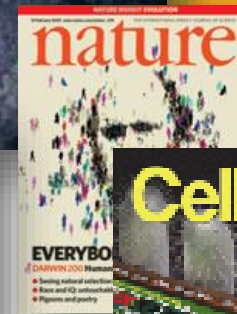
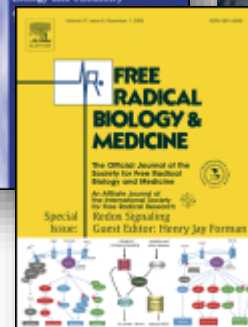
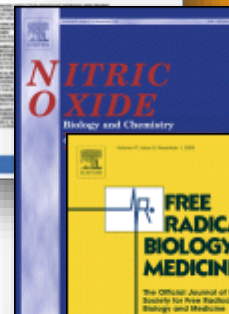
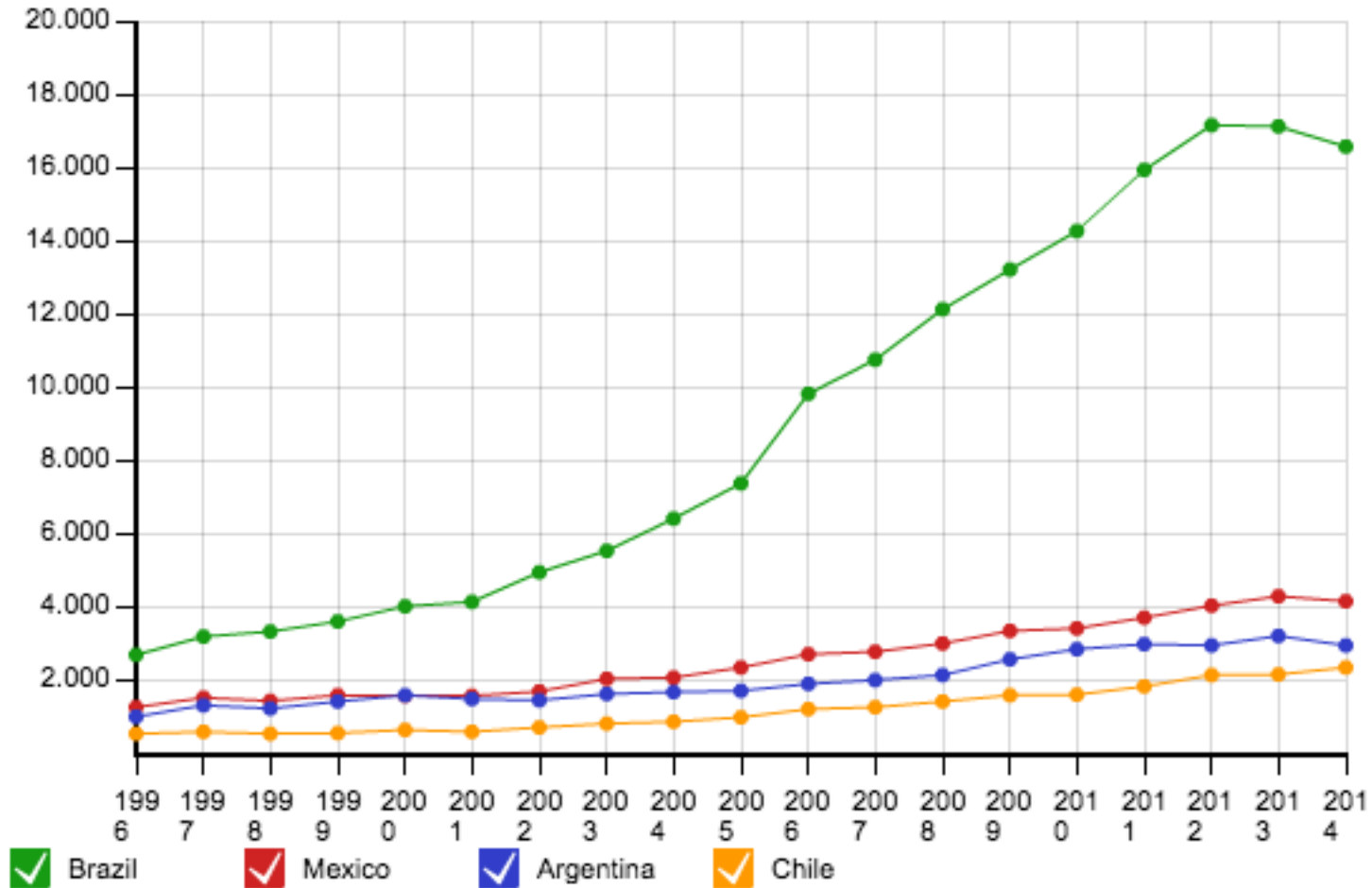


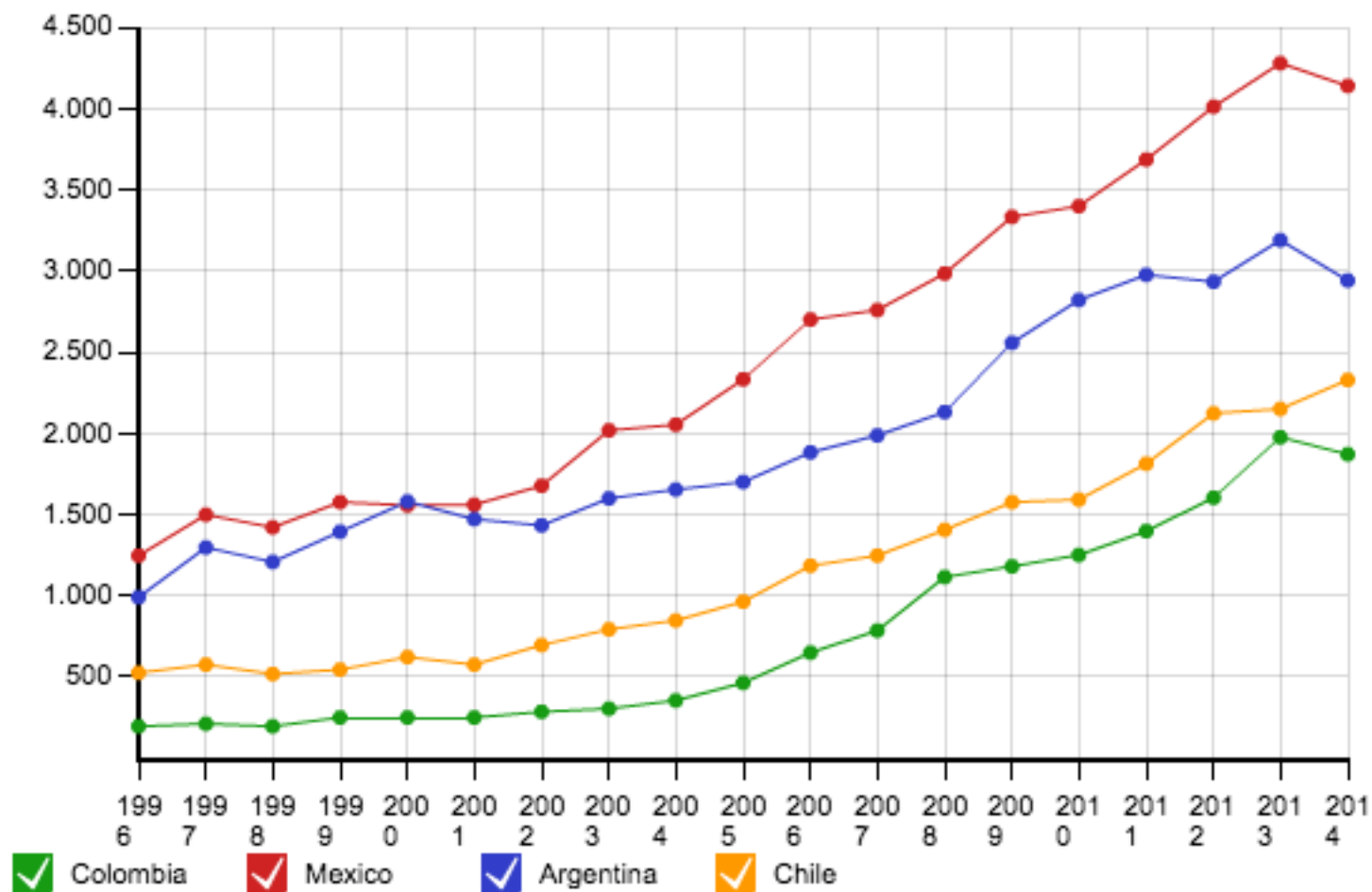
Cómo publicar en una revista científica del área de medicina y ciencias de la salud

Presentado por:

Diego Rosselli MD, EdM, MSc Neurólogo
Pontificia Universidad Javeriana, Bogotá
Facultad de Medicina







