

# ***Annals of Internal Medicine: Clinical Cases***

## **Information for Authors**

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# I. General Information About Annals of Internal Medicine: Clinical Cases

## A. Mission and Scope

The mission of the *Annals of Internal Medicine: Clinical Cases (AIMCC)* is to promote excellence in critical thinking around prevention, diagnosis, and management of challenging clinical situations and awareness of new or unique clinical entities by disseminating rigorously peer-reviewed reports of real clinical cases encountered by physicians and other medical professionals.

*AIMCC* is co-published by the American College of Physicians (ACP) and the American Heart Association (AHA). It is a peer-reviewed, open access journal that publishes case reports, case series, image/video cases, and Clinical Reflections on topics across the spectrum of medicine. Suitable topics are those that provide educational value, advance knowledge, and generate new hypotheses.

## B. Readership and Reach

*AIMCC* welcomes readers that include not only members of the ACP and the AHA but also all physicians, other health care professionals, researchers, and students from the broad spectrum of health and medicine worldwide. *AIMCC* articles are discoverable through Google Scholar. The full text of all articles from *AIMCC* is digitally preserved through [Portico](#) and [LOCKSS](#) (Lots of Copies Keeps Stuff Safe).

## C. Publisher

The ACP ([ACPonline.org](#)) and the AHA ([heart.org](#)) co-own *AIMCC*. ACP is the largest medical specialty organization and the second largest physician member group in the United States. ACP members include internal medicine physicians (internists), related subspecialists, and medical students. Internists specialize in the care of adults. The AHA is the nation's oldest, largest voluntary organization devoted to fighting cardiovascular diseases and stroke. It has more than 40 million volunteers and supporters, including professional members.

Statements expressed in *AIMCC* reflect the views of the authors and not necessarily the policies of the journal, its Editors, the American College of Physicians, the American Heart Association, or the institutions that the authors are affiliated with, unless so identified. *AIMCC* accepts no responsibility for statements made by contributors.

## D. Open Access, Article Processing Charges, Waivers, and Licensing

*AIMCC* is a peer-reviewed, open access journal. Authors of accepted papers pay an article processing charge (APC), and each article is published under a Creative Commons license. Articles are immediately available to read, download, and share with attribution to the original article.

*AIMCC* is supported by APCs. The corresponding author of the manuscript is responsible for making or arranging the payment upon editorial acceptance of the manuscript. When the corresponding author is a member of ACP or AHA, the APC is \$743; for nonmembers, \$990. *AIMCC* works with Aptara to use its SciPris platform to invoice, collect, and process APCs. The corresponding author will receive an e-mail

from SciPris with payment instructions when the manuscript has been accepted. They can pay by credit card through the SciPris PCI-compliant and secure website, or by check or wire transfer, or can designate the author(s), author institution/employer, or research funder responsible for payment. There is a range of sources of funding for open access APCs. Many grants allow funds to be used for APCs, and departmental or institutional funds administered by your organization or library may be available. The accepted manuscript will be published after payment is received or waiver is approved, and the copyediting, production, and electronic publishing work are complete.

Corresponding authors can request a waiver of the APC if they can meet one of the two following criteria: 1) the Corresponding Author and Last Author are based in a country with a low-income economy according to the most recent World Bank classification, or 2) the Authors have exhausted all funding sources and can provide documentation of financial need. In both cases, the Corresponding Author should provide documentation of financial hardship on letter head from two or more sources, including their institution(s), funder, library, government, etc. The waiver request and required documentation should be sent to [AIMCCwaivers@acponline.org](mailto:AIMCCwaivers@acponline.org). The request will be sent to a senior member of the Publishing team for consideration. Waivers must be requested when your manuscript is submitted. Waiver requests after submission will not be considered.

Waiver requests will be withheld from the editors until a final editorial decision is determined and will be available only in aggregate form so individual authors cannot be identified.

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## II. Preparing Manuscripts for Submission

While it may not be essential to include every item on the CARE checklist in every case report, the editors of AIMCC encourage authors to refer to the CARE recommendations when preparing case reports and case series ([care-statement.org](http://care-statement.org)). Cases that report adverse drug events should follow the ADR reporting guideline (Edwards IR, Aronson JK. [Adverse drug reactions: definitions, diagnosis, and management](#). Lancet. 2000;356:1255-9. [PMID: [11072960](#)]). Priority for publication will consider completeness and clarity of the report, novelty, and clinical relevance/implications of the information in the report.

