



AIMS AND SCOPE

ACG Case Reports Journal, published by the American College of Gastroenterology and edited exclusively by GI fellows, provides a peer-reviewed publishing outlet for GI fellows, private practice clinicians, and other healthcare providers to share interesting case reports. This bi-weekly, open-access publication makes all content freely available online to all readers. *ACG Case Reports Journal* publishes case reports, images, and letters to the editor in all topics of gastroenterology and hepatology, including:

- Biliary
- Colon
- Endoscopy
- Esophagus
- Functional Bowel Disorders
- Inflammatory Bowel Disease
- Liver
- Nutrition and Obesity
- Pancreas
- Pathology
- Pediatric
- Small Bowel
- Stomach

The *ACG Case Reports Journal* was created to help fulfill ACG's commitment to providing growth and learning opportunities for GI fellows, and helps fellows meet core curriculum requirements for non-patient care activities. **To this end, all case submissions must have a GI fellow in training or a resident interested in pursuing GI fellowship as the lead author.** Cases authored by private practice clinicians and other healthcare providers who might traditionally face difficulty publishing with leading journals are also welcome.

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PUBLICATION

ACG Case Reports Journal is published online bi-weekly. As an open-access publication, full-text articles are freely accessible for all readers in both HTML and PDF format immediately upon online publication. There is no print version of the Journal, but issue articles will be collated into an easily downloadable PDF for offline viewing. *ACG Case Reports Journal* does not charge submission or publication fees for authors.

DUPLICATE PUBLICATION

Manuscripts must not be submitted to or previously published in any other journal. Cases presented as a poster or oral presentation at any scientific meeting should contain a disclosure statement of this fact on the title page. Cases published as an abstract related to a scientific meeting should be considerably expanded and enriched from the abstract version, and should contain a full citation of this former publication.

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PREPARING FOR SUBMISSION

For tips on a successful case report, please see this [Editor's Note](#). Submissions are not accepted via email. Manuscripts must be submitted online at mc.manuscriptcentral.com/acgcr.

GUIDELINES FOR MANUSCRIPT SUBMISSION TYPES

Please follow the specific guidelines for the manuscript type you wish to submit.

CASE REPORTS must include:

- An unstructured abstract of 100 words or fewer
- Fewer than 1000 words, excluding abstract and references
- Introduction, Case Report, and Discussion sections
- No more than 20 references, formatted per AMA style
- A complete title page as described below
- Confirmation that informed patient consent was obtained.
- No more than 6 image panels submitted as TIF files of adequate resolution and size. See below for more details.

IMAGES must include:

- No abstract or section headings
- Fewer than 400 words, excluding references
- No more than 5 references, formatted per AMA style
- A complete title page as described below
- Confirmation that informed patient consent was obtained.
- No more than 4 image panels submitted as TIF files of adequate resolution and size. See below for more details.

LETTERS TO THE EDITOR must include:

- No abstract or section headings
- Fewer than 250 words, excluding references
- No more than 5 references, formatted per AMA style
- A complete title page as described below

TITLE PAGE: Manuscripts will not be accepted without a full title page, which should be separate from the full manuscript to protect reviewer blinding and must include:

- All author names, degrees, and affiliations
- Full contact information for the corresponding author
- Description of author roles in manuscript creation
- One author listed as the article guarantor
- Description of financial support or competing interests
- Confirmation that informed patient consent was obtained for publication of the case details.

INFORMED CONSENT: All manuscripts require a statement confirming that informed patient consent was obtained for case publication. This applies regardless of your institutional or IRB requirements, and you should make a good-faith effort to obtain informed consent as a courtesy to the patient. If the patient is deceased, please contact the next of kin listed in the patient records. Please contact the editorial office for advice if consent cannot be obtained. All identifying patient information must be removed from the text and images to protect patient privacy.

FILE FORMATS: Manuscript files should be submitted as word processor files (Microsoft Word or similar). Figure files should be PPT or EPS. Image files should be TIF. Please do not submit PDF files. Video files should be MP4 or MOV format, and be no more than 500 MB in size.

IMAGES: All images should be numbered sequentially and cited in the text. Images should be submitted as separate TIF files of reasonable size (at least 3.5" wide) and high resolution (at least 300 dpi). **Do not submit PDF files and do not paste images into your Word document.** Individual panels of multi-panel images should be submitted as separate files. No labels (A, B, etc) should be pasted on top of the image; arrows or markers should be black or white and tasteful in design. A brief caption for each image must be provided in your manuscript file. Color is published free of charge and is encouraged for all relevant figures, images, and videos.

FIGURES AND TABLES: Please submit figures and tables judiciously, as they are rarely necessary for well-written case reports. It is better to include only necessary lab values in your case text, rather than providing all lab values in a table or chart.

