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# Do we CARE about the quality of case reports? A systematic assessment



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## ARTICLE INFO

## Article history:

Received 26 February 2018

Received in revised form

16 June 2018

Accepted 11 July 2018

Available online xxx

## Keywords:

Case reports

Guideline assessment

Splenic metastasis

## ABSTRACT

**Background:** Clinical case reports are important sources of information on the identification and treatment of new or rare diseases. The CAsE REport (CARE) Statement and Checklist represents consensus-based guidelines for clinical case reports. How well case reports adhere to these guidelines is unknown.

**Material and methods:** A systematic PubMed and OVID search was used to identify case reports on isolated splenic metastasis from 2007 to 2017 in English language journals. MeSH search terms included “(isolated splenic metastasis OR solitary splenic metastasis) AND case report.” We retrieved 79 articles and 55 directly addressed the topic of interest. Each was scored dichotomously using the 13 categories with 36 item descriptors on the CARE checklist.

**Results:** Of the 55 case reports, none fully followed the CARE guidelines; only 56.4% met 23 descriptors and none had more than 29 of 36 descriptors. Patient symptoms were not described in 40.0%, and in 47.3%, the abstract did not identify the main outcomes. All reports included patient’s age and diagnostic methods. Most case reports reported the type of intervention (96.4%) and effect of the intervention (96.4%). None included patient-assessed outcomes or the patient’s perspective. Only 49.1% included strengths and limitations of patient management, stating that the most effective treatment is unknown.

**Conclusions:** None of the case reports on isolated splenic metastasis completely followed the CARE guidelines. Most reports did cover diagnostic workup and therapeutic interventions and gave a summary of the literature. Higher quality case reports would be useful in facilitating recognition of rare disease processes and informing clinical practice.

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## Introduction

Case reports are detailed reports of a patient’s specific medical problem and ensuing workup and clinical management. Most reports focus on the identification and treatment of new, rare, or unusual case presentations of a disease process, but some have truly been seminal publications, serving as harbingers of

new disease processes or treatment complications. For example, AIDS was initially described in a 1981 case report,<sup>1</sup> and the use of thalidomide for treatment of pregnancy-associated nausea was linked to phocomelia in a 1962 case report.<sup>2</sup> Clinicians commonly use them when there are no randomized controlled trials or retrospective cohort studies to inform decisions. Case reports are important sources of

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<https://doi.org/10.1016/j.jss.2018.07.027>

information and are most useful when accurate, complete, and transparent information is included.

However, case reports are inconsistently written and reported in the medical literature, and therefore, they are of varying quality. In recognition of this variation, an international expert panel developed the CAsE REport (CARE) Statement and Checklist, a consensus-based guideline for clinical case reports.<sup>3</sup> Since 2013, these guidelines have been widely endorsed and even adopted by the Enhancing the QUality and Transparency Of health Research (EQUATOR) Network, an international umbrella organization composed of medical journal editors and other key stakeholders.<sup>4</sup>

Compliance with editorial reporting guidelines is important because case reports can influence clinical decision-making, but it is currently unknown how well case reports follow these guidelines. We perform a systematic evaluation of how well case reports adhere to the CARE checklist.

## Material and methods

We chose to analyze case reports on the topic of isolated splenic metastases. It is rare for cancer to metastasize only to the spleen, and tumors from many various primary sites may spread to the spleen. As such, this topic forms a representative subject matter for a comprehensive analysis of case reports.

A systematic PubMed and OVID search was performed to identify reports on isolated splenic metastases from 2007 to 2017 in English language journals. The MeSH terms included “isolated splenic metastasis OR solitary splenic metastasis AND case report AND English language AND January 01, 2007 to June 30, 2017.” We retrieved 79 articles in total. We determined that 55 of them directly addressed our topic of interest and these were included in this study.<sup>5-59</sup> The reports came from 41 different medical journals. The excluded 24 articles did not report on isolated splenic metastases, describing other sites of spread as well.

There are 13 sections, or item numbers, in the CARE checklist. Each item has a subitem descriptor and there are 36 total descriptors (Table). The 13 sections/items are as follows: Title, Keywords, Abstract, Introduction, Patient Information, Clinical Findings, Timeline, Diagnostic Assessment, Therapeutic Interventions, Follow-up and Outcomes, Discussion, Patient Perspective, and Informed Consent. The descriptors are detailed in an explanation and elaboration document that annotates the CARE checklist.<sup>3</sup> We created a scoring system to account for each of the 36 subitems, following the CARE checklist descriptions where available. The retrieved articles were evaluated against the CARE guidelines checklist. A specific case report's adherence to each subitem was rated on a dichotomous (yes/no) basis.

## Results

Of the 55 case reports on isolated splenic metastasis, none fully adhered to the established CARE guidelines (Fig. 1). All reports included the patient's age and diagnostic methods

(i.e., physical examination, laboratory testing, imaging, questionnaires). Most case reports described the types of intervention (96.4%) (i.e., pharmacologic, surgical, preventive, self-care), changes in intervention (96.4%), and the main “take-away” lessons of the case (98.2%). As demonstrated in Figure 1, the greatest number of CARE item descriptors met was 29 of the 36 descriptors, and this top score was only representative of one published case report on isolated splenic metastasis. The mode was 23 descriptors met in eight of the case reports, and only 56.4% of the reports met at least 23 item descriptors. Interestingly, the fewest number of item descriptors in our analysis was 9 of 36, again in just one case report.

Figure 2 demonstrates that only 35 of the 55 case reports included the words “case report” or “case study” in the title. Further, none of the 55 case reports included the patient's occupation, the patient-assessed outcomes, or the patient's perspective. Only two reports included a timeline of the important dates and times of the case in a figure or table. In addition, only 10 reports (18.2%) stated the patient's ethnicity, and 18 reports (32.7%) did not include the relevant medical literature summary in the report's Introduction section. In 40% of the reports, the patient symptoms were not described, and in 47.3%, the abstracts did not identify the main outcomes of the interventions. Interestingly, in nearly all case reports, a splenectomy was performed, and patients then received systemic chemotherapy.

Only 27 reports (49.1%) included the strengths and limitations of patient management, generally stating that the most effective treatment for isolated splenic metastasis is unknown because of its rare occurrence and lack of long-term evaluation of interventions. However, the rationale for this conclusion, including assessment of cause and effect, was not stated in 30.9% of the case reports.

Some trends were noted for specific medical journals. For example, in *Clinical Nuclear Medicine*, formatted case reports contained only a brief abstract with an image and a description underneath and did not include an introduction, discussion, or a conclusion. Further, not one of the case reports in *BMJ Case Reports* had the words “case report” or “case study” in the title, whereas case reports in the *Journal of Medical Case Reports* all included those title descriptors.

## Discussion

In our analysis of case reports on isolated splenic metastasis published over the past 10 years in 41 different medical journals, none of the reports satisfied all of the items on the CARE checklist. Adherence to the CARE guidelines was variable across most items, with the highest degree of reporting around the patient's age and diagnostic methods employed. Interestingly, main clinical outcomes that most readers would be interested in are not routinely reported (less than 50%) in the abstract. However, “the main take-away lessons” are included in nearly all reports. However, none of the 55 case reports included the patient's occupation, the patient-assessed outcomes, or the patient's perspective. Overall, the highest performing case report only met 29 of 36 items on the checklist.

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