### A. Manuscript Types

AIMCC publishes the following types of content:

1. Case Report presents a single case.
2. Case Series presents multiple cases.
3. Image/Video Case presents a case presented largely in a visual/audio/video format.
4. Clinical Reflections are provided by an expert clinician invited by *AIMCC* editors to build upon a submitted case. They are educational in nature.

### 1. Case Report

These are traditional case reports presenting a single case and using a structured format (Abstract, Background, Objective, Case Report, Discussion, References).

### 2. Case Series

These are traditional case series that describe a group of similar patients using a structured format (Abstract, Background, Objective, Description of Cases, Discussion, References). Case series should be descriptive in nature and refrain from including inferential analyses.

### 3. Image/Video Case

Some cases may be better presented in a visual format. The visuals could include one or more photographs; medical imaging studies, such as radiographs; and/or video. The visuals should be accompanied by brief (250 words or less) text to put the visual in context.

### 4. Clinical Reflections

*AIMCC* editors will select case reports of interest to be accompanied by commentary from a highly experienced clinician. Authors will be contacted to agree to have their case associated with a Clinical Reflections article. This commentary will be invited by the editors and developed by the commenting expert. There will be an opportunity to earn CME credits/ABIM MOC points for participating readers who answer multiple-choice questions or work through the interactive component of a Clinical Reflections article.

## B. Manuscript Formatting

### 1. Title Page

**Title:** Give the title and subtitle (if any). Title should be concise (15 words or fewer) and contain terms that will assist in identifying the article in electronic searching. Also provide a short “running” title of 7 or fewer words.

**Authors:** List authors in the order in which they are to appear in the byline of the published article. Submissions are limited to 5 authors. Give the institutional affiliation for each author, financial support information, and contact information for each author. *AIMCC* follows the International Committee of Medical Journal Editors (ICMJE) [recommendations for defining authors and contributors](#).

ORCID identifier: As an option, the submission system will prompt authors to use an ORCID iD (a unique author identifier) to help distinguish their work from that of other researchers. Please visit [ORCID](#) for more information.

Word count: List the word count for the text of the manuscript. Do not include the abstract, figure legends, titles of tables, footnotes (for figures or tables), or the references in the manuscript word count.

## 2. Abstract

Authors should provide an unstructured abstract with no more than 100 words. It should describe the key focus of the case and how it adds to current knowledge.

## 3. Text

All manuscripts submitted to *AIMCC* must adhere to the following parameters:

Case Report should contain no more than 1200 words of text, 15 references, and up to 4 tables/figures, following *AIMCC* structured format of Abstract, Background, Objective, Case Report, Discussion, References.

Case Series should contain no more than 1800 words of text, 20 references, and up to 4 tables/figures, following *AIMCC* structured format of Abstract, Background, Objective, Case Report, Discussion, References.

Image/Video Case should include up to 4 images, or a video with a commentary up to 250 words that puts the visual into context. Image/Video cases should include a 2-3 sentence abstract to allow for proper indexing.

Clinical Reflections should contain no more than 1200 words of text, 5 references including the original case, and 1 table or figure. The Editors will select cases to solicit commentary by experienced clinicians and written to be educational in nature. Up to 3 short learning points developed by the commentor and editors will highlight the educational message(s) raised by the case.

## 4. Acknowledgments

Acknowledge only persons who have contributed to the scientific content or provided technical support. When used, professional writing assistance must be acknowledged. If those assisting with the writing do not meet criteria for authorship, their contributions should be noted in the acknowledgments. Authors must obtain written permission from anyone they list in the Acknowledgments section, including confirmation of the nature of the contribution.

At submission, the corresponding author must affirm that they listed everyone who contributed significantly to the work in the Acknowledgments section and have collected letters of permission stating they have approved the language describing their work related to the article.