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30	↓	12	→	2	→	Centro de Investigacion y de Estudios Avanzados del IPN	8035	↑	41.06	↑	1.08	↑	42.91	↓	0.28	↓	11.86	↑	52.46	↓	3.49	↓
34	↑	15	↑	3	→	Instituto Politecnico Nacional	7494	↑	28.8	↓	0.66	↓	33.56	↓	0.39	↓	6.71	↓	56.18	↑	2.89	↓
60	↓	27	→	4	→	Universidad Autonoma Metropolitana	4603	↑	26.31	↓	0.61	↓	34.78	↑	0.34	↑	5.86	↓	55.42	↓	2.54	↓
91	↑	47	↑	5	→	Universidad de Guadalajara	2695	↑	34.84	↑	0.57	↑	31.8	↑	0.35	→	5.3	↑	54.17	↑	2.07	↓
92	↑	48	↑	6	→	Universidad Autonoma de Nuevo Leon	2623	↑	32.44	↓	0.6	→	30.73	↑	0.34	↓	6.51	↓	60.2	↑	3.49	↓
93	↑	49	↑	7	→	Benemerita Universidad Autonoma de Puebla	2598	↑	37.18	↑	1.23	↑	35.3	↑	0.03	↓	12.54	↑	47.54	↓	1.82	↓
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111	↑	58	↑	9	↑	Universidad Autonoma de San Luis Potosi	2151	↑	44.68	↑	1.31	↑	44.68	↓	0.29	→	13.59	↑	47.65	↓	2.09	↑
118	↓	63	↓	10	↓	Universidad de Guanajuato	2040	↑	40.54	↓	0.76	↑	36.18	↑	0.11	↑	8.33	↑	55.15	↑	3.01	↓
122	→	67	→	11	→	Universidad Michoacana de San Nicolas de Hidalgo	1936	↑	36.62	↑	0.76	↓	34.71	↑	0.02	↓	8.21	↓	57.33	↑	3.64	↑
135	↓	77	↓	12	→	Universidad Autonoma del Estado de Morelos	1543	↑	33.44	↑	0.66	↑	40.7	↓	0.18	↑	7.11	↑	52.11	↓	2.41	↓
142	↑	84	↑	13	↑	Universidad Autonoma del Estado de Mexico	1449	↑	29.95	↓	0.55	↓	25.67	↓	0.07	↑	5.22	↓	57.49	↓	2.07	↓
144	↓	86	↓	14	↓	Universidad Autonoma de Baja California	1430	↑	36.57	↓	0.61	↓	25.03	↓	0.05	↓	5.42	↓	61.26	↑	1.95	↑
149	↑	90	↑	15	↑	Universidad Veracruzana	1353	↑	31.78	↓	0.63	↓	29.42	↓	0.09	↑	5.79	↑	50.85	↑	2.47	↓
153	↓	93	↓	16	↓	Colegio de Postgraduados	1289	↑	30.02	↓	0.37	→	19.78	↑	0.75	↓	2.43	↑	48.72	↑	0.55	↑



