Keep TEN Tips for your fancy writing!

TEN Tips of Writing Medical Articles

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Why TEN Tips?

SUNG-TAE HONG
Seoul National University

- To ***prepare*** the better manuscript and be published for

Authors

- To ***review*** manuscripts easier for ***Reviewers***
- To ***select*** and edit manuscripts efficiently for ***Editors***

Purpose of Publication

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- Scientific communication among professionals
- Transition of private new knowledge to public known knowledge
- Public offer to agree and cite publications
- Academic benefits

Write manuscripts based on the purpose of publication:

TEN Tips 1

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Keep Design of Articles:

➡ ***Focus on design article contents and structure before writing***

- Scientific contents: Tables and Figures
- Conclusion: Novel
- Target journal: Factors considered
  - Scope, JIF, Publication feasibility, Expense
- Authors in Order and Contributors
- References

TEN Tips 2

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➡ **Keep Formatting Requirements of Target Journal**

- Keep journal's format in details as possible
  - Uniform and structure
  - Capitals, symbols, length, files, references, submission
- Uniforms
  - NLM style (Vancouver style)
  - APA style (Harvard style)
  - Mixed style

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REPORT OF AN UNUSUAL CASE OF PERSISTENT BACTEREMIA BY *BARTONELLA BACILLIFORMIS* IN A SPLENECTOMIZED PATIENT

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Abstract. We report a case of a 56-year-old man with a history of splenectomy for idiopathic thrombocytopenic purpura who developed persistent bacteremia in the acute phase of human bartonellosis. This patient did not develop hemolytic anemia. Only after several courses of antibiotic treatment was the infection eradicated. This is an unusual case of overwhelming post-splenectomy infection by *Bartonella bacilliformis*, which provides clinical evidence that the spleen is a critical effector organ of clearance of this infection as well as the effector organ of bartonellosis-associated hemolytic anemia.

Columbia, and Ecuador.[1]

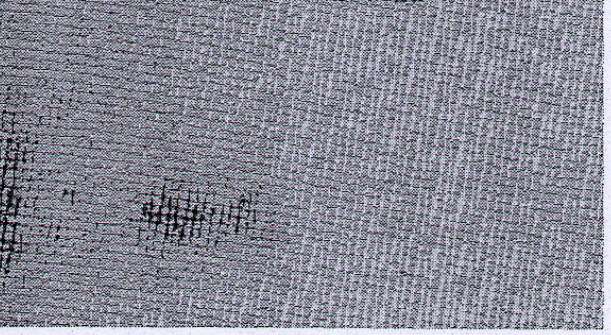
INTRODUCTION

Carrion's disease (bartonellosis) is an infectious disease that is endemic in some regions of Peru, Colombia, and Ecuador.[1] The etiologic agent is *Bartonella bacilliformis*. There are two clinical phases of the infection: an acute phase known as Oroya fever, which is characterized by bacteremia, fever, severe hemolytic anemia, and transient immunosuppression, and an eruptive phase known as Verruga Peruana or Peruvian wart. In endemic areas, the incidence of infection is estimated to be 12.7/100 person-years.[2] Limited information on the immunologic response to *Bartonella* infection exists, but it is widely accepted that antibodies are responsible for acquired long-term, protective immunity. However, the presence of chronic asymptomatic carriers in endemic areas and the appearance of the chronic phase contribute to the speculation that innate immunity and humoral immunity may not be com-

and malaise. He had not been vaccinated against *Streptococcus pneumoniae* or *Haemophilus influenzae*.

On admission, he had a temperature of 39°C, a pulse rate of 120/minute, a respiratory rate of 30/minute, and a blood pressure of 110/50 mm of Hg. On physical examination, his abdomen had a scar in the middle line. The skin was warm and moist. The results of the rest of the physical examination were normal.