If editors invite the authors to revise a manuscript after peer review, we require the corresponding author to submit written permission, including confirmation of the nature of the contribution, from the individuals they list in the Acknowledgments section. These permissions will be uploaded with the revised manuscript files.

## 5. References

References should follow the standards summarized in the National Library of Medicine's *Citing Medicine*, 2nd edition. These resources are regularly updated as new media develop, and currently include guidance for print documents; unpublished material; audio and visual media; material on the Internet, etc. See [https://www.nlm.nih.gov/bsd/uniform\\_requirements.html](https://www.nlm.nih.gov/bsd/uniform_requirements.html) for sample references that conform to the style specified by the National Library of Medicine.

- Number references, using Arabic numerals in parentheses, in the order in which they first appear in the text. No references shall be cited in abstracts. References cited in a table/figure should appear in numeric order relative to the first citation of the table/figure in the text. For example, if the last reference cited before the table/figure in question is mentioned as reference 6, and that table/figure contains 3 references that have not been cited, the references in the table/figure would be numbered 7 through 9. Reference citations in the text would then recommence with number 10.
- Use the reference style of the National Library of Medicine, including the abbreviations of journal titles.
- List all authors when there are 3 or fewer; when there are more than 3 authors, list only the first 3 and add "et al."
- Do not use *ibid.* or *op cit.*
- Cite symposium papers only from published proceedings.
- When citing an article or book accepted for publication but not yet published, include the authors, article or book title, the name of the journal or publisher and "[Forthcoming]."
- Include references to unpublished material in the text, not in the references (for example, papers presented orally at a meeting; unpublished work [personal communications, papers in preparation]), and submit a letter of permission from the cited persons to cite such communications (in general, avoid citations to unpublished scientific results).
- Ensure that URLs used as references are active and available (the references should include the date on which the author accessed the URL). Citations to Wikipedia are permitted only if they are used to support statements about popular sentiment about an issue.

## 6. Footnotes

Use footnotes only on the title page and in tables. Do not use footnotes in the text. Footnote symbols, in the order in which they should be used, are \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡, and so on.

## 7. Tables

Number tables with Arabic numerals in the order in which they appear in the text. Label tables with titles that concisely describe the content of the table so that a reader can understand the table without referring to the text. Tables may contain abbreviations that we do not permit in



the text but should contain a footnote that explains the abbreviation. Give the units of measure for all numerical data in a column or row. Place units of measure in a column heading or at the end of a side heading only if those units apply to all numerical data in the column or row.

## 8. Figures

Number figures with Arabic numerals in the order in which they appear in the text. Each figure should have a figure legend below it that begins with a short title. Reduce the length of legends by using phrases rather than sentences. Explain all abbreviations and symbols on the figure, even if an explanation appears in the text. For pictures of histologic slides, give stain and magnification data at the end of the legend for each part of the figure. If no scale marker appears on the figure, give the original magnification used during the observation, not that of the photographic print.

## 9. Supplemental Materials

Supplemental material should be submitted as a single compiled PDF. The supplement material should not be used to extend the space required to report central features of the case report. Examples of supplemental material that might be appropriate for publication include details regarding methods of laboratory assays, supplementary imaging studies or laboratory results, data collection instruments or tools, and other ancillary data. Supplemental figures or tables should be numbered in the PDF as Supplement Figure (or Table) 1, Supplement Figure (or Table) 2, and so on, and should include legends. Supplemental material that cannot be presented in PDF, such as code or data sets, can be uploaded separately in addition to the compiled PDF. The supplemental material PDF should include a title page describing the content and can have its own references section. Note the authors must have the rights to publish this supplemental material in the journal, and it will not be copyedited and should be publication ready upon acceptance.

## C. Image and Video Guidelines for Submission to the *Annals of Internal Medicine: Clinical Cases Journal*

We encourage authors to send the highest-quality and highest-resolution images and video available. We recommend following these guidelines when submitting image and video files for a manuscript. This will ensure the best quality and readability of the images/video and any text or line art in images/video. The *Annals of Internal Medicine: Clinical Cases* journal is an online-only journal that will also include print-enabled PDFs of the content. The PDFs will be optimized for better printing if images are submitted with correct sizing and optimized font sizes and image resolution. We accept and support a wide variety of image/video formats, sizes, and resolutions for submission and publication but highly recommend that the author follow these guidelines for the best result.

