

A case for case reports

The number of case reports submitted for submission has been on the increase as a result of the requirement of the residents in obstetrics and gynecology to publish before completion of their training.

In the pyramid of evidence, case reports are at the bottom, the pinnacle being randomized clinical trials, systematic reviews and meta-analyses (1). This editorial aims to emphasize the benefits of case reports, and encourage those who write and read them. Questions in “research” almost always start with patient encounters thus written case reports are a source of inspiration for clinicians and scientists about newer research directions. Case reports have been described as the first line of evidence, where everything begins and can be traced back to approximately 1600 BC where papyrus records of ancient Egyptian medicine describe breast cancer as incurable tumors of the breast (2).

Case reports have provided significant advances in medicine e.g. description of melanoma by Hippocrates in fifth century B.C. and by Rufus in first century A.D., Thomas Hodgkin reports of 6 cases in 1832 of what is today Hodgkin’s lymphoma, Dennis Burkitt’s reports in 1957 of jaw tumors of what is today Burkitt’s lymphoma (2).

Randomized clinical trials are expensive, take years to conduct, and may encounter ethical problems, such as knowingly withholding treatment from a sample of patients (3). On the other hand, case reports can be published quickly, and be written by clinicians drawing from their experience and they may not have the resources to conduct large scale research. The

experience of these clinicians is valuable infrastructure on which medical knowledge can be built (3).

The question that arises is whether the medical community can learn from one case. The answer is that the medical community must learn from any case, especially those that are particularly unusual. These cases provide insight into the unusual riddles which clinicians encounter in everyday practice. This has been put across by Yitschaky *et al* (3) -Let us leave the “hierarchy” for the bureaucratic institutions and the “evidence” for the court-rooms, and use our imagination and intuition - which are well documented in interesting case reports - to help us better treat our patients.

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References

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