Results of laboratory tests performed are shown in Table 1. Results of urinalysis and a chest radiograph were normal. A Giemsa-stained blood smear showed bacilli infecting more than 90% of his red blood cells (Figure 1). A polymerase chain reaction test for *B. bacilliformis* in whole blood was positive using primers for the 16S and 23S rRNA ITS region and for the citrate synthase gene (Figure 2).[4] An immunoblot serum test result for IgG was also positive.[5] After two weeks, colonies morphologically consistent with *B. bacilliformis* were



chain reaction analysis of the blood of the infecting organism as *Bartonella bacilliformis*. DNA ladder; lane 2, positive control using 23S ribosomal RNA (rRNA) intergenic 3, DNA from the patient and primers for ITS region; lane 4, positive control using nthase gene; lane 5, DNA from the patient e synthase gene; lane 6, negative control.

common infecting organisms in potential *S. pneumoniae, H. influenzae* type b, and *Capnocytophaga* spp. Although on in splenectomized patients, most of receive adequate advice or intervensk of OPSI.[12] Preventive measures in ling to endemic areas for *Bartonella*, can be effective to avoid underlying

regarding OPSI by *B. bacilliformis* in xperimental studies using splenectoys infected with *Bartonella* reproduced h fluctuant bacteremia, followed by

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LEPOMIS CYANELLUS AND *L. MACROCHIRUS* FROM CHARLIE'S POND, NORTH CAROLINA: HOST SIZE AND SPECIES AS DETERMINANTS OF COMMUNITY STRUCTURE

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ABSTRACT: The community structure and seasonal dynamics of 16 helminth species infecting green (*Lepomis cyanellus*) and bluegill (*L. macrochirus*) sunfishes in Charlie's Pond, North Carolina, was examined. One hundred and fifty-four fishes including 90 green sunfish and 64 bluegill sunfish were collected between March and November 2000 and examined for the presence of helminth parasites. Five of these species underwent significant changes in abundance in green sunfish infracommunities, 3 of which also displayed seasonal changes in prevalence. Three of the 16 species fluctuated seasonally in bluegill infrapopulations; 2 also underwent changes in prevalence. Species richness and diversity varied across the 9-mo period for both host species, whereas total helminth abundance remained constant. Analysis of component communities revealed differences in community structure for the 2 host species. Bluegills were found to harbor larger and more diverse communities. Bluegills also contained larger infrapopulations of 5 species, whereas green sunfish had greater abundance of 2 species. Interpretation of these data suggests that host species and size are strongly associated with the predictability of community structure.

(Dogiel et al., 1961; Price and Clancy, 1983)

The structuring of freshwater fish parasite communities has received a great deal of attention and has been the source of considerable analysis for several decades (Dogiel et al., 1961; Price and Clancy, 1983; McDowell et al., 1992). More than 10 yr ago, Kennedy (1990) posed the question whether helminth communities in freshwater fishes represent structured communities or stochastic assemblages. Despite the long-standing presence of this question, the issue has not been thoroughly resolved and will likely continue; however, there is a growing body of evidence that many fish–parasite systems are in fact nonrandom. Barger and Esch (2001) recently noted a wide array of studies on freshwater fish parasites, varying from random associations to structured communities influenced by various biotic and abiotic factors. Several mechanisms have been reported to influence the structuring of fish parasite communities, including host factors such as size and age (Guégan and Hugueny, 1994; Zelmer and Arai, 1998; Fiorillo and Font, 1999), species (Fiorillo and Font, 1996), behavior (Wilson et al., 1996), and habitat (Wilson et al.,

fishes from Charlie's Pond, North Carolina. Community structure was investigated at both the infra- and component community level, and patterns of predictability associated with host size and species were examined. Fluctuations in parasite abundance, prevalence, species richness, and diversity were also examined for each host species.

MATERIALS AND METHODS

Charlie's Pond is a 1-ha impoundment, approximately 27 km northeast of Winston-Salem in Stokes County, North Carolina (36°17′N, 80°89′W). The impoundment is spring fed and maintains a relatively constant depth by the 1-directional flow of water into Belews Lake through an underground outlet. Charlie's Pond is eutrophic and contains large populations of mosquito fish (*Gambusia affinis*), crappie (*Pomoxis* spp.), green sunfish, and bluegill sunfish.

