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MEDICINA has no commercial purposes. The aim of its creation has been to promote the advancement of medicine in Argentina. The benefits that could be obtained will be applied exclusively to this end. The journal accepts original and unpublished articles on clinical or experimental medicine. Articles already published in scientific societies may be accepted.

Its editorial scope focuses on the publication of original articles on basic, clinical, epidemiological or health services research, reviews, updates, study protocols and statistical plans, case reports of interest in the field of internal medicine and related specialties, with an emphasis on prevalent diseases in Argentina and Latin America.

In more detail:

✓ **Topics:** infectious, respiratory, cardiovascular, metabolic, neurological, oncological, immunological, and other internal medicine topics; also relevant translational studies.

✓ **Audience:** Clinicians, specialists, biomedical researchers, and healthcare professionals interested in up-to-date knowledge contextualized to the regional healthcare situation.

✓ **Objective:** To promote the dissemination of scientific knowledge that contributes to improving medical care, with special attention to evidence-based clinical practice and the health needs of Latin America.

The journal is indexed in MEDLINE (PubMed), ISI-THOMSON REUTERS (Web of Science – Master Journal List, Journal Citation Report, Biological Abstract, Biosis, Science Citation Index, Science Citation Index Expanded, Current Contents – Life Sciences), CABI (Global Health), ELSEVIER (Scopus, Embase, Excerpta Medica), SciELO, LATINDEX (Latin American Index of Serial Scientific Publications), BVS – LILACS (Virtual Health Library – Latin American and Caribbean Literature in Health Sciences), DOAJ (Directory of Open Access Journals), Google Scholar and Google Books

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Regulations for publications in *Medicina (B Aires)*

Subjects index

A. GENERAL REQUIREMENTS

1. Authorship
2. Conflict of interest
3. Ethical disclosures
4. Informed consent
5. Plagiarism detection
6. Duplicate and prior publication
7. Acceptable secondary publication
8. Ownership and reproduction rights

B. JOURNAL SECTIONS

1. Original Articles
2. Preliminary Communications
3. Case Reports and Case series
4. Special Articles
5. Images in Medicine
6. Letters to the Editor
7. Editorials, Comments, Occasional Articles, Diagnosis and Therapeutic
8. Supplements
9. Clinical Practice Guidelines, Consensus Statements, and Recommendations, Diagnosis and Therapeutics
10. Study protocols and statistic plans
11. Language editing

C. PRESENTATION OF THE MANUSCRIPT

1. Cover
2. Abstract (in English and Spanish) and graphical abstract (optional)
3. Introduction
4. Materials and methods
5. Results
6. Discussion
7. Acknowledgments
8. Conflicts of interest
9. References
10. In-text citations
11. Tables
12. Figures
13. Units of Measurement. Abbreviations. Acronyms and symbols. Drugs names. Formulations. Statistical methods.
14. Key points
15. Video presentation
16. Language editors based on artificial intelligence (AI)
17. Submission of the manuscript
18. Authors' Letter

D. PEER REVIEW

A. GENERAL REQUIREMENTS

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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.

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1. 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.

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4. 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.

5. Plagiarism detection. Manuscripts are checked for plagiarism. Online services can be used: CrossRef, Article Checker, Scribbr Plagiarism Checker, Grammarly Plagiarism Checker, and apply the COPE algorithm flowcharts to decide on manuscripts suspected of plagiarism.

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B. 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**, **Study protocols and statistic plans**, **Clinical Practice Guidelines and Consensus and Recommendations**. The Clinical Practice Guidelines can deal with drug therapy, new formulations, and/or 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 and/or English.

1. 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 appears in other sections of the work. Avoid priority statements and references to works not yet completed or published. 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.

2. 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. An **Abstract** in English and another one in Spanish will be always included.

3. 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.

4. 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.

5. 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.

6. 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.

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

8. Supplements are collections of papers that deal with related issues or topics, published as a separate issue of the journal, and funded by sources other than the journal's publisher.

9. Clinical practice guidelines, Consensus and Recommendations. Diagnosis and Therapeutics. 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 used for systematic review of the evidence used; (d) all outcomes important to patients, (e) the 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. The **Diagnosis and Therapeutics** section, in particular, may address new diagnostic techniques, the actions or effects of drugs or therapeutics in recent clinical use. This section offers companies a way to disseminate, through their authorship or sponsorship, information or research of interest to the medical community. The company or the authors may request the right to reproduce the article in other formats, citing the source: websites, online publications, offprints, or other forms of dissemination. Any conflicts of interest must be declared. **Costs to be agreed upon with the Editorial Committee.**

10. Study Protocols and Statistic Plans. Articles describing the objectives and experimental design of clinical and epidemiological research studies. Up to 3000 words (excluding abstract, references, and legends); an unstructured abstract; and up to 250 words.