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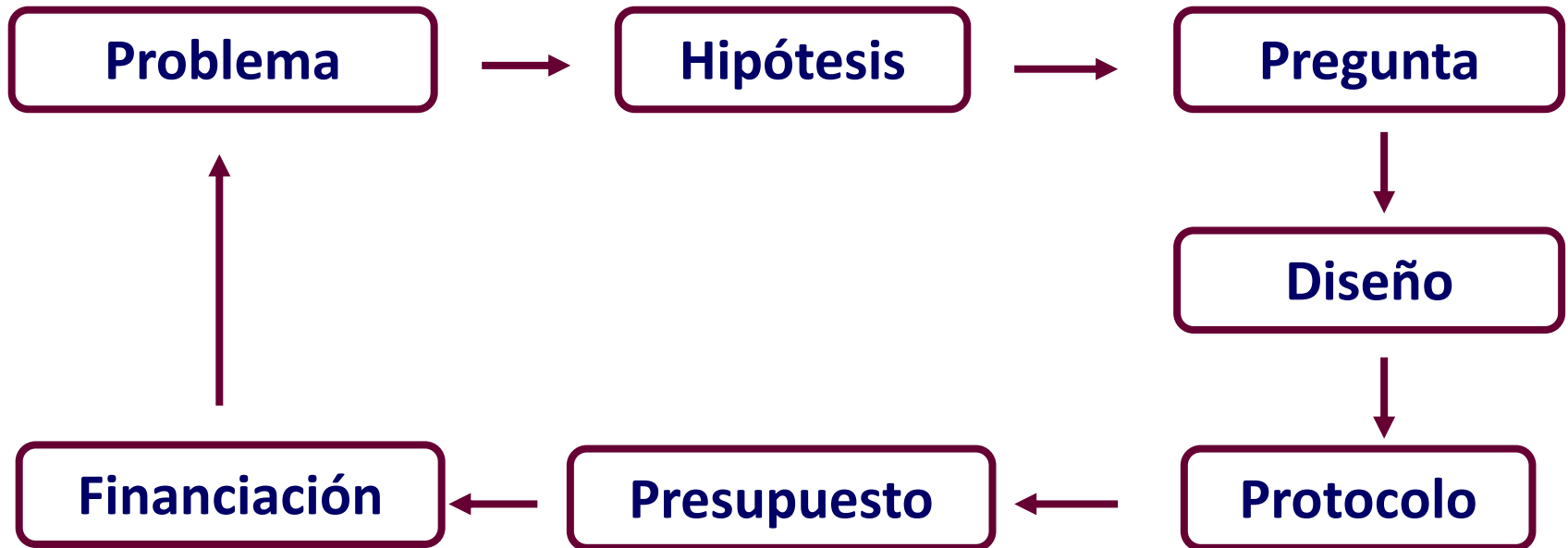
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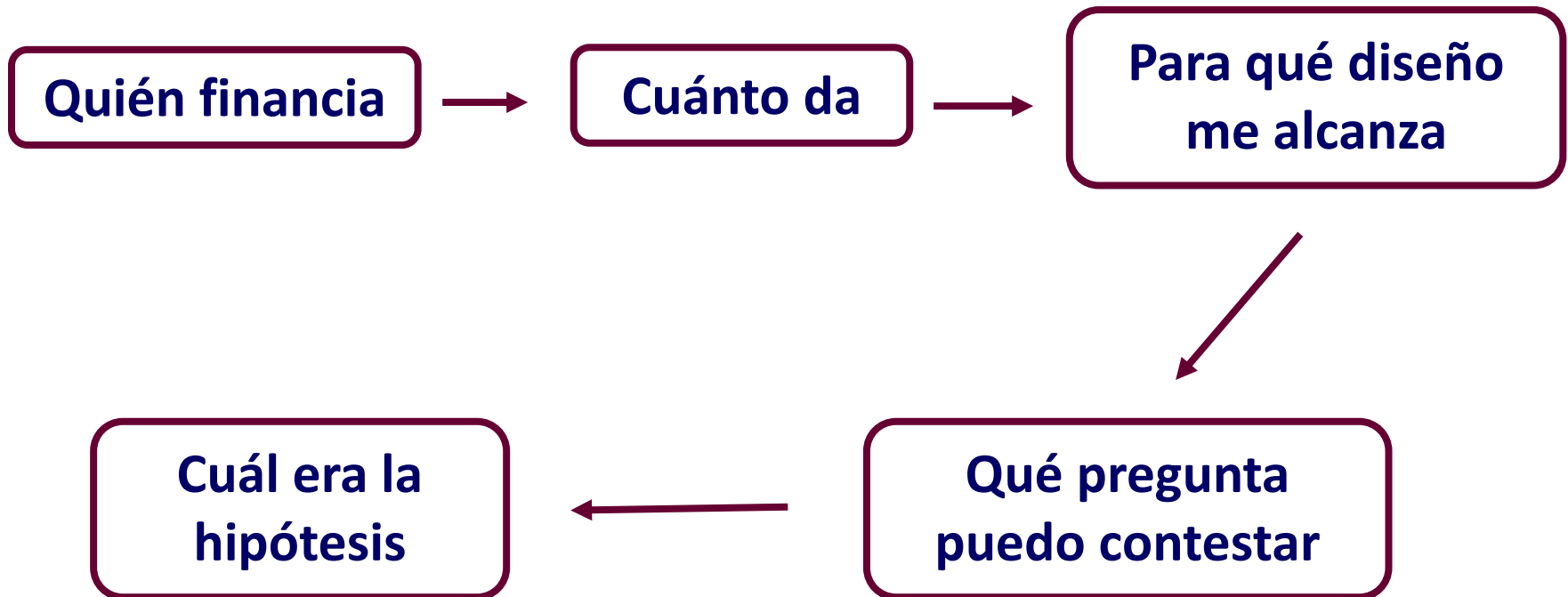
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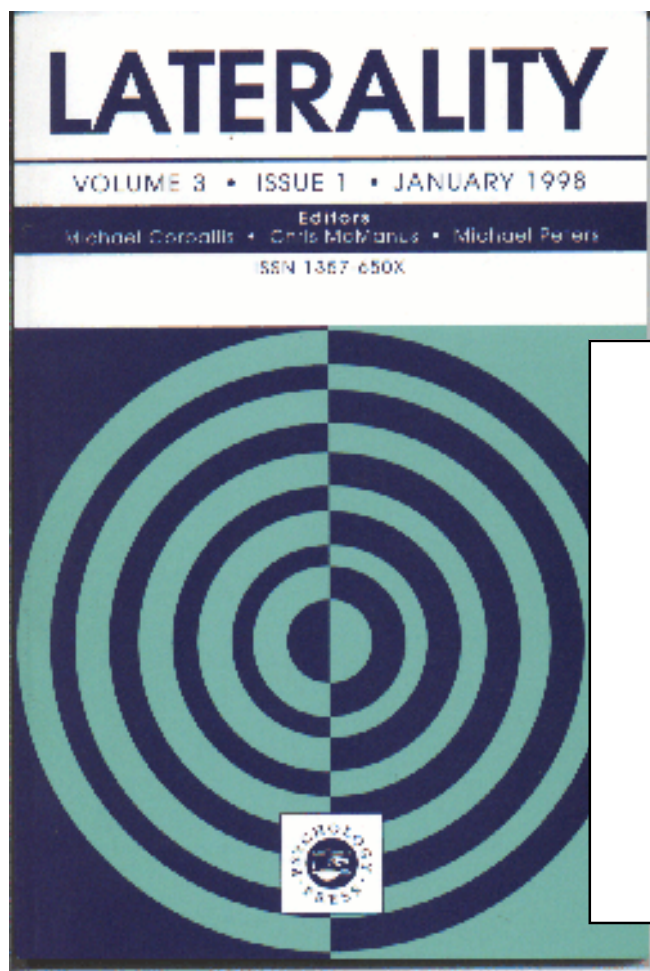
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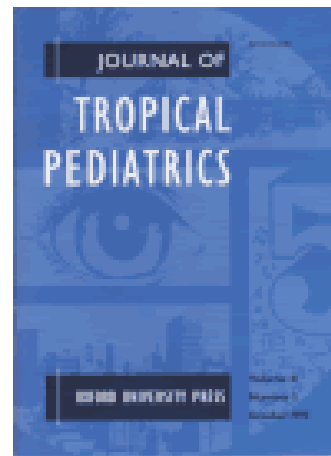
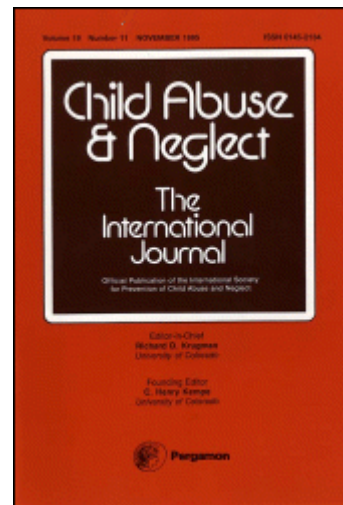
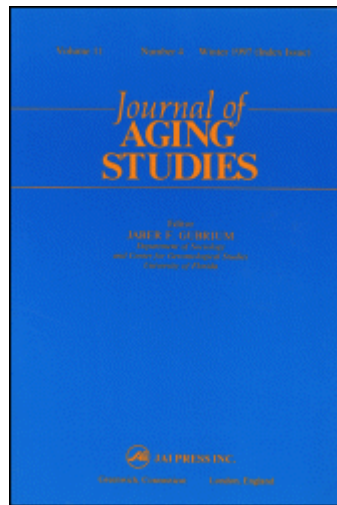
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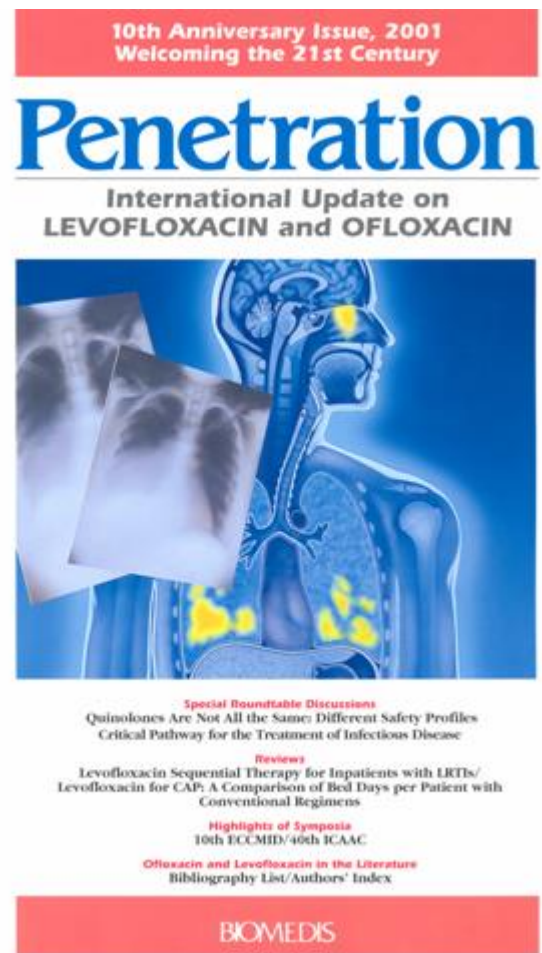
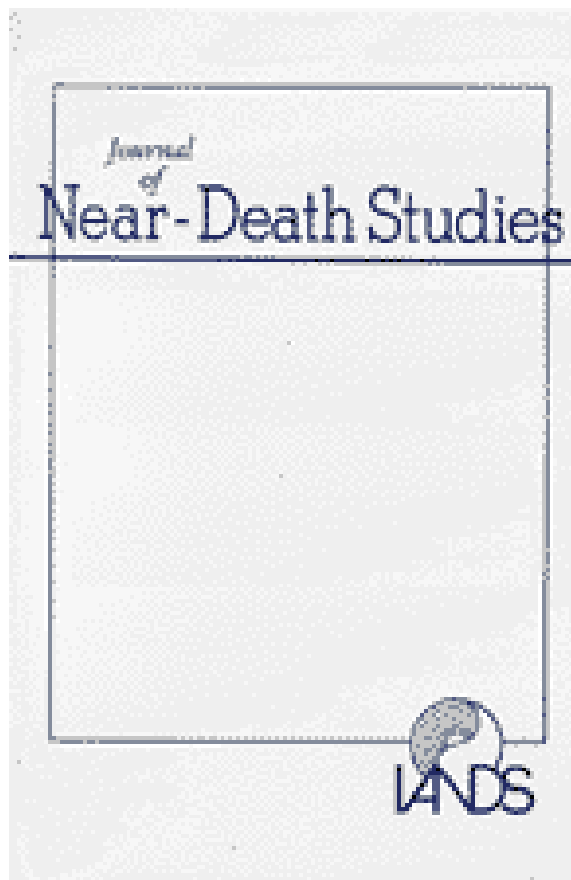
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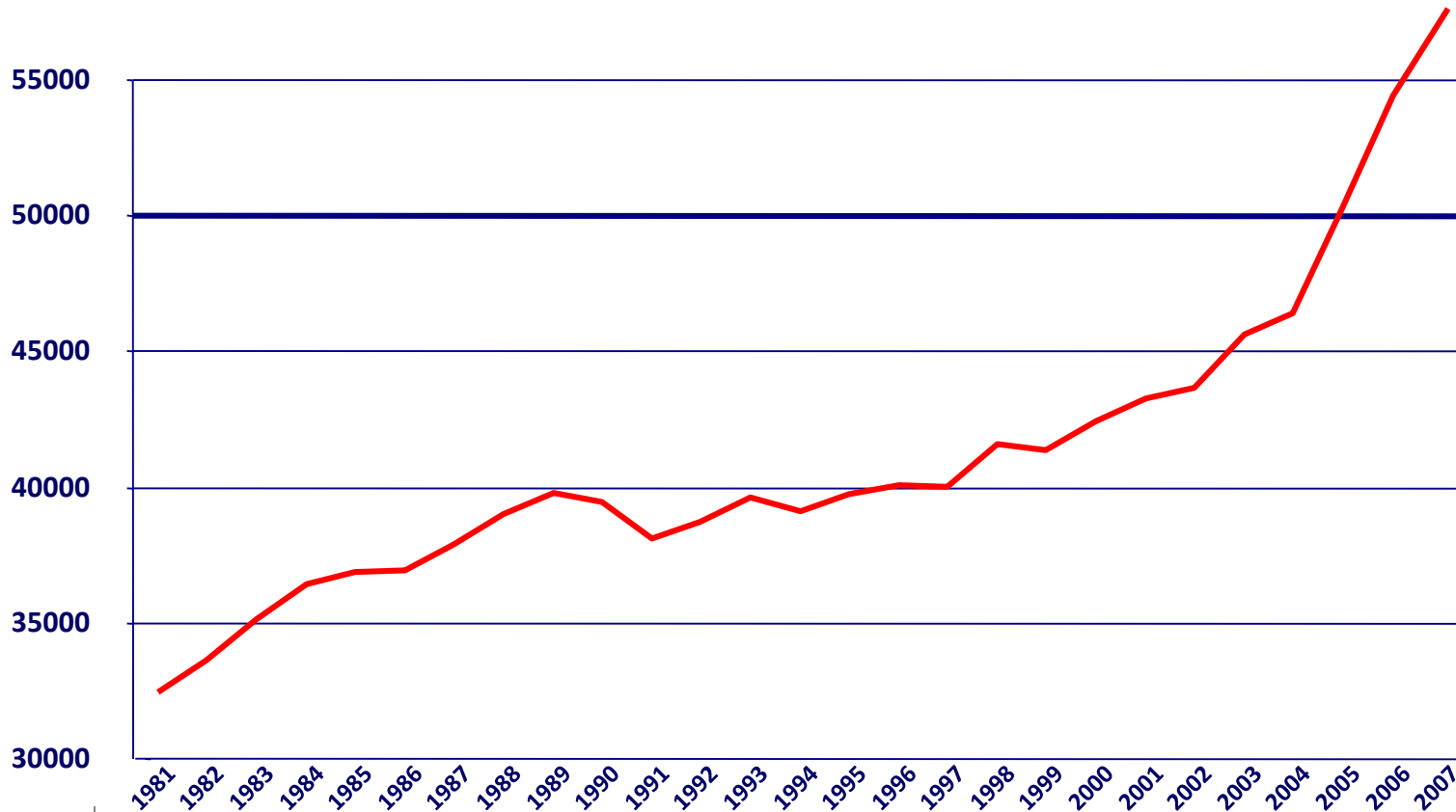


