



# The Eurasian Journal of Medicine

Formerly Atatürk Üniversitesi Tıp Dergisi

## Original Articles

Image Guided Biopsy of Bone Lesions

Zeynep Maras Ozdemir et al.; Malatya, Trabzon, Ankara, Turkey

Evaluation of Premature Infants

Ibrahim Caner et al.; Erzurum, Turkey

Cirrhosis and vWF

Vural Taner Yilmaz et al.; Antalya, Turkey

Role Playing

Zeliha Cansever et al.; Erzurum, Turkey

Antiulcerative Effect of Moclobemide

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Growth Hormone and Chronic Renal Failure

Atilla Cayir et al.; Erzurum, Turkey

Vol.: 47 Issue: 1 February 2015

# EAJM

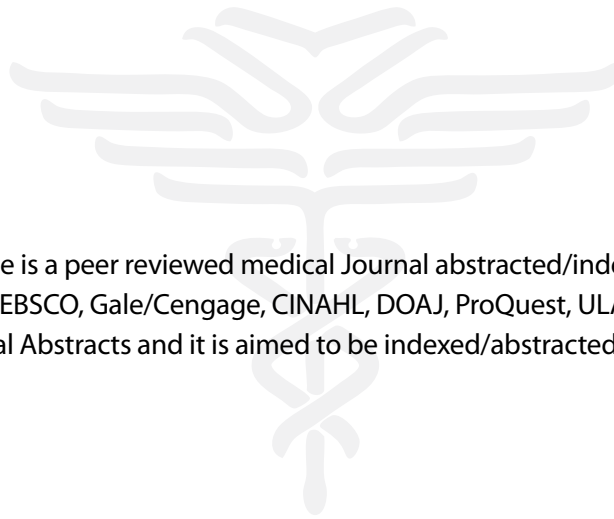
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# EAJM



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**EAJM**



# The Eurasian Journal of Medicine

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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, open-access, nonprofit scientific periodical. Three English-language issues have been published each year (in April, August and December) since 2008. February, June and October issues published by the year 2013.

The Eurasian Journal of Medicine is indexed in PubMed Central, Scopus, EMCARE, CINAHL, Gale/Cengage, EBSCO, DOAJ, ProQuest, ULAKBIM/Turkish Medical Index, Türkiye Citation Index, Index Copernicus and Chemical Abstracts 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 journal's target audience includes researchers, physicians and healthcare professionals who are interested or working in all medical disciplines.

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)).

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# EAJM



# The Eurasian Journal of Medicine

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## Instructions for Authors

The Eurasian Journal of Medicine (EAJM) publishes clinical and experimental work that is 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 an ethics committee in accordance with the international agreements (Helsinki Declaration of 1964, revised 2008 - available at <http://www.wma.net/en/30publications/10policies/b3/> and "Guide for the care and use of laboratory animals - [http://www.nap.edu/catalog.php?record\\_id=12910](http://www.nap.edu/catalog.php?record_id=12910)) is required for experimental, clinical and drug studies. The signed statement of the scientific contributions and responsibilities of all authors and a statement on the absence of conflicts of interest are required. The authors should acknowledge and provide information on grants, contracts or other financial support of the study that were provided by any foundations, institutions or firms.

### MANUSCRIPT TYPES

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

Table 1 summarizes our publication priorities. The editorial preferences in Table 1 might encourage authors who are uncertain of the significance of their reports.

### ELECTRONIC MANUSCRIPT PREPARATION

The preparation of manuscripts should conform to the updated Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://www.icmje.org>)<sup>2</sup>. All manuscripts must be submitted electronically. The manuscript file that you submit must be saved as a.doc (MS Word document). Please number the pages consecutively, in the lower right hand corner and beginning with the title page. Use the left justification feature (ragged right margins), letter quality printing, and 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 an abstract, introduction, materials and methods, results, discussion, references, and tables and figures (as appropriate). Submissions should not typically 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 (Table 2).

### 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. These submissions must reach us before the next issue is published. The letters 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; if there is a response, the letter and the response will be published together.

