



# The Eurasian Journal of Medicine

Official Journal of Atatürk University School of Medicine

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# The Eurasian Journal of Medicine

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## Aims and Scope

Eurasian Journal of Medicine (Eurasian J Med) is an international, scientific, open access periodical published by independent, unbiased, and triple-blinded peer-review principles. The journal is the official publication of Atatürk University School of Medicine and published triannually in February, June, and October. The publication language of the journal is English.

The aim of the Eurasian Journal of Medicine is to publish original research papers of the highest scientific and clinical value in all medical fields. The Eurasian J Med also includes reviews, editorial short notes and letters to the editor that either as a comment related to recently published articles in our journal or as a case report.

The target audience of the journal includes researchers, physicians and healthcare professionals who are interested or working in in all medical disciplines.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Processing and publication are free of charge with the Journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system, which is available at <http://www.eajm.org>. The journal guidelines, technical information, and the required forms are available on the Journal's web page.

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Statements or opinions expressed in the manuscripts published in the Journal reflect the views of the author(s) and not the opinions of the Atatürk University School of Medicine, editors, editorial board, and/or publisher; the editors, editorial board, and publisher disclaim any responsibility or liability for such materials.

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# The Eurasian Journal of Medicine

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## Instructions for Authors

### CONTEXT

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### EDITORIAL AND PUBLICATION PROCESS

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal conforms to the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

### PEER REVIEW PROCESS

Manuscripts submitted to Eurasian Journal of Medicine will go through a triple-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in their fields in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or by the editorial board members of the journal. The Editor in Chief is the final authority in the decision-making process for all submissions.

### ETHICAL PROCEDURES

An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, [www.wma.net](http://www.wma.net)) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports or an equivalent official document will be requested from the authors. For manuscripts concerning experimental research on humans, a statement should be included that shows that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. Information on patient consent, the name of the ethics committee, and the ethics committee approval number should also be stated in the Materials and Methods section of the manuscript. It is the authors' responsibility to protect the patients' anonymity carefully.

For photographs that may reveal the identity of the patients, signed releases of the patient or their legal representative should be enclosed, and the publication approval must be provided in the Materials and Methods section.

### PLAGIARISM

Eurasian Journal of Medicine is extremely sensitive about plagiarism. All submissions are screened by a similarity detection software (iThenticate by CrossCheck) at any point during the peer-review and/or production process. Even if you are the author of the phrases or sentences, the text should not have unacceptable similarity with the previously published data.

When you are discussing others' (or your own) previous work, please make sure that you cite the material correctly in every instance.

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act following COPE guidelines.

### AUTHORSHIP

Each person listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - [www.icmje.org](http://www.icmje.org)). The ICMJE recommends that authorship is based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. Also, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the title page of the manuscript.

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### DECLARATION OF INTEREST

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## MANUSCRIPT PREPARATION

The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in December 2018 - <http://www.icmje.org/icmje-recommendations.pdf>). Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and meta-analysis, ARRIVE guidelines for experimental animal studies, and TREND guidelines for non-randomized public behavior.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at <http://www.eajm.org>. Manuscripts submitted via any other medium and submissions by anyone other than one of the authors will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the following:

- Copyright Agreement and Acknowledgement of Authorship Form and
- ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors) during the initial submission. These forms are available for download at <http://www.eajm.org>.

## Preparation of the Manuscript

**Title page:** A separate title page should be submitted with all submissions and this page should include:

A-V

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, highest academic degree(s), and ORCID IDs of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number), and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

**Abstract:** An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Objective, Materials and Methods, Results, and Conclusion). Please check Table I below for word count specifications.

**Keywords:** Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

## Manuscript Types

**Original Articles:** This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Materials and Methods, Results, and Discussion subheadings. Please check Table I for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

**Review Articles:** Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table I for the limitations for Review Articles.

**Letters to the Editor:** Two types of letter are welcome. One is comment on a recently published article in our journal and the other one is case report. The comments should be written in a logical way to discuss important parts, overlooked aspects or lacking part of the paper. As a case report we only accept for publication the reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative cases. The text for case reports should include Introduction, Case Report, and Discussion, subheadings. Please check Table I for the limitations for Letter to Editor.

## Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within



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**Table 1.** Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	250 (Structured)	35	6	3 (max. 4 images of each)
Review Article	5000	250	75	6	6 (max. 4 images of each)
Letter to the Editor					
Comment	500	No abstract	5	No table	No media
Case Report	1000	200 (structured)	15	2	2 figures (max. 4 images of each)

the main text). Tables should be created using the “insert table” command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

## Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: “Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)”

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

## Digital Image Guide

The Eurasian J Med requires that all digital artwork be prepared according to professional standards. Digital files must meet the Journal requirements to be accepted for publication.

Files that do not meet the guidelines will be rejected. Please refer to the instructions below when preparing images for publication.

**A. Image Preparation Checklist.** To verify that you have fulfilled the requirements for electronic image preparation, use the following checklist. Each category is expanded below the checklist (Table 3).