Casos clínicos

- La mayoría de los profesionales vemos pacientes.
- ¡Los pacientes están ahí!
- Se parece mucho al trabajo clínico.
- ¡No es sino escribirlo!
- Puede ser un incentivo para seguir adelante.
- La medicina se ha hecho con casos clínicos:
(Freud, sida, talidomida, Tan, Phineas Gage).

CASOS CLÍNICOS POR AÑO EN MEDLINE TOTAL MEDLINE 1'764,126 octubre 5, 2014

**66.862
en 2013**



The case report is far from dead

Sir—Evidence-based medicine establishes a strict hierarchy, with case reports being referred to as anecdotal findings and being placed in the bottom of a list in which meta-analysis and randomised clinical trials are clearly preferred.

If we analyse the data from all MEDLINE-indexed publications, researchers are not quite ready yet to abandon the publication of their most interesting cases. Around 40 000 new case reports are currently entering MEDLINE each year. It is not just lower-quality journals that are publishing case reports: 13.5% (183 349 of 1 355 539) of all the references in the 120 core clinical journals¹ are case reports. The average number of case reports published in *The Lancet* in the

past 5 years is 204, somewhat higher than the *New England Journal of Medicine* at 186, the *British Medical Journal* at 59, or *Journal of the American Medical Association* at 54.

On Aug 31, 2001, MEDLINE crossed the barrier 1 000 000 case reports. The millionth case report, published in the Norwegian journal *Tidsskrift for den Norske laegeforening*,² presents the case of a multi-traumatised Japanese tourist who developed a fatal methicillin-resistant *Staphylococcus aureus* infection, that led to two outbreaks in the hospital. The investigators, however, publish not only an interesting case, but their report fulfils the requirement of this type of non-random, non-systematic way of collecting evidence.¹ By noting that, following official guidelines, patients did not need screening for methicillin-resistant *Staphylococcus aureus*, they give a lesson that might change the way medicine is currently practised.

Medical knowledge has been traditionally built case by case. If we acknowledge the limitations of the case report we will not need to neglect its importance in our search for solid evidence. Long live the case report.

*Diego Rosselli, Andres Otero

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Casos clínicos en algunas de las principales revistas

	2002	2003	2004	2005	2006	2007	2008
Lancet	195	150	111	83	74	77	67
N Engl J Med	234	228	203	208	190	212	198
JAMA	73	48	22	14	19	20	26
BMJ	59	57	35	32	41	23	62
Nature	1	0	0	4	0	1	0
Science	2	2	1	2	2	2	0

Case Report



Cobalt intoxication diagnosed with the help of Dr House

Kristin Dahms, Yulia Sharikova, Peter Heitsch, Sabine Ponkowitz, Jürgen R. Schaefer

Lancet 2014; 383: 574
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In May, 2012, a 55-year-old man was referred to our clinic for severe heart failure (New York Heart Association class IV). He had raised brain natriuretic peptide of 3053 ng/L (normal <55 ng/L) and his estimated ejection fraction by echocardiography was 25%. His medical history was mostly uneventful, apart from the fact that he had had both hips replaced by prostheses. Coronary artery disease had been excluded by heart catheterisation; cardiomyopathy was therefore regarded as the cause of heart failure. Additionally he was almost deaf and almost blind; furthermore he had fever of unknown origin, hypothyroidism, and reflux oesophagitis. His mediastinal lymph nodes as well as the lymph nodes at his left hip were enlarged. At this site he had had hip replacement surgery in November, 2010, when a metal-on-polyethylene prosthesis (head Zimmer CoCr-Mo Protasal, metal [Zimmer, Winterthur, Switzerland]; inlay Aesculap NH 413 Chirulen PE [Aesculap, Tübingen, Germany]) was implanted to replace a broken ceramic-on-ceramic hip prosthesis (implanted December, 2001; head Aesculap NK 561 Bioloc forte, inlay Aesculap NH 103 Plasmacup). All symptoms appeared within the past year before his admission to our centre. Searching for the cause combining these symptoms—and remembering an episode of the TV series “House” which we used for teaching medical students (series seven/episode 11)—we suspected cobalt intoxication as the most likely reason. We did radiography of the hip and measured cobalt and chromium. The radiograph showed a myostitis ossificans-like picture attributable to metal debris at the left-sided hip. The measurement of cobalt and chromium in the blood showed severe increase of these metals. In a heparin-blood sample the cobalt concentration was 15000 nmol/L (normal <15–3 nmol/L) and chromium was 942 nmol/L (normal <9–6 nmol/L). The cobalt

concentration in 24 h urine was 6140 nmol/L (normal <17 nmol/L) and chromium urine concentration was 52300 nmol/L (normal <11.5 nmol/L). We initiated 2,3-dimercaptopropane-1-sulfinate treatment and referred the patient to his former orthopaedic clinic, where he received a new left ceramic hip prosthesis, and subsequently—because of the severe heart failure—an implanted cardioverter-defibrillator. Most likely because of remaining ceramic particles, the metal head of the hip replacement was severely damaged (figure). Shortly after the hip replacement, the patient's plasma cobalt and chromium concentrations decreased, and the patient stabilised and recovered slightly. In July, 2013 (14 months after removal of the metal hip), heparin-blood concentration of cobalt was 1460 nmol/L and chromium was 365 nmol/L. Cardiac function improved to 40% and there were no new episodes of fever or signs of oesophagitis. However, the patient's hearing and vision recovered only slightly.

Cobalt intoxication has been a well known cause of cardiomyopathy for over 50 years; however, it has mostly been known in the context of so-called Quebec beer drinkers' cardiomyopathy and hard steel work-related exposure to cobalt.^{1,2} The stability of cobalt in combination with chromium and molybdenum (usually Co 70%, Cr 25%, Mo 5%) made this metal an excellent and stable compound in hip prostheses. Numerous studies have investigated metal exposure due to metal hip arthroplasties.³ However, in certain situations—false placement, technical problems in metal-on-metal prostheses, and strictly often after an off-label replacement of broken ceramic hips by metal parts—cobalt exposure to the patient from a hip prosthesis occurs. This cobalt intoxication is an increasingly recognised and life-threatening problem.⁴

Contribution
 KD, YS, and JRS looked after the patient and wrote the report. KP and PH managed and measured the blood samples. All authors reviewed the text. Written consent by the patient to publish this report was obtained. JRS was supported by the Dr. P. Heitsch Foundation.

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Figure: Metal hip prosthesis causing cobalt intoxication. Severely damaged metal head with hole due to severe metal ion.

Objetivo: un caso en Lancet:

Trés párrafos

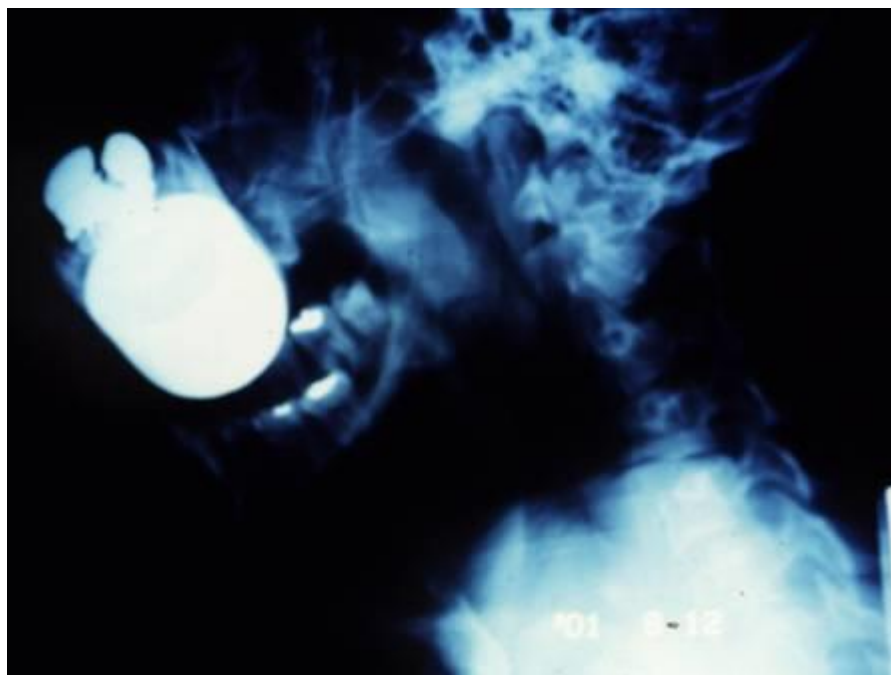
1. Motivo de consulta, enfermedad actual, antecedentes.
2. Diagnóstico, tratamiento, evolución de la enfermedad.
3. Discusión, lecciones que nos deja

Una figura
 4 – 5 referencias
 3 – 5 autores.