One hundred and fifty-four fishes (90 green and 64 bluegill sunfishes) were collected by hook and line between March and November 2000. These fishes were transported to the laboratory in aerated buckets of water, where they were maintained in 100-L aquaria and fed a daily diet of crickets and earthworms. All fishes were processed within 2 wk, most (>90%) within 1 wk. Standard lengths and weights were recorded

versity of *T. gondii* using a large number of isolates obtained from domestic and wild animals.

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MITCHELL, M. A., J. L. HUNGERFORD, C. NIXO

Invasive aspergillosis (IA) is an increasingly common infection among hematological cancer patients receiving cytotoxic chemotherapy (7, 34). Steroid-treated allogenic bone marrow transplant recipients are particularly at risk (10, 19). The crude mortality rate of IA is very high despite appropriate antifungal treatment, since the difficulty in obtaining an early diagnosis results in a delay in establishing treatment (15). The diagnosis of IA is frequently established postmortem. Prompt initiation of antifungal therapy in patients with IA is critical in improving the outcome of this disease (37). Conventional diagnostic methods are insensitive, and the "gold standard" diagnostic procedures (histological examination and cultures of deep tissues) require an aggressive approach which often precludes their use due to profound thrombocytopenia, hypoxemia, and the critical condition of these patients (1).

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INTRODUCTION

Invasive aspergillosis (IA) is an increasingly common infection among hematological cancer patients receiving cytotoxic chemotherapy (7, 34). Steroid-treated allogenic bone marrow transplant recipients are particularly at risk (10, 19). The crude mortality rate of IA is very high despite appropriate antifungal treatment, since the difficulty in obtaining an early diagnosis results in a delay in establishing treatment (15). The diagnosis of IA is frequently established postmortem. Prompt initiation of antifungal therapy in patients with IA is critical in improving the outcome of this disease (37). Conventional diagnostic methods are insensitive, and the “gold standard” diagnostic procedures (histological examination and cultures of deep tissues) require an aggressive approach which often precludes their use due to profound thrombocytopenia, hypoxemia, and the critical condition of these patients (1).

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TEN Tips 3

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➡ **Keep Consistency:**

Ensure consistent flow in the same order of ideas or concepts and words throughout the manuscript!

- Title
- Abstract
- Text
- Keywords

TEN Tips 4

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➡ **Keep Scientific Confidence:**

Authors should provide confidence for their results and make clear conclusions based on the confidence!

- All authors are responsible for data!
- Author's confidence can produce scientific value!
- Scientific confidence is the core of an article!

TEN Tips 5

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➡ **Keep Your Story:**

One article must make own story (stories) of interest and novelty!

The most important single factor to be accepted.

TEN Tips 6

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➡ **KESS Keep Sentences Simple:**

Make sentences short within 30 words in a sentence!

- Short and simple sentences for better readability
- The shorter, the better!

TEN Tips 6: Example

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In unadjusted and multivariable-adjusted logistic regression analyses, after adjusting for BMI, diastolic BP, LDL-cholesterol, triglyceride, ALT, HOMA-IR, log(hsCRP) and alcohol intake, apoB was found to be independently related to the risk of CHD using FRS in healthy Korean men, and the link between apoB and the risk of CHD was found to be dose-response relationship, and in addition, apoB with a high risk showed a tendency to increase risk of developing CHD.

TEN Tips 6: Example

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The apoB was found to be independently related to the risk of CHD using FRS in healthy Korean men by unadjusted and multivariable-adjusted logistic regression analyses, after adjusting for BMI, diastolic BP, LDL-cholesterol, triglyceride, ALT, HOMA-IR, log (hsCRP) and alcohol intake. The relation between apoB and the risk of CHD was in dose-response relationship. In addition, apoB with a high risk showed a tendency to increase risk of developing CHD.

