

INSTRUCTIONS TO AUTHORS

General Requirements

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Conflicts of interests should be specially detailed (please consult for a more complete disclosure, in <http://www.icmje.org>).

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The journal sections include: **Original Articles (full articles and Short Communications), Special Articles, Case Reports, Clinicopathological Conferences, Images in Medicine, Editorials, Letters to the Editor, Book Reviews, and Diagnostics and Therapy.** The latter deals with drug therapy, new formulations, methods or applications of recent clinical developments. It offers to companies and enterprises a way to disseminate, with their authorship or sponsorship, data or research of interest to the medical community. Its characteristics are detailed separately (in Spanish).

Original Articles will have a maximum extension of 4000 words. **Special Articles**, advances in medicine (updates, reviews) will have a maximum extension of 7000 words and no more than 100 references. Systematic reviews are generally structured in the same way as the original articles, and should also include a section describing the methodology used for the search (databases, periods, etc.), reasons and selection criteria for the reviewed material. There are special guidelines for different study designs, e.g. PRISMA for systematic reviews and meta-analyses

(<http://prisma-statement.org/>), EQUATOR Network (www.equator-network.org/home/) or NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html). Special or review articles requested by the Editorial Board will have less extension and less bibliographical references than those indicated above.

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Full articles should contain the following sections: *Cover page* (see below), *Introduction* (without any heading), *Materials and methods*, *Results*, and *Discussion*. An Abstract written both in English and Spanish will be included preceded by the corresponding title. The Abstracts will follow the title page, will not exceed 250 words each, and will avoid referring to tables and figures. Three to six key words in English and in Spanish should be added after the corresponding abstract, preferably selected from Index Medicus (Medical Subject Headings, MeSH). In the **Introduction**, the purposes of the article are stated, and the rationale for the study is summarized. Do not include data or conclusions from the work being reported. **Materials and methods** include a description of (a) selection of the studied subjects, and their characteristics; (b) methods and procedures (in clinical trials, complete information on all major elements of the protocol will be included, e.g., study population, intervention or exposures, outcomes, rationale for statistical analysis); (c) ethical standards and guidelines followed will be indicated; (d) Statistical methods will be described. Results should be presented in logical sequence. Data presented in **tables** or **figures** should not be repeated in the text. In **Discussion**, new and important aspects of the study are discussed and the conclusions arrived at. Do not repeat in detail data or other material already given in previous sections. Avoid claiming priority and referring to work that has not been completed.

When appropriate, **acknowledgements** will be added, before the references section, in which technical help, financial support, and contributions that do not justify authorship may be listed. Any **Conflict of interests** should be declared. **References** should be limited to those papers directly related to the article, and numbered consecutively. All authors will be included if they are six or less; if more than six, the third one will be followed by, "et al" (et alia: and others). The titles of journals should be abbreviated according to the style used in Index Medicus (also available in <http://www.nlm.nih.gov>). Use superscript numerals for references in the text. List the **References** for journals, books and book chapters, and Internet sites, according to the following examples.

1. Van Klaveren RJ, Oudkrek M, Prokop M, et al. Management of lung nodules detected by volume CT scanning. *N Engl J Med* 2009; 361: 2221-9.
2. World Health Organization. Global tuberculosis control: surveillance, planning, financing. WHO report 2005. [W HO/ htm/tb/2005.349](http://www.who.int/tb/2005.349). Geneva: World Health Organization, 2005.
3. Philips DJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, eds. Hypertension: pathophysiology, diagnosis, and management, 2nd ed. New York: Raven Press, 1995, p 465-78.
4. Helman A. Air pressure and Mount McKinley. In: http://www.cohp.org/ak/notes/pressure_altitude_simplified_II.html; accessed October 2009.

Personal communications are cited in the text. **Tables** should not repeat information already mentioned in the text, and should be typed on separate pages, with a brief but explicit title, and numbered consecutively (Arabic numbers). They should be indispensable and self-explanatory. Do not use internal horizontal or vertical rules. Place explanatory matter in footnotes, not in the heading. **Figures** must allow for adequate reproduction and must be numbered and identified on a separate page in the text, followed by an explanatory legend. The explanatory legends shall be written on a separate page. The symbols, arrows or letters eventually used must contrast properly against the background. In cases where the authors submit Figures in color, these will be published in black and white in the printed Journal, and in color in *www.medicinabuenaosaires.com*.

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Manuscripts should be presented using Microsoft Word (Excel, Power Point, or other graphic software for the illustrations) on white paper (letter or A4), with margins of at least 25 mm, on only one side of the paper, double spacing, in letter font type Times New Roman 12, Arial 12, or other of a similar size. Pages must be consecutively numbered starting with the title page. Units of measurement: metric units should be used, with decimal points. Abbreviations and Symbols: only standard abbreviations will be used avoiding them in title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. Each manuscript received is submitted to a critical assessment by experts, members and not members of the Editorial Committee. After this review, the responsible author is notified of the acceptance (with or without corrections and changes) or of the rejection of the manuscript. In the corrected version, that the authors send for a second revision, the corrections or changes introduced must appear in another color or highlighted, in order to facilitate the control by the reviewers. The Editorial Committee also reserves the right to introduce, with the author's knowledge, all editorial changes required by grammatical norms, the style of the journal and the needs for its assembly.

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