- Black-and-white images are saved in grayscale mode (not black and white).
- Photographic images are saved in RGB color mode (not CMYK or indexed color).
- Files are submitted in native TIFF or EPS and are not embedded in another program such as Microsoft Word, PowerPoint, or Excel.
- Charts or illustrations created in Microsoft Office (Word, PowerPoint, Excel) are submitted in native format and do not include embedded images.
- Charts created in SPSS, SigmaPlot or ChemDraw are submitted as EPS images.
- All graphics are sized to 100% of their print dimensions so that no scaling is necessary (3.2” wide for 1-column figures and 6.4” wide for 2-column figures).
- Images have been scanned according to our scanning guidelines.
- Files are named using our recommended naming conventions.

**B. Color.** When preparing digital images for publication, it is important to scan and save the electronic files in the correct color space.

**1. Photographic images.** Images such as photographs, angiograms, echocardiograms, etc., should be scanned and saved in RGB color mode, even if the images will be printed in grayscale. (The journal compositors will convert these images to their final grayscale or CMYK color modes.) Note: Printing in color is expensive and is not always necessary. Please inform the Journal editors if an image requires color for clarity.

**2. Line art.** Black-and-white images, including line drawings, charts, graphs, and ECG and EEG tracings, should be scanned and saved in grayscale mode (not black-and white or color). (For charts created in SPSS, refer to Section C.2 on creating EPS file formats. For charts and graphs created in Microsoft Office, refer to Section C.3.)

3. Avoid ICC Profiles. Images should not contain any ICC profiles.

**C. File Format.** Submit only TIFF or EPS for electronic images. See instructions for submitting artwork that was created in Microsoft Office programs (Word, PowerPoint, Excel).

**1. TIFF (Tagged Image File Format).** TIFF is recommended for photographic images. When preparing TIFF images, be sure to refer to our scanning guidelines for the proper resolution. Note: The Journal accepts TIFF images that are saved with LZ/W compression; choosing this option will result in smaller files. In most software programs, a TIFF is made by choosing File/Save as... or Export/TIFF or TIF. For more information, consult the Help menu of your software.

**2. EPS (Encapsulated Postscript).** EPS is recommended for line art, charts, and illustrations that are created using professional drawing programs such as Adobe



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Illustrator, SPSS, ChemDraw, CorelDraw, SigmaPlot, etc. When submitting EPS files for publication, be sure to use the following guidelines:

- Convert text to outlines or include/embed fonts. Use only Journal-approved fonts.
- Flatten any layers.
- Use line weights greater than 0.5 points.
- Include an 8-bit preview/header at a resolution of 72 dpi.
- Save color images in RGB color mode.

In most drawing programs, an EPS file is made by choosing File/Save as ... or Export/EPS. For more information, consult the Help menu of your software.

**3. Microsoft Office (Word, Excel, PowerPoint).** Charts and illustrations created in any Microsoft Office programs are accepted. Do not submit Microsoft Office files that contain embedded images. When creating charts and illustrations, use the following guidelines:

- Work in black and white, not color.
- Do not use patterns for fill color; use black, white, and shades of gray.
- Avoid 3-dimensional charts.
- Use only Journal-approved fonts.
- Use line weights greater than 0.5 points.
- Submit the grouped image so that the Journal compositors can access the datasheet.

#### 4. AVOID THE FOLLOWING:

- Submitting graphics that are downloaded or saved from Web pages. The resolution will be too low, regardless of how the image looks on screen.
- Submitting GIF files. GIF files are never appropriate for publication. Scanning pre-printed photographs (already published halftones). The printing process introduces distortion into the photograph that will transfer to the scan.
- Generating TIFFs within the Microsoft Office Document Scanning Program. This proprietary program changes the image formatting in such a way that the image cannot be opened in our image evaluation program.

#### D. Resolution and Scanning

1. Images must be scanned at the proper resolution to ensure print quality. Use the following guidelines to select the correct scanning resolution. Images that are scanned at lower resolutions will be rejected.


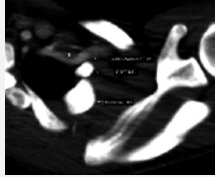
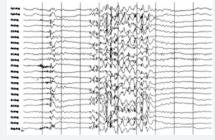
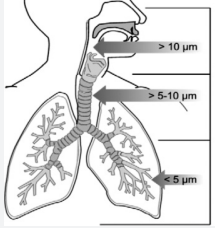
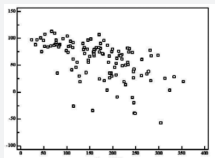
- Photographic images without text or arrows: 300 dpi/ppi
- Photographic images with text or arrows: 600 dpi/ppi
- Black-and-white line art: 1200 dpi/ppi

##### a. Scanning photographic images without text or arrows

- Scan in RGB mode.
- Scan at 300 dpi/ppi.
- Select a target width of 7.5 cm for 1-column figures and 15.5 cm for 2-column figures.
- Crop images tightly; do not scan the margins.
- Use the Eurasian J Med naming convention; save as a TIFF and apply LZW compression.