Table 1. Publishing priorities in the EAJM

Manuscript Topics	Acceptance priority	Content	Structure and submission track	
Manuscript Types	Original research articles	absolute preference	completed and high-quality work	clear hypothesis; strong, databased arguments
	Reviews	solicited only	on a relevant subject	significant own previous publications
	Case reports*	low	completeness and originality	clear-cut relevance to the field
	Image of Interests	very low	Should be very rare and interesting	High quality images are accepted
	Letter to Editor	Depends on connection and urgency very high	research-related only	precise, short, polite
Research Area	Clinical sciences	very high	proper study design	clear and simple hypothesis, adequate sample size and controls, statistics; no bias against studies with, negative "results"
	Public health	very high	originality of research data	no compilations of publicly available data (eg, from WHO)
	Health care organization	very high (eg, national)	large, of wide not (only)	importance, plans for the future not descriptive; only with a hypothesis, and concrete data; scientific analysis
	Medicine in developing and emerging countries	very high	we are ready to assist less advantaged authors	first send us a draft by e-mail
	War and post-war related medicine	very high	we are ready to assist less experienced authors	first send us a draft by e-mail
	Health and human rights	very high	no politics; the work has to deal with health	no commentaries; the report should contain concrete data
	Medical education	very high	research data	no commentaries; the report should contain concrete data types of articles

\*Can contain an unexpected association between diseases or symptoms, an unexpected event in the course of observing or treating a patient, findings that elucidate the possible pathogenesis of a disease or an adverse effect, unique or rare features of a disease, unique therapeutic approaches or a positional or quantitative variation of the anatomical structures. To conduct quality research and prepare well-written reports, you can use EQUATOR (Enhancing the QUALity and Transparency Of health Research) Network Resources (<http://www.equator-network.org/>) and the CONSORT (Consolidated Standards of Reporting Trials) statement in your studies<sup>1</sup>. Please refer to the COPE statements for our evaluation of manuscripts by means of publication ethics (<http://publicationethics.org/>)

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## Image 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 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

DO NOT write a separate "Conclusion" heading (You may, however, begin where you believe your conclusion section to begin with "In conclusion...").

## Title page

Please provide a concise and informative title of fewer than 150 characters. Include a list of all of the 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). The title page should include the following:

1. The full name and the highest relevant academic degree(s) of each author (limit of 2 degrees);
2. The names of the departments and institutions where the work was completed by each individual author (use symbols to link the authors to their affiliations) and the current affiliations if these have changed;
3. Disclaimers, if any;
4. Any sources of support in the form of grants, equipment or drugs;
5. The name of one author who is designated to be 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).

The abstract must have four separate, structured paragraphs (Objective, Materials and Methods, Results and Conclusion) that correspond to the research question, the material

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

or patients, the methods, the results, and the answer to the research question. If necessary, one or two sentences with background information can be included before the research question. The question and the answer should be the same as those provided in the text. Include only a few important values and avoid using abbreviations or reporting statistics. State the purposes of the study, the basic procedures (study subjects or experimental animals; observational and analytic methods), the main findings (specific data and its statistical significance), and the conclusions. Emphasize the new and important aspects of the work. Avoid abbreviations other than standard units of measurement. Information in the abstract must match the information in the text and should not contain any information that is not presented in the text.

## Key Words

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, which is the controlled vocabulary used by PubMed. The MeSH browser available online (<http://www.nlm.nih.gov/mesh/MBrowser.html>) provides a guide for how to select keywords.

## Text (Content and Style)

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

## Introduction

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

## Materials and Methods

1. Protection of Human and Animal Subjects Study
  - 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.

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- 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 the 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 the study was performed in compliance with the human-studies guidelines or animal-welfare regulations from the authors' institutions and in compliance with the FDA guidelines and that informed, written consent was obtained from the 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 should be described at length in the paper in parentheses at the first mention, giving specific product name and model number (if applicable), company name, and location (city, state, and country).

3. Numbers. Provide the 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, the data presented in the 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 first 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.

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 the sample size and whether you have enough subjects to reliably address the research question.
- Papers on clinical trials should include details regarding the sample size calculation (i.e., the expected effect size, the power, the level of statistical significance and one or two-sided tests). The sample size calculation should be reproduced independently.

