*A clinical case report should not exceed* ***3500 words****, including the abstract, main text, table titles and contents, figure captions, reference list, and translated sections.*

УДК 000.00:111.11

Original article / Оригинальная статья

**Title of the Case Report in English: A Case Report**

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**ABSTRACT** *The abstract should not exceed 150–300 words.*

**INTRODUCTION.** The introduction should briefly justify the need for public reporting of a particular clinical case (1–3 sentences).

**CASE DESCRIPTION.** This section should provide a concise report of the clinical case, including the key clinical findings, examination results, and other relevant parameters with their numerical values. The authors should report the results of medical interventions and/or patient outcomes (if available). The authors should specify the healthcare institution where the clinical case took place, the time when the case occurred, and the diagnostic and testing methods used (if applicable).

This section should not contain abbreviations.

**CONCLUSIONS.** This section should summarise the work undertaken. The conclusions should correspond to the aim and objectives of the study as closely as possible and describe the practical potential of the results obtained. The conclusions should be case specific; caution should be exercised when attempting to generalise these conclusions to large patient populations.

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**Keywords:** clinical event; medical intervention; medicinal product characteristics; patient demographics; case report

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EXAMPLES:

**Funding.** The study was performed without external funding.

or

**Funding.** The study reported in this publication was carried out as part of publicly funded research project No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and was supported by the Scientific Centre for Expert Evaluation of Medicinal Products (R&D reporting No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

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**Disclosure.** Elena V. Ivanova has been a member of the Editorial Board of *Biological Products. Prevention, Diagnosis, Treatment* since 2021. The other authors declare having no conflict of interest.

or

**Disclosure.** The authors work for Bacteriophage AO. However, when writing this paper, the authors were guided by considerations of the scientific value of the material obtained; the authors declare their impartiality in its assessment.

**Title of the case report in Russian: клинический случай**

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This section is for the abstract in Russian. When translating the abstract and keywords, the authors should adhere to industry-specific terminology. The authors should avoid transliterations, except for untranslatable proper names and names of instruments and other objects that do not have an exact equivalent in the target language. The abstract should be coherent and cohesive. In English, the active voice is generally preferred over the passive voice. For example, “The study tested the hypothesis” is preferable to “The hypothesis was tested in the study”. However, this preference does not apply to Russian texts. To ensure a clear and coherent presentation of their text, the authors may consider using such words and collocations as следовательно (consequently), более того (moreover), например (for example), преимущества данного исследования (benefits of this study), and в результате (as a result).

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**Ключевые слова:** clinical event; medical intervention; medicinal product characteristics; patient demographics; клинический случай

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**INTRODUCTION**

This type of publication should describe the development of unreported or rare adverse drug reactions (which should be substantiated by appropriate literature search and analysis). In the introduction, the authors should provide a brief description of the current state of research in the field that they would like to illustrate with their case report. The authors should explain the importance of reporting this clinical case or studying a common clinical situation.

The sources of all quotations should be clearly identified. All references to indexed sources (e.g. research papers and monographs) should be identified by consecutive Arabic numerals in square brackets (e.g. [1], [2–4]). Non-indexed sources should be referenced in footnotes (MS Word’s Insert/Footnote function).[[1]](#footnote-1) Non-indexed sources include but are not limited to theses and thesis summaries, educational and instructional materials, legal and regulatory documents (e.g. pharmacopoeia chapters and monographs), standards (e.g. GOSTs), guidelines and recommendations, websites, statistical documentation, scientific and technical documentation (e.g. R&D reports), etc. For further information on the format of footnotes and references, please see the Author Guidelines.

The introduction should not exceed 20% of the article.

**CASE REPORT**

This section should begin with the following:

• patient demographics (age, sex, ethnicity, etc.);

• date of the first contact with the patient (or an alternative time indicator);

• diagnosis at admission (if any);

• major complaints at admission (symptom localisation, severity, frequency, duration, etc.) relevant to the described clinical situation;

• patient history (perinatal information, family history, allergies, psychosocial history, dietary habits, environmental factors, unhealthy behaviours, familial predispositions, etc.) relevant to the clinical case;

• medical history (anamnesis) in chronological order, describing the onset and development of the disease, the comorbid conditions and diseases of the patient, and the performed medical interventions and their results.

