**TEMPLATE FOR EXECUTION OF THE MANUSCRIPT CONTAINING THE DESCRIPTION OF THE CLINICAL CASE / CASE SERIES**

The template should include all the materials and data that, in your opinion, should be printed in the magazine (including figures and tables).

This template is proposed for use in the preparation of manuscripts containing a description of clinical cases (observations). The structure of this template should be reproduced in the final version of the manuscript. In case of inapplicability or irrelevancy of any sections of the template for the presentation of the clinical observation, it is necessary to give appropriate brief explanations in the section ("not applicable", "irrelevant" or the like).

The names of sections of the manuscript (headlines and subheadlines) are highlighted in green, explanations for authors – in black. Please replace the text of the explanations with the text of the manuscript retaining the names of the sections

**NB!**

* Each statement of the authors, with the exception of those that contain well-known facts, must be accompanied by references to information sources. In general, no more than 3 references per statement should be used. If the statement is based on the authors’ opinion, it is necessary to designate it with such expressions as "in our opinion", "we believe" or the like.
* When discussing unpublished data/research results in the text, use the "unpublished data" indicating the researcher, the year of receipt and the method of obtaining this information (personal message, conference message, etc.) instead of the source reference. In respect to your own unpublished data, use the "unpublished own data" specification.
* In the text of the article, bibliographic references are given consistently, in ascending order, in square brackets in Arabic figures.

**Author(s)**

A.A. Author1, B.B. Author2, ..., ..., ....

Name Surname1, Name Surname2, ..., ..., .... (give the full names of the authors in English)

**Affiliation**

1 Place of work of the author 1 (name of university, institute, city, country)

oi9 Place of work of the author 2 (name of university, institute, city, country)

...

**Article title**

Note the clinical phenomenon (symptom, objective sign, diagnosis, outcome, etc.) and/or medical intervention (prophylactic, diagnostic, therapeutic, surgical, etc.) that are of greatest interest in the context of the described clinical case.

Indicate the "clinical case" (or "case series") in the title (through the colon).

**Abstract**

Briefly (100 to 250 words) and consistently state the following information.

Background. Explain the need for a public presentation of this clinical case (usually a brief, 1–3 sentences, a presentation of the "Background" section in the main part of the manuscript).

Description of the clinical case. Indicate the key clinical, laboratory, instrumental and other parameters, their specific qualitative or quantitative characteristics. Describe the results of medical interventions and/or disease outcomes (if applicable).

Conclusion. Formulate "lessons" from clinical observation.

**Key words**

Indicate words or phrases that indicate the clinical phenomenon, medical intervention and/or key demographic characteristics of the patient (for example, age category, gender, social and/or ethnic group, etc.). Use the phrase "clinical case" among the key words.

**Background**

Define a context that emphasizes the uniqueness of the presented observation or the need to analyze a typical clinical situation. The section must be completed with the objective of describing the clinical case.

Explain why you think this case is important, why you described it.

Each statement of the authors, with the exception of the trivial ones, must be accompanied by references to sources of information. At the same time, no more than 3 references per statement should be used.

Do not make the section abundant. The optimal volume is 1–3 paragraphs. Extensive literature review on the described nosology in most cases is not appropriate.

**Clinical example**

***Describe the complaints, key features, medical history and family history.***

This section should describe the initial state of the patient at the time when the medical staff saw it/questioned /reviewed the incoming medical records. If during the observation the patient's condition changes and these changes are of interest and should be described as an integral part of the clinical case - indicate the changes in the chronological order, giving a reference to the events.

***Results of physical, laboratory and instrumental examination.*** If you describe a clinical case during which any consultation/examination/testing was conducted, present their results. When you present abnormal results of tests, at the first mention, be sure to indicate the normal parameters within the brackets.

The results of the examinations should be described in the chronological order in which they were performed. If possible, the date (if necessary, the time) of carrying out the relevant tests should be indicated.

The results of the studies conducted before the time point described in the article should be included in the previous section as medical history.

***Differential diagnostics*.** If differential diagnosis is the subject of interest in this clinical case, the range of nosologies that have been included in the differential diagnostic search should be described, explaining the appropriateness of including/excluding the corresponding variants.

***Treatment*.** If any treatment (pharmacological/ surgical / psychotherapeutic / non-pharmacological) that is directly related to the case in question is considered and is of interest for discussion in the article, it should be described in as much detail as possible. All medicines used should be indicated only in the form of international non-proprietary names (INN). Doses should be given in the SI system absolute units (mg, g, mL, ME, U), and not in semi-quantitative measures (tablets, spoons, cups).

***Outcome, prognosis and results of follow-up*.** Be sure to describe the outcome, even if it is poor, or if the observation is still ongoing. The reader should know what eventually happened to the patient. If you do not have any information about the further condition of the patient, also write about it and, if possible, give the reason.

**Discussion**

This section should not be abundant: the discussion should concern exactly the case/case series presented in the article. The reference to the description of similar cases in other sources is welcome (WITH MANDATORY references to the relevant sources).

Do not include in this section a discussion about the possibility of extrapolation of described observations to the general population of similar patients.

**Conclusion**

A clinical case as a single observation does not make it possible to draw unambiguous conclusions from the position of evidence-based medicine, therefore, this section should not draw conclusions about effectiveness, feasibility, safety, etc.

We recommend to formulate the KEY PROVISIONS for the reader - from 3 to 5 points (small sentences), in which the most significant thoughts will be summarized: that the reader must remember and carry out into routine clinical practice.

**Patient consent**

In this section, you must indicate that the patient(s) voluntarily signed the informed consent to the publication of personal health information. The scanned image of the signed informed consent should be sent to the editors as a separate file along with the manuscript and other accompanying documents.

In the absence of a signed consent, indicate “absent”.

**Acknowledgments**

There is an opportunity to express gratitude to those whose contribution to the study was insufficient to recognize them as co-authors (see http://www.icmje.org/recommendations/translations/russian2016.pdf for more details), but at the same time it is considered significant by the authors (consultations, technical assistance, translations, etc.).

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In the list, all works are listed in the order of citation, and NOT in alphabetical order.

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