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

C. PRESENTATION OF THE MANUSCRIPT

The manuscript should be prepared in Microsoft Word, on letter or A4 size paper, with margins of at least 25 mm, double-sided. space, in Times New Roman 12, Arial 12, or other similar size font. Pages will be numbered in the form consecutive beginning with the one of the qualification.

1. Cover

The first page should contain: (a) the title, informative and concise; (b) full names of the authors and their institutions: these last in the original language of each institution; (c) An abbreviated title for the header; (d) the total number of words in the article, except Abstract and Bibliography; (e) the name, full address and email of the corresponding author.

The writing style of the manuscript has to be clear, accurate and concise, and include all the information necessary for determine the scope of the article. A good qualification is the first spot to access to the content of an article and facilitates its recovery in databases and search-engines.

Titles should not exceed 11 words. Ambiguous words, jargon, and abbreviations should be avoided. General recommendation: Write precisely and avoid technical jargon or special terminology as much as possible, opting for simple words that transmit the same message.

2. Abstract and Graphical Abstract

The Abstract, in English and Spanish language (Resumen) should be placed below the first page, and each should not exceed 250 words, avoiding tables, figures, and references. Only use abbreviations if they are indisputably known (DNA, ACTH, etc.), and do not use decimals in percentages (unless the first number is a zero). Three to six keywords should appear at the end of the Abstract and the Resumen, using terms included in the Index Medicus (Medical Subject Headings, MeSH). Repeating words from the title should be avoided, if possible, and abbreviations should not be included. Papers in English should have the title in Spanish at the top of the Resumen, and papers in Spanish should have the title in English at the top of the Abstract.

The Abstract of the original articles should be structured, and will consist of the following sections: Introduction (What is the problem?): 1 to 3 sentences, with specific information (what is known) and the problem that enables or justifies the study. An objective or hypothesis may be formulated (if consistent with the study). Materials and methods (How was it studied?): Study design, its duration, groups or classification of the subjects studied. Results (What was found?): Include the most relevant numbers, primary results with statistical significance. This item is not evaluative, it is informative. Discussion (What do these findings mean?): 1 to 3 sentences in interpretive terms, the actual meaning of the results, omitting numbers and statistics. If this guideline is followed, and there is additional space, the authors' perspective/opinion on the theoretical or practical implications of the results may be included.

Graphical Abstract. In order to improve the online dissemination of the article, the journal encourages the inclusion of an optional graphical abstract to capture the attention of a wide range of readers. To do so, authors should design an image that clearly represents the study, easy to read (from top to bottom and left to right), and that minimize distracting elements and white space. A graphical abstract is a single, concise, visual representation of the key findings of a research paper. The content is displayed in a single image to help the reader quickly gain an overview of the research article. It highlights the purpose and results of the research conducted. It is not intended to replace the original research, but rather to help draw attention to it. For more information and examples: https://en.wikipedia.org/wiki/Graphical_abstract

The graphic abstract must be submitted as a separate file in the online submission system. Image size: must be a minimum of 531 × 1328 pixels (height × width) so as to be legible at a size of 5 × 13 cm using a normal screen resolution of 96 dpi. The preferred file formats are TIFF, JPEG, PDF, or MS Office.

3. Introduction

The Introduction presents the objectives of the work and summarizes the basis for the study or observation. It should not include results or conclusions of the work. It does not have a title. At the end of this section, please include the main and the secondary goals of the study.

4. Materials and methods

Materials and methods include a description of (a) the selection of the subjects studied and their characteristics; (b) the methods, devices used, procedures, and appropriate definitions. In clinical studies, details of the protocol (study population, interventions, etc.) will be reported. (c) Ethic aspects, including authorization of a Committee, and information about informed consent. (d) careful description of statistical methods.

5. Results

The **Results** should be presented in a logical sequence. Do not repeat the information shown in tables or figures; only refer to them briefly. Both **Materials and Methods** and **Results** may have subtitles.

6. Discussion

The Discussion highlights new and important aspects of the study, the conclusions, and their relationship to the objectives outlined in the Introduction. Avoid repeating information already included in other sections of the paper. Avoid statements of priority and references to work not yet completed.

7. Acknowledgments

When appropriate, **Acknowledgments** might be added, preceding the bibliography; if applicable, the following will be cited: recognition for technical support, financial contributions, or contributions that do not justify authorship. In these cases, the authors are responsible to have a written consent of the person(s) mentioned.

8. Conflicts of interest (see details in Section A2)

9. References

Presentation style: Abbreviated publication names will be used, written in italics, according to the list in **MEDLINE/ PubMed**. All authors will be listed if there are 6 or fewer, and if there are more than 6, only the first three, followed by et al. Example: Bataille B, Delwail V, Menet E, et al.

