
LETTER TO EDITOR**Need to shift towards adherence to the CARE checklist for writing case reports in medicine***Gaurav V. Mishra^{1,2*}**¹Pro Vice-Chancellor, ²Department of Radiodiagnosis, Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research, Sawangi (Meghe), Wardha– 442107 (Maharashtra)
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Dear Editor,

I would like to have this opportunity to draw your kind attention towards the specifically unitized checklist for writing case reports titled as “The 2013 CARE checklist (available at www.care-statement.org or <https://www.care-statement.org/checklist>)” [1].

The said checklist houses 13 headings with different subheadings in reference to various parameters which are of immense value in writing case reports while addressing the relevant information regarding the presented case in a systematic and organized manner. The 2013 CARE checklist comprises of well-organized headings where all the required and desirable information and useful and necessary data regarding the presented case is presented in an organized style which is much more lucid and structured to provide most of the details of the presented case optimally (as shown in Table 1) [1].

There are well written articles in literature which provide well laid out information as well as explanations regarding the different headings in the said checklist along with various examples and illustrations therein for enhancing the understanding regarding the same in the minds of the readers. Increasing awareness about the said checklist is essential as this will increase the quality of a case report on the grounds of being

systematically presented and thereby well retained in the minds of the future readers [2].

The 2013 CARE checklist not only goes into the specific details of the information which need to be provided regarding the patient included in the said case report but also makes it more acceptable in terms of understanding to the reader. This can be attributable to headings such as provision of timeline of important dates and events with reference to the case presented, the patient's perspective where the patient tells his/her experience with the treating doctors in first person, take-away points to be written as a separate heading so that the specific points of wisdom emerging out from the said case are not masked or lost to the eyes of the readers just because they do not find a separate heading in the draft in case the reader wishes to go across the draft over a quick glance but not being limited to these.

This letter is an attempt to make a humble suggestion to incorporate the 2013 CARE checklist for writing case reports in the field of medicine as well as other related scientific disciplines such as dentistry, physiotherapy [3] etc. in order to present the details and information regarding the case presented in a systematically structured and lucid style ensuring that it makes a better impression across the reader's mind in terms of transparency and thereby retention.

Table 1: CARE Checklist of information to include when writing a case report [1]

Topic	Item	Checklist item description
Title	1	The diagnosis or intervention of primary focus followed by the words “case report”
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?
	3b	Main symptoms and/or important clinical findings
	3c	The main diagnoses, therapeutic interventions, and outcomes
	3d	Conclusion—What is the main “take-away” lesson(s) from this case?
Introduction	4	One or two paragraphs summarizing why this case is unique (may include references).
Patient Information	5a	De-identified patient specific information
	5b	Primary concerns and symptoms of the patient
	5c	Medical, family, and psycho-social history including relevant genetic information
	5d	Relevant past interventions with outcomes
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings
Timeline	7	Historical and current information from this episode of care organized as a timeline
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys)
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)
	8c	Diagnosis (including other diagnoses considered)
	8d	Prognosis (such as staging in oncology) where applicable
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)
	9c	Changes in therapeutic intervention (with rationale)

Continued...

Topic	Item	Checklist item description
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)
	10b	Important follow-up diagnostic and other test results
	10c	Intervention adherence and tolerability (How was this assessed?)
	10d	Adverse and unanticipated events
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report
	11b	Discussion of the relevant medical literature with references
	11c	The scientific rationale for any conclusions (including assessment of possible causes)
	11d	The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received
Informed Consent	13	Did the patient give informed consent? Please provide if requested

References

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