceptance (excluding articles not resubmitted after initial review). Data were entered in a PC and analyzed on StatView software (StatView Inc., USA) using Fisher's exact test and the Mann-Whitney U test. The significance threshold was set at 0.05.