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The *Journal of Neurocritical Care* (*J Neurocrit Care*, *JNC*) is the official publication of the Korean Neurocritical Care Society. *JNC* is a peer-reviewed, open-access journal dealing with broad aspects of neurocritical care. *JNC* aims to improve the quality of diagnoses and management of neurocritically ill patients by sharing practical knowledge and professional experience with our readers—neurointensivists, critical care physicians, neurologists, neurosurgeons, anesthesiologists, emergency physicians, critical care nurses, and clinical pharmacists. Although *JNC* publishes papers on a variety of neurological disorders, it focuses on cerebrovascular diseases, epileptic seizures and status epilepticus, infectious and inflammatory diseases of the nervous system, neuromuscular diseases, and neurotrauma. We are also interested in research on neurological manifestations of general medical illnesses as well as general critical care of neurological diseases. *JNC* is published online twice a year: at the end of June and of December. The official website of *JNC* is <https://www.e-jnc.org>.

Manuscripts submitted to *JNC* should be prepared according to the instructions below. For issues not addressed in these instructions, the author should refer to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

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RESEARCH AND PUBLICATION ETHICS

The journal adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics [COPE], Directory of Open Access Journals [DOAJ], World Association of Medical Editors [WAME], and Open Access Scholarly Publishers Association [OASPA]; <https://doaj.org/bestpractice>). Further, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

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Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that are not in accordance with the Helsinki Declaration will not be considered for publication. For human subjects, identifiable information, such as patient names, initials, hospital numbers, dates of birth, and other confidential health care information should not be disclosed. Details regarding the Institutional Review Board (IRB) approval for clinical research should be included in the Methods section of the manuscript. For animal subjects, the authors should adhere to the local or national requirements for the care and use of laboratory animals in research. All animal experiments should be reviewed by the Institutional Animal Care and Use Committee (IACUC) of the organization where the experiments are performed. The Methods section of the manuscript must include a statement regarding IACUC compliance. If necessary, the editor or reviewers may request a copy of the document for clarifications about IRB/IACUC approval and related issues. *JNC* retains the right to reject any manuscript on the basis of unethical methodology or misconduct of research.

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Some article types (such as clinical research or case reports) may contain descriptions of individual patients. In such cases, a signed consent form must be obtained from each patient described in the manuscript and retained by the authors. The same rule applies to images of pa-

tients appearing (in part or whole) in a photograph or video. It is preferable to provide patients with the opportunity to read the manuscript and/or view the images or videos containing their images. A signed informed consent must also be obtained from non-patients (e.g., a physician or nurse) who are exposed to photographs or videos included in the manuscript. Authors should state in the cover letter submitted along with the manuscript that they have obtained a signed consent form and that this form will be retained with their records. This must also be stated in the Methods section. If the need for an informed consent is waived by the IRB for a study, this should be stated in the manuscript.

Conflict of Interest Statement

The author is responsible for disclosing any financial support or benefit that might affect the content of the manuscript or might cause a conflict of interest. When submitting the manuscript, the author must attach the letter of conflict of interest statement (https://www.e-jnc.org/authors/copyright_transfer_COI_statement.php). Examples of potential conflicts of interest are financial support from or connections to companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

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mendations (<http://www.icmje.org/icmje-recommendations.pdf>).

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Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, and analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (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. Authors should meet these four conditions.

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- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantially to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

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When the journal faces suspected cases of research and publication misconduct, such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problems with a submitted

manuscript, appropriation by a reviewer of an author's idea or data, and complaints against editors, the resolution process will follow the flowchart provided by COPE (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of academic records; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarized and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoid any conflict of interest with respect to articles they reject or accept; promote the publication of corrections or retractions when errors are found; and preserve the anonymity of reviewers.

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Registration of Clinical Trial Research

It is recommended that any research that deals with a clinical trial be registered with a clinical trial registration site, such as <http://cris.nih.go.kr>, <http://www.who.int/ictrp/en>, and <http://clinicaltrials.gov>.

Data Sharing

JNC encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

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JNC provides electronic archiving and preservation of access to the journal content in the event the journal is no longer published, by archiving in the National Library of Korea. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk>), authors cannot archive pre-print (i.e., pre-refereeing) but they can archive post-print (i.e., final draft post-refereeing). Authors can archive the publisher's version/PDF.

