



# The Eurasian Journal of Medicine

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## Original Articles

Serum Prealbumine Levels in Patients With Stable COPD  
Hayrettin Gocmen et al., Bursa, Kayseri, Turkey

Lung Cancer Incidence in Erzurum City  
Omer Araz et al., Erzurum, Turkey

Annular Pancreas in Children  
Murat Yigiter et al., Erzurum, Istanbul, Turkey

Immune Thrombocytopenic Purpura  
Murat Albayrak et al., Ankara, Zonguldak, Istanbul, Turkey

Knee Osteoarthritis and Osteoporosis  
Ilhan Sezer et al., Antalya, Gumushane, Turkey

MDCT of Pelvic Congestion Syndrome  
Suat Eren, Erzurum, Turkey

Lupus Nephritis and Treatment Results  
Cahit Gunes et al., Igdir, Erzurum, Antalya, Trabzon, Turkey

Effects of Dexmedetomidine on Ischemia Reperfusion Injury  
Senem Koruk et al., Gaziantep, Turkey

## Review

Sigmoid Volvulus  
S. Selcuk Atamanalp, Erzurum, Turkey

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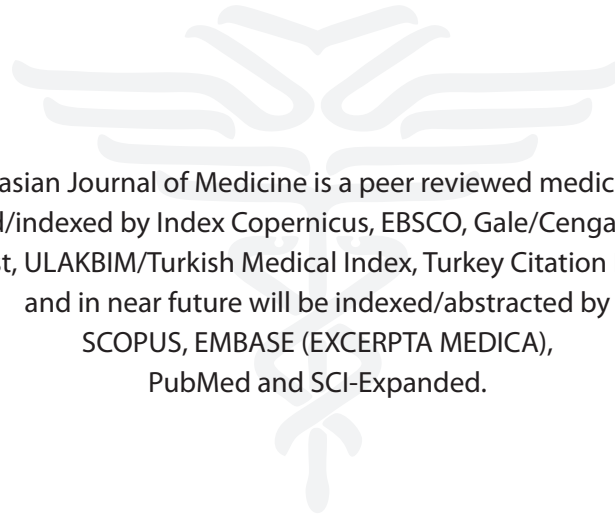
# EAJM

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abstracted/indexed by Index Copernicus, EBSCO, Gale/Cengage, CINAHL,  
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and in near future will be indexed/abstracted by  
SCOPUS, EMBASE (EXCERPTA MEDICA),  
PubMed and SCI-Expanded.

Citation Abbreviation: EAJM  
Published three times a year  
Open Access: [www.eajm.org](http://www.eajm.org)

Vol.: 42 Issue: 3 December 2010

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E-mail: info@avesyayincilik.com  
Place of printing: Görsel Dizayn Ofset Ltd.Şti. +90 212 671 91 00  
Print of Date: December 2010  
Broadcast as: Local periodical

### Online Edition & Manuscript Submission

Pleksus Bilişim Teknolojileri www.pleksus.com.tr  
www.eajm.org

Print ISSN 1308-8734

Online ISSN 1308-8742

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## Aims and Scope

The Eurasian Journal of Medicine (EAJM), formerly Atatürk Üniversitesi Tıp Dergisi (the last issue published under this name is 2006, volume 38/2), is the official journal of Atatürk University School of Medicine. The EAJM has been the regular publication of the School of Medicine since 1968. The journal is a peer-reviewed, nonprofit scientific periodical. Three English-language issues have been published each year (in April, August and December) since 2008.

The Eurasian Journal of Medicine is indexed in CINAHL, Gale/Cengage Learning, EBSCO, DOAJ, ProQuest, ULAKBIM/Turkish Medical Index, Turkey Citation Index and Index Copernicus databases.

The aim of the EAJM is to publish original research papers of the highest scientific and clinical value in all medical fields. The EAJM also includes reviews, case reports, editorial short notes, images of interest and letters to the editor that are related to recently published articles.

The EAJM adheres to the highest ethical and editorial standards. The editors of the journal endorse the Editorial Policy Statements Approved by the Council of Science Editors Board of Directors ([www.councilscienceeditors.org/services/draft\\_approved.cfm](http://www.councilscienceeditors.org/services/draft_approved.cfm)). The journal is in compliance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, which is published by the International Committee of Medical Journal Editors (updated October 2008, [www.icmje.org](http://www.icmje.org)).

