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Metoptic Canal and Warwick’s Foramen
Arzu Hizay, Muzaffer Sindel

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Cartesio Favalli, Marco Favaro, Flavia Santi, Micol Piperno, Cartesio D’Agostini, Marco Ciotti

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Patients with Systemic Lupus Erythematosus with Regard to Age at Onset
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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).

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Instructions for Authors

CONTEXT
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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.

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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) 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 patent 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.

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

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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.

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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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Authors are required to submit the following:

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• Author Contributions 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.

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

• 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 1 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 1 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 1 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 or lacking part of the paper. As a case report we only accept for publication the reports 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 1 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
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.

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

   **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 or 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...
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 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.epsl or Okur1.A.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.epsl would be saved the next time as Smith1_v2.epsl

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 TIFF 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, Smith1.epsl).

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.


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


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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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