TEN Tips 7

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➡ **Keep Rule of Ten 1:**

Only 10% of title readers read abstract after screening articles by title

- Meeting point with readers
- Attractive titles invite readers!

Rule of Ten 1

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- Titles must be attractive to readers: Professional
- Simple, Clear, Specific → **SEXY!**
- Combination of keywords
- Important one first
- Informative and specific enough
- Web DB friendly
- Titles describing results or methods

Principles of Title Writing

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- **Title form**
  - Phrase
  - Sentence
  - Title and subtitle
- **Within 12-15 words, 100 spaces**
- **'A'** (Stimulating, Inhibitory) **Effects of 'B'** (Drugs, Materials, Methods) **on 'C'** (Diseases, Patients, Diagnosis, Findings, …) **in 'D'** (Area, Time, Population…)
- **Follow any instruction of target journal**

Writing Tips for Titles

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- **Clear expression**
- **Avoid**

– Serial number
– Abbreviations
– Commercial brand names

- **Not recommend to use**

The, A -, Of, On, Results, Study (Studies), Notes on, An approach to, A study of, Some aspects of, Investigation of, Observation on, A novel method for, The effect of ….

Title Examples 1

SUNG-TAE HONG
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- 2004년 서울에서 발생한 비정형성 폐염 67례의 보고
- Report of 67 cases of atypical pneumonia in Seoul, 2004
- Epidemic atypical pneumonia: Sixty-seven cases in Seoul in 2004
- Epidemic atypical pneumonia in Seoul: 67 cases experienced in 2004

Title Examples 2

SUNG-TAE HONG
Seoul National University

- Clinical analysis of 67 atypical pneumonia cases in an epidemic occurrence in Seoul in 2004
- Epidemiological characteristics of atypical pneumonia in Seoul, 2004
- Epidemic occurrence of atypical pneumonia in Seoul in 2004
- Sixty-seven cases of atypical pneumonia of epidemic occurrence in Seoul in 2004

Title and Citation

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- Articles with short titles describing the results are cited more often (Paiva et al. *CLINICS* 2012;67:509-513)
- Assess hits and citations by JCR of 423 research articles in 7 PLOS and 12 BMC journals in October 2008

Paiva et al, 2012

Title and Citation Results

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Cite indices	Groups by characters		
	≤ 94.5	94.5-118	> 118
View counts (median, IQRs)	2892(2404)	2446(1655)	2359(1439)
Citations by JCR	12.5(15)	10(13)	8(10)

Paiva et al, 2012

Title and Citation Results

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Cite indices	Groups by contents		
	Type 1	Type 2	Type 3
No. of articles	231(54.6%)	171(40.4%)	21(4.9%)
Citations by JCR	8(10.5)	12(13)	-

Type 1, methods-describing titles; Type 2, results-describing titles;
Type 3, non-classifiable titles

Paiva et al, 2012

Title and Citation Results

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- **Less cited articles' titles with**
  - Question mark
  - Geographical area
  - Subtitles by hyphen or colon

Paiva et al, 2012

Tips for Title-Subtitle

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- Use hyphen or colon between title and subtitle
- Main concepts or important words in the main title, minor supportive words in subtitle
- Clear expression
- Less prepositions

Principles of Sentence Title

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- Strong confidence
- Present tense
- Ordinary sentence: question? negative?
- Same as ‘Conclusion’

Sentence Title Examples

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- Serum Thioredoxin 1 Level Has No Close Relation with Myocardial Damage Amount in Acute Myocardial Infarction Patients
- Dendritic eIF4E-binding Protein 1 (eIF4E-BP1) mRNA is Upregulated by Neuronal Activation
- Serum Pro-hepcidin Could Reflect Disease Activity in Patients with Rheumatoid Arthritis
- Bioelectrical Impedance May Predict Cell Viability during Ischemia and Reperfusion in Rat Liver
- Early Start of Dialysis Has No Survival Benefit in End-Stage Renal Disease Patients

Tips for Sentence Title

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DO

- Use ordinary sentence
- Present tense
- Same as conclusion

DO NOT

- Use auxiliary verb
- Make a negative sentence
- Use a question mark

TEN Tips 8

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➡ **Keep Rule of Ten 2:**

Only 10% of abstract readers read the text. Finally only 1% of title readers read the text….

