

## European Journal of Pediatric Surgery Reports Author Instructions

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- AUTHOR INFORMATION**
  - All authors: full name, degrees, department, affiliation, e-mail address
  - Corresponding author: mailing address, telephone number
- MANUSCRIPT FILE**
  - Must be digital - hard copy submissions are not accepted
- ABSTRACT AND KEYWORDS**
  - See the section Article Types for word limit
- GRAPHICAL ABSTRACT**
- NEW INSIGHTS AND THE IMPORTANCE FOR THE PEDIATRIC SURGEON**
  - In this box, which will appear on the front page of the manuscript, the authors should briefly summarize the results and the conclusions in one or (maximum) two sentences.
- REFERENCES**
  - Cited sequentially in AMA style
- FIGURES, VIDEOS AND TABLES**
  - Cited sequentially and included in the main document
- ART FILES**
  - Must be saved separately from the main document
- VIDEOS**
  - Original content with clear visibility and clarity of images
- PERMISSIONS**
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## MANUSCRIPT FORMAT

### Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

Article Type	Abstract Limit	Keywords Limit	Title Limit	Figures Limit
Case Report (2 to 3 pages)	Up to 250 words	3 to 5 keywords	Up to 80-85 characters	Up to 2 figures
Letter to the Editor	Not required	Not required	Up to 80-85 characters	No limit

### General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, abstract and keywords, graphical abstract, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- Each figure should be saved as its own separate file. Do not embed figures within the manuscript file.
- This requires special handling by Thieme’s Production Department.
- Inclusion of illustrative radiologic images or intraoperative pictures is highly appreciated.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in American English. Revision of the manuscript by a native speaker is mandatory.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.

## MANUSCRIPT FORMAT *continued*

### Title Page

- This journal adheres to a single-blinded peer-review policy. The title page should be included in the main document.
- The title page should list the article title and the corresponding author's full name, degree, title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degree, title, department, and affiliation of every co-author.

### Abstract and Keywords

See the section Article Types for word limits.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be words a reader would be likely to use in searching for the content of the article. As this is a journal of case reports the abstract should NOT contain subheadings like: "Introduction, methods, results, and conclusion".

### Graphical Abstract

We encourage you to include an graphical abstract along with your revision. Your graphical abstract should be a clear concise visual display of the most important aspects of the study. It should state the design (prospective, retrospective, RCT, case-control, etc.), include the number of patients, and the main finding, presented as a figure. The goal is for the reader to instantly grasp the main content of the study, so text and presented data should be kept to a minimum. Graphical abstracts enable readers to speedily identify papers most relevant to their own research – and help them to easily quote those papers in presentations. To create the graphical abstract, please use the template provided at: <https://www.thieme.de/de/ejps-reports/authors-37524.htm>

**Once you have completed the infographic in PowerPoint, please remove all other slides and upload it into your manuscript files (with the file name "Infographic")**

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- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
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- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.
- As this is a journal of case reports the abstract should NOT contain subheadings like: "Introduction, methods, results, and conclusion". Instead the manuscript should contain the following subheadings: "Introduction", "case report", "discussion which closes with a conclusion".

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### **Acknowledgments**

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments.

### **Conflict of Interest**

All authors (including corresponding and co-authors associated with the manuscript) must make a formal statement at the time of submission indicating any potential conflict of interest that might constitute an embarrassment to any of the authors if it were not to be declared and were to emerge after publication. Such conflicts might include, but are not limited to, shareholding in or receipt of a grant or consultancy fee from a company whose product features in the submitted manuscript or which manufactures a competing product. Should the article be accepted for publication, this information will be published with the paper. Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

This journal follows the guidelines of the [International Committee of Medical Journal Editors](#) and an [ICMJE disclosure of potential conflicts of interest \(COI\) form](#) must be submitted for each author at the time of manuscript submission. Forms must be submitted even if there is no conflict of interest. It is the responsibility of the corresponding author to ensure that all authors adhere to this policy prior to submission.