The patient’s identity should be concealed by editing out their full name and digital, biometric, or other identifiers. To publish such information, the authors should supplement the manuscript with an informed consent form signed by the patient (or their legal representative) permitting disclosure of their personal information.

**Objective data.** This section should contain physical examination data (e.g. general examination, palpation, percussion, and auscultation findings), giving a fuller picture of the patient’s health at presentation to the physician in the described clinical situation. The authors are advised to provide only information relevant to the clinical case.

Study findings may be presented as tables *(Table 1)* or figures *(Fig. 1)*. For tables and figures, the titles, captions, contents, and notes should be provided in Russian and in English. All the abbreviations used in a table or figure should be written out in full in the note for that table or the caption for that figure, even if this has already been done elsewhere in the text. Tabulated data should not duplicate the information given in figures, and *vice versa*.

**Table 1.** Title of the table (even if there is only one table, it should be numbered)

**Таблица 1.** Название таблицы (если таблица одна, то она также нумеруется)

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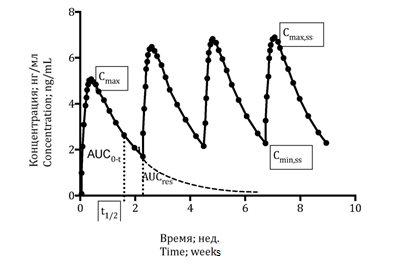
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*Примечание.* Если в таблице использовались сокращения, то следует привести их расшифровку в примечании к таблице; если в таблице использовались прочерки, необходимо пояснить, что они означают; «–» обозначает отсутствие сведений (неприменимо, не обнаружено и т.д.).

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The title and abbreviations for a figure should be provided in English and Russian and placed below the figure; no full stop at the end *(Figs 1–3)*.



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**Fig. 1.** Title of the figure in English. *AUC*0-∞ = *AUC*0-t (area under the measured curve) + *AUC*res (area under the extrapolated part of the curve)

**Рис. 1.** Название рисунка на русском языке. *AUC*0-∞ = *AUC*0-t (площадь под фактически определенной кривой) + *AUC*res (площадь под рассчитанной частью кривой)

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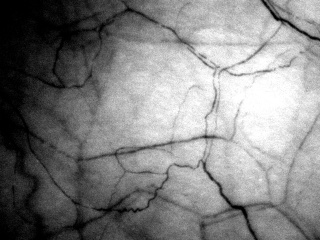
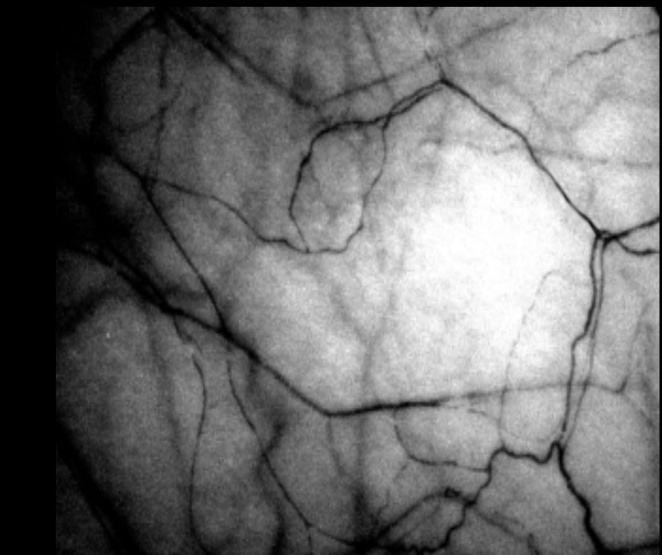
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**Fig. 2.** Title of the figure in English. Explanations to the figure

**Рис. 2.** Название рисунка на русском языке. Пояснения к рисунку

А В

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**Fig. 3.** Title of the figure in English. Explanations to the figure: A, before treatment (the arrow shows…); B, after treatment

**Рис. 3.** Название рисунка на русском языке. Пояснения к рисунку: А – до лечения (стрелка это …); В – после лечения

The authors should identify patterns in the study results rather than retell the contents of tables and figures.

