

INSTRUCTIONS FOR AUTHORS (Updated June 2023)

General Requirements

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For the preparation of manuscripts, the requirements of the International Committee of Medical Journal Editors (ICMJE) available at <http://www.icmje.org>, are followed. MEDICINA is distributed under a Creative Commons Attribution 4.0 International (CC BY 4.0) license, and is also preserved by CLOCKSS ARCHIVE through SciELO.

Authors are strongly encouraged to use appropriate reporting guidelines when preparing and submitting manuscripts, to maximize transparency and reproducibility. We particularly encourage the use of: CONSORT for randomized controlled trials (CONSORT extension); TREND for non-randomized trials, PRISMA for systematic review and meta-analyses, CARE for case reports, STROBE for observational studies, STREGA for genetic association studies, SRQR for qualitative studies, STARD for diagnostic accuracy studies, and ARRIVE for animal experiments.

We also strongly recommend consulting the web portal EQUATOR (Enhancing the QUALity and Transparency Of health Research) network. It is an international initiative that aims to improve the reliability and value of published health research literature by promoting transparent and accurate reporting and wider use of robust reporting guidelines.

Submission of a manuscript to MEDICINA is regarded as a tacit declaration that the same material has not been submitted or accepted for publication elsewhere. In the guidelines for the preparation of manuscripts, MEDICINA follows the requirements of the International Committee of Medical Journal Editors (ICMJE) in the most recent version available in <http://www.icmje.org/recommendations/>.

Authorship. Only those who participated directly in the research or the drafting of the article, and are therefore in a position to assume public responsibility for its contents, should be listed as authors. The standards for authorship are extensively explained in:

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

The corresponding author is the one that appears in a footnote, with his/her postal address, and assumes the primary responsibility of the communication with the journal in the presentation of the manuscript, peer review and publication process.

Conflicts of interest. Must be especially detailed and complete. At the end of the text, under the subtitle *Conflicts of Interest*, all authors must declare financial information and relationships with other people or organizations that could influence their work. Examples of conflicts include: employment, consulting, share ownership, fees, paid expert testimony, patents or patent applications, and travel scholarships, all within three years prior to the submission of the paper. If there is no conflict of interest, the authors must declare that there is not. ICMJE Form for Disclosure of Potential Conflicts of Interest can be found at: <http://icmje.org/disclosure-of-interest/>

Ethical disclosures. In studies carried out on human beings, it is essential to indicate whether the procedures followed complied with the ethical standards of the human experimentation committee responsible (institutional or regional), and were in accordance with the World Medical Association and the Declaration of Helsinki.

Informed consent. In articles or reports it should always be mentioned that the procedures used in patients and controls have been performed after obtaining informed consent. If photographs or patient data are reproduced, the authors are responsible for obtaining written consent, authorizing their publication, reproduction and disclosure in print and online. When animal experiments are described, it is essential to indicate whether these have been carried out in accordance with the standards of an international research institution or council, or with a national law regulating the care and use of laboratory animals.

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Acceptable secondary publication. Secondary publication of already published material may be justifiable when important information is disseminated to the widest possible audience (for example, guidelines produced by government agencies and professional associations in the same or a different language), with the corresponding clarification of origin. Manuscripts must be original and not published or submitted for publication elsewhere, except in the form of an abstract, a letter or as an electronic preprint. Authors must include in the cover letter the details concerning these previous publications. (For overlapping publications, follow the guidelines given at <http://www.icmje.org/recommendations/>, section III.D, p 9).

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Journal Sections

The journal sections include: **Original Articles (full articles and preliminary communications), Special Articles, Case Reports, Case series, Images in Medicine, Editorials, Occasional Articles, Comments, Diagnostic and Therapy, Letters, Supplements, Clinical Practice Guidelines and Consensus and Recommendations.** The Clinical Practice Guidelines can deal 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](#) in Spanish), 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), an **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 ap-

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.

Preliminary 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 Preliminary Communications will be completed in the shortest possible time. They will always include Abstract and *Resumen* in Spanish.

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. Special or review articles prepared at the request of the Editorial Board, will be shorter and with fewer bibliographical references than those indicated above.

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.

The opportunity and the eventual characteristics of the **Editorials**, **Occasional Articles** and **Comments**, as well as the section **Diagnostic and Therapy** remains a prerogative of the Editorial Board.

Letters 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.

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.

Clinical practice guidelines, Consensus and Recommendations. They will have a maximum length of 7000 words and no more than 100 references. They will be structured in the same way as the special articles and must include (a) clear recommendations regarding which patients, intervention, alternatives and actions are proposed; (b) the strength and direction of the recommendations; (c) the methods of systematic review of the evidence used; (d) all outcomes important to patients, (e) magnitude of effect and relative importance of results for each recommendation; (f) all factors relevant to formulating each recommendation and (g) conflicts of interest in the influence of their judgments of the guideline recommendations. Ref: Catalano HC, De Vito EL. *Medicina (B Aires)* 2021; 81: 659-62.

Language editing: MEDICINA encourages the submission of articles in English, or simultaneously in English and Spanish, in order to reach a broader readership.

Artificial intelligence (AI)-based language editors: You can use a free AI-based language editing tools like [Writefull](#), [QuilBot](#), [DeepL traslator](#) and others at the time of submission. These programs scan your manuscript and make suggestions for improving the quality of your writing. The tool uses machine learning trained on millions of published academic articles and suggests improvements in grammar, spelling, and academic language.

Clinical trials reporting AI interventions must be described according to the [CONSORT-AI extension guidelines](#) and their protocols must be described according to the [clinical-trials.ai | CONSORT-AI](#).

Manuscript sections

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](#)).