In the reference list, journals, books, book chapters, and websites, will be presented 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 guidelines for attention during the Covid-19 pandemic. Multi-company recommendations for hiring of employees. *Medicina (B Aires)* 2020; 80 Suppl 3: 45-64.

4. Liu RL. Passage-Based Bibliographic Coupling: An inter-article similarity measure for biomedical articles. *PLoS ONE* 2015; 10: e0139245.
 4. Liu RL. Passage-Based Bibliographic Coupling: An inter-article similarity measure for biomedical articles. *PLoS ONE* 2015. doi: 10.1371/journal.pone.0139245.
- Books, book chapters, and websites will be presented according to the following examples:
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.

Avoid using abstracts as references. They are only acceptable, and clearly identified, when they are the only available source and are published in journals or their supplements. Abstracts of unpublished communications, or those appearing only in proceedings or programs, if essential, may be included in the text (in parentheses) and not in the references. The same criteria applied to works in preparation, those submitted for publication but not yet accepted, unpublished observations, and personal communications.

10. In-text citations

Cite references sequentially in the text, tables, and figure legends, using superscript Arabic numerals, without parentheses, for example:

This sentence cites a reference¹.

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

This sentence cites four correlative references¹⁻⁴.

11. Tables

All tables must be included at the end of the manuscript, numbered using Arabic numerals. Each table should be self-explanatory, have a clear title, and include explanatory notes at the bottom, not in the title. Use only three lines: one below the title, one below the column headers, and one at the end of the table. Avoid using any other vertical or horizontal lines.

12. Figures

Figures, art files, drawings or photographs in black and white or color must allow adequate reproduction and be editable (allowing corrections), they should be numbered consecutively with an explanatory legend on a separate sheet. The arrows, symbols or letters included must present good contrast with the background, and be large enough to be identified in the printed version. Make sure these art files are in an acceptable format (TIFF, JPEG, EPS, or PDF) or MS Office, and that have the correct resolution.

13. Units of Measurement. Abbreviations. Acronyms. Symbols. Drugs names. Formulations. Statistical Methods

Units of measurement: The metric system will be used, using periods for decimals (e.g., 2.05). Periods are not used to separate thousands, but spaces (e.g., 1 000 000), except for thousand units less than 10 000 (e.g., 9875).

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In general, p-values greater than 0.01 are reported to two decimal places, p-values between 0.01 and 0.001 to three decimal places; p-values less than 0.001 may be reported as $p < 0.001$ or as their exact value, e.g., $p = 0.0023$; four decimal places are sufficient.

14. Key points

The Key Points box in MEDICINA provides readers with a concise overview of the study's central message. It is recommended to include it in Original or Special Articles. Include your Key Points text, written in the language of the article, at the end of your main text file (after the References). They generally have two components: Current Knowledge and Article's Contribution to Current Knowledge. Current Knowledge (no more than 50 words) addresses prior knowledge, in 2-4 declarative sentences that summarize the current understanding of the topic. Article's Contribution to Current Knowledge (no more than 50 words) addresses the article in question, in 2-4 declarative sentences that summarize your study's contribution to current knowledge. Provide only information supported by data. Describe the main points and findings, and any conclusions. DO NOT exaggerate the importance of your results or suggest further research, such as saying the topic "requires further study" or "remains to be elucidated." DO NOT speculate. The purpose of Key Points is to provide a quick read 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.

15. Video presentation

A video presentation is an effective way to communicate research findings to a broader audience, including both experts and those interested in the topic but not specialists. It should be clear, concise, and visually appealing, using elements such as graphics, animations, and subtitles to facilitate understanding.

16. Language editors based on artificial intelligence (AI)

You can use free AI-powered language editing tools like *Writefull*, *QuilBot*, *DeepL Translator*, and others at the time of submission. These programs examine your manuscript and make suggestions to improve the quality of your writing. The tool uses machine learning, based on millions of published academic articles, to suggest improvements to grammar, spelling, and academic language. Clinical trials reporting AI interventions should be described according to the [CONSORT-AI extension guidelines](#) and their protocols should be written according to the [SPIRIT-AI guidelines](#).

17. Submission of the manuscript

It will send complete text and tables in Word, and figures in a format suitable (see further above), to the OJS platform at the following link: <http://rev.medicinabuenosaires.com/index.php/journal/login>

18. Authors' Cover Letter

All authors must sign the cover letter accompanying the submission. The letter should specify the intended publication section and confirm that the work is original. (See Model Guide – Presentation Note). Those listed as authors must take public responsibility for their content (see above, Authorship).

D. Peer Review

Each manuscript received will be submitted to blind refereeing by the Editorial Committee and, in addition, by one or two external reviewers. After this review, the responsible author will be notified about the acceptance (with or without corrections and changes) or rejection of the manuscript.

In the corrected version, submitted by the authors for a second review, the corrections or changes introduced should be shown in a different color or highlighted, in order to facilitate the reviewers' control.

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