## Subscription Information & Request Permissions

The EAJM is sent free of charge to authors published in the issue, medical faculties, libraries and selected academicians in Turkey. Currently, all contents published from 2000 through the last issue can be accessed in full-text form free of charge through the journal's website ([www.eajm.org](http://www.eajm.org)). All contents from 1968 to 2000 is available on the website.

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**Instructions for Authors:** Instructions for authors are published in the journal and are available online at [www.eajm.org](http://www.eajm.org).

## Material Disclaimer

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## Instructions for Authors

### Instructions for Authors

The Eurasian Journal of Medicine (EAJM) publishes clinical and experimental work related to the field of medicine. In addition to original material, the EAJM prints reviews, case studies, images of interest and letters to the editor.

An approval of research protocols by ethic committee in accordance with international agreements (Helsinki Declaration of 1975, revised 2002 - available at <http://www.vma.net/e/policy/b3.htm> <<http://www.vma.net/e/policy/b3.htm>>, "Guide for the care and use of laboratory animals - [www.nap.edu/catalog/5140.html/](http://www.nap.edu/catalog/5140.html/)) is required for experimental, clinical and drug studies.

The signed statement of scientific contributions and responsibilities of all authors and statement on absence of conflict of interests are required.

The authors should acknowledge and provide information on grants, contracts or other financial support of the study provided by any foundations and institutions or firms.

### MANUSCRIPT TYPES

1. Original articles
2. Case reports
3. Letters to the editor
4. Images of interest
5. Reviews

### ELECTRONIC MANUSCRIPT PREPARATION

Preparation of manuscripts should conform to the updated Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://www.icmje.org>). All manuscripts must be submitted electronically. The manuscript file you submit must be saved as .doc (MS Word document). Number pages consecutively, in the lower right-hand corner, beginning with the title page. Use the left justification feature (ragged right margins). Use letter-quality printing. Do not use line-numbering. The paper should be arranged in this order (all in one document): title page, abstract with keywords, abstract in Turkish, text, acknowledgments, references, tables, and figure legends.

### Original articles

Original articles should follow the basic structure of abstract, introduction, methods, results, discussion, references, and tables and figures (as appropriate). Submissions should typically not exceed 400 words for the abstract and 4000 words for the content; they should include no more than 35 references. Figures and/or tables should be limited to a total of ten.

### Case Reports

Case reports should not exceed 2000 words with two tables or illustrations, a short unstructured abstract, and ten

references. Case reports should follow the basic structure of an unstructured abstract, introduction, case report, discussion, references, and tables and figures (as appropriate). We do ask that authors indicate that they have obtained patient consent.

### Letters to the Editor

We welcome letters in response to articles published in the EAJM. Submissions must reach us before the next issue is published. They should be a maximum of 500 words, with one figure or table and no more than five references. Letters to the editor should include a title page and must only concern articles that were recently published in the EAJM. A response to the letter will be requested from the author of the article in question; the letter and the response will be published together if there is a response.

### Images of Interest

Our image section consists of a case report of 250 words, a few instructional points, a maximum of two figures, and two references. We do ask that authors indicate that they have obtained patient consent if applicable. Image submissions should also include a title page, keywords and references. No additional legend subtitles for figures are necessary.

### Reviews

Although they are usually commissioned, we occasionally accept unsolicited review articles.

### MANUSCRIPT TYPES IN DETAIL

TYPE	WORD LIMIT	ABSTRACT WORD LIMIT	TABLE & FIGURE LIMIT	REFERENCE LIMIT
Original article	4,000 words, not including abstract, references, tables and legends	400 words	10	35
Case report	2,000 words, not including abstract, references, tables and legends	200 words	2	10
Letter to the editor	500 words	N/A	1	5
Image of interest	250 words	N/A	2	2
Review	N/A	N/A	N/A	N/A

### MANUSCRIPT FORMAT

The manuscript format must be presented in the following order:

1. Title page
2. Abstract
  - a. Objective
  - b. Materials and Methods
  - c. Results
  - d. Conclusion
  - e. Keywords (3 to 6)
3. Main text (tables should be inserted where cited in the text; images must be uploaded as separate files)
  - a. Introduction
  - b. Materials and Methods
  - c. Results
  - d. Discussion
4. Acknowledgements, Competing interests, Funding
5. References

NOT write a separate "Conclusion" heading (you may, however, begin your last paragraph with "In conclusion, ...").

