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TITLE: Choose an Informative Title with no Abbreviation (Times New Roman 16, Bold & Center) and, If Need Include, Sub-Title; Always Include “Case Report” So that the Reader Knows Immediately What Study Type You Have Chosen

AUTHORS: (Font size 11, Bold);

Author ¹ (Sir Name name), Author ² (Sir Name name), Author ³

¹Gulab Gulbuddin, ²Aryan Shafiqullah, ²Qaderi Ahmad Shah, and ³Kakar Kifayatullah

AFFILIATIONS: (Font size 9);

¹ Author, Academic Affiliations (department, institute, state, country)

² Author, Academic Affiliations (department, institute, state, country)

³ Author, Academic Affiliations (department, institute, state, country)

¹ Horticulture Department, Agriculture Faculty, Nangarhar University, Nangarhar 2601, Afghanistan;

***CORRESPONDING AUTHOR: (Font size 9); Star in superscript form with affiliation and below the affiliations; as (Corresponding Author: Email)**

*Corresponding Author: malvargulab@gmail.com

ABSTRACT

[Type or copy/paste your text here]

All the main text of the manuscript should be written in Times New Roman at 10 font size. The Abstract should be around 200 - 250 words. Write a structured abstract (**Background/Introduction, Case Presentation, Discussion, and Conclusion**). You can use the following questions to guide you. What is the main subject of your report? Who is your target audience and what do they need to know? Who is the patient? What are his/her main clinical manifestations? Briefly describe case management and outcome. What has this case taught you? What is the take-home message for the reader?

Keywords: Generally, 3 to 5; choose your keywords carefully to reflect your paper's content and to make your paper easy to find by search engines/ readers

INTRODUCTION

[Type or copy/paste your text here]

All of the manuscript's main text should be written in Times New Roman at 11 font size with a line spacing of 1.15. Headings should be bold, uppercase, and 11 font size. Subheadings should be bold and italic with 10 font size in an A4 size, the entire manuscript should not exceed 4-5 pages.

What is special about the disease entity or illness you describe (e.g. "...disease x is very rare in the Eastern zone and occurs mostly in the elderly... here we describe a case of x occurring in Southern Asia in a young person...")? What was challenging about the case: diagnosis, management, complications, or treatment side effects...? Do not go into detail in the introduction but give the reader a clear idea of

which aspects of case management you will be describing. While citing use the APA style.

CASE PRESENTATION/ CASE REPORT

Case 1

[Type or copy/paste your text here]

Patient information: Remember that patient information is what can lead to patient identification (e.g. “a 26-year-old woman mother of three children living in the Afghanistan town of Ghani Khel”, say: “a young mother living in a resource-limited setting in Afghanistan”).

Clinical Findings & Diagnostic Assessment: a) relevant physical examination and other clinical findings; b) diagnosis methods & challenges c) diagnostic reasoning including differential diagnosis d) prognostic characteristics when applicable.

Therapeutic intervention & Outcome: a) types of intervention b) administration of intervention c) changes in intervention with explanations d) adverse or unanticipated events.

TABLES

Table 1: Table Title – A brief descriptive title of the table

Abbreviations: List all abbreviations & full terms

FIGURE LEGENDS

Figure 1:

- Describe figures/images including information like contrast media, stain, chemical, and power used
- Protect patient privacy at all times.

Figure 2: (A) – If a figure has many parts describe each part separately (B) – If a figure has many parts describe each part separately.

- Describe figures/images including information like contrast media, stain, chemical, and power used.
- Protect patient privacy at all times.

FIGURES

- Give all figures included in the manuscript with a description of the figure given below

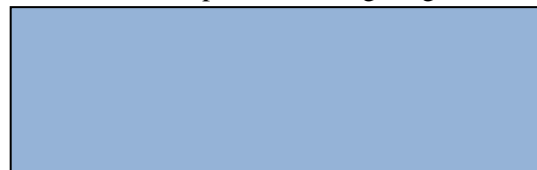


Figure 1: Description of Figure 1



Figure 2: Description of Figure 2

DISCUSSION

[Type or copy/paste your text here]

a) Strengths and limitations of the approach to this case b) discussion of the relevant medical literature (references) c) rationale for your conclusions

CONCLUSION

[Type or copy/paste your text here]

a) Primary “takeaway” lesson from this Case Report, especially as concerns humanitarian and resource-limited settings b) any suggestions for further research, public health policy, clinical protocols...

PATIENT PERSPECTIVE: When available/ relevant, it can be valuable to add the patient’s perspective. This can include, when and where appropriate: subjective experience of symptoms (pain and discomfort), previous treatments (traditional or other), self-medication or home remedies prior to presenting at MSF, ideas on

disease causality, adherence and patient education issues, day-to-day coping... etc.

TIMELINE: You may wish to include a timeline or table detailing case management. This can make your report more understandable for the reader and also cut down your word count by including details such as drug posology and specific dates in the timeline/chart. This in turn will give you the possibility to make your Discussion longer and the Discussion can be the most interesting part of your Case Report.

INFORMED CONSENT/ETHICS

APPROVAL: Here you should state that you have obtained written informed consent, witnessed oral consent, or ethical approval for the absence of informed consent (state why).

CONFLICT OF INTEREST: All authors express no conflict of interest in any part of the research.

FUNDING: This research received no external funding.

AUTHORS CONTRIBUTIONS:

Conceptualization, methodology, software, analysis, investigation, resources, original draft preparation, review and editing, visualization, supervision, project administration and funding acquisition. All authors have read and agreed to the published version of the manuscript.

ACKNOWLEDGEMENTS

List/thank / acknowledge here individuals who contributed to the work but do not qualify for authorship/

Here you should acknowledge – with their consent – any persons who provided assistance to you (review, editing...) who does not qualify as a co-authors.

REFERENCES

References should be written in the American Psychological Association (APA) style.

American Psychological Association. (year). Article title: Capital letter also for subtitle. Name of Journal, volume#(issue#), pg#-pg#. Author(s) of essay or chapter. (year). Title of essay or chapter. In F. M. Lastname (Ed.), Book title (pages of essay or chapter). Publisher. <https://doi.org/10.xx.xxxxxxxx>

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