## Methods

- Describe the methods and apparatus in sufficient detail 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 any drugs and chemicals, including the generic name, the dosage and the 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 the rate of injection. State the frequency and the time of additional doses.
- Please provide the manufacturer's name and address for equipment, drugs and chemicals. This information should not be presented in a separate section. Credit the suppliers of drugs, equipment, and other materials described at length in the paper in parentheses at the first mention, giving the specific product name and the model number (if applicable), the company name, and the company 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 the condition of the patients or animals. Focus on the important results, i.e., the results that help to 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 the positive and the 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 results and are pertinent to the research question. Describe the limitations of the study and/or analysis, and discuss the possible implications of your conclusions. Emphasize the new and important aspects of the study. Try to explain any contradictory or unexpected results or discrepancies using 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 the 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 the first three and then add et al. The 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.

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## 2. Book by One 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. Websites 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 a Journal Supplement

- Shernan SK, Sugeng L, Weinert L, et al. 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 the "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 the decimals to a sensible number. Large tables should be avoided due to space restrictions; otherwise, they could be split. Please provide a clear footnote for all tables, making sure that ALL abbreviations and symbols are defined. Explain all nonstandard abbreviations in the footnotes. Identify the 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. Provide permissions to use data from other published or unpublished sources.

## Figures

All submitted figures must be numbered and titled. Whether the figure consists of 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): This (these) should be placed at the end of the manuscript.

Illustrations: General Information (for details, see the 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 the images are scanned to the proper resolution. Photomicrographs should have internal scale markers. Symbols, arrows, or letters that are used in the photomicrographs should contrast with the background. Titles and detailed explanations belong in the legends and 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 previously 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 the text or the tables, and 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. For photomicrographs, explain the internal scale and identify the staining method.

## DIGITAL IMAGE GUIDE

The EAJM 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 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.

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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 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 data-sheet.

#### 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.


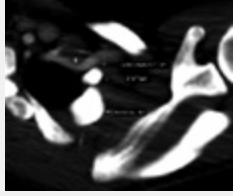
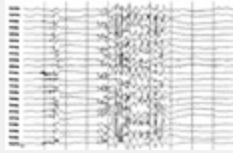
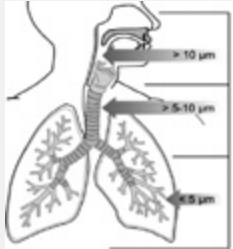
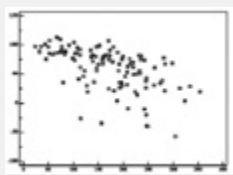
- Photographic images without text or arrows: 300 dpi/ppi
- Photographic images with text or arrows: 600 dpi/ppi
- Black-and-white line art: 1200 dpi/ppi

##### 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 EAJM 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.
- Use the EAJM naming convention; save as a TIFF and apply LZW compression.

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

##### 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.

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- Images should be tightly cropped; do not scan the margins.
- If adding labels, use an approved font. If the labels are pixelated, you may be asked for an unlabeled version.
- Use the EAJM 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 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 = 1.251.25, 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 EAJM 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.

## Revised Manuscript

Revised manuscripts must be submitted with a revised cover letter that contains each review comment followed by the authors' response. When submitting revised manuscripts, we strongly encourage authors to use the "track changes" feature in Microsoft Word or similar software. Otherwise, corrections should be highlighted in red text.

## Manuscript Submission

Manuscripts can be submitted electronically using the EAJM online submission system (see the Journal's Web site at [www.eajm.org](http://www.eajm.org)). Authors who mail manuscripts or images to the Journal will be asked to register at the EAJM online submission system and to submit electronic files. Copyright transfer forms and permissions can be mailed to EAJM, Atatürk Üniversitesi Tıp Fakültesi EAJM office 25240 Erzurum, Turkey. Also a scanned copy should be uploaded to the manuscript submission system.

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Manuscripts are generally reviewed by two or more expert consultants. The initial review process takes 2 to 6 weeks; the review of revisions requires additional time. Written comments, when available, are returned when the manuscripts are returned.

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## References

1. Schulz KF, Altman DG; Moher D. CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials, *Deutsche Medizinische Wochenschrift*, 2011; 136: 26.
2. International committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to bio-medical journals. Available at: <http://www.icmje.org>. Last visited: Jan 15, 2012, Last updated: July 10, 2012.

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