ELSEVIER

An explosive case



El caso clínico

CASE REPORT

Case report

An explosive case

Jorge Espinosa-Riquel, Camilo Fonnegra, Aulo Cardona-Gonzalez, Diego Rosvall

On August 12, 2001, while taking part in a training session in a rural area 150 km from Bogotá, a 19-year-old soldier was injured by a 40 mm grenade fired at close range from an M-60 machine gun. The army physician arrived in a few minutes and found an alert patient with an injury in his left chest and profuse bleeding through the mouth and nose. He sustained an laceration of whole blood, and transferred the soldier to the local hospital where a radiograph of the skull showed an unexploded 4 × 8 cm grenade in the nasopharynx in close contact with the skull base (figure, top). 5 hours after the accident the patient, arched by helicopter at the Hospital Militar Central, where plans for extraction had been put in place to minimize risk to the surgical team and the patient. One wing of the hospital was evacuated and adapted for use as an operating room for the initial procedure, and all operating room staff wore Kevlar armoured and-explosive vests (figure, bottom). We avoided using metal instruments and electric tools.

Three teams intervened in close succession. A general surgeon gave the patient local anaesthesia and did a tracheostomy with the patient in the left lateral position, which was the only position in which he could ventilate properly. The general surgeon then left the operating room. An anaesthetist induced anaesthesia using intravenous and inhaled agents, intubated the patient, and left the room. Finally, the facial trauma group manually extracted the grenade through the mouth of the patient, and delivered the device to an explosives expert for disposal. We then moved the patient to the main building where the debridement was finished without any complications. The total surgical procedure lasted 4 h. Postoperative radiographs and three-dimensional CT reconstructions showed bilateral naso-orbito-ethmoidal fractures, Le Fort I and left hemi-Le Fort II fractures, an open left mandible fracture, and right parasympthral fracture. 2 weeks later facial reconstruction and fracture fixation were done successfully. The patient was last seen in October, 2003. He had a linear 3 cm scar on the left chest, and was in the last stage of his oral rehabilitation programme, but had no other limitations.

Removal of unexploded missiles from live patients are rare events. A review of 32 such cases, most of them from the Vietnam war, described injuries predominantly to the limbs. An unexploded grenade was unexpectedly found



Lateral radiograph showing unexploded grenade in the nasopharynx (top). Kevlar suit worn by operating room staff (bottom)

at autopsy in a Turkish soldier's skull.¹ We have had to operate on four more cases at our institution. Wounds, like surgeons are at the safety of occupational hazards. In areas of conflict, such as Colombia, danger sometimes goes well beyond the occasional punctured operating glove.

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Unpublished: Miller: Name, Gonzalez, U Espinosa-Riquel et al., C Fonnegra et al., J Cardona-Gonzalez et al., D Rosvall et al. Transversal 8 No. 49-50, Bogotá, Colombia

Correspondence to: Dr Diego Rosvall (email: diego_rossall@rics.harvard.edu)

2066

THE LANCET • Vol 362 • December 20, 2003 • www.thelancet.com

Lección que nos deja:

Los riesgos ocupacionales del médico en zonas de conflicto a veces van un poco más allá del ocasional pinchazo de un guante con una aguja contaminada.

Lancet 2003 Dec 20;362(9401):2066



ELSEVIER

El caso clínico

Conocer su papel y sus limitaciones.

Un caso puede generar hipótesis o apoyar una teoría.

Pero NUNCA demuestra nada.

Evitar inferencias sobre frecuencia o sobre causalidad.

¿Es mejor presentar muchos casos que uno solo?



Cómo seleccionarlo

El caso publicable:

¿El primer caso?

¿El caso raro?

NO. El caso interesante, el que deja lecciones.

Presentaciones atípicas de enfermedades comunes.

Errores de interpretación que podrían repetirse.



Consent Form

Patient's consent for the publication of material relating to them in *The Lancet*

<http://www.thelancet.com/consentform.pdf>

To be completed by the corresponding author:

Subject of article or photograph: _____

Name of authors submitting material to *The Lancet*: _____

Corresponding author's address: _____

Manuscript reference number, if known (ie OJ4 RT2675): _____

To be completed by the patient:

I give my consent for this material to appear in *The Lancet* and associated publications. I have seen any pictures and read the material to be published.

I understand that:

- My name will not be published. I understand, however, that complete anonymity cannot be guaranteed.
- The material may be published in the weekly print copy of *The Lancet*, which has a circulation of about 80,000 copies worldwide.
- The material may also be placed on *The Lancet's* worldwide website. Both the print edition and the website are seen and read by doctors, journalists, and members of the public.
- The material may also be used by *The Lancet* in books.
- The material will not be used for advertising or packaging.
- The material will not be used out of context.

Signed: _____

Date: _____

Print Name: _____

If you are not the patient, what is your relationship to them?

Witness: _____ Date: _____

Patient's consent for the publication



ELSEVIER

HISTORIA Y HUMANIDADES

Phineas Gage, 'Tan' y la importancia de los casos clínicos

D. Rosselli

PHINEAS GAGE, 'TAN' AND THE IMPORTANCE OF CASE REPORTS

Summary. Introduction. *The original descriptions of the frontal lobe injury of Phineas Gage (1848) and the slowly growing tumor of 'Tan', Broca's famous patient (1861), are examples of how a simple case report can teach important lessons, some of them still discussed a century and a half later.* Development. *In this article, the original sources of both of these seminal cases, in Boston and Paris, have been reviewed and are briefly summarized. The lessons learned from them in the effort to localize brain functions are explained and set in the context of modern evidence-based medicine. [REV NEUROL 2005; 40: 122-4]*
Key words. Aphasia. Brain injuries. Case reports. Frontal lobes. History of Neurology.

INTRODUCCIÓN

La medicina basada en la evidencia da poco valor a los casos clínicos. En la jerarquía que se establece en los 'grados de recomendación' y 'niveles de evidencia', sólo la 'opinión de experto' ocupa un lugar inferior al del caso clínico único. Dos paradojas, sin embargo, se hacen evidentes. En primer lugar, si los casos clínicos no aportan un nivel de evidencia suficiente para sacar de ellos conclusiones, ¿por qué se publican tantos? En las revistas indexadas en Medline, cada año se incluyen más de 40.000 casos clínicos [1]. La segunda paradoja —que es la que nos ocupa hoy— es la importancia que algunos casos clínicos —anécdotas, en la jerga de la medicina basada en la evidencia— han tenido en la historia de la medicina y, particularmente, de la neurología.

Los casos de Phineas Gage y de 'Tan', el famoso paciente de Broca, llevan 150 años dando lecciones al mundo médico.

PHINEAS GAGE

La primera descripción del accidente de Phineas Gage se publicó en el *Boston Medical and Surgical Journal* del 13 de diciembre de 1848 [6]. Éste es un artículo de poco menos de cinco páginas escrito por el doctor John M. Harlow, médico de una pequeña comunidad rural llamada Cavendish, en el estado de Vermont, en el extremo noreste de los Estados Unidos. El Dr. Harlow envió una carta al editor de la revista comentando el caso de un paciente que él venía controlando desde hacía tres meses. Harlow se vio motivado a escribir este breve comentario al leer en dicha revista un artículo con el título de 'Injuries to the head'. La carta de Harlow llamó la atención del doctor Henry J. Bigelow, eminente profesor de cirugía de la Universidad de Harvard, quien se puso en contacto con Harlow e invitó a Phineas a Boston, corriendo con los gastos de sus pasajes y su estancia durante varias semanas en la ciudad. La publicación de Bigelow en un artículo de 22 páginas con



Rosselli D, Rojas A

Luxación de hombro: Presentación de un caso (de 1891)

Dr. Diego Rosselli*, Dr. Alberto Rojas**

* Médico neurólogo. Profesor del Departamento de Epidemiología Clínica y Bioestadística,
Facultad de Medicina, Pontificia Universidad Javeriana, Bogotá, Colombia.