SUBMISSION AND PEER-REVIEW PROCESS

Submission

All manuscripts should be submitted online via the journal's website (<https://submit.e-jnc.org>) by the corresponding author. Once you have logged into your account, the online system will lead you through the submission process in a stepwise orderly process. Submission instructions are available at the website. All articles submitted to the journal must comply with these instructions. Failure to do so will result in the return of the manuscript and possible delay in publication.

Peer-Review Process

- A submitted manuscript will be evaluated by editors and reviewers. All manuscripts submitted to *JNC* undergo screening by the Editorial Board, who then determines whether a manuscript undergoes external review. Peer review is conducted by at least two reviewers with relevant expertise.
- The journal uses a **double-blind** peer review process: the reviewers do not know the identity of the authors, and vice versa.
- Reviewers can request authors to revise the content. The corresponding author must indicate the modifications made in their item-by-item response to the reviewers' comments. Failure to resubmit the revised manuscript within **2 months** of the editorial decision is regarded as a withdrawal.

- The editorial committee has the right to revise the manuscript without the authors' consent, unless the revision substantially affects the original content.
- After review, the editorial board determines whether the manuscript is accepted for publication or not. Once rejected, the manuscript does not undergo another round of review.
- After a manuscript is received by the editorial committee, an e-mail confirmation thereof will be sent to the author within 7 days. The author will be notified of any possible delay that is due to evaluation difficulty. The authors can make an inquiry to the editorial committee on the current evaluation phase of the manuscript. The Board will notify the author on the status of the board review process.

Submission by Editors

Final decisions regarding manuscript publication are made by the editor-in-chief or a designated editor who does not have any relevant conflicts of interest. In the event that an editor has a conflict of interest with a submitted manuscript or with the authors, the manuscript will be handled by one of the other editors who does not have a conflict with the review and who is not at the same institution as the submitting editor. In such circumstances, full masking of the process will be ensured so that the anonymity of the peer reviewers is maintained.

Appeals of Decisions

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal a decision should contact the Editor-in-Chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). *JNC* does not consider second appeals.

MANUSCRIPT PREPARATION

JNC focuses on clinical and experimental studies, reviews, case reports, and images in neurocritical care. Any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Manuscripts should be submitted in English.

General Requirements

- The manuscript must be written using Microsoft Word and saved as ".doc" or ".docx" file format. Authors should search for reporting guidelines relevant to their study design and submit

- the completed checklist as part of the initial submission.
- The page numbers must be indicated in Arabic numerals in the middle of the bottom margin, starting from the title page.
- Neither the authors' names nor their affiliations should appear on the manuscript pages.
- Use only standard abbreviations; the use of non-standard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The full form of a term followed by the abbreviation in parentheses should be used at the first mention, unless the abbreviation is a standard (e.g., DNA).
- The names and locations (city, state, and country only) of manufacturers of equipment and non-generic drugs should be given.
- Authors should express all measurements in conventional units using International System (SI) units.

Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized controlled trials, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, we strongly recommend that authors follow and adhere to the reporting guidelines relevant to their specific research design. For case reports, authors should follow the **CARE guidelines** (<https://www.care-statement.org>). Authors should **upload** a completed **checklist** for the appropriate reporting guidelines during initial submission. Some reliable sources of reporting guidelines are **EQUATOR Network** (<https://www.equator-network.org/>) and **NLM** (https://www.nlm.nih.gov/services/research_report_guide.html).

Composition of Manuscripts

- The manuscript types are divided into Original Article, Review Article, Case Report, and Images in Neurocritical Care. There is no limit to the length of each manuscript; however, if unnecessarily long, the author may be penalized during the review process.
- Original Articles should be written in the following order: title page, abstract, keywords, main body (introduction, methods, results, discussion), acknowledgments (if necessary), references, tables, figure legends, and figures. The number of references is limited to 45 (if the references exceed 45, authors can consult with the Editorial Office). Authors should select their study design of the reporting guidelines on the submission system and complete the checklist accordingly. The checklist should be submitted as part of the initial submission. The examples of the study designs are as follows: Randomized trials, Observational studies, Systematic reviews, Study protocols, Diagnostic/prognostic studies, Clinical practice guidelines, Qualitative research, Animal pre-clinical studies, Quality improvement studies, Eco-

conomic evaluations, and others.