### 1. Image File Types and Image Resolution Guidelines

### *Line Art Images*

Line art images include charts, graphs, diagrams, scatter plots, and other text-based images that are not tables. If an image includes both line art and images, it is best to follow these line art guidelines to ensure the best rendering of the text and lines in the images for both online and print delivery.

#### **Preferred File Types**

EPS – vector or raster pixel-based files or a combination of the two  
TIF (500 DPI or higher if available)

#### **Acceptable Submission File Types**

Any standard file type including; EPS, TIF, GIF, JPG, PNG, DOC, PPT, or XLS

#### **Preferred Image Resolution**

600 DPI or higher is optimal for reproduction of images in print in a PDF.  
Resolution for line art needs to be higher than that for images because each individual line must be more precisely rendered. Line art images that are submitted with low resolution will show pixelization in the lines, which will not render optimally.

#### **Font Size**

Font sizes for text in images should not be smaller than 6-point type. If an image is sized down to fit the final output on the page, the font size should be no less than 6 point after sizing.

Note: Larger font sizing makes for easier reading.

#### **Line Widths**

Lines in images should not be rendered less than 0.5 point in the final image size.

#### **Acceptable Image Resolution**

Any image that is above 200 DPI at the final output of the image size is acceptable for submission, but 200 DPI is not an optimal resolution for print. Example: If an image will be printed at 3 x 2 inches, it should be set to at least that size and have 200 DPI available for output to print from a PDF of the final article. A resolution of 300 DPI, for raster images without lines or text, is optimal but not required for submission. Any image that includes lines or text should be submitted at a higher resolution of 500 DPI. Images with lines or text submitted with less than 500 DPI may incur pixelization when rendered in print from the final PDF.

### *Raster/Pixel-Based Images*

Raster/pixel-based images include photographs, drawings, imaging system outputs (such as x-rays, MRIs, or ultrasound), and other graphical representations. These images should not include text in or overlaying the image.

#### **Preferred File Types**

TIFF, PNG, EPS

#### **Acceptable Submission File Types**

Any standard file type including; EPS, TIF, GIF, JPG, PNG, DOC, PPT, or XLS

#### **Preferred Image Resolution**

300 DPI for raster/pixel-based images and 500 DPI for vector-based line art images and images with text.

Though many web-based images often appear at very low resolutions (96 or 72 DPI), readers will only benefit from your research if your images offer high-resolution detail online (online-enabled magnification of the image) and in the printable PDF.

**Font Size**

Font sizes for text in images should not be smaller than 6-point type. If an image will be sized down, the font size should be no less than 6 point after sizing.

## *2. Image Sizing*

For small images that will occupy one quarter of the page, the preferred minimum image size is a 3-inch width or a pixel width of 900 pixels at 300 DPI.

For large images that will occupy a half or full page, the preferred minimum image size is a 6-inch width or a pixel width of 1800 pixels at 300 DPI. Be sure to carefully consider the minimum space necessary for each image before providing large images.

Provided images smaller than the preferred sizes may be modified during production, possibly resulting in decreased resolution and quality of the final image.

## *3. File Sizes*

Each individual image file should be less than 20 MB, and the total zipped file of all image files should be less than 500 MB.

## *4. File Names*

To facilitate ease of review, name image files only with the word “Image” and the appropriate number. For example: Image\_1.tiff

We recommend providing 1 image per file in the preferred file types, but will accept all images in a single PDF or Word document.

## *5. Legends and Labeling*

Image legends or captions should use Arabic numerals, follow the order in which they appear in the manuscript, and explain any abbreviations or symbols that appear in the image.

We recommend providing a separate image legend section within the manuscript after the references section but will accept legends anywhere as long as they clearly indicate which image they explain.

Review the Manuscript Submission and Review section of the Information for Authors for directions on receiving usage rights and permissions for image content. It is the author’s responsibility to obtain written permission to reuse the content from the copyright owner or licensor including the authors’ own work if copyright was transferred to a publisher or other entity, and authors take responsibility for any associated fees. In these situations, proper attribution to the original source must be provided according to the requirements of the copyright owner or licensor. A copy of this permission should be included with the manuscript files for each image to be included in the manuscript submission.

