

Therapeutic challenge: invitation to write

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In our daily medical practice, we are often faced with situations that are hard to solve, with major dilemmas as to the best procedure or conduct, which challenge our experience and knowledge acquired throughout many years of practice. Such dilemmas should and must be shared to other colleagues in our specialty, aiming at a better evolution of our patients.

A very creative form of presenting reports of unusual situations is the traditional Therapeutic Challenge (TC) or Diagnostic Challenge in this Journal. Presentation is very similar to that of the case report, but it has a different focus. While the case report deals with rare cases, therapeutic innovations and unexpected courses,¹ the TC aims at presenting situations of conflict for diagnosis and/or therapeutic decision in which there is no consensus or there are many options that end up by creating a dilemma as to conduct decision or type of treatment. That type of situation is more frequent and easier to report, and for that reason it should be present in this Journal; some examples can be found in previous issues (see www.jvascbr.com.br). This editorial aims at encouraging our colleagues to exercise this type of presentation.

Thus, in the first part of a TC (Part I - Clinical case), the case should be presented similarly to what is recommended for case reports in this Journal,¹ including a thorough documentation of images and/or examinations, but without providing information about chosen conduct or treatment. By the end of case presentation, questions regarding options of additional diagnostic means and/or therapeutic conducts should be raised, preferentially based on adequate information from the medical literature or, in case there is not any, on personal experience.

In the second part (Part II - What was done?), the authors should explain their line of thought to solve the case, including additional examinations and chosen conduct. Step by step, all procedures (surgical or clinical) should be reported for case resolution. In situations of surgical treatment, details and images of the surgical procedure should be included, as well as postoperative course. In the follow-up, long-term recurrences or events should be reported, and examinations should be included to confirm efficiency and durability of chosen procedures. Tables showing progress of follow-up examinations are welcome.

Finally, the TC should be concluded with case conclusions. This chapter brings a brief discussion on

presented dilemmas, both for diagnosis and treatment, and on the possibilities raised by the pertinent literature, critically evaluating the advantages and limitations of each possibility. Peculiar aspects of the treatment and surgical or clinical findings can be presented, in order to alert readers to important expected or unexpected situations and to the means of preventing complications or failures. The TC should be ended with a message to readers about the objectives and importance of that case, as well as lessons learnt and how that presentation could be useful to avoid problems and obtain success in similar situations in daily practice. The list of references should be included in the end of the presentation, always trying to cite Brazilian or Latin American authors (search www.bireme.br, SciELO or LILACS indexes). It is also worth inserting key words to facilitate TC citation by other publications (see www.decs.bvs.br).

In our congresses, we have observed several examples of TC presented as panels or oral presentations, which are not transformed into articles for the J Vasc Bras. In addition to these cases, we are often approached by colleagues to discuss conducts and treatments in quite atypical situations that could perfectly become a TC. Important information regarding these cases is lost and inaccessible by our colleagues, when it could be widely disclosed by our journal. On the other hand, survival of our journal and its reason of being is exactly to present lessons learnt in practice with our dilemmas (and obviously with our research) to the community through written papers.

Growth and international consolidation of J Vasc Br is dependent on its index in MEDLINE. Only by dedicating some time to transform wide available material into a paper can we reach that objective. We urge our SBACV colleagues to contribute and participate in this evolution, writing their articles, reports and TC for our Journal.

Reference

1. Yoshida WB. [Redação do relato de caso](#). J Vasc Bras. 2007; 6: 112-3.