Number figures and tables sequentially and cite them in the text. Figures should be submitted in an editable format (EPS, Excel, or similar) as separate files. **Do not submit PDF files and do not paste figures into your Word document.** Layers within figure files should not be "flattened." Include a brief caption for each table and figure containing relevant footnotes, abbreviations, and credits. Tables should be submitted in an editable format (Word, Excel, or similar), and should be self-explanatory and be comprehensible without the manuscript text.

COVER LETTER: All submissions should include a brief cover letter addressed to the Editors stating whether the submission has been previously published or presented at a scientific meeting, in whole or in part, or if it is under consideration elsewhere.

ACKNOWLEDGEMENTS: Any contributor not listed in the authors section may be acknowledged in the manuscript, including those who provided technical, editorial, or writing assistance, and those who provided financial or material support.

WORD LIMITS: As a general rule, case reports should contain 1000 or fewer words, excluding abstract and references. Images should contain 400 or fewer words, excluding references. Case reports should contain an abstract of 100 words or fewer.

LANGUAGE AND STYLE: Manuscripts are accepted in English, and should follow the style of the *American Medical Association (AMA) Manual of Style, 10th Edition*, *Stedman's Medical Dictionary, 28th Edition*, and *Merriam-Webster's Collegiate Dictionary, 11th Edition* should be used as standard references. If accepted, manuscripts will be edited according to these reference guides, and proofs will be sent to the author for approval prior to online publication. Non-English speakers should have their manuscript proofed by a native English speaker prior to submission.

DRUG AND DEVICE NAMES: Refer to drugs and therapeutic agents by their accepted generic or chemical name. Provide the names and locations (city and state in United States; city and country outside the United States) of manufacturers of drugs, devices, or equipment cited in the manuscript.

ABBREVIATIONS: Abbreviations should be defined at the first mention in the text and in each table and figure. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure.

UNITS: Standard metric units of measure should be used and can be abbreviated.

REFERENCES: The reference list should only include works that are cited in the text, should be listed consecutively as they appear in the text, and should follow the *AMA Manual of Style, 10th Edition*. Unpublished sources should be cited parenthetically in the text. Examples of frequently used reference formats are shown below:

Journal Article

Smith PM, Wright P. Acid reflux and PPI use in older patients. *Am J Gastroenterol*. 2012;5(10):57–66.

Online Journal Article

Smith PM, Wright P. Acid reflux and PPI use in older patients. *Am J Gastroenterol*. 2012;5(10):57–66. <http://www.nature.com/ajg/fullURL>. Published October 2, 2012. Accessed May 1, 2013.

Non-English Journal Article

Cite as above, providing the foreign language title as originally published, or if translated, providing the English translation of the title followed by bracketed acknowledgement of original language (i.e., [in Spanish]).

Book

Smith PM, Stevens JD. *Obesity and Gastroenterology*. 2nd ed. New York, NY: Springer Publishing Co; 2009.

Article or Chapter in an Edited Book

Sharma P. Gastric bypass: Risks and benefits. In: Smith PM, Wright W, Stevens JD, eds. *Obesity and Gastroenterology*. 2nd ed. New York, NY: Springer Publishing Co; 2009:115–135.

Article in Published Proceedings

Smith PM, Wright P. Acid reflux and PPI use in older patients. In: Proceedings from the ACG 2012 Annual Scientific Meeting and Postgraduate Course; October 10–16, 2012; Las Vegas, NV. Abstract 650.

ETHICS AND JOURNAL CONFLICT OF INTEREST

Authors must disclose all conflicts of interest, financial and otherwise, upon manuscript submission. Invited peer reviewers should also declare any potential conflicts of interest and decline the review, if deemed necessary by the Editors. Each year, the Editors publicly disclose their conflicts of interest on the *ACG Case Reports Journal* website.

The *ACG Case Reports Journal* follows ethical guidelines for journal publishing outlined by the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), and by the [COPE Code of Conduct and Best Practice Guidelines for Journal Editors](#). Suspected cases of research misconduct, including plagiarism and other violations, will be handled following [COPE guidelines](#).

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PEER REVIEW

All case reports will be peer reviewed by external peer reviewers. Authors are welcome to suggest 2–3 peer reviewers with whom there is no conflict of interest. The Editors may or may not use these suggested reviewers. *ACG Case Reports Journal* uses a double-blind review process: neither the reviewers nor the authors know the others' identities. Peer reviewers are asked to rate papers based on scientific relevance, novelty, practical use to clinicians, and overall quality. Peer review comments will be provided to authors of all reviewed manuscripts.

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PUBMED INDEXING

The *ACG Case Reports Journal* is currently indexed on PubMed, PubMed Central, EBSCO, Google Scholar, and the Directory of Open Access Journals (DOAJ). An application for indexing in ISI Web of Science (and the resulting Impact Factor) has been submitted. We will announce the results as soon as possible.

PUBLISHER INFORMATION

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 12,000 individuals from 86 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients.

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