## *6. Video Submission Guidelines*

Please submit videos according to the following specifications:

- When filming, use a landscape orientation. Smartphone and mobile devices will typically default to portrait orientation, which is not optimal for the final video presentation.
- If recording using a social media platform (Zoom, Teams, etc.) please set the video to the highest resolution *prior* to recording. Deliver the largest file available from download and ensure all content is included in the version delivered.
- If the video includes voices or narration, please deliver a fully edited and reviewed transcript of the audio portion of the finished video.
- Deliver a list of all of the persons in the video, including names, titles, and affiliations, in order for the lower third name and title bars to be edited if needed.
- Acceptable file formats: MOV, WMV, MPG, MP4, or AVI
- Optimal aspect ratio: 16:9 (widescreen)
- Maximum file size for final edited videos (can be larger for unedited video): ≤25 MB
- Preferred dimensions: 1920 x 1080 (HD) or greater
- Recommended frame rate: 30 fps (or 29.97 fps)
- Recommended length: ≤5 minutes

Please verify before submitting that your videos play in either QuickTime (Macintosh) or Windows Media Player before uploading.

If multiple video files are submitted, number them in the order in which they should be viewed in the article.

Review the Manuscript Submission and Review section of the Information for Authors for directions on receiving usage rights and permissions for video content. It is the author's responsibility to obtain written permission to reuse the content from the copyright owner or licensor including the authors' own work if copyright was transferred to a publisher or other entity, and authors take responsibility for any associated fees. In these situations, proper attribution to the original source must be provided according to the requirements of the copyright owner or licensor. A copy of this permission should be included with the manuscript files for each video to be included in the manuscript submission.

### 7. Video Capture Guidelines

- To avoid poor lighting and shadows use diffuse lighting placed in front of the subject being filmed.
- Try to avoid placement of the subject of the video in front of a light source or window (backlit).
- Minimize the use of camera special effects as they will not be optimal for final editing to our standard video formats.
- Audio recording:
  - Use a lapel microphone, when possible, for recording on-camera people.
  - Use a high-quality microphone attached to the video camera/computer/phone in order to capture the best audio quality (built-in microphones are generally of poor quality).
  - Try to avoid noisy or distracting settings (road sounds, nearby conversations, machinery, etc.).
  - Check the quality of the audio prior to recording.
  - Ensure that audio syncs with the final video submitted.

## III. Manuscript Submission and Review

## A. How to Submit a Manuscript

We accept submissions through our online manuscript submission system. Please do not submit manuscripts as e-mail attachments or by post. Visit the [AIMCC's website](#) to link to submit when the journal begins this process.

## B. Correspondence Between Authors and AIMCC

E-mail is the main form of correspondence between authors and the journal, and authors must provide accurate, active e-mail addresses for each author at the time of manuscript submission and update these addresses as necessary during the review and publication process. Although the corresponding author serves as the first contact for all communication about manuscripts submitted to AIMCC, all authors receive copies of reviews and editorial correspondence. It is the corresponding author's responsibility to coordinate responses to requests for revision and questions about the work under review, including but not limited to questions regarding the integrity of the work. Further, all authors will receive a copy of the first proofs of the article to verify that they approve the final version. Co-authors should notify the corresponding author of verification of receipt and any required corrections within 48 hours. Any author, however, should contact the editors if they perceive problems related to what is being communicated by the corresponding author.

If the list of authors changes between submission and final acceptance of an article, it is the corresponding author's responsibility to explain the changes to the editors in writing. The editorial office will request that each author provide documentation that they approve of the author changes (including any removed and/or added authors). This information is kept by the journal with the manuscript files.

## C. Funding and Disclosures of Interest

At the time of manuscript submission, AIMCC requires corresponding authors to summarize all authors' disclosure statements. Failure to accurately disclose interests at the time of submission will be viewed as a breach of author responsibility and could negatively affect publication decisions. We provide the summary information collated by the corresponding author to editors and peer reviewers.