**Tentative diagnosis.** This section should provide a tentative diagnosis statement, including information on the main diagnosis, complications, and comorbid conditions. If the clinical presentation is ambiguous, the tentative diagnosis should be supported by short arguments.

**Diagnostic tests.** The authors should describe relevant investigations, specialised medical consultations, the use of questionnaires of known diagnostic value, etc.This section should include the date (or other time identifier) of testing. The article should report negative findings of diagnostic tests. The authors are required to list the tests cancelled or postponed because of objective limitations (such as the patient’s health and financial, linguistic, cultural, or other limitations). The authors should reference sources that support and/or disprove their diagnostic hypotheses.

**Clinical diagnosis.** This section should provide a clinical diagnosis statement, including information on the main diagnosis, complications, and comorbid conditions.

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**Disease course and outcomes.**

This section should cover the development of the condition of interest after the first contact with the patient. Taking into account the time intervals, the authors should group or separate the available data, including disease outcomes registered by a healthcare provider or the patient; results of significant investigations (laboratory, instrumental, psychological, etc.); and results of treatment, preventive interventions, and consultations with specialists.

In this section, the authors should describe all adverse and unexpected events taking place during medical interventions and note possible relationships and implications.

**Prognosis.** The authors should provide a prognosis (if applicable) for the patient’s health, social adaptation, and life. The prognosis may be uncertain, with the consideration of multiple possibilities being one of the reasons for the uncertainty.

**Timeline.** This section should summarise and chronologically arrange the key events of the clinical case on a timeline.

**DISCUSSION**

This section should highlight the key features of the clinical case described. The authors should point out not only the positive aspects of patient management but also the shortcomings of the medical care provided. This section should present the results in light of possible pathogenesis mechanisms, data of observational and clinical studies, and recommendations by professional medical associations. A review of previously published case reports is an important element of this section.

All the articles that describe a non-conventional intervention should include a separate subsection on the experience and expertise of the healthcare institution where the clinical case took place.

If a manuscript describes first-in-human or off-label medical interventions, the interventions must be approved by an independent local ethics committee.

This section should contain recommendations and/or conclusions based on the described clinical case, including successes, errors, and limitations in the healthcare system. Particular attention should be paid to discussing alternative approaches to managing patients in similar clinical situations. Caution should be taken, however, when extrapolating the findings from one clinical case to large patient populations.

**CONCLUSION**

The content of this section should correspond to the aim of the study, briefly summarise the results, and explain their contribution to the solution of the research problem.

The section should present a conclusion on the clinical case and suggest possible ways to overcome the limitations and drawbacks of medical care that are presented and discussed in the manuscript. The conclusion should not repeat the text of the paper word for word. This section may be formatted as a numbered list of conclusions. In this case, its title should be changed to **CONCLUSIONS**.

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| **Authors’ contributions.** All the authors confirm that they meet the ICMJE criteria for authorship. The most significant contributions were as follows. ***E.V. Ivanova*** conceptualised the study, drafted the manuscript, formulated the conclusions, etc. ***M.A. Petrova*** worked with literature sources, etc. ***M.N. Smirnova*** carried out medical testing. ***V.G. Sidorov*** participated in formulating the conclusions and approved the final version of the manuscript for publication. | **Вклад авторов.** Все авторы подтверждают соответствие своего авторства критериям ICMJE. Наибольший вклад распределен следующим образом: ***Е.В. Иванова*** – концепция работы, написание текста рукописи, формулировка выводов, и др.; ***М.А. Петрова*** – работа с источниками литературы, и др.; ***М.Н. Смирнова*** –проведение обследования; ***В.Г. Сидоров* –** участие в формулировке выводов, утверждение окончательной версии рукописи для публикации. |
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**Acknowledgments.** The authors may use this section to thank others for their help with accessing databases, literature sources, etc. The authors may express gratitude to the colleagues who assisted in the study or provided critical feedback on the manuscript. However, the authors should first obtain permission from the people or institutions they would like to address.

EXAMPLES:

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