

INSTRUCTIONS FOR AUTHORS

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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). All articles can be written in Spanish or English.

Original Articles will have a maximum length of 4000 words, the first page will be the cover (see Guide model), an **Abstract (Resumen) in Spanish** (which will have a title in that language if the work is presented in English) and another **Abstract in English** (which will have a title in that language if the work is presented in Spanish), Introduction (which will not have a title), **Materials and methods, Results, Discussion and Key points.** The Results will be presented in a logical sequence. Do not repeat in the text the information presented in **Tables or Figures.** The Discussion will highlight the new and important aspects of the study, the conclusions and their relation to the objectives that appear in the Introduction. Do not repeat information that already appears in other sections of the work. Avoid priority statements and references to works not yet completed. The **Key Points** will concisely communicate the core message of the study. **Conflicts of Interest** must be declared. The **Bibliography** will be limited to those articles directly related to the work. **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 fewer bibliographical references than those indicated above.

Brief Communications correspond to preliminary results that, due to their interest, justify an early dissemination. The manuscript cannot exceed 2500 words. The division into sections will be dispensed with, although the usual sequence will be maintained, with up to 15 references and no more than two Tables or two Figures (or one Table and one Figure). The publication of Brief Communications will be completed in the shortest possible time. They will always include Abstract and *Resumen* in Spanish. **Case Reports** (up to two cases) and **Case Series** (three to nine) will be accepted on the basis of their clinical interest. They should have the following sections: Introduction, Case/s Report, and Discussion. The manuscript should not exceed 1500 words (Case Reports) or 2000 (Case Series) including up to 2 tables or figures and no more than 15 references. Table/s should contain relevant information about the observations. An **Abstract** in English and another one in Spanish will be always included. **Images in Medicine** may be radiographs, ECG, angiographs, images acquired from endoscopy, ultrasound, tomography, magnetic resonance imaging, optical or electronic microscopy, etc. Ideal are those, not exceptional or unique, but illustrative, striking, that teach and speak for themselves, relate different techniques, with a text of up to 200 words, fewer words more space for the figures. Clear images, in JPEG or TIFF format, definition of at least 400 dpi, sent separately from the text. Only adjustments in brightness, contrast and color applied to the entire image are allowed, as long as they do not alter the original image information. Include indicator arrows if necessary. **Letters to the Editor** should refer to editorial comments, preferably of articles published in MEDICINA. They should not exceed 1200 words including up to 10 references and one Table or Figure. The opportunity and the eventual characteristics of the **Editorials, Occasional Articles,** as well as the section **Diagnostic and Therapy** remains a prerogative of the Editorial Board. **Supplements** are collections of papers that deal with related issues or topics, are published as a separate issue of the journal, and funded by sources other than the journal's publisher.

English and Spanish are equally suitable for Original, Special, Occasional articles, Case Reports, Case Series, Brief Communications and Editorials. Letters to the Editor, if presented in English, must be accompanied by the Spanish version, to be published in both languages.

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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. Only when the article is presented in English, the Abstract in Spanish can have a maximum of 300 words. 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 a logical sequence. Data presented in **tables** or **figures** should not be repeated in the text. In **Discussion**, new and important aspects of the study should be discussed and the conclusions clearly stated. 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.

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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/hq/htm/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.

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