Key points. The *Key points* box of MEDICINA concisely provides readers with the central message of the study. It is advisable to incorporate it in the *Original* or *Special Articles*. Include your *Key points* text, written in the language in which the article is presented, at the end of your main text file (after *References* and figure legends, if any). In general, they have two main components: **Current knowledge**, and **Contribution of the article to current knowledge**. **Current knowledge** (no more than 50 words): It is about previous knowledge, in 2-4 declarative sentences that summarize the current understanding of the subject. **Contribution of the article to current knowledge** (no more than 50 words): It deals with the article in question, in 2-4 declarative sentences that summarize the final message of this study. Provide only information backed by data. Describe the main points and findings and the conclusions, if any. DO NOT overstate the importance of your results or suggest further research, such as that the subject “requires further study” or “remains to be elucidated.” DO NOT speculate. The objective of *Key points* is to make a quick reading and encourage others to cite your article based on these POINTS. The editors reserve the right to edit the *Key points* boxes to maximize accuracy, clarity and brevity.

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.

The Abstract of the original articles will be structured, and will consist of the following sections: **Introduction** (what is the problem?): From 1 to 3 sentences, with specific information (**Background**, what is known) and the problem that enables or justifies the study. An objective or hypothesis can be formulated (if it is consistent with the study). **Materials and methods** (How was it studied?): Study design, its duration, groups or classification of the studied subjects. **Results** (What was found?): Include the most relevant numbers, primary results with statistical significance. This item is non-evaluative, it is informative. **Discussion**: What do these findings mean? One to three sentences in interpretive terms, what do the results mean, omit numbers and statistics. If this guideline is met, and there is space, the authors’ perspective / opinion (or **conclusions**) on the theoretical or practical implications of the results can be included.

Graphical abstract: In order to improve the online dissemination of the article, the journal encourages the inclusion of a graphic summary (optional) to capture the attention of a large number of readers. For this, the

authors must design an image that clearly represents the work, easy to read (from top to bottom and from left to right), minimizing distracting elements and blank spaces. A graphic summary is a visual equivalent of an article summary. Its content is displayed in a single image to get a quickly overview of the research article. In it, the purpose and results of the research carried out are valued. For more information and examples: https://en.wikipedia.org/wiki/Graphical_abstract. Graphical abstracts should be submitted as a separate file via online submission system. Please provide an image with a minimum of 531 × 1328 pixels (h × w) more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. TIFF, JPEG, PDF or MS Office files are acceptable formats. **Please see the PowerPoint templates in our website (under Instructions for authors).**

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.

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

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*. 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. Ozimek JA, Kilpatrick SJ. Maternal mortality in the twenty first Century. *Obstet Gynecol Clin North Am* 2018; 45: 175-86.
2. 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.
3. Maglio I, Valdez P, Cámara L, et al. [Ethical guides, criteria for admission in intensive care, palliative care. Multi-society recommendations for allocation of resources during the COVID-19 pandemic] *Medicina (B Aires)* 2020; 80 Suppl 3: 45-64.
4. Liu R-L. Passage-Based Bibliographic Coupling: An inter-article similarity measure for biomedical articles. *PLoS ONE* 2015; 10: e0139245. Or: Liu R-L. Passage-Based Bibliographic Coupling: An inter-article similarity measure for biomedical articles. *PLoS ONE* 2015. doi: 10.1371/journal.pone.0139245.
5. Barnabas RV, Garnett GP. The potential public health impact of vaccines against human papillomavirus. In: Prendiville W, Davies P. *The clinical handbook of human papillomavirus*. Lancaster, United Kingdom: Parthenon Publishing/Parthenon Medical Communications, 2004.
6. 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.
7. World Health Organization. Global tuberculosis report 2021. In: <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2021>; accessed October 2021.

Personal communications are cited in the text.

References should be cited in the text by sequential numbers in superscript:

This sentence cites one reference¹.

This sentence cites two references^{1,2}.

This sentence cites four references¹⁻⁴.

Tables 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. If symbols, arrows or letters are used, these must contrast properly against the background

Presentation video

The characteristics of this form of presentation (optional), which summarizes the main results of an original article or a special one, are detailed in our website (*under Instructions for authors*)

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 non-members of the Editorial Committee. After revision, the corresponding author is notified of the acceptance (with or without corrections and changes) or rejection of the manuscript. In the corrected version, which 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.

Artificial intelligence assisted technology

MEDICINA adheres to the [ICMJE recommendations](https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html) (<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>) regarding the use of artificial *intelligence-assisted technology*, such as massive language models [large language models], chatbots or image creators, in the submitted material. Chatbots (such as ChatGPT) should not be listed as authors because they cannot fulfill authorship requirements. The use of aforementioned technologies must be disclosed both in the cover letter and in the main text. The authors will be responsible for their rational and ethical maneuver as well as the integrity and originality of the content obtained of such tools.

Submission of manuscripts. The complete manuscript, text and tables in Word, and figures in an appropriate format (see above) will be sent (in separate files) to the OJS platform at the following link: <http://rev.medicinabuenosaires.com/index.php/journal/login>.

The first page must contain: (a) the title (informative but short); (b) the complete name of the authors and affiliations; (c) a running title for page heading, and (d) the complete postal address of the corresponding author, including e-mail address. A scanned copy of a covering letter must be included, signed by all authors, stating that the contents of the article have not been published elsewhere, and indicating the journal section in which the article should appear.

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In the corrected version, which the authors send for second review, the corrections or changes introduced should be shown in a different color or highlighted, in order to facilitate the reviewers' control. The Editorial Committee also reserves the right to introduce, with the knowledge of the authors, all editorial changes required by grammatical rules, the style of the journal and page layout needs.