- Review Articles should be written in the following order: title page, abstract, keywords, and main body (introduction, main text, and conclusion), acknowledgments (if necessary), references, tables, figure legends, and figures. There is no limit to the length of the main text as well as the number of references.
- Case Reports should be written in the following order: title page, abstract, keywords, main body (introduction, case report, and discussion), acknowledgments (if necessary), references, tables, figure legends, and figures. The total number of references is limited to 15. We recommend the use of the template provided at <https://www.e-jnc.org/authors/authors.php> for formatting the manuscript.
- Images in Neurocritical Care should be written in the following order and should not include an abstract and keywords: title page, main body, acknowledgments (if necessary), references, figure legends, and figures. The main body can be written freely without any constraints but should be within 200 words. The total number of references is limited to 4. A maximum of four authors is permitted.

Title Page

- The title page must include a title, the authors' names and academic degrees (include ORCID*), affiliations, and corresponding authors' names and contact information. In addition, a running title must be written within up to 50 characters including spaces. The corresponding authors' contact information must include a name, addresses, e-mails, telephone numbers, and fax numbers.
- * ORCID: We recommend that the open researcher and contributor ID (ORCID) of all authors be provided. To have an ORCID, authors should register in the ORCID website: <http://orcid.org/>. Registration is free to every researcher in the world.
- The contributions of all authors must be described using the CRediT (<https://www.casrai.org/credit.html>) Taxonomy of author roles.
- All persons who have made substantial contributions, but who have not met the criteria for authorship, are acknowledged here. All sources of funding applicable to the study should be stated here explicitly.

Abstract and Keywords

- For Original Articles, the abstract must be written by dividing it into background, methods, results, and conclusion; the abstract should be within 250 words. For Case Reports, the abstract must be written by dividing it into background, case report, and conclusion, and should be within 150 words. For Review Arti-

cles, the main body as well as the abstract can be written freely without any constraints.

- At the end of the abstract, three to six keywords should be listed. For the selection of keywords, refer to Medical Subject Heading (MeSH, <http://www.ncbi.nlm.nih.gov/mesh>).

Main Body

- For abbreviations, when first introduced, they should be fully explained and then inserted within parentheses. Thereafter, only the abbreviations should be used.
- In the abstract and main body, authors should use an italicized capital letter "P" for "P value" or the significance probability.
- All articles using clinical samples or data and those involving animals must include information on the IRB/IACUC approval and waiver or informed consent. An example is shown below. "We conducted this study in compliance with the principles of the Declaration of Helsinki. The study's protocol was reviewed and approved by the Institutional Review Board of OO (IRB no. OO). Written informed consent was obtained / Informed consent was waived."
- Description of participants: Ensure the correct use of the terms "sex" (when reporting biological factors) and "gender" (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example, in only one sex, authors should justify why, except in obvious cases (e.g., ovarian cancer). Authors should define how they determined race or ethnicity and justify their relevance.
- References must be numbered according to their quotation order. When more than two quotations of the same authors are indicated in the main body, a comma must be placed between a discontinuous set of numbers, whereas a dash must be placed between the first and last numerals of a continuous set of numbers: "Kim et al. [2,8,9] insisted..." and "However, Park et al. [11–14] showed opposing research results."
- Figures and tables used in the main body must be indicated as "Fig." and "Table." For example, "Magnetic resonance imaging of the brain revealed... (Figs. 1-3).

Figure

- Figures must be prepared in digital image files, and each figure must be submitted as a separate file.
- If one figure includes more than two pictures, they must be distinguished by adding alphabet labeling in capital letters, such as A, B, and C (e.g., Fig. 1A).

- Patterns are used instead of or in addition to colors for conveying information (colorblind users would then be able to distinguish the visual elements).
- Digital images
 - Each figure has to be prepared as a separate file and should not be inserted in the main body.
 - Remove the margins as much as possible when preparing pictures (especially CT or MRI images). Moreover, medical history reference numbers and names or other personal information must not be included.
 - When submitting photos of patients, the patients should not be recognizable. In case that the face of a patient is visibly recognizable, the patient's consent must be obtained.
 - The name of each file must correspond to its respective figure number.
 - If one figure contains more than two pictures (for example, A, B, and C), the figure must be prepared to be printed as a single image and submitted as a single file.
- File size and resolution
 - The digital image file of each figure must be of an adequate size and resolution so as not to compromise the quality of the printed output.
 - Line art (e.g., graphs, charts, family trees) must not exceed 800 dpi, whereas halftone (CT, MRI) or color pictures must be prepared in no less than 300 dpi.
 - When determining the size of a digital image file, the photo or image size must be greater than the print size, even when downscaled for insertion in the main body.
- File types
 - All file types (tiff, gif, jpeg, and ppt) may be submitted for evaluation by reviewers. However, if an article receives approval for publication, files must be submitted as .tiff or .pdf.
 - In the case of color photos, they must be saved and submitted in CMYK formats. Black-and-white pictures, such as CT and MRI images, must be submitted in grayscale mode.
- Figure legends
 - Figure legends must be precise and written in English on a separate page.
 - All abbreviations introduced in the figure legends must be defined as their first use.
 - If a figure contains more than two pictures, they must be labeled as A, B, C, and so on. The description of the entire figure as well as the individual explanation of A, B, and C must be included.

