

JRCR - updated prescreening process for submissions

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ABSTRACT

This article describes updates on the prescreening process for manuscripts submitted on or after July 1, 2018 to the interactive *Journal of Radiology Case Reports*.

EDITORIAL

To further improve the quality and educational value of the articles published in the *Journal of Radiology Case Reports* (JRCR) [1], the prescreening process for new manuscript submissions [2] has been updated.

- The following applies for case reports (not case series or review articles):
An “interesting” case might be a subjective opinion and the JRCR has received many manuscript submissions which were in the opinion of the author(s) interesting. However, after peer review many such submissions had to be declined - despite being well written up. We understand that preparing a manuscript takes a lot of time, work and resources and thus, to avoid a lot of work/preparation and disappointment, authors first need to upload their case on our affiliated educational Radiology community *Radiolopolis* [3,4] and open that case for discussion. We will then determine the level of interest and invite the author for submission if appropriate. This prescreening system has been now successfully in place for several years. Case upload needs to be done in a dedicated page at https://radiolopolis.com/my_cases-new.
- The Radiolopolis community has been recently restructured and the case prescreening process improved and simplified. The following guides the author how to upload a case and present it for prescreening:

1. After logging in, please go to “Me -> My radiology cases” (Fig. 1).
 2. On the following page click on the left sided menu on “New Case” (Fig. 2).
 3. By checking the box “Considering to submit to the *Journal of Radiology Case Reports*?”, the editorial team will be notified that the author is interested in submitting the uploaded case to the journal as a manuscript. The editorial team will review the uploaded case and the community will also have a chance to provide any opinions as a “cloud”.
 4. Optional, structured information can be provided (Fig. 3), which helps better evaluating the case for its merit for publication.
 5. Another option is to add multiple choice questions (Fig. 4), to increase the learning value of the case.
- Authors, who obtained a priority pass [5] are exempt from the requirement to upload and discuss first their case in our Radiology community and may submit immediately their manuscript, without invitation.
 - Only invited manuscript submissions of case reports or from authors who obtained a priority pass are eligible for review and processing.