** Residente de Ortopedia, Universidad Militar Nueva Granada,
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Resumen

PRESENTACIÓN DE CASO

Perforación intestinal por espina de pescado: presentación de dos casos y revisión de la literatura científica

CATALINA BARRAGÁN¹, JUAN DAVID RUEDA¹, ERIK ESPITIA², LUIS FELIPE URIZA³, DIEGO ROSSELLI⁴

Palabras clave: perforación intestinal; cuerpos extraños; diagnóstico; diagnóstico por imagen; complicaciones.

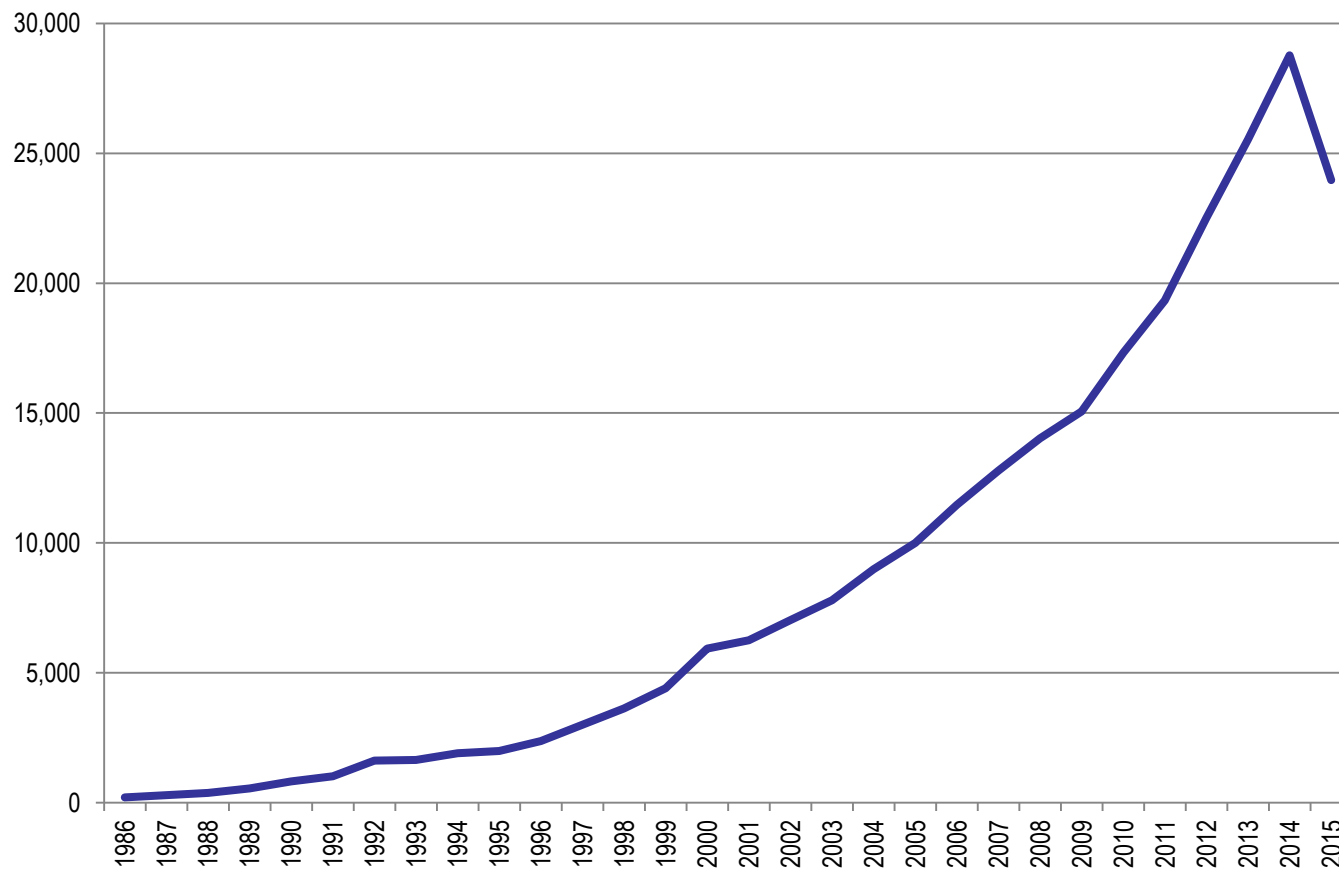
Resumen

La presentación clínica de las perforaciones intestinales secundarias a la ingestión de espinas de pescado suele ser inespecífica, lo que hace difícil su diagnóstico. Por

el Hospital Universitario San Ignacio, sus complicaciones y el desafío diagnóstico que implicaron para el equipo médico. Se trata de un hombre de 51 años que se complicó con un absceso hepático, y de una mujer de 67 años con perforación del ileon terminal, peritonitis fecaloide y



REVISIONES POR AÑO EN MEDLINE



Castañeda et al. *BMC Infectious Diseases* 2012, **12**:124
<http://www.biomedcentral.com/1471-2334/12/124>



RESEARCH ARTICLE

Open Access

Streptococcus pneumoniae serotype 19A in Latin America and the Caribbean: a systematic review and meta-analysis, 1990–2010

Elizabeth Castañeda^{1*}, Clara Inés Agudelo¹, Rodrigo De Antonio², Diego Rosselli³, Claudia Calderón⁴, Eduardo Ortega-Barria⁵ and Rómulo E Colindres⁶

Abstract

Background: Pneumococcal conjugate vaccines (PCVs) are in the process of implementation in Latin America. Experience in developed countries has shown that they reduce the incidence of invasive and non-invasive disease. However, there is evidence that the introduction of PCVs in universal mass vaccination programs, combined with inappropriate and extensive use of antibiotics, could be associated to changes in non-PCV serotypes, including serotype 19A. We conducted a systematic review to determine the distribution of serotype 19A, burden of pneumococcal disease and antibiotic resistance in the region.

Methods: We performed a systematic review of serotype 19A data from observational and randomized clinical studies in the region, conducted between 1990 and 2010, for children under 6 years. Pooled prevalence estimates from surveillance activities with confidence intervals were calculated.



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Original Article

Urinothorax: Case report and systematic review of the literature

Alexander Casallas, Camilo Castañeda-Cardona¹, Diego Rosselli¹

Clinica Infantil Colsubsidio, Department of Clinical Epidemiology and Biostatistics, Pontificia Universidad Javeriana,
¹Department of Clinical Epidemiology and Biostatistics, Pontificia Universidad Javeriana, Bogota, Colombia

Abstract

Urinothorax, the presence of urine in the pleural space, is a rare cause of pleural effusion, usually associated with obstructive uropathy, or urinary trauma. Diagnosis requires a high degree of clinical suspicion and is confirmed by the main biochemical marker: The ratio >1.0 pleural fluid creatinine and creatinine serum. The report of cases worldwide is low, probably due to its low incidence, but also to underdiagnosis. Respiratory symptoms are not always present, and urological symptoms usually predominate. We present the case of a 3-year-old boy and a systematic review of the literature of the 44 cases encountered. After resection of a Wilm's tumor in the right kidney, our patient presented acute respiratory distress associated with radiographically confirmed pleural effusion. With the initial diagnosis of pneumonia or malignant pleural effusion, a closed thoracotomy was performed. The liquid obtained suggested urine, which was confirmed by the laboratory. Cystoscopy with retrograde pyelography detected a fistula on the posterior wall of the right kidney.

Key Words: Pleural effusion, urinothorax, urological surgical procedures, Wilms tumor

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ELSEVIER

Infectio. 2015; 19(2):92-97



Infectio Asociación Colombiana de Infectología

www.elsevier.es/infectio



REVISIÓN

Flebitis asociada con accesos venosos periféricos en niños: revisión sistemática de la literatura



Elizabeth Gómez-Neva^a, Juan Gabriel Bayona^b y Diego Rosselli^{b,*}

^a Departamento de Enfermería, Hospital Universitario San Ignacio, Pontificia Universidad Javeriana, Bogotá, Colombia

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Multiple Sclerosis and Related Disorders 4 (2015) 345–349



Contents lists available at [ScienceDirect](#)

Multiple Sclerosis and Related Disorders

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Specificity and sensitivity of aquaporin 4 antibody detection tests in patients with neuromyelitis optica: A meta-analysis



Rafael Ruiz-Gaviria^a, Ivan Baracaldo^a, Camilo Castañeda^b, Alejandro Ruiz-Patiño^a,
Andres Acosta-Hernandez^b, Diego Rosselli^{b,*}

^a Medical student Pontificia Universidad Javeriana Medical School, Bogota, Colombia

^b Clinical Epidemiology and Biostatistics Department Pontificia Universidad Javeriana Medical School, Carrera 7 No. 40-62, Bogota, Colombia



1. **Rosselli D, Rueda JD, Díaz CE, Tarazona N. Eficacia y seguridad de la enoxaparina en remplazos articulares de cadera o rodilla: una revisión sistemática de la literatura. Rev Colomb Ortop Traum (en prensa).**
2. **Bravo A, Cabrera MC, Gómez LF, Pinto AD, Rosselli D. Consumo de tabaco en poblaciones estigmatizadas: Una revisión sistemática de la literatura. Rev Col Neumol (en prensa)**
3. **Rubio A, Orjuela D, Rascovsky M, Rosselli D. Hipertensión secundaria a paraganglioma: Presentación de un caso y revisión sistemática de la literatura. Iatreia (en prensa)**