- **Attractive title and good abstract** may call citation. We should try to raise the readers' proportion over the 1% to be cited.

Rule of Ten 2

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Writing Good Abstract

- Structured or Unstructured abstract
- Clear and understandable, essential core contents
- Length limit: 250 words
- Abstracts swim alone through the web: informative
- Most readers read abstract only with Tables or Figures and **decide citation**

Abstract Writing Tip 1

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- **Writing Flow: Question to Answer**
  - Background or Purpose
  - How? Materials and Methods
  - What? Results
  - So what? Conclusion

Abstract Writing Tip 2

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Seoul National University

DO

- Follow guidelines if any
- Keep limited length of words
- Keep the uniform
- Describe core results in detail with numeric data
- Explain abbreviations
- Make a clear conclusion, same as in the text

Abstract Writing Tip 3

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DO NOT

- Number the results
- Include any content which is not described in the text
- Review, cite references
- Refer to Tables or Figures
- Mention anything which is not in the text

TEN Tips 9

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➡ **Keep Rule of First & Last:**

Organize text structure by <u>Topic at the first</u> and <u>Conclusion at the last</u>

Open and close of individual issues or items and the whole text for better understanding!

- Topic Paragraph & Conclusion Paragraph.
- Topic Sentence & Resolution Sentence

Structure of Introduction

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Topic Paragraph
Introduce audience to the article by explaining known facts.

Extension Paragraph
Challenge from known to unknown.

Resolution Paragraph
Summarize what is done.

Structure of Discussion

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Topic Paragraph to Open

Characterize core results or answer the question.

Extension Paragraphs to Challenge & Act

Explain core results one by one with literature review.
Concentrate supporting data for conclusion.

Describe Limitations

Describe limitations.

Conclusion Paragraph to Close

Describe scientific conclusion in present tense by summarizing resolution sentences of each paragraph.

Sentence Structure

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- **Sentences in a Paragraph**
  - More than 2 sentences in a paragraph
  - First: Topic sentence to open
  - Middle: Extension sentences to challenge
  - Last: Resolution or Conclusion sentence to close

TEN Tips 10

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➡ **Keep Connecting Words:**

Link sentences by repeating common keywords within a paragraph. That keeps fluent flow of reading and easy understanding.

Connecting Words

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Praziquantel has been used comprehensively in both clinics and field as a broad-spectrum anthelmintic for the treatment of trematode or cestode infections. Though it is regarded as safe generally, the comprehensive use of praziquantel inevitably induces several common adverse reactions, such as, abdominal pain, diarrhea, dizziness, sleepiness, and headache.[1] Most of these adverse reactions are transient and rapidly subside without specific treatment. In addition to these common adverse reactions an anaphylactic reaction may occur, but it is very rare and neglected usually. A search of the literature revealed that two cases of anaphylactic shock have been attributed to praziquantel.[2-3]

Writing by Rapid Drafting & Slow Cooking

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- **Writing the first draft as soon as possible!**
- **Cooking the draft slowly:**
  Internal & external review and revision
- **Trim manuscripts more attractive following TEN Tips!**
  - KESS
  - Rule of Ten 1
  - Rule of Ten 2
  - Rule of First and Last
  - Connecting Words

Additional Tips from Editor's Vault

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- Prepare manuscripts using MS word, double space, 11 point, Times New Roman font
- Prepare the manuscript reader friendly
- Prepare the manuscript journal friendly
- Language review by an original speaker
- Back up the file
- Keep research and publication ethics through all procedure

References

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