

The first 8 years: *International Medical Case Reports Journal* – summary of publications from 2008 to July 2016

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The case report has a secure place in medical reporting and medical history stretching back to hand-written manuscripts, early medical texts, and earliest medical scientific publications. As scientific methods took hold, fewer case histories were accepted for publication, being replaced by case series and then analyses from epidemiologic studies, clinical trials (controlled and otherwise), and reports of laboratory clinical practice. Clinicopathology conferences around reporting and presentation of separate cases continue to be convened for regular meetings in hospitals and medical schools for teaching purposes. Case reports appear regularly in sections of medical journals or, more recently, as separate journals devoted entirely to them. Further, open-access case report journals have increased in number markedly in the past decade in parallel with *International Medical Case Reports Journal (IMCRJ)* submissions.¹

Since the beginning of the publication, the number of journal articles published in *IMCRJ* has increased steadily from 3 in the inauguration year (2008) to 69 in the latest full year of publication (Table 1), indicating the growing interest in disseminating such reports.

The Journal, established by Dove Press, started publishing in 2008. During the first 8 years (until July 2016), published reports came from 50 separate countries (including articles from Africa, Asia, Europe UK, and USA). Sixty one percent of submitted reports (235/387) have been published, and 152 reports were rejected.

The number of “reviewers” for each report ranged from 2 to 6, with an average of 3. The 3 leading countries submitting articles were the United States, Japan, and Turkey. Most papers have come from a single author or group, but 29 author groups submitted 2 or more reports and one group has submitted 6.

The disciplines represented have been diverse and of interest to a wide audience. Each paper had the “abstract” viewed 1,000s of times (Figure 1) and the full articles “downloaded” almost as often (Figure 2). The number of abstract views per report seem to maximize over 5 years, with less than 25% of views apparent in the first year after publication (Table 2). The number of downloads per report similarly take several years after publication to maximize (Table 3) and have decreased with time – due in part to diminishing time since publication for recent reports. As one might expect, abstract reviews and downloads are significantly correlated ($R^2 = 0.55$; $p < 0.001$).

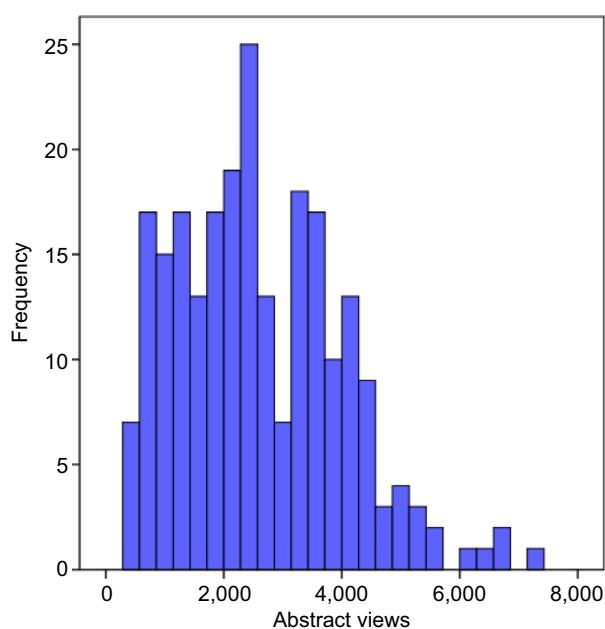
Most reports have been “cited” by later publications in other journals less than 5 times (Figure 3 and Table 4). The reports covered many disease categories from anatomical abnormalities to venomous snakes. The most common categories were related to

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Table 1 Number of published articles by year from inception (2008)

Year	Frequency	Percent	Valid percent	Cumulative percent
Valid 2008	3	1.3	1.3	1.3
2009	7	3.0	3.0	4.3
2010	15	6.4	6.4	10.6
2011	19	8.1	8.1	18.7
2012	19	8.1	8.1	26.8
2013	21	8.9	8.9	35.7
2014	34	14.5	14.5	50.2
2015	69	29.4	29.4	79.6
2016*	48	20.4	20.4	100.0
Total	235	100.0	100.0	

Note: *To July, 2016.

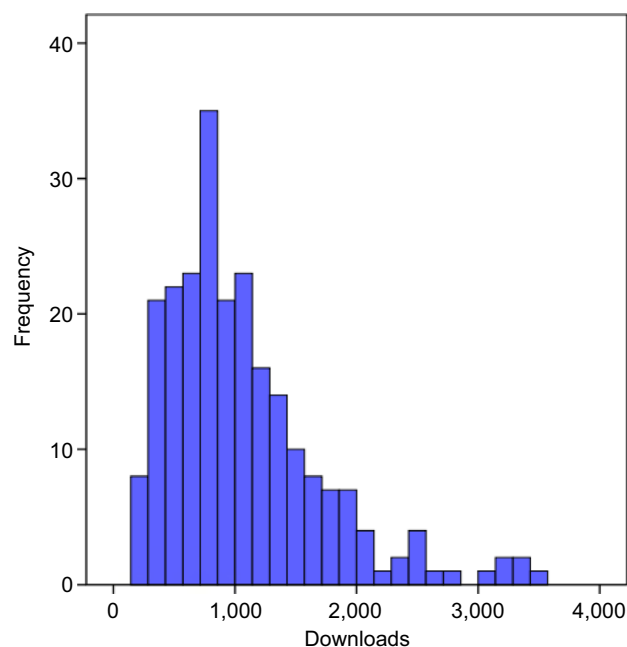
**Figure 1** Abstract views per paper (n=234)*.