### Title page

Please provide a concise and informative title of fewer than 150 characters. Include a list of all contributing authors and their affiliations. Supply full correspondence details for the corresponding author, including phone and/or fax number and e-mail address. Provide a short title for the manuscript (limited to 75 characters).

- 1) Full name and highest relevant academic degree(s) of each author (limit of 2 degrees);
- 2) Names of departments and institutions where the work was completed by each individual author (use symbols to link authors to affiliations) and current affiliations if these have changed;
- 3) Disclaimers, if any;
- 4) Sources of support in the form of grants, equipment, or drugs;
- 5) The name of one author who is to be designated as the corresponding author, with a complete postal address, telephone number, fax number, and e-mail address (this is the address to whom reprint requests will be addressed unless the authors state that reprints will not be available); and
- 6) A short title (9 or fewer words), placed at the bottom of the page and identified as a footnote.

### Abstract

Please include an abstract of 400 or fewer words. The abstract should be easily understood without reference to the text (see Ann Intern Med 1987; 106: 598-604).

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The abstract must have four separate, structured paragraphs (Objective, Materials and Methods, Results and Conclusion) that correspond to the research question, materials/patients and methods, results, and the answer the question. If necessary, one or two sentences with background information may be included before the question. The question and answer should be the same as those in the text. Include only a few important values, and avoid using abbreviations or reporting statistics.

Stating the purposes of the study, basic procedures (study subjects or experimental animals; observational and analytic methods), main findings (specific data and statistical significance), and conclusions. Emphasize new and important aspects of the work. Avoid abbreviations other than standard units of measurement. Information must match the information in the text and may contain no information that is not presented in the text.

## Keywords

Please provide a list of 3 to 6 keywords. The keywords should be listed alphabetically and in full without abbreviations. Keywords are best expressed as MeSH (Medical Subjects Headings) terms, the controlled vocabulary used by Pub-Med. The MeSH browser available online (<http://www.nlm.nih.gov/mesh/MBrowser.html>) provides a guide to the selection of keywords.

Text (Content and Style). The texts of observational and experimental articles generally include these sections: Introduction, Patients (or Materials) and Methods, Results, and Discussion. Other articles such as case reports and reviews will need other formats; authors should consult representative articles in the Journal.

## Introduction

State the question you asked (or the hypothesis to be tested) and the considerations leading to the formulation of the question. Give only pertinent references. Case reports should also include an introduction section.

## Materials and Methods

### 1. Protection of Human and Animal Subjects

Study subjects or animals

- Clearly describe how the subjects or experimental animals were identified, including the control subjects (if used). For animals, see Laboratory Animals, 1985; 19: 106-108.
- Clearly state the eligibility criteria for cases and controls in observational studies or for subjects in clinical trials.
- All work involving human subjects is expected to have received approval from local ethics committees and the regulatory authorities (when appropriate; for example, for studies involving drug trials).

- Animal experimentation must be performed according to the Helsinki Convention for the use and care of animals.
- The editors reserve the right to refuse work that does not conform to acceptable ethical criteria.

a. Informed Consent: Studies. Manuscripts should state formally that studies were performed in compliance with human-studies guidelines or animal-welfare regulations of the authors' institutions and in compliance with FDA guidelines, and that informed, written consent was obtained from human subjects after the nature of the procedure was explained.

b. Informed Consent: Patients' Privacy and Confidentiality. Identifying information should be eliminated if not essential. When any such information is included, the patient must give informed, written consent for publication (for details, see Privacy and Confidentiality).

2. Manufacturing Information. Credit suppliers of drugs, equipment, and other materials described at length in the paper in parentheses at 1st mention, giving specific product name and model number (if applicable), company name, and location (city, state, and country).

3. Numbers. Provide exact numbers when possible; for example, "87 of 137 patients (63.5%)" is preferable to stating the percentage alone. Do not spell out numbers except at the beginning of a sentence.

4. Repetition. Summarize in the text, but do not repeat, data presented in tables and figures.

5. Abbreviations. Avoid abbreviations in the title and abstract and keep abbreviations to a minimum in the rest of the paper. The full term should precede the 1st use of an abbreviation in the text unless it is a standard unit of measurement.

6. Footnotes. Type footnotes, denoted with an asterisk, at the bottom of the page on which they are cited (do not confuse footnotes with references). Footnotes that contain information from articles that have been submitted but not accepted should be cited as "unpublished observations." Written permission from the source should be provided (see Written Permissions).