As part of the initial submission process, we also ask the corresponding author to attest that the authors had access to all the study data, take responsibility for the accuracy of the analysis, and had authority over manuscript preparation and the decision to submit the manuscript for publication. We do not consider an article unless the corresponding author makes this attestation on behalf of the authors. We also ask the corresponding author to confirm that all authors approve the manuscript and agree to adhere to all terms outlined in AIMCC's Information for Authors.

At submission, the corresponding author must declare sources of funding received to support the work reported in the manuscript. This should not include sources of funding that do not directly support the work being reported in the submitted manuscript. Those other grants should be reported by authors on their forms summarizing disclosures of interest.

## D. Related Work, Duplicate Publication, and Use of Previously Published Material in Submitted Manuscripts

Manuscripts are considered for publication with the understanding that no part of their contents are under consideration for publication elsewhere; have not been published or posted elsewhere; and will not be posted or published elsewhere, except in abstract form or on a preprint server or with the express consent of the Editor in Chief and Publisher.

Authors should give full details on any possible previous or duplicate publication of any content of the manuscript in the cover letter. They should include copies of published papers and manuscripts of papers that are in preparation, under review, or forthcoming that contain data or other content that appears in the submitted manuscript. Editors use these materials when making judgments about duplicate publication.

Authors should communicate with all the clinicians who had an important role in the patient's care to learn if other clinical groups (i.e., subspecialty consultants, surgical consultants, radiologists) are also planning to seek publication of the case. If so, collaboration on a single report should be considered. If separate reports that focus on different aspects of the case are warranted, any reports that are published after the initial report should reference the initial report so that readers are aware that the publications are referring to the same patient(s).

Authors are discouraged from republishing previously published content (e.g., tables, figures) from other sources rather than referring to the information and citing it. When republishing previously published content is necessary, it is the author's responsibility to obtain written permission to reuse the content from the copyright owner or licensee, including the authors' own work if copyright had been transferred to a publisher or other entity, and take responsibility for any associated fees. In these situations, proper attribution to the original source must be provided according to the requirements of the copyright owner or licensee. A copy of this permission should be included with the manuscript files.

## E. Confidentiality

The editors and staff at *AIMCC* keep author correspondence confidential, unless it is intended for publication (e.g., as a comment on a published article). We also ask that authors and reviewers keep editorial correspondence confidential, and that authors refrain from sharing either the correspondence itself or the essence of its content with individuals who are not their collaborators. Maintaining such confidentiality helps ensure that editors can offer advice that is in the best interests of authors' papers without concern for how it might be considered or used by others.

## F. Acknowledgment of Receipt and Manuscript Status

We acknowledge all manuscripts and assign each a unique, confidential manuscript number. We provide all authors with instructions for checking the status of the manuscript online.

## G. Internal Review by Editors and External Peer Review

At least 1 Editor reads each manuscript and decides whether to send the paper to external reviewers. If a paper is rejected without external review, authors are notified electronically. For manuscripts proceeding to external peer review, Editors will aim to secure two peer reviews with relevant expertise on the manuscript subject matter. *AIMCC* uses a single blind review process where reviewers' and editors' identities are kept anonymous to manuscript authors throughout the process. The identity of the authors is made available to the Editors and reviewers to avoid conflicts of interest. Editors look for two positive reviews to warrant acceptance, but this does not guarantee acceptance. Additionally, one negative review may result in the rejection of a manuscript given the handling Editor's evaluation.

We ask reviewers to report disclosures of interest and to decline the opportunity to review if they think that a close personal or professional relationship with any of the authors or the manuscript subject matter could lead to a biased review. If peer reviewers do not know whether a particular situation merits disqualification from the review process, they should contact the editorial office, who will advise them about recusal on a case-by-case basis. Authors may list individuals who they do not want to be a reviewer but must justify their request in the cover letter.

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## H. Submitting an Appeal

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once. Upon receiving the appeal, editors may confirm their decision to reject the manuscript, invite a revised manuscript, or seek additional peer review of the original manuscript.

## IV. What to Expect After Acceptance

### A. Post-acceptance Copyediting and Proofs

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### B. Author Forms and Disclosures of Interest

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## V. Research and Publication Ethics

### A. Research and Publication Ethics

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