Notes: Mean = 2,590.2, SD = 1,388.2, median = 2,416, minimum = 411, maximum = 7,173. *Data missing for one.

Abbreviation: SD, standard deviation.

Table 2 Abstract views over time

Year	Mean	N	Standard deviation	Median	Range	Minimum	Maximum
2008	4,846.00	3	2,019.527	3,814.00	3,622	3,551	7,173
2009	4,540.00	7	1,145.579	4,420.00	3,398	3,174	6,572
2010	3,634.13	15	585.224	3,485.00	2,234	2,311	4,545
2011	4,203.37	19	946.250	4,072.00	4,765	2,011	6,776
2012	4,299.61	18	780.580	4,155.00	2,674	3,335	6,009
2013	3,035.48	21	1,056.680	2,845.00	4,809	1,706	6,515
2014	2,545.82	34	539.821	2,425.00	2,365	1,722	4,087
2015	2,118.00	69	743.350	2,025.00	3,079	991	4,070
2016	1,074.35	48	945.177	850.00	5,056	411	5,467
Total	2,590.18	234	1,388.159	2,416.50	6,762	411	7,173

**Figure 2** Downloads per paper (n= 234)*.

Notes: Mean = 1,066.1, SD = 648.0, median = 902, minimum = 186, maximum = 3,529. *Data missing for one.

Abbreviation: SD, standard deviation.

infection, cancer, drug treatment, and rare medical syndromes. That is, until 2015 when Dr Scott Fraser joined the *IMCRJ* as Editor-in-chief of the section on eye disease, since when 50 related reports have been published through mid-2016.

This first decade of publication experience presages a sustained and growing interest in the field of peer-reviewed, open-access journal format case reports.

Acknowledgments

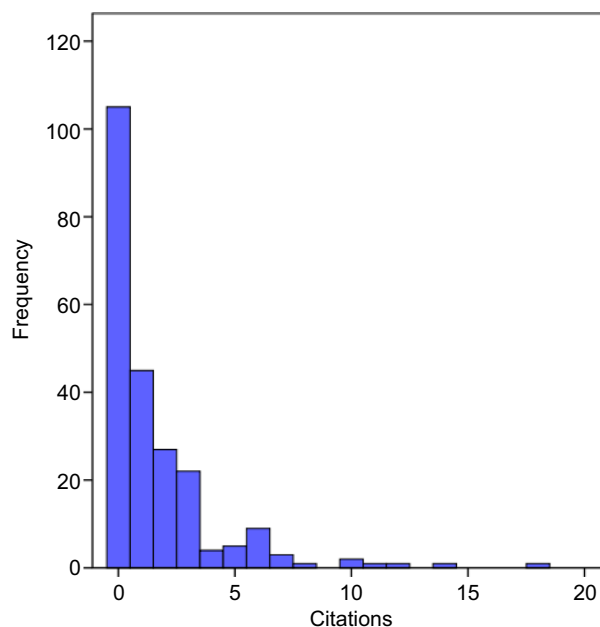
RJ Prineas and S Fraser are Editors-in-Chief. A list of the editors serving on the Editorial Board appear on https://www.dovepress.com/editors_in_chief.php.

Disclosure

The authors report no conflicts of interest in this work.

Table 3 Downloads over time

Year	Mean	N	Standard deviation	Median	Range	Minimum	Maximum
2008	2,641.00	3	789.362	2,375.00	1,510	2,019	3,529
2009	2,130.00	7	528.531	2,015.00	1,516	1,509	3,025
2010	2,269.67	15	680.993	2,001.00	2,163	1,233	3,396
2011	1,521.63	19	393.549	1,518.00	1,361	889	2,250
2012	1,329.59	17	306.520	1,308.00	971	979	1,950
2013	1,234.00	20	654.804	1,084.50	2,650	743	3,393
2014	1,012.53	34	252.214	971.50	1,146	564	1,710
2015	894.67	43	439.310	890.00	1,687	225	1,912
2016	592.69	26	183.878	602.50	582	305	887
Total	1,203.15	184	658.755	1,054.00	3,304	225	3,529

**Figure 3** Citations per paper (n=227)*.

Notes: Mean = 1.6, SD = 2.6, median = 1, minimum = 0, maximum = 18. *Data missing for 8.

Abbreviation: SD, standard deviation.

Table 4 Citations per report over time

Year	Mean	N	Standard deviation	Median	Range	Minimum	Maximum
2008	2.00	3	3.464	0.00	6	0	6
2009	4.14	7	5.113	1.00	12	0	12
2010	2.13	15	1.922	1.00	6	0	6
2011	1.68	19	2.605	0.00	10	0	10
2012	2.53	17	2.154	2.00	7	0	7
2013	3.95	20	4.395	2.00	18	0	18
2014	2.36	33	2.714	2.00	14	0	14
2015	0.79	68	1.276	0.00	6	0	6
2016	0.24	45	0.570	0.00	3	0	3
Total	1.60	227	2.556	1.00	18	0	18

Reference

1. Sun GH, Alui O, Hayward A. Open-access electronic case report journal: the rationale for case report guidelines. *J Clin Epidemiol.* 2013;66:1065–1070.

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