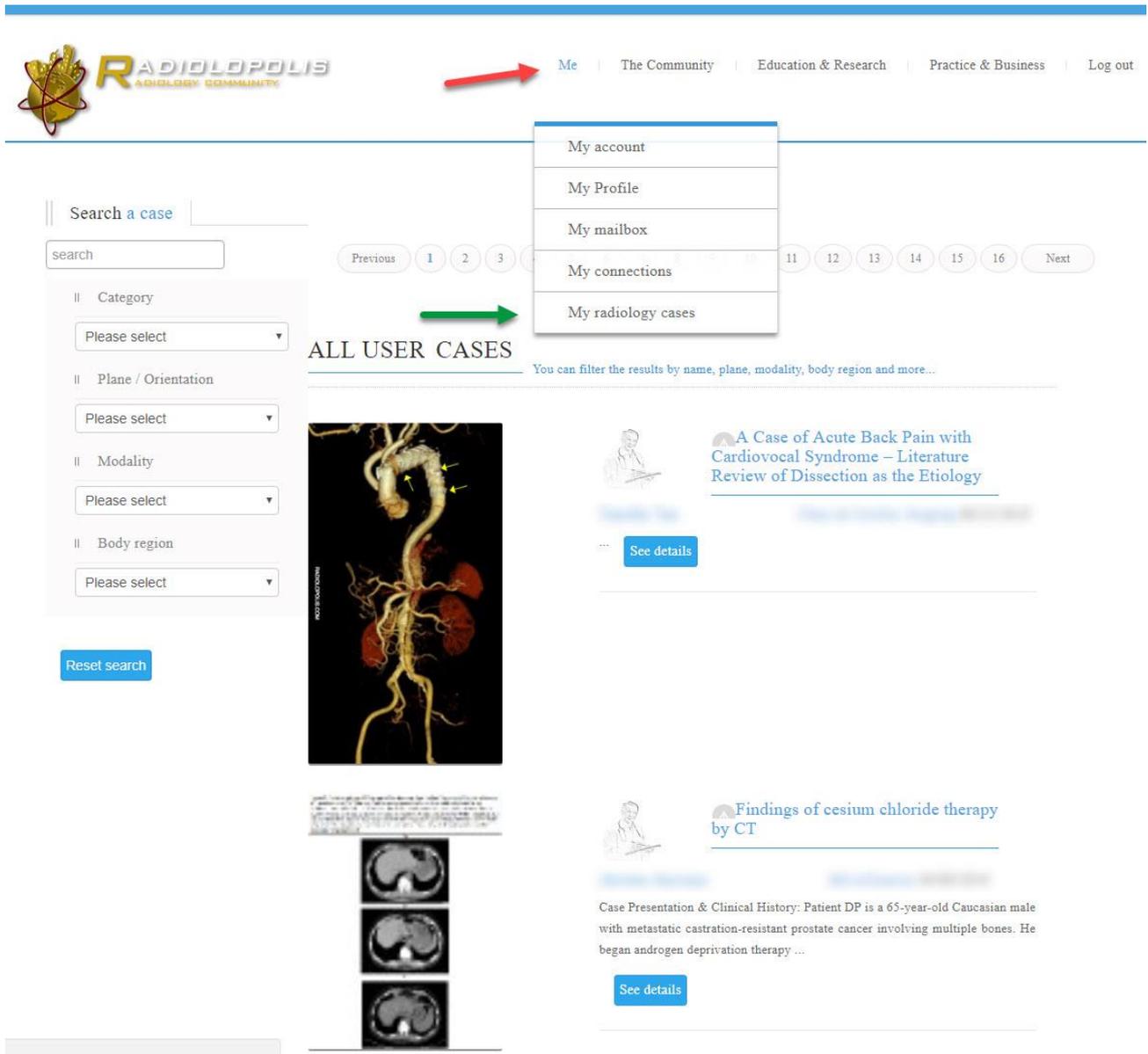


Figure 1: Uploading and presenting cases for publication consideration in the JRCR. After logging in, please go to "Me (red arrow) -> My radiology cases" (green arrow).



My case [Portfolio](#) | **UPLOAD A NEW CASE** [Make sure you have the rights to upload the case](#)

My cases
New case

IMPORTANT:
Please do not use ALL CAPS!
Please remove ALL patient identifiers BEFORE you upload images.

Title *X

Title

Unknown When this is checked, only *X marked fields are public.

Considering to submit to the Journal of Radiology Case Reports?

Diagnosis

Diagnosis

Age *X **Gender *X**

Please select years Please select

History *X

History

+ Add details

+ Add questions

Figure 2: Uploading and presenting cases for publication consideration in the JRCR.

On the following page click on the left sided menu on “New Case” (red arrow). By checking the box “Considering to submit to the Journal of Radiology Case Reports?” (green arrow), the editorial team will be notified that the author is interested in submitting the uploaded case to the journal as a manuscript. The editorial team will review the uploaded case and the community will also have a chance to provide any opinions as a “cloud”.

- Add details

Findings

Findings

Discussion

Discussion

Pearls

Pearls

Difficulty level

Please select

Tags/keywords

keywords

Figure 3: Uploading and presenting cases for publication consideration in the JRCR. Optional, structured information can be provided (Fig. 3), which helps better evaluating the case for its merit for publication.

- Add questions

Question 1

Question 1

Answer A

Answer A

Answer B

Answer B

Answer C

Answer C

Answer D

Answer D

Answer E

Answer E

Explanation

Explanation

Figure 4: Uploading and presenting cases for publication consideration in the JRCR. Another option is to add multiple choice questions (Fig. 4), to increase the learning value of the case.



