

## Foreword: special section “Case Reports in Gastrointestinal Surgery”

I have been invited to join the Editorial Board of *AME Case Reports* and Chair the Section “Case Reports in Gastrointestinal Surgery”.

Submission of case reports tend to be not accepted “a priori” or after submission by the most recognized journal editors and academics because of their possible poor quality, lowering the impact factor of the journal in which it appears. Surgeons have been one time residents or young surgeons and they have started their scientific career publishing a number of “case reports” (1).

This column will publish both “Case reports” and “Case series” in Gastrointestinal Surgery.

Writing a case report imply to describe in a compact way the clinical picture, the differential diagnosis, with other medical disciplines, and the surgical treatment and outcome of an individual patient. Surgical treatment implies not only the so called classical surgery, minimally invasive or conventional, but also all interventional techniques including intervention radiology and gastroenterological techniques. These case reports bring daily surgical practice to the reader and provide a wealth of learning opportunities. The aim of this column is not only to include surgical rarities but more importantly standard cases diagnosed and treated in the most standardize ways. Important plank will be given to imaging documentation and pathology of the case reports along with surgical treatment. These elements will be provided in high quality description. Moreover, case reports on complications of gastrointestinal surgical patients will be an important part of this column, not only postoperative complications, but also how to prevent them with a proper decision making and an adequate surgical technique. I can imagine in a near future, that an important numbers of these postoperative complications, collected in an application, may be an important source of documentation and help “how to do and when” for quick consultation for every surgeon facing a difficult case with a specific postoperative complication.

Case reports allow clinicians to engage with real clinical scenarios, and to contemplate the decision making and actions of the treating team. In addition to the focus on health issues, case reports can be used to stimulate clinicians, residents and specialists, into considering the wider social, cultural, political, and economic issues that may contribute to and impact on health status of an individual (2). sharing practices through case reports provides a means to actively engage trainee clinicians and through insight into the use of clinical guidelines, encourage consideration around issues on guideline informed practice (3).

Case series will be also published in this column. Case series is usually a “retrospective or prospective” reporting of a “group of patients” with the same clinical picture or diagnosis or who have been treated in a similar way, over a defined period of time (1). This will be an important part of this issue.

To improve the quality, CAsE REports or CARE Guidelines were developed in 2013 to provide a framework that supports transparency and accuracy in the publication of case reports and the reporting of information from patients encountered (4). However, they were not considered tailored to surgery. Therefore, the SCARE (Surgical CAsE REport) steering group conduct a Delphi consensus in order to develop the SCARE Guidelines (5). A systematic review have supported this guidelines (6). The SCARE Guidelines consists of a 14-item checklist and the impact of such guidelines has resulted in a 10% improvement in reporting quality of surgical cases (7,8).

*AME Case Reports (ACR)* is an international, open access, peer-reviewed online journal publishing original and educationally valuable case reports. The launch of *ACR* as an open access journal is a giant leap forward in this process. *ACR* aims to provide clinical information on common and rare cases in all medical disciplines for healthcare professionals, researchers and others. With a rigorous peer review system and prominent strategic advisory board, *ACR* will publish spontaneously submitted reports along with those referred from over 40 supporter journals. Also, by delivering the content free of charge to authors and readers, and with a rapid and widespread dissemination in an electronic form, we will help facilitate the management of more cases encountered by many more surgeons and researchers.

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