7. Units of Measurement and Symbols. Measurements of length, height, weight, and volume should be reported in metric units; temperatures, in degrees Celsius (°C); blood pressures, in millimeters of mercury (mmHg); and hematologic and clinical chemistry, in terms of the International System of Units (SI).

## Study design

- Clearly state the main study objective(s).
- Provide an overview of the main tests or experiments.
- Consider sample size and whether you have enough subjects to reliably address the research question.
- Papers on clinical trials should include details regarding sample size calculation (i.e., expected effect size, power, level of statistical significance and one- or two-sided tests). Sample size should be reproduced independently.

## Methods

- Describe the methods and apparatus in sufficient detail as to allow other researchers to evaluate or reproduce the tests/experiments.
- If the methods have previously been published, provide only a reference or a reference and a brief description.
- Identify drugs and chemicals, including generic name, dosage and route of administration. State the form in which the drug was used (salt or base), the amount given in relation to body weight, and the route of administration; if injected, state the volume and rate of injection. State the frequency and the time of additional doses.
- Please provide manufacturer's name and address for equipment, drugs and chemicals. This information should not be presented in a separate section. Credit suppliers of drugs, equipment, and other materials described at length in the paper in parentheses at 1st mention, giving specific product name and model number (if applicable), company name, and location (city, state, and country).

## Analysis

- Clearly state and define the main outcome measure(s).
- Briefly state the statistical methods used during the analysis if they are standard. New methods should be described with justification.

## Results

Keep the Results section brief. Describe the baseline characteristics or condition of the patients or animals. Focus on the important results, i.e., those that help address the research question. Present the majority of the data in figures or tables rather than in the text. Use the text to emphasize or summarize the most important observations. Present both positive and relevant negative results.

## Discussion

At the beginning of the Discussion, summarize the main results and show how they address the research question. Make sure that the conclusions are consistent with the re-

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sults and are pertinent to the research question. Describe the limitations of the study and/or analysis, and discuss possible implications of your conclusions. Emphasize new and important aspects of the study. Try to explain contradictory or unexpected results or discrepancies with previous findings.

## Acknowledgements

All acknowledgements should be grouped into one paragraph and placed after the Discussion. Only acknowledge those who have made substantial contributions to the study.

## References

Number references consecutively in the order in which they first appear in the text. Use full size Arabic numerals in square brackets. List all authors when there are six or fewer. When there are more than six authors, list only first three and add et al.

References should conform to the style used in Index Medicus (Vancouver Style), as shown in the following examples:

### 1. Standard 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.
- Akgun M, Mirici A, Ucar EY, Kantarci M, Araz O, Gorguner M. Silicosis in Turkish denim sandblasters. *Occup Med* 2006; 26: 1234-40.

### 2. Book by 1 or More Authors (including specific page numbers)

- Angelini P. Coronary artery anomalies: A comprehensive approach. Baltimore: Lippincott Williams & Wilkins; 1999. p. 25-150.

### 3. Chapter in a Book

- Bourbon J, Henrion-Caude A, Gaultier C. Molecular basis of lung development. In: Gibson GJ, Geddes DM, Costable U, Sterk PJ, Corrin B, eds. *Respiratory Medicine*. 3rd Edn. Elsevier Science, Edinburgh/Philadelphia, 2002; pp. 64-81.

### 4. Websites should be listed with the references and not in the text. They should only be used when an original citation is unavailable. Citations should be listed as follows:

- WHO. Severe Acute Respiratory Syndrome (SARS). [www.who.int/csr/sars/en/index.html](http://www.who.int/csr/sars/en/index.html). Date last updated: June 1 2004. Date last accessed: June 1 2004.

Work that has not yet been accepted for publication and personal communications should not appear in the reference list.

### 5. Abstract in Journal Supplement

- Sherman SK, Sugeng L, Weinert L, Shook D, DuPont F, Mor-Avi V, Lang RM. Real-time three-dimensional echocardiographic evaluation of prosthetic valves: Initial experience with a matrix transesophageal transducer [abstract]. *Circulation* 2007; 116(16 Suppl II):II-400.

## Tables

Tables should be created and inserted into the text document using the "Table" and "Insert Table" functions in your word processing package. DO NOT supply tables in a separate file. Tables should be numbered consecutively with Arabic numerals.

Limit decimals to a sensible number. Large tables should be avoided due to space restrictions; otherwise, they may be split. Please provide a clear footnote for all tables, making sure ALL abbreviations and symbols are defined.

