Dear Editor,

Medical case reports are a type of publication that is generally considered not to have a high scientific impact and ranked as class 3 just one step above to the bottom that is the evidence from experts and clinical practice in the Evidence-based medicine classification (1). The majority of high impact journals does not publish case reports unless it reports an unique case with unique features. Although recently the number of the journals publishing case reports are increasing (2), there are several reasons discouraging scientists to publish case reports. During the whole my medical career, I have been told that writing a case report is a waste of time and is not counted as an important scientific activity by any of the medical council or authority in addition to its difficulty of acceptance for publication.

On the other hand, case reports are the best type of research to start with for young scientists because of...
many reasons: It is easy to write a case report, there is no time or budget restriction, it could also be very beneficial in educational purposes since you need to review the literature and write the case with a systematic order including epidemiology, etiology, clinical presentation, differential diagnosis, diagnostic methods, treatment, and discussion.

One of my very first articles was a case report of a pregnant woman with pulmonary artery aneurysm who was diagnosed as Behcet Disease (3). I earned a lot from this case report. It was first accepted as oral communication in the European Respiratory Society (ERS) Congress. This was my first abstract sent to an international congress and on top of that prestige, I also received a travel grant from ERS to attend that congress in Florence. Then, I submitted it to a high impact rheumatology journal and it was accepted for publication quickly. Since I reviewed almost the whole existing medical literature, I had enough knowledge to even give a lecture on Behcet Disease and differential of pulmonary arterial aneurysms.

Recently, I start working in the private practice after 28 years of public service in a University Hospital belong to the government. One of my first cases in the private practice was an 64 yrs old Armenian woman brought in a wheelchair by her daughters-in-law without any hope for her survival. They were just seeking a comfort of trying their best before their mother-in-law dies. She was seen by several pulmonologists and given prednisolone treatment following bronchoscopic transbronchial biopsy done nine months ago because her lung biopsy was considered to be relevant with bronchiolitis obliterans organizing pneumonia (BOOP) by the pathologist. However, her clinic was deteriorated quickly and her oxygen saturation was 88% on 5 L/minute of nasal oxygen on her presence to my clinic. When I reviewed her test results, I noticed that her high resolution computed tomography (HRCT) was not compatible with BOOP but diffuse panbronchiolitis that I learned when I wrote my second case report which was a young lady with juvenile rheumatoid arthritis presented with severe progressive dyspnea and diagnosed as bronchiolitis obliterans (BO) (4). During the time when I reviewed the medical literature very well before I wrote that case report, I also came across a disease called diffuse panbronchiolitis (DPB) (5). Even though, it is a disease seen predominantly in Asian populations and there are only few case reports of Caucasians, the HRCT findings of
my case was similar to those of uniq radiological presentation of DPB. I also remembered that the histology of DPB may be confused as BOOP by the pathologist especially DPB is a very rare condition for our country. I discussed my thoughts with my patient and her daughters-in-law. Although they did not seem to believe me, they all agreed with me to stop her prednisolone gradually and start using clarithromycin tablets instead. We scheduled a control visit two weeks later. When my secretary was called to tell me their presence, my heart start beating very fast. I was staring at the door. When the door was open, I saw my patient walking herself with no oxygen and her daughters-in-law on her side. My diagnosis was correct and the happiness I had was priceless.

As a summary, I think the case reports are type of research have many advantages especially for those who are in the beginning of their medical career: It is relatively easy to write a case report, and you can learn a lot during the literature search. It is also a very useful method of teaching a medical trainee how to approach a patient in a systematic manner. Even a case report may lead important epidemiological studies those may change governments health policy such as silicosis in denim workers (6). I would humbly recommend all my faculty colleagues to encourage their medical students, residents, or fellows to read and publish medical case reports.

References