Table

- Tables must be embedded in the main body of the Microsoft

- Word file and include their respective title.
- One page must not include more than two tables.
- Footnotes are followed by the source notes, other general notes, abbreviation, notes on specific parts of the table (a), (b), (c), (d)...), and notes on level of probability (*, **, *** for *P*-values).
- A single unified decimal point must be applied in the same table.

References

- All references must be indicated in English.
- Every reference in the Reference section should be cited in the text. The number assigned to the reference citation is according to the first appearance in the manuscript. References in tables or figures are also numbered according to the appearance order. Reference number in the text, tables, and figures should in a bracket ([]).
- If there are more than six authors, the names of the first six authors must be specified, followed by "et al."
- The journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>).
- The overlapped numerals between the first page and the last page must be omitted (e.g., 2025-6).
- References to unpublished material, such as personal communications and unpublished data, should be noted within the text and not cited in the References. Personal communications and unpublished data must include the individual's name, location, and date of communication.
- Other types of references not described below should follow IC-MJE Recommendations (https://www.nlm.nih.gov/bsd/uniform_requirements.html).
- We recommend using the EndNote or Papers citation style available on the journal homepage. Please refer to the following examples.

- Articles in academic journals

1. Kang J, Kang CH, Roh J, Yeom JA, Shim DH, Kim YS, et al. Feasibility, safety, and follow-up angiographic results of endovascular treatment for non-selected ruptured intracranial aneurysms under local anesthesia with conscious sedation. *J Neurocrit Care* 2018;11:93-101.
2. van den Bent MJ, Keime-Guibert F, Brandes AA, Taphoorn MJ, Eskens FA, Delattre JY. Temozolomide chemotherapy in recurrent oligodendroglioma [abstract]. *Neurology* 2000;54(suppl 3):12.
3. Di Luca DG, Mohnney NJ, Kottapally M. Paroxysmal sympathetic hyperactivity with dystonia following non-traumatic bilateral thalamic and cerebellar hemorrhage. *Neurocrit Care* 2019 Feb 6 [Epub]. <https://doi.org/10.1007/s12028-019->

00677-9.

- Book & book chapter

4. Layon A. Textbook of neurointensive care. 1st ed. Amsterdam: Elsevier; 2003. p. 10-7.
5. Rincon F, Mayer SA. Intracerebral hemorrhage. In: Lee K, editor. NeuroICU book. 2nd ed. New York, NY: McGraw-Hill; 2018. p. 36-51.

- Online source

6. Weinhouse GL, Young GB. Hypoxic-ischemic brain injury in adults: evaluation and prognosis [Internet]. Waltham, MA: UpToDate; c2019 [cited 2019 Feb 10]. Available from: <https://www.uptodate.com/contents/hypoxic-ischemic-brain-injury-in-adults-evaluation-and-prognosis>.

Supplemental Data

Additional data, including Methods, Results, References, Tables, Figures, and video, that are difficult to be inserted in the main body can be submitted in the form of Supplemental Data. Supplemental Data submitted by the author will be published online together with the main body without going through a separate editing procedure. All supplemental data, except video materials, are to be submitted in a single file, and the manuscript title, authors' title, organization, and corresponding author's contact information must be specified in the first page.

FINAL PREPARATION FOR PUBLICATION

Final Version

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 2 days when the manuscript editor contacts the corresponding author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

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To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections will be published as corrigenda (corrections of the author's errors) or errata (corrections of the publisher's errors) in a later issue of the journal.

ARTICLE PROCESSING CHARGES

There is no author's submission fee or other publication-related fees as all publication costs are shouldered by the publisher.

NOTICE

The revised instructions for authors will be applicable from September 2021.

Revision History

- Aug 2020
 - Included a statement regarding IRB approval for case reports.
- Sep 2021
 - Enhanced the description regarding institutional or ethical approval and informed consent.
 - Added details regarding requirement of the manuscripts to adhere to recognized reporting guidelines relevant to the research design used and to submit a checklist as part of the initial submission.