

Editorial

Case reports – What is their value?

There are diverse opinions in the value of publishing case reports in scientific journals. For the last few years we have accepted one or two case reports in most of our issues. They have been selected on the basis of their value to the readership. Thus, if cases illustrate a very important clinical or scientific point, then hitherto they have been considered worthy of publication. Thus, reporting nutritional deficiency as a consequence of unsupervised diets for food allergy is an immensely important lesson for allergists (1). Furthermore, allergists need to be aware that anaphylaxis can occur in mite-allergic children when exposed to mite-containing wheat flour (2), and that goat's milk can have the same effect in cow's milk allergic infants (3).

However, the value of case reports to the journal in terms of enhancing its scientific reputation is very limited. Most academics are now very conscious of the impact factor of journals to which they submit their papers. This rating is based on the number of citations that articles receive. Case reports are very rarely cited and thus, in general, publishing such reports is likely to reduce the impact factor. This has led many editors to delete case report sections from their journals. The only other option which has been taken up by our sister journal *Allergy* is to have a separate section where short case reports are published which is therefore excluded from the impact rating. From my perspective *Allergy net* has been enormously useful to my clinical practice.

There are additional problems that can be raised by case reports and indeed our journal has faced such an issue recently. This relates to patient confidentiality and consent to publication. The World Medical Association Declaration of Helsinki has made it clear that publication of any personal information about a patient would normally require signed consent of the patient or their representatives. It is essential that reports should remove all patient-identifying details such that there is no opportunity for any reader to identify the patient. However, this might therefore also change

personal details of the patients which might detract from the scientific and clinical value of the presentation. There are exceptional circumstances where, if there is an overriding importance to public health, publication without consent of the patient or their representatives might be permitted. Clearly this is a valued judgment and most journals and editors will not take any risks in this respect. Anyone wishing to read more on this topic should refer to the BMJ Ethics Committee guidelines which were last revised in 2003. An editor's task in interpreting these guidelines is enormously difficult. It has been a disturbing experience to withdraw acceptance of a recent very worthy case report because confidentiality issues had been raised.

Over the last year our journal has received ever more submissions of case reports. The vast majority are rejected on the basis that they do not meet our required standards and with the increasing submission rate of excellent scientific manuscripts the demands on space dictate that we must now change our policies on case reports. We will of course publish those that have already been accepted. However, from this point onward, no further such manuscripts will be accepted. In their place we will be commencing an educational section. This will be edited by Philippe Eigenmann and Gideon Lack. They intend to use case reports as exemplars to illustrate educational programs on specific pediatric allergy topics. I hope this section will be valued by readers. It will commence in the second half of 2005. Thus, if you do have case reports that illustrate particularly important clinical points in pediatric allergology, then please contact the education section editors.

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