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No sea original



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- No todo en la vida es *N Engl J Med*
- Busque quiénes publican artículos parecidos al suyo
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2	Critical Care Medicine	j	Q1 3,139	207	774	2.286	17.261	7.094	997	7,20	22,30	
3	Intensive Care Medicine	j	Q1 3,004	141	500	1.103	9.493	4.603	687	7,08	18,99	
4	Chest	j	Q1 2,636	218	669	2.047	14.776	9.119	1.296	7,56	22,09	
5	Clinical journal of the American Society of Nephrology : CJASN	j	Q1 2,269	85	297	1.006	9.917	4.496	853	4,62	33,39	



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4	Chest	j	Q1 2,636	218	669	2.047	14.776	9.119	1.296	7,56	22,09	
5	Clinical journal of the American Society of Nephrology : CJASN	j	Q1 2,269	85	297	1.006	9.917	4.496	853	4,62	33,39	
6	Critical Care	j	Q1 1,859	102	550	1.629	16.023	5.567	1.038	4,92	29,13	
7	Clinical Nutrition	j	Q1 1,425	84	296	492	5.526	1.833	420	4,44	18,67	
8	Annals of Intensive Care	j	Q1 1,312	15	22	122	938	442	122	3,02	42,64	
9	Journal of Trauma and Acute Care Surgery	j	Q1 1,282	133	483	2.228	11.799	4.739	1.758	2,64	24,43	
10	Current Opinion in Critical Care	j	Q1 1,139	64	105	310	4.906	898	285	2,87	46,72	
11	Neurocritical Care	j	Q1 1,136	44	199	452	7.210	1.228	420	2,60	36,23	
12	Shock	j	Q1 1,125	88	186	626	4.698	1.465	524	2,91	25,26	
13	Pediatric Critical Care Medicine	j	Q1 1,071	55	246	848	5.044	1.285	513	2,44	20,50	

La selección de la revista

50/70

26	Critical Care Research and Practice	j	Q2	0,566	9	24	115	824	220	109	2,02	34,33	
27	Anaesthesia and Intensive Care	j	Q2	0,543	45	166	649	2.299	554	357	1,35	13,85	
28	Anesthesiology Research and Practice	j	Q2	0,514	8	12	84	356	128	81	1,75	29,67	
29	Heart and Lung: Journal of Acute and Critical Care	j	Q2	0,423	50	126	329	3.199	364	256	1,33	25,39	
30	Journal of Child and Adolescent Trauma	j	Q2	0,364	7	26	72	1.124	60	66	0,55	43,23	
31	Renal Failure	j	Q2	0,356	38	293	716	8.147	774	685	1,15	27,81	
32	HERD	j	Q2	0,300	8	46	159	1.408	80	111	0,60	30,61	
33	Omega: Journal of Death and Dying	j	Q2	0,278	21	38	144	0	101	143	0,43	0,00	
34	Annals of Burns and Fire Disasters	j	Q2	0,268	6	37	115	909	76	109	0,68	24,57	
35	Indian Journal of Critical Care Medicine	j	Q2	0,262	14	236	244	3.628	175	170	0,88	15,37	
36	Medicina Intensiva	j	Q2	0,256	16	144	403	2.678	253	255	1,06	18,60	
37	Enfermería Intensiva	j	Q2	0,223	10	29	71	560	31	55	0,60	19,31	
38	Neonatal network : NN	j	Q2	0,221	27	34	187	667	83	152	0,60	19,62	
39	Revista Espanola de Anestesiología y Reanimación	j	Q2	0,219	15	193	485	2.698	158	305	0,53	13,98	
40	Tuberkuloz ve Toraks	j	Q2	0,204	12	54	203	1.201	74	173	0,41	22,24	
41	Acute Medicine	j	Q2	0,202	5	52	178	522	58	136	0,41	10,04	



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Exact phrase

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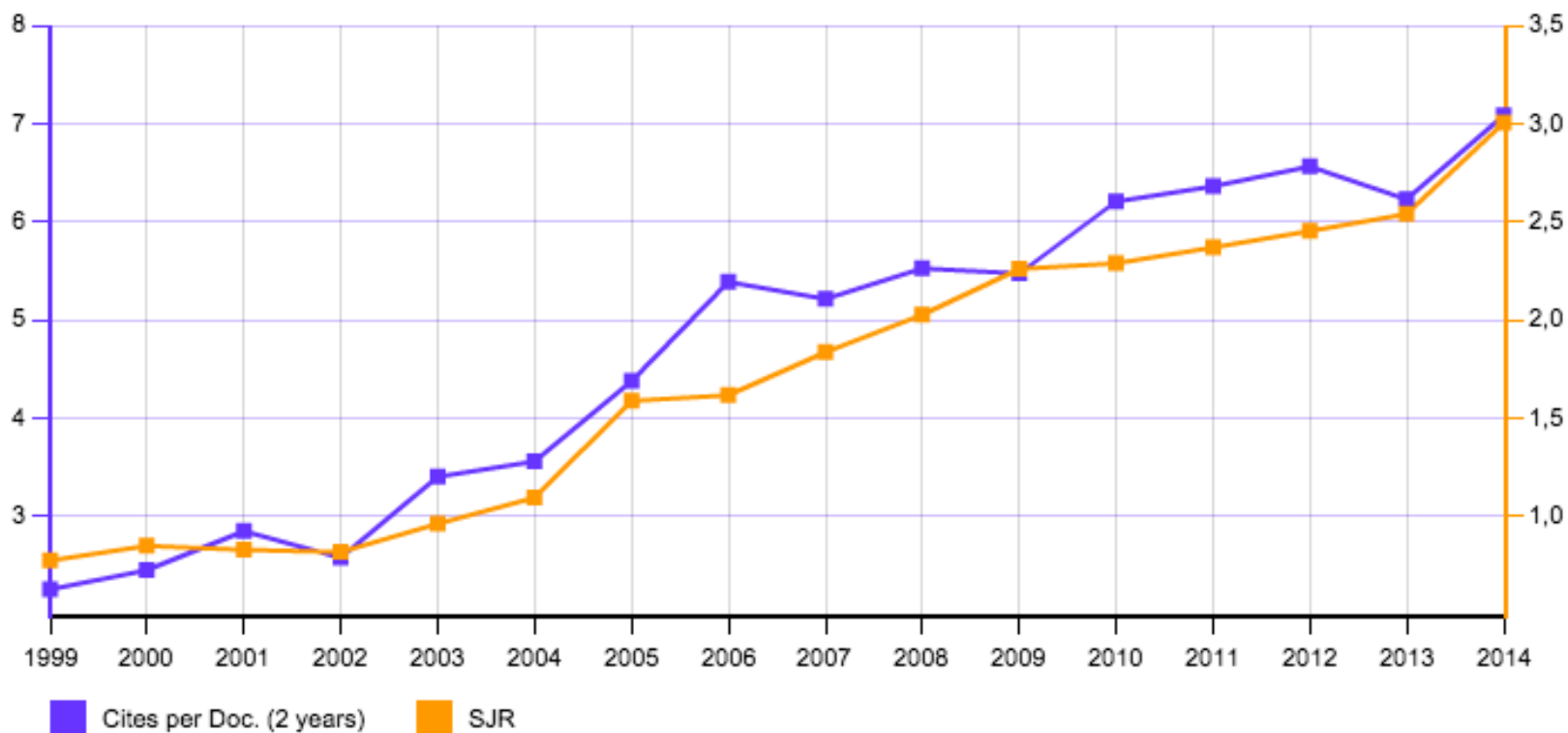
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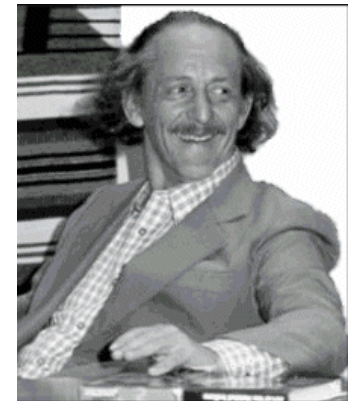


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Eugene Garfield



Brain	7,967
Ann Neurol	7,717
Neurology	5,678
Arch Neurol	4,684
J Neurol Neurosurg Psi	3,035
J Neurol	2,778
Neurosurgery	2,338
J Neurosurg	2,286
J Neurol Sci	2,140
Int J Neurosci	0,579



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- Los miembros del comité editorial pueden ser los revisores de su artículo.
- Cítelos.
- Pídale ayuda a alguno de ellos: sus aportes serán útiles y el agradecimiento, con su nombre, puede también ayudar.



El Título

Las tres características de un buen título:

- **Dice de qué se trata el escrito**
- **Es atractivo para el lector (y para el editor)**
- **Es corto**

Ecos de las cóncavas grutas del monte Carmelo y resonantes balidos tristes de las raqueles ovejas del aprisco de Elías Carmelitano.



