Subject: February 2016, CNS Case Studies: 50+ Cases!

From: CNS Electronic Communication Committee Chair, David T. Hsieh, MD

The Child Neurology Society Case Studies program has passed a milestone, with more than 50 cases posted! Many, many, thanks to all of the contributors of these cases.

In particular, we would like to recognize those institutions which have contributed at least 3 cases:

- Children’s National Medical Center/ George Washington University
- C.S. Mott Children’s Hospital/ University of Michigan
- Doernbecher Children’s Hospital/ Oregon Health and Science University
- Rainbow Babies & Children’s Hospital/ Case Western Reserve University
- St Louis Children’s Hospital/ Washington University in St Louis
- Texas Children’s Hospital/ Baylor College of Medicine

The Case Studies program, a joint project of the Child Neurology Society and the Professors of Child Neurology, is meant to provide cases useful for didactic sessions in training programs or for self-learning. More widely, we ask that you continue to make the Case Studies program a success by encouraging your trainees to submit more cases. Since the project began in 2008, we have now posted 50 cases. We use a difficulty rating for the cases, ranging from “easy” to “expert”. We welcome all cases, from common presentations to the rare and obscure.

Why submit?

- Writing up a teaching case is one way to contribute to the education of others, which is one of the core components of our profession. Child neurology residents may wish to work with staff members and mentors, who can be listed as co-authors.
- Posted Cases can be cited on your CV using the following suggested format:

How to submit

- Use standardized template on following page for submitting cases
- Past diagnoses have been posted with the cases on the website; however to help facilitate new cases we are attaching a list of diagnoses that have not been posted yet.
- We will help with editing and formatting. All feedback and suggestions will be constructive and geared towards getting the case ready for posting.
- Please email the case using the template form, with any images as separate files to: cases@childneurologysociety.org. Please include author names and institutions, although affiliations will not be included in the posting to reduce the possibility of patient identification
CNS/PCN ON-LINE CASE STUDY PRESENTATION TEMPLATE

This document is a template to be used when submitting a case for the Child Neurology Society / Professors of Child Neurology “Case Studies” section.

• Please submit a case using this document as a template.
• Looking through cases already on the Web can be helpful in seeing how the format should be used.
  • To review previously posted cases click: http://www.childneurologysociety.org/docs/default-source/2015/2015-case-studies-index.pdf?Status=Temp&sfrsn=2

Each case is divided into two separate web pages: 1) Case Study, and 2) Diagnosis.

• The case presented on the first page appears 30 days before the diagnosis presented on the second page is revealed to child neurology trainees.
  • Training directors are given immediate access to both case and diagnosis pages.
• The objective for the first page of each case presented is to provide material on which to base a didactic session for trainees.
  • *Italicized material in the accompanying template is for explanation within the template and does not appear in the Web version.*

We welcome cases demonstrating a broad range of difficulties.

• Each case is assigned a symbol upon acceptance indicating degree of difficulty (Easy, Intermediate, Hard)
  • Trainees and training directors may use this to guide their choice of appropriate cases based on differing levels of clinical experience.
A ## year-old boy/girl with ....

**History:**
History text here

**Examination:**
Examination text here

**Initial Labs:**
Initial Labs text here.
*Include here only labs that should be revealed before the diagnosis is revealed. When mentioning that imaging was done, state that the images will be shown below.*

**Diagnosis:** Program directors can see the diagnosis immediately by clicking the Diagnosis link above. For others, the Diagnosis link becomes active 30 days after initial posting, when the next month's case is posted.

**Case prepared by** One Name MD and Other Name MD

*At the choice of those involved, a senior author is included in addition to the primary author(s) and/or trainee(s). As a safeguard to patient privacy, NO institution and/or city listing will be included.*

**Images to be included are placed here in the Web version.**

- Please send the images as attachments of separate files (do NOT paste into the Word document); this makes it easier to prepare the Web pages and preserves image quality.
- JPEG or BMP files are preferred, but we can convert other types.
Second page: Diagnosis (revealed to trainees 30 days after initial Case Study posting, immediately available to training directors)

Diagnosis and Discussion:
The text typically describes how the diagnosis was determined, as well as the treatment and hospital course. You may include a brief discussion of the background and the literature. When a reference is mentioned, indicate it in the form of (Pinter and Kosofsky 2014) and provide the more complete citation in the reference section below.

Case and discussion prepared by One Name MD and Other Name MD

References and Recommended Reading:

- One reference in any reasonable format. This should include volume and page number, but we don’t need month or issue number.
  - If you have the PubMed link in the form http://www.ncbi.nlm.nih.gov/pubmed/10773516 please include it; otherwise we will look it up and include either the PubMed link, or a free link to the full text, if available.
- Another reference.