

Editor's comment

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A puppy and case reports in Medwave

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A few weeks ago, I came home in the afternoon and found Santuzza, my 2-month-old, German Shepherd puppy, with seizures and running around the driveway, bumping into walls and other dogs. She was disoriented, ill and foaming at the mouth.

There was vomit and loose stools everywhere. I was aghast and acted immediately. I put the puppy in the car and took her to the best veterinarian center in the city. It has specialist emergency care and is one of the teaching hospitals of the main veterinarian school of the country. She was admitted on the spot. Hypoglycemia was ruled out to begin with, together with canine distemper and other age-appropriate conditions.

Doubt settled in: what is it that caused these neurological and gastrointestinal manifestations? A vet friend suggested we look into the possibility of an intoxication by organophosphates or methaldehyde. Alas, the dog had not

been exposed to any of those substances. As we fretted over her survival, we wondered what on earth had caused this.

My gardener said he had seen some nuts in the dogs' stools (we have three puppies, same age, same breed) consistent with the seeds of our Gingko biloba. Back in his rural home, he added, people say that when animals eat these seeds they become "dizzy".

With this information, I searched in PubMed with the free text words "intoxication" and "Gingko". Lo and behold! Three case reports popped up in humans with the same clinical manifestations as my puppy Santuzza, and with a subsequent favorable course [1],[2],[3]. Right away, I went to see the attending vets, we went over the case, the dog was treated accordingly and is now fully recovered (Figures 1 and 2).

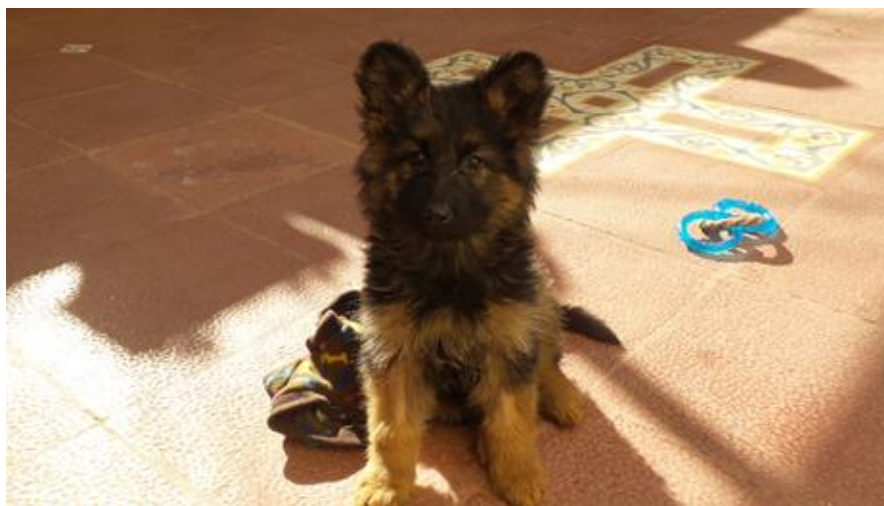


Figure 1. Little Santuzza, completely recovered after her intoxication from eating Gingko nuts.



Figure 2. The Ginkgo biloba tree and its seeds and nuts.

Many times, doctors have to deal with bizarre, out-of-the-ordinary clinical cases. They don't always find background information in medical textbooks, so they have to go to databases such as MEDLINE/PubMed. Yet, case reports are the poor cousin of evidence-based medicine. More so, they lie at the base of the evidence pyramid, just over expert opinion. However, for more than a decade, we are aware that depending on the type of question we have, we will have to look for the right kind of evidence that more fully responds to our query [4]. When facing a patient with obscure clinical manifestations, we will need to know whether others have reported something similar, because this could help us treat our patients better by making more informed decisions.

In the *Journal*, we get quite a lot of case report submissions, and we generally accept them for publication. Not always do they refer to exceptional situations such as the one that affected my puppy – often they are just interesting run-of-the-mill cases that with a proper literature review provide the opportunity to refresh knowledge put away in a back drawer. We value these contributions as well. However, reporting standards must be ensured, which is why we endorse the use of reporting guidelines. For case reports, the applicable guideline would be CARE [5] (Figure 3).

CARE Checklist (2013) of information to include when writing a case report

Topic	Item	Checklist Item description	Reported on Page
Title	1	The words "case report" should be in the title along with the area of focus	_____
Key Words	2	2 to 5 key words that identify areas covered in this case report	_____
Abstract	3a	Introduction—What is unique about this case? What does it add to the medical literature?	_____
	3b	The main symptoms of the patient and the important clinical findings	_____
	3c	The main diagnoses, therapeutic interventions, and outcomes	_____
	3d	Conclusion—What are the main "take-away" lessons from this case?	_____
Introduction	4	One or two paragraphs summarizing why this case is unique with references	_____
Patient Information	5a	De-identified demographic information and other patient specific information	_____
	5b	Main concerns and symptoms of the patient	_____
	5c	Medical, family, and psychosocial history including relevant genetic information (also see timeline)	_____
Clinical Findings	5d	Relevant past interventions and their outcomes	_____
	6	Describe the relevant physical examination (PE) and other significant clinical findings	_____
Timeline	7	Important information from the patient's history organized as a timeline	_____
Diagnostic Assessment	8a	Diagnostic methods (such as PE, laboratory testing, imaging, surveys)	_____
	8b	Diagnostic challenges (such as access, financial, or cultural)	_____
	8c	Diagnostic reasoning including other diagnoses considered	_____
	8d	Prognostic characteristics (such as staging in oncology) where applicable	_____
Therapeutic Intervention	9a	Types of intervention (such as pharmacologic, surgical, preventive, self-care)	_____
	9b	Administration of intervention (such as dosage, strength, duration)	_____
	9c	Changes in intervention (with rationale)	_____
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (when appropriate)	_____
	10b	Important follow-up diagnostic and other test results	_____
	10c	Intervention adherence and tolerability (How was this assessed?)	_____
	10d	Adverse and unanticipated events	_____
Discussion	11a	Discussion of the strengths and limitations in your approach to this case	_____
	11b	Discussion of the relevant medical literature	_____
	11c	The rationale for conclusions (including assessment of possible causes)	_____
	11d	The primary "take-away" lessons of this case report	_____
Patient Perspective	12	When appropriate the patient should share their perspective on the treatments they received	_____
Informed Consent	13	Did the patient give informed consent? Please provide if requested	Yes <input type="checkbox"/> No <input type="checkbox"/>

Figure 3. CARE guideline checklist that applies to proper reporting of case reports.

This month we are pleased to publish two case reports [6],[7]. Medical colleagues, particularly those who work in teaching hospitals, have told me that they have many clinical cases that they would like to submit for publishing. Generally, they lack the time to do so. *Medwave* invites doctors to send us their best clinical cases, following CARE guidelines when writing out their

manuscripts. After my own experience with Santuzza, I have developed a renewed appreciation on the importance of publishing case reports, even when they may lie at the bottom of the biomedical publications and evidence ecosystem. This way we all contribute as the following video [How wolves change rivers](#) beautifully shows.

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