El Título

- **El pulmón de oro**
- **Un caso de proliferación neumocítica alveolar pseudocarcinomatosa reversible debida a tratamiento intramuscular con aurotiomalato de sodio para artritis reumatoidea**

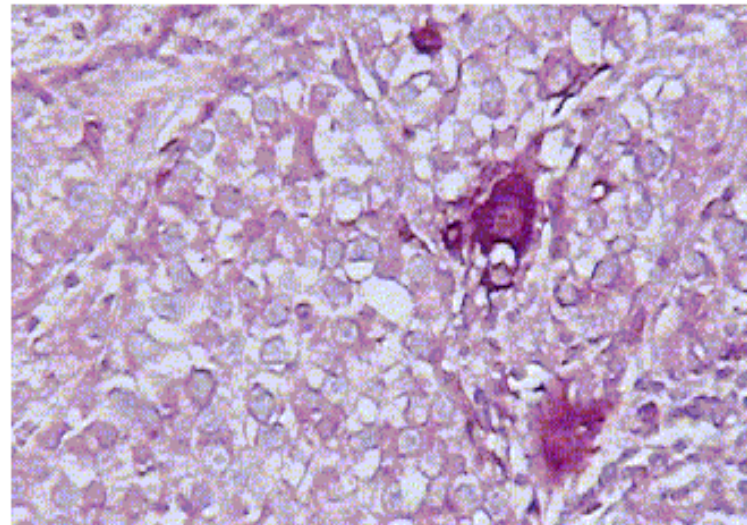
CASE REPORT

Case report

A toxic testicle

Tahseen A Chowdhury, Bruce M Tanchel,
Ramsamy S Jaganathan, Paul M Dodson

A 29-year-old man was seen in May, 1998, with a history of weight loss, diarrhoea, tremor, palpitations, and sweatiness. He had fine tremor, tachycardia, diffuse goitre, prominent eyes, and periorbital oedema. Thyroid function tests at another hospital showed thyroid stimulating hormone (TSH) less than 0.1 (0.5–4.5) mU/L. Free thyroxine (FT₄) was not measured. He was started on 20 mg carbimazole daily. Repeat biochemical tests before treatment had shown FT₄ 18.2 (normal 10.0–24.0) pmol/L, and TSH 1.1 (0.3–4.6) mU/L. Thyroid autoantibodies were weakly positive (microsomal 1/400, thyroglobulin 1/1600). Free triiodothyronine (FT₃) was low at 3.4 (4.2–7.1) pmol/L. Full blood count, biochemical profile, erythrocyte sedimentation rate, 24 h urine catecholamines, and 5-hydroxyindolacetic acid concentrations were all normal. There was no resolution of symptoms on carbimazole, and treatment was stopped. He remained symptomatic with ocular discomfort. Ophthalmological examination and magnetic resonance



Immunohistochemical stain of testicular mass for β HCG

There is positivity within seminoma cell cytoplasm and seminomatous giant cells (400 \times magnification).

of relapse. β HCG concentrations have returned to normal. 4 months after stopping therapy (February, 2000), he remains euthyroid.

This patient had β HCG-dependent thyrotoxicosis secondary to a testicular germ cell tumour. β HCG-dependent thyrotoxicosis occurs in pregnancy, in association with hyperemesis gravidarum. Thyrotoxicosis occurs because of crossreactivity of β HCG and TSH at the thyroid receptor. β HCG is biologically active in men, as

El Título

- **An epidemic of collective conversion and dissociation disorder in an indigenous group of Colombia: its relation to cultural change**
Social Science and Medicine
- **El Maleficio** *Hexágono Roche*



AN EPIDEMIC OF COLLECTIVE CONVERSION AND DISSOCIATION DISORDER IN AN INDIGENOUS GROUP OF COLOMBIA: ITS RELATION TO CULTURAL CHANGE

MARION PIÑEROS, DIEGO ROSSELLI* and CLAUDIA CALDERON†

Instituto Nacional de Salud, División de Investigación Social en Salud, Bogotá, Colombia and †Unidad de Epidemiología Clínica, Universidad Javeriana, Carrera 7 No. 40-62, Hospital de San Ignacio, Piso 2, Bogotá, Colombia

Abstract—We describe a collective episode of Colombia, geographically isolated from its nation. The condition, which affected three young adolescents, was designated a spell (*maleficio*). It was designated a traditional medical system; and as a conversion disorder. Different therapeutic approaches, including an herbal remedies were unsuccessful. Contact with the traditional medical system proved to be an effective way of dealing with the condition. The condition was related to psychosocial stress secondary to cultural change. Other specific culture-bound syndromes such as *triste* and *ataque de nervios* provide clues to ways of dealing with psychogenic episodes. All rights reserved

Key words—hysteria, conversion disorder, dissociation



MUJER EMBERA CON SU HIJO

El maleficio



La introducción

Tres maneras de empezar:

A. dando cátedra sobre el tema

La enfermedad de Chagas fue descrita en 1909 por Carlos Justiniano Ribeiro Chagas mientras él trabajaba como médico en la construcción de un ferrocarril en el nordeste de Brasil. Su agente etiológico, el *Trypanosoma cruzi*, es un endoparásito...



La introducción

B. mostrando la gravedad de la situación

En Colombia, según la OMS, podría haber 1.6 millones de personas afectadas por la enfermedad de Chagas mientras que otros 3.6 millones viven en zonas de alto riesgo.

C. citando la controversia actual

Una de las mayores dificultades para el diseño de una vacuna para la enfermedad de Chagas es que no se sabe cuáles de los antígenos presentes en el parásito participan en el desarrollo de la autoinmunidad que caracteriza la fase crónica de la enfermedad.



Referencias

¿Cuántas referencias? Mientras más, mejor. ¡NO!

Entre las formas de evaluación de la vía biliar la tendencia actual es tratar de resolver la duda diagnóstica durante el mismo procedimiento quirúrgico y en caso necesario, realizar el tratamiento simultáneamente, por eso se prefiere la Colangiografía Transcística intraoperatoria, introducida por Mirizzi desde 1932 [10, 12, 13, 16, 20, 23, 28, 29, 31, 33, 34, 36, 40, 42, 44-46]. Se ha descrito su exactitud diagnóstica entre 75-99% [43, 44], con falsos negativos de 0.1-19% [20, 21, 24-26, 30, 31, 36, 43, 44] y falsos positivos de 2-24% [21, 23, 24, 31, 42, 44].

Sin embargo, se debe ser consciente que existe un riesgo pequeño pero significativo de coledocolitiasis no sospechada, que oscila entre 0.3-14% [1, 2, 4, 7, 10, 12, 16, 17, 19, 20, 22-26, 28, 30, 31, 33, 35, 38, 42-44], aunque se asume que muchos de estos cálculos pequeños no sospechados vistos por Colangiografía pasan espontáneamente al duodeno sin causar problemas clínicos [24, 33, 35, 42, 43].

Referencias

- ¿Las 109 que encontró en Medline? ¿Las 47 que finalmente consiguió? ¿Las 18 que se leyó?
- No. Las 5 que dicen algo útil.
- No más de 20 en un artículo corriente.
- No más de tres referencias para apoyar un dato.
- Deben primar: referencias ampliamente reconocidas, fáciles de conseguir para los lectores interesados, actualizadas, globales y de autores colombianos.
- Evite el exceso de autorreferencias.

El artículo rechazado

“Perder es ganar un poco.”

Francisco Maturana

- **El lado positivo: los tipos que más saben de ese tema en el mundo ¡se leyeron su artículo! (y gratis)**
- **Los comentarios casi siempre traen sugerencias constructivas (*“I don't think this article makes any useful contribution”.*)**

- **No se deje arrastrar por la frustración.**
- **Haga caso de todas las sugerencias que le hayan hecho los revisores.**
- **Tenga de antemano preparado un “Plan B” (y vaya echándole cabeza al Plan C).**

- 1. En América Latina hay mucho por hacer.**
- 2. En investigación no se puede confiar en la “musa”. La búsqueda de ideas debe ser proactiva.**
- 3. Existen muchas opciones para publicar, el artículo científico es sólo una de ellas.**
- 4. Es necesario conocer las “reglas del juego” de las publicaciones; y jugar con ellas.**
- 5. Los temas éticos, que incluyen fraude, plagio y problemas de autoría, no se pueden tomar a la ligera.**

- 6. Saber seleccionar la revista tiene su arte.**
- 7. Nunca había habido tanta información al alcance de la mano. Es fácil perderse en ella.**
- 8. Redactar con claridad tiene más de artesanía que de arte. La destreza sólo se adquiere practicando.**
- 9. La revisión -- propia y ajena – requiere más tiempo y empeño que la misma escritura.**
- 10. Acepte botar parte de su esfuerzo a la basura.**



- 11. Para sobrevivir hay que saber aceptar la crítica.**
- 12. A un profesional de la salud no le debe bastar con ser buen técnico en su disciplina. Debe aprender, y saber comunicar lo que aprende.**
- 13. Escribir tiene su esfuerzo, pero tiene también sus gratificaciones.**

¡ Adelante !