**[JTI Case Report\_CARE]**

※For case reports, authors should follow the CARE guideline (https://www.care-statement.org). Authors should upload a completed checklist for the appropriate reporting guideline during submission.

**Case report title: a case report**

As per CARE guidelines, case report titles should include the diagnosis or intervention of primary focus followed by the words “case report”.

**ABSTRACT**

The abstract should be within 250 words in one paragraph (no explicit subheadings) and should not include bibliographic references nor references to figures or tables. The abstract should include the following: what is unique about this case; the patient’s main concerns and important clinical findings; primary diagnoses, interventions, and outcomes; and one or more takeaways.

**Keywords:** Up to five keywords (including “Case reports”) that identify diagnoses or interventions in the case report, should be listed. MeSH (Medical Subject Headings of Index Medicus; https://meshb.nlm.nih.gov/search) terminology is preferred for the keyword selection.

**INTRODUCTION**

Briefly summarize the background (may include medical literature references) and why this case is unique. Case reports are expected to have clinical importance and novelty. Reference citations in the text should be identified by numbers in square brackets according to their quotation order. When more than two quotations of the same authors are indicated in the main body, a comma must be placed between a discontinuous set of numbers, whereas an en dash must be placed between the first and last numerals of a continuous set of numbers: “Negotiation research spans many disciplines [1]. This result was later contradicted by Cho [2], Kim and Lee [3], and Choi et al. [4]. This effect has been widely studied [3–6,8].” Figures and tables used in the main body must be indicated as “Fig.” and “Table”: “Magnetic resonance imaging of the brain revealed… (Figs. 1–3, Table 1).”

**CASE REPORT(S)**

Case reports should describe clinical findings and management steps directly related to critical care. The following provides a reporting guide in accordance with the CARE checklist guidelines.

**Patient information**

Present primary concerns and symptoms of the patient; medical, family, and psychosocial history including relevant genetic information; relevant past interventions and their outcomes; and de-identified patient specific information.

**Clinical findings and timeline**

Describe significant physical examination and important clinical findings. Present historical and current information from this episode of care organized as a timeline (figure or table).

**Diagnostic assessment**

Present diagnostic methods (physical examination, laboratory testing, imaging, surveys); diagnostic challenges; diagnosis (including other diagnoses considered); and prognostic characteristics when applicable.

**Therapeutic intervention**

Present types of therapeutic intervention (pharmacologic, surgical, preventive); administration of therapeutic intervention (dosage, strength, duration); and changes in therapeutic interventions with explanations.

**Follow-up and outcomes**

Present clinician- and patient-assessed outcomes if available; important follow-up diagnostic and other test results; intervention adherence and tolerability (how was this assessed?); and adverse and unanticipated events.

**Ethics statement**

If the case report contains clinical photographs of the patient of any kind, it must be stated that the written informed consent was obtained for publication of that case report and accompanying images. While Institutional Review Board approval for case reports is not mandatory, statement on informed consent must be included in case reports. An example is “We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (No. OO). Written informed consent for publication of the research details and clinical images was obtained from the patient.”

**DISCUSSION**

Briefly discuss the case; relevant medical literature with references; strengths AND limitations associated with this case report; and the scientific rationale for any conclusions.Do not structure the conclusion section separately.

**REFERENCES**

In principle, the number of references is limited to 15 for case reports.

1. Yeo KH, Park CY, Kim HH. Abdomino-perineal organ injuries caused by cultivators. J Trauma Inj 2015;28:60–6.

2. Mattox KL, Moore EE, Feliciano DV. Trauma. 7th ed. McGraw Hill; 2013.

3. Burlew CC, Moore EE. Emergency department thoracotomy. In: Mattox KL, Moore EE, Feliciano DV, editors. Trauma. 7th ed. McGraw Hill; 2013. p. 236–50.

4. World Health Organization (WHO). World health statistics 2021: a visual summary [Internet]. WHO; 2021 [cited 2021 Feb 1]. Available from: https://www.who.int/data/stories/world-health-statistics-2021-a-visual-summary

5. Sharma N, Sharma P, Basu S, et al. The seroprevalence and trends of SARS-CoV-2 in Delhi, India: a repeated population-based seroepidemiological study [Preprint]. Posted 2020 Dec 14. medRxiv 2020.12.13.20248123. https://doi.org/10.1101/2020.12.13.20248123

6. Winchester DE, Wen X, Xie L, Bavry AA. Evidence of pre-procedural statin therapy: a meta-analysis of randomized trials. J Am Coll Cardiol 2010 Aug 31 [Epub]. https://doi.org/10.1016

7. Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. The 5th European Conference on Genetic Programming; 2002 Apr 3–5; Kinsdale, Ireland. Springer; 2002. p. 182–91.

**FIGURE LEGENDS**

Please note that the actual figure files should be uploaded separately. We recommend a maximum of 8 figures and tables combined for optimal presentation.

**Fig. 1.** Brief title preferably in phrases. Legend text preferably in sentences.

**Fig. 2.** Brief title preferably in phrases. (A) Legend text. (B) Legend text preferably in sentences.

**Table 1.** A brief, specific, descriptive title

| Variable | Prepregnancy | First trimester | Second trimester | Postpartuma) |
| --- | --- | --- | --- | --- |
| Tacrolimus blood level (ng/mL) | 7.3 | 5.9 | 5.7 | 8.6 |
| Tacrolimus dose (mg/day) | 5 | 6 | 9 | 3 |
| LVEF (%) | 65 | 60 | 64 | - |

(Example of footnotes)

(General note) Values are presented as median (interquartile range) or number (%).

(Abbreviation) ESRD, end stage renal disease; IgA, immunoglobulin A.

(Notes on specific parts) a)Calculated using the Du Bois formula.

(Notes on significance) \*P<0.05; \*\*P<0.01; \*\*\*P<0.001.

(Source note) Adapted from Kim et al. [3], with permission from Elsevier.