Evolving From Clinical Case Reports to Clinical Case Letters: A New Direction for the Journal of Oral Implantology

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The publication of case reports is a long-standing tradition for the Journal of Oral Implantology (JOI). This tradition developed because the American Academy of Implant Dentistry and the American Academy of Implant Prosthodontics principally define themselves as a brotherhood of clinicians. Recently, many international journals, particularly in the dental fields, have decided for editorial reasons to reduce the number of published case reports. However, for JOI, case reports are of great interest to our readers and provide added value to the daily clinical practice of implant dentistry. Case reports often bring a relatively low level of scientific proof or demonstration in comparison to case series or full randomized studies, and as a result are rarely cited. Consequently, case reports for many implant journals were among the first victims of the evidence-based implant dentistry era. JOI is a clinically based journal and continues to publish case reports because these articles provide relevant clinical narratives for our readers. Even if imperfect and presenting a relatively low level of proof by evidence-based standards, case reports always offer interesting information for our clinician readership. Additionally, they often are the catalyst for the development of new concepts and techniques or for the understanding of unexpected results. Case reports are also the simplest and potentially only method for non-academic clinicians to publish the incredible clinical experience collected daily in private practice. They are the witnesses of the “real clinical world,” and offer a unique insight different from those presented in evidence-based academic papers. An excellent example would be the Summers’ osteotomy technique—one of the most frequently used approaches in oral implantology today. The initial three papers published concerning the Summers’ technique were technical notes with a limited level of proof. However, these papers have revolutionized the method by which clinicians place implants in the posterior maxilla when there is deficient bone height and also the scientific community’s thoughts regarding the biological properties of the sinus membrane.

This explains why many top medical journals continue to publish case reports, albeit in a variety of formats. The best example is The New England Journal of Medicine (ranked among the best scientific journals with a 2010 impact factor over 50), which publishes several short case reports each week, in the form of “images in clinical medicine,” “clinical problem-solving,” “clinical practice,” and various forms of clinical editorials, with each of these following a letter format.

Indeed, the case reports can take various formats:
i) presentation of a rare pathological or anatomical case,
ii) novel treatment option,
iii) presentation of an innovative technique to solve a current clinical problem, and
iv) alternate ideas on controversial clinical issues before the profession.

The abundance of products available, techniques, and clinical approaches that can be used to solve a case are difficult to capture and debate openly in the form of an academic journal. This clinically relevant material can take endless forms, and requires a degree of imagination on how best to integrate this valuable information properly into the editorial strategy for all journals, including *JOI*.

From January 2009 to the present, *JOI* has published more than 40 papers that could be regarded as case reports. Several papers describe the treatments and outcomes in multifarious pathological situations, particularly in patients with general syndromes, malformations, tumor lesions, or heavy trauma. Several articles reported the treatment of intricate (and occasionally rare) cases, describing in detail the treatment options and outcomes, sometimes with the collection of histological and radiological data, or with a long-term follow-up. Other case reports were mainly technical notes, suggesting and describing a new approach to solve a specific clinical problem. A portion of these articles presented an ambiguous profile, some of them being reviews illustrated with a case report, while others were case series presented almost like a case report/technical note. Finally, some reports presented the preliminary results on one case of a basic science experiment, such as the use of growth factors, a new surface, or bone scaffold in vivo.

These articles brought interesting and informative concepts to the readers of *JOI*. However, the number of submissions of case reports to *JOI* is increasing considerably, and the diversity and quantity of these papers require that *JOI* refine its editorial strategy for the future in order to keep a strong editorial coherence and clarity for our readership. This clarity is necessary if we are to keep these clinical important materials as the source for an opened clinical debate and not as a huge stack of indigestible communications.

With this being the case, the first evolution in the publication of case reports in *JOI* will be the transformation in 2012 of “case reports” into “case letters.” The format of these papers will remain initially similar, except that case letters will be published without an abstract, but they will soon evolve into a shorter format. This reduction in the size of the case reports will allow *JOI* to publish more clinical cases per issue (within the same number of pages), and to regroup the letters into editorial collections easier to handle by the readership. The guidelines for authors will soon be updated following this logic.

In the future, it is expected that these case letters will be the founding of a dense editorial strategy, centered on reader-friendly and high-quality short articles for clinicians. This approach for the publication of our clinical experiences will also open, in the coming years, a novel way to publish discussions and debates concerning the different methods to solve a clinical problem or the results obtained using different techniques or categories of products. Just as implant dentistry is evolving, the oldest journal in implant dentistry (*JOI*) must evolve.

**REFERENCES**