Explain all nonstandard abbreviations in footnotes. Identify statistical measures of variations, such as standard deviation or standard error of the mean. Do not submit tables that merely repeat information in the text. Supply permissions to use data from another published or unpublished source.

## Figures

All submitted figures must be numbered and given titles. Whether images, drawings, or graphs, we recommend that no more than four components be used for a given figure (e.g., a, b, c, d).

When there are Figure subunits DO NOT label them on the images.

### Figure Legend(s)

It (they) should be placed at the end of the manuscript.

Illustrations: General Information (for details, see Digital Image Guide). Letters, numbers, and symbols should be clear and even throughout, and should contrast with the background; they should be large enough to be legible when reduced for publication and should be added after images are scanned to the proper resolution. Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in the photomicrographs should contrast with the background. Titles and detailed explanations belong in the legends, not on the illustrations themselves.

Privacy and Confidentiality. Avoid photographs of patients; if such photographs are used, the subjects must not be identifiable (masking their eyes is inadequate). Figures should not include any written patient identification, including names, initials, and hospital numbers. Photos or illustrations that might in any way reveal the identity

of a patient must be accompanied by written permission to use the photograph; moreover, the patient should be shown the manuscript and should be told if the manuscript will be available on the Internet as well as in the print publication.

Cite each figure in the text in consecutive order. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material.

### Legends for Illustrations.

Legends for illustrations should be double-spaced, on a separate page from text or tables, with Arabic numbers that correspond to the illustrations. Supply a detailed explanation of each figure. Define all symbols, arrows, or legends that are used to identify parts of the illustrations. Explain internal scale and identify the method of staining in photomicrographs.

## Digital Image Guide

The EAJM requires that digital artwork be prepared according to professional standards. Digital files must meet Journal requirements in order 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.

- 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.

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B. Color. When preparing digital images for publication, it is important to scan and save 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. (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 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 proper resolution. Note: The Journal accepts TIFF images saved with LZW 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 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 Microsoft Office programs are accepted. Do not submit Microsoft Office files that contain embedded images. When creating charts and illustrations.

- 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 Journal compositors can access the datasheet.

Type	Example	Format/ Color Mode / Resolution
Photographic images without text or arrows		TIFF/ RGB/ 300 dpi-ppi
Photographic images with text or arrows		TIFF/ RGB/ 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

#### 4. AVOID THE FOLLOWING:

- Submitting graphics 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 preprinted photographs (already published halftones). The printing process introduces distortion into the photograph that will transfer to the scan.
- Generating TIFFs in the Microsoft Office Document Scanning program. This proprietary program changes image formatting such that the image cannot be opened in our image evaluation program.

#### D. Resolution and Scanning

1. Images must be scanned at the proper resolution in order to ensure print quality. Use the following guidelines to select the correct scanning resolution. Images 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 3.2" for 1-column figures, and 6.4" for 2-column figures.
- Crop images tightly; do not scan the margins.
- Use the proper 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 3.2" for 1-column figures, or 6.4" for 2-column figures.
- Crop images tightly; do not scan the margins.
- If adding labels, use an approved font. If these are pixilated, you may be asked for an unlabeled version.
- Use the proper 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 3.2" for 1-column figures, and 6.4" for 2-column figures.
- Images should be tightly cropped; do not scan the margins.
- If adding labels, use an approved font. If these are pixilated, you may be asked for an unlabeled version.
- Use the proper naming convention; save as a TIFF and apply LZW compression.

Resolution and Scanning Quick Reference Table

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# EAJM





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

- Choose the correct color space for photographic images or line art.
- Determine the correct resolution. If an image has a width smaller than the target width, it is necessary to compensate with an increase in the scanning resolution. To do this, divide the actual width by the target width (either 3.2" or 6.4"). Multiply the answer by the target dpi and round up to the nearest hundred. This will determine the scanning dpi.

Use the following example:

If an image is 2.4" wide and needs to be 300 dpi/ppi at 3.2" wide, then

$3.2 \text{ divided by } 2.4 = 1.33$

$1.33 \text{ times } 300 = 399 \text{ Round up to } 400.$

Thus, if the 2.4" image is scanned at 400 dpi/ppi, the Journal can properly convert the image to 3.2" wide at 300 dpi.

- Use the proper naming convention and save.

## E. Naming Files

1. 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 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 a JPG file to a TIFF does not convert the file to a TIFF image. Opening a JPG file in Photoshop (or 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 digital files; 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.

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