A Case of Acute Back Pain with Cardiovascular Syndrome – Literature Review of Dissection as the Etiology



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A Case of Acute Back Pain with Cardiovascular Syndrome – Literature Review of Dissection as the Etiology

Gender, Age: Male, 61

Diagnosis: Cardiovascular Syndrome secondary to Aortic Arch Dissecting Aneurysm

History: An 61-year-old man first presented with hoarseness of voice and paravertebral mechanical low back pain of 1 month's duration. He had hyperlipidemia on lifestyle and diet modifications, with no other medical or surgical history. There was no associated cough, sore throat or fever, and he denied any other effective symptoms. He did not have any hemoptysis, odynophagia or dysphagia and there were no significant constitutional symptoms such as loss of appetite or weight. He also did not have any personal or family history of cancer. He had a 4 pack year smoking history, but claimed to have quit 25 years ago, and did not take any alcohol. There was no neck trauma, intubation, or recent head and neck surgery.

Findings: Contrast-enhanced CT neck and CT aortogram revealed medialization of the left aryepiglottic muscle and dilatation of the left laryngeal ventricle, suggestive of left vocal cord paralysis. The CT also revealed a large saccular aneurysm with mural thrombus in the aortic arch. This aortic arch aneurysm was associated with a dissection flap beginning distal to the left subclavian artery origin and extending down to the level of the aortic bifurcation. There was no periaortic fluid, pericardial effusion, or contrast extravasation noted. This saccular aortic arch aneurysm is likely to have compressed the left recurrent laryngeal nerve, resulting in left vocal cord palsy.

Discussion: Cardiovascular syndrome, also known as Ormer's syndrome, was classically described in a patient with hoarseness of voice caused by the impingement of the left recurrent laryngeal nerve between the aortic arch and an enlarged left atrium due to severe mitral stenosis. The left recurrent laryngeal nerve is more commonly paralyzed than the right. This is postulated to be in view of its extended course, particularly as it involves the aortopulmonary window. This syndrome has since been seen in many other cardiovascular diseases including aortic dissections and aneurysms, where the nerve palsy is more likely to be due to direct pressure of the dissecting aneurysm on the thoracic part of the nerve. There are five causes of aortic dissections presenting with dysarthria in literature, all of which were painless. Other than our present patient, only two others eventually underwent surgical repair, out of which only one experienced complete resolution of her symptoms. This patient was also the quickest to present and subsequently undergo repair. We believe that the prognosis of recurrent laryngeal nerve paralysis is dependent on the degree and duration of compression.

Pearls: • Cardiac and vascular pathologies may occasionally present with seemingly unrelated symptoms and signs such as hoarseness of voice. Several of these can also be potentially life-threatening and warrant early detection. • In the approach of an uncommon presentation, it is prudent to revisit fundamental principles of anatomy and physiology in order to recommend appropriate investigations. • Maintain a high index of suspicion and look out for red flags even though the patient may otherwise be initially asymptomatic and well.



Tags: Chest & Cardio Imaging, CT, Throat-Voices

Ormer: Cardiovascular, Aortic dissection, Hoarseness, Acute back pain, Recurrent laryngeal nerve

Case Rating: ★★★★★ (Red arrow pointing to the stars)

You gave a rating of

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Leave A Comment

Message *

[Text Area]

Comment

Comments

[User Name] [Date]

[Text]

Figure 5: Uploading and presenting cases for publication consideration in the JRCR.

Public view of an uploaded case, with images and pertinent information. The reader may rate the case (red arrow) and also comment/provide an opinion (green arrows).

References

1. Journal of Radiology Case Reports <http://www.radiologycases.com/>
2. Case submission link <http://www.radiologycases.com/index.php/radiologycases/author/submit/>
3. Radiolopolis - the professional Radiology network for education, research and clinical practice. URL: <http://www.radiolopolis.com> - last accessed: 06/30/2014
4. Talanow R, Giesel F. Educational treasures in Radiology: Radiolopolis - an international Radiology community. J Radiol Case Rep. 2009;3(9):34-6. PMID: 22470687
5. Priority boarding pass for JRCR authors! <http://www.radiologycases.com/index.php/radiologycases/announcement/view/18>

Online access

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Peer discussion

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