##### b. Scanning photographic images with text or arrows

- Scan in RGB mode.
- Scan at 600 dpi/ppi (even if text or labels will be added after the image is scanned).
- Select a target width of 7.5 cm for 1-column figures or 15.5 cm for 2-column figures.
- Crop images tightly; do not scan the margins.
- If adding labels, use an approved font. If the labels are pixilated, you may be asked for an unlabeled version.

Type	Example	Format/Color Mode/Resolution
Photographic images without text or arrows		TIFF/RBG/300 dpi-ppi
Photographic images with text or arrows		TIFF/RBG/600 dpi-ppi
Black-and-white line art		TIFF/Grayscale/1200 dpi-ppi
Black-and-white line art from a professional drawing program such as Adobe Illustrator		EPS/Grayscale/ NA
Black-and-white chart or graph from Microsoft Office program		PPT or XLS/NA (Use blacks, whites and shades of gray.)/NA

- Use the Eurasian J Med naming convention; save as a TIFF and apply LZW compression.

##### c. Scanning black-and-white line art

- Scan in grayscale mode.
- Scan at 1200 dpi/ppi.
- Select a target width of 7.5 cm" for 1-column figures and 15.5 cm" for 2-column figures.
- Images should be tightly cropped; do not scan the margins.
- If adding labels, use an approved font. If the labels are pixilated, you may be asked for an unlabeled version.
- Use the Eurasian J Med naming convention; save as a TIFF and apply LZW compression.

#### 2. Scanning originals that are smaller than the target width

- Choose the correct color space for the photographic image or line art.
- Determine the correct resolution. If an image has a width smaller than the target width, it is necessary to compensate by increasing the scanning resolution. To increase the resolution, divide the actual width by the target width (either 7.5 cm





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or 15.5 cm). Multiply the answer by the target dpi and round up to the nearest hundred. The result will determine the scanning dpi. Use the following example: If an image is 2.4" wide and needs to be 300 dpi/ppi at 3" wide, then 3 divided by 2.4 = 1.25. 1.25 times 300 = 375, and round up to 400. Thus, if the 2.4" image is scanned at 400 dpi/ppi, the Journal can properly convert the image to be 3" wide at 300 dpi.

- Use the Eurasian J Med naming convention and save.

## E. Naming Files

1. Naming convention. Please use the following naming convention for electronic images:

Author last name + figure number:file format  
For example: Okur1.eps or Okur1A.tif

2. **Revising images.** Any time that you revise an image and resubmit it to the Journal, you need to add a version number to ensure that the image will be re-evaluated.

For example: Smith1.eps would be saved the next time as Smith1\_v2.eps

**Note:** Always allow the software program to add the file format extension. Files that do not contain an extension will be rejected. To change a file format extension, you must use a software program; renaming a file extension does not properly convert a file. For example, simply renaming the JPG extension as TIFF does not convert the file to a TIFF image. Opening a JPG file in Photoshop (or in a comparable software program) and saving as a TIFF does properly convert the file.

Note: You can safely change the author last name + figure number (i.e., anything before the "dot-file format" portion) by using the Rename command.

**F. Approved Fonts.** Please use one of the following fonts for text in labels, graphs, and charts:

- Adobe Garamond
- Arial
- Helvetica
- Symbol
- Times New Roman
- Univers LT

## G. Labels

1. Do not place figure labels (A, B, C, etc.) on the digital images; include the letter in the figure file name (for example, Smith2B.tif).

2. If images are part of an A, B, C series, scan and submit each image separately.

H. How to Submit Images. To submit digital artwork, refer to the information in the Manuscript Submission section.

## References

Both in-text citations and the references must be prepared according to the Vancouver style.

While citing publications, preference should be given to the latest, most up-to-date publications. Authors are responsible for the accuracy of references. If an ahead-of-print publication is cited, the DOI number should be provided. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ MEDLINE/ PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples.

**Journal Article:** Ahn SS, Kim YJ, Hur J, et al. Preparing first-year radiology residents and assessing their readiness for on-call responsibilities: results over 5 years. *AJR Am J Roentgenol* 2009; 192: 539-44.

**Book Section:** Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. *Infectious Diseases*. Philadelphia: Lippincott Williams; 2004.p.2290-308.

**Books with a Single Author:** Sweetman SC. *Martindale the Complete Drug Reference*. 34th ed. London: Pharmaceutical Press; 2005.

**Editor(s) as Author:** Huizing EH, de Groot JAM, editors. *Functional reconstructive nasal surgery*. Stuttgart-New York: Thieme; 2003.

**Conference Proceedings:** Bengissson S, Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

**Scientific or Technical Report:** Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

**Thesis:** Yılmaz B. Ankara Üniversitesi'ndeki Öğrencilerin Beslenme Durumları, Fiziksel Aktiviteleri ve Beden Kitle İndeksleri Kan Lipidleri Arasındaki İlişkiler. H.Ü. Sağlık Bilimleri Enstitüsü, Doktora Tezi. 2007.

**Manuscripts Accepted for Publication, Not Published Yet:** Slots J. The microflora of black stain on human primary teeth. *Scand J Dent Res*. 1974.

**Epub Ahead of Print Articles:** Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol*. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

**Manuscripts Published in Electronic Format:** Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

## REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.



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