A conflict of interest statement must also be included in the manuscript after any "Acknowledgements" and "Funding" sections and should summarize all aspects of any conflicts of interest included on the ICMJE form. If there is no conflict of interest, authors must include 'Conflict of Interest: none declared'.

Please click <http://www.icmje.org/conflicts-of-interest> to download a Conflict of Interest form. The disclosure information is important in article processing. If the provided forms are incomplete or missing, it can cause delays in publishing of article.

## References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: [www.nlm.nih.gov](http://www.nlm.nih.gov); Books in Print: [www.booksinprint.com](http://www.booksinprint.com); PubMed: [www.ncbi.nlm.nih.gov/PubMed/](http://www.ncbi.nlm.nih.gov/PubMed/); or individual publisher Web sites.

- Preferred references should be journal articles that everyone can access via online databases (such as pubmed.com) and preferably not chapters in a book.
  - References must be listed in AMA style, using Index Medicus journal title abbreviations.
  - References follow the article text. Insert a page break between the end of text and the start of references.
  - References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
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  7. Citing a symposium article:  
Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC

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- For radiologic images make sure that all personal data (e.g. patients name, date of birth, study date) are removed from the image.
- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
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### **Tables**

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, "Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357." ("Data from . . ." or "Adapted from . . ." may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.
- If required, author will obtained the copyright permission from the publishers concerned and provide copies of the formal letters of permission.

### **Videos**

#### **Video Case Reports**

We encourage the submission of video cases that exemplify interesting surgical cases in childhood. Emphasis should be placed on reports that have a high recognition factor and that cannot easily be identified from written description only.

Videos should be presented accompanied with an abstract (word count max. 200), two illustrative images and a single video. References should be limited to a maximum of 5.

An informed consent letter signed by parents and children (if applicable) is a prerequisite. Besides originality, there are no restrictions on content or type of graphic presentation. This format undergoes a formal review procedure and is accounted for as a scientific contribution.

Videos should be up to 5 minutes in length. QuickTime or AVI formats are acceptable. Authors who want their videos accessible in a streaming format must also provide either a single Sure-Stream file or 3 uniquely named single-rate clips (28.8, 56, T1) with a SMIL file to list the bandwidth choices. Video clips must meet production quality standards without modifications or editing by the Editorial Office. Authors will be notified if there are any problems with submitted files and asked to resubmit modified files. Each segment should be appropriately labeled and have transitions between video clips.

- The preferred format for video submissions is MPEG-1.
- Please include a descriptive legend at the end of your main document, which will be published together with a link to your video.

### **Authorship**

We believe it is important to document the adequate participation of all authors. We request no more than 6 authors be included.

Please ensure that authorship is decided before the submission of the article. Any quick changes at the time of revision will not be accepted.



## DIGITAL ARTWORK PREPARATION

### General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
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- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

### Color Art

- All color artwork should be saved in CMYK, not RGB.

### Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

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During the submission process, you will be prompted to confirm that you accept to pay the APC if your manuscript should be chosen for publication. Please refer to the first page of this document for the exact pricing. You will be billed based on the year in which you submitted your manuscript, but you will not receive the bill until and unless your manuscript has been accepted for publication.

### Submission Procedure

- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
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- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system. The Editor in Chief will inform you via email once a decision has been made.

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European Journal of Pediatric Surgery Reports encourages the submission of manuscripts that have been deposited in an initial draft version in preprint repositories such as Research Square, arXiv, and medRxiv. Drafts of short conference abstracts or degree theses posted on the website of the degree-granting institution, and draft manuscripts deposited on authors' or institutional websites are also welcome. All other prior publication is forbidden.

During submission, authors should (1) note use of the preprint repository in the cover letter, (2) state what adjustments and/or updates the draft has undergone between deposition and submission and (3) cite the preprint, including the DOI, as a reference in the manuscript.

After submission to the journal, and until a final decision has been made, authors are discouraged from depositing versions of their manuscript as preprints. Upon publication authors should add a link from the preprint to the published article. Twelve months after publication, authors can update the preprint with the accepted manuscript.

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- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- Log In to the submission system and find your article, which will be marked for revision.
- The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
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1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
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For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

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