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Letter to the Editor

Science of case reporting: Integrating CARE guidelines for enhanced clinical significance

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Dear Editor,

I am writing regarding the case report titled “Cardiac care in trisomy 18: A path to improved outcomes (case report)” by Dowaikh et al.,¹ published in your esteemed journal. While the report provides valuable insights into the potential benefits of cardiac interventions in Trisomy 18 patients, I believe it falls short in several critical areas when evaluated against the CARE guidelines for case reports.²

While the report does present the events in a chronological order, a visual timeline would still be beneficial to enhance the reader’s understanding of the case progression and decision-making process.

The patient information provided is incomplete. While basic details are given, there is a notable absence of family history, psychosocial factors, and genetic predispositions. In a case involving a genetic disorder like Trisomy 18, these elements are particularly crucial. Crucial details about the patient’s family history, such as any familial predispositions or previous occurrences of the condition, could provide important context. Similarly, information about the patient’s psychosocial background, including the family’s socioeconomic status, support systems, and overall living environment, could have a significant impact on the patient’s care and outcomes. Providing a more comprehensive patient profile would greatly improve the report’s value and allow readers to better contextualize the case.

The rationale for certain clinical decisions, such as waiting until the patient reached 2 kg for intervention, is not adequately explained. This information is vital for readers to understand the thought process behind the care provided.

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The discussion section, while touching on important points, lacks depth. A more comprehensive comparison with similar published case reports or studies would greatly enhance the value of this report. Situating this case within the broader context of existing literature on cardiac interventions for Trisomy 18 patients would provide valuable context for the reader. This could include an analysis of the outcomes, complication rates, and long-term prognosis observed in comparable cases. Additionally, the discussion could be enriched by addressing the potential limitations of the intervention, as well as any challenges or barriers faced during the patient’s care. Acknowledging these aspects would demonstrate a more well-rounded understanding of the case and the broader implications for Trisomy 18 management. The ethical considerations mentioned are pertinent but warrant a more thorough exploration, especially given the controversial nature of interventions in these cases.

Perhaps most critically, the report lacks the patient’s family’s perspective. In a case involving a neonate with a life-limiting condition, the family’s voice is invaluable. Their experience, decision-making process, and reflections on the interventions would add a crucial dimension to this report.

Lastly, there is no explicit mention of informed consent for publication. This is a significant ethical oversight that needs to be addressed.

While this case report undoubtedly contributes to the growing body of evidence supporting cardiac interventions in Trisomy 18 patients, addressing these shortcomings would greatly enhance its value to the medical community.

Author contributions

Conceptualization: SI. Data Curation: SI. Formal Analysis: SI, MU. Investigation: SI, MU, MI. Methodology: SI, MU, MI. Project Administration: SI, MU, MI. Supervision: SI, MU. Validation: SI, MU, MI. Visualization: SI, MU, MI. Writing - Original Draft: SI, MU, MI. Writing - Review Editing: SI, MU, MI.

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During the preparation of this work the authors used GPT 4.0 in order to improve the overall language and check grammatical errors after writing the manuscript. After using this, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

References

1. Dowaikh A, Alsahari A, Khoshhal S, Momenah T. Cardiac care in trisomy 18: a path to improved outcomes (case report). *Journal of Taibah University Medical Sciences* 2024; 19(3): 545–548. <https://doi.org/10.1016/j.jtumed.2024.04.003>.
2. Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, Tugwell P, et al. CARE guidelines for case reports: explanation and elaboration document. *J Clin Epidemiol* 2017; 89: 218–235.

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