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About the Journal

Indian Journal of Ophthalmology Case Reports, a companion Journal of the *Indian Journal of Ophthalmology* and a publication of the All India Ophthalmological Society, is a peer-reviewed quarterly compilation of issues published. The Journal will publish brief reports including but not limited to Case Reports, Case Series, Photo Essay, Ophthalmic Images, Clinico-Pathological Report, Clinico-Microbiological Report, and Letter to the Editor. The journal's full text is available online at <https://www.ijoreports.in>. The journal allows free access (Open Access) to its contents and permits authors to self-archive the content in an OAI-compliant institutional or subject-based repository.

Scope of the Journal

The journal will cover the entire spectrum of ophthalmology and its subspecialties and vision science. The Journal will publish brief reports including but not limited to Case Reports, Case Series, Photo Essay, Clinico-Pathological Report, Clinico-Microbiological Report, Clinico-Radiological Report, and Letter to the Editor. Articles with clinical interest and implications will be given preference.

The Editorial Process



- A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Indian Journal of Ophthalmology Case Reports alone at that point in time and has not been previously submitted, or already accepted for publication elsewhere.
- The Journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript.
- All manuscripts received are duly acknowledged and given a Manuscript Number.
- Upon submission, editors review all the submitted manuscripts initially for suitability for a formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant contribution are not proceeding for a formal peer-review. Manuscripts that are unlikely to be of interest to the Indian Journal of Ophthalmology Case Reports readers are also liable to be rejected at this stage itself.
- Manuscripts that are found suitable for publication in Indian Journal of Ophthalmology Case Reports are sent to two or more expert reviewers for Peer Review.
- During submission, the contributor is requested to provide names of two or three qualified reviewers who have experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should be from the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor.
- The Journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity.
- Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript.
- The comments and suggestions (acceptance/rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide responses to the reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.
- Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format.
- Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after this period.
- The entire process of submission of the manuscript to final decision and sending and receiving proofs is completed online.
- All the manuscripts are subject to final editing by the Editor and the Editorial Board. Deletion of certain unacceptable terms from the manuscript or grammatical correction or final reformatting to meet the journal's style will be performed at the stage of the final Editor's draft will not be forwarded for author approval.
- To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Clinical trial registry



- Indian Journal of Ophthalmology Case Reports favors registration of clinical trials and is a signatory to the *Statement on Publishing Clinical Trials in Indian Biomedical Journals*.

- Indian Journal of Ophthalmology Case Reports would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. But the format of the manuscript should be as per the Indian Journal of Ophthalmology Case Reports.
- Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and
- This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008.
- Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in Indian Journal of Ophthalmology Case Reports only if they have been registered with a clinical trial registry that allows unhindered online access to public without charging any fees.

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have a public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of 6 authors for all categories of brief reports. The authors should provide a justification for the number of authors. The journal has no limits. Two authors can have equal privilege as first authors and the names have to be indicated at the time of manuscript submission.

Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition, data collection, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. Authors' contributions may be printed along with the manuscript. All authors should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

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Submission of Manuscripts

MANUSCRIPTS MUST ADHERE TO SUBMISSION GUIDELINES FOR THE SPECIFIC CATEGORY

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The journal does not charge for submission and processing of the manuscripts.

The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscripts should be submitted in separate files:

[1] Title Page/First Page File/covering letter:

This file should provide

1. The type of manuscript (Case Report/Case Series, Letter to the Editor/Letter in Response, Guest Editorial, Ophthalmic Images, Photo Essay, Clinico-Pathological Correlation) title of the manuscript, names of all contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can

preferably Microsoft Word files saved as .doc or .docx. Do not use .pdf files or zip the files.

2. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion
3. Source(s) of support in the form of grants, equipment, drugs, or all of these.
4. Acknowledgment, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgment of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that mention the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor evaluate the work.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in a separate statement.
8. Criteria for inclusion in the authors'/ contributors' list
9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes in the work if that information is not provided in another form (see below); that there is no conflict of interest; and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if the manuscript is accepted for publication in the journal. This information should be included in the manuscript itself.

[2] **Blinded Article file:**

1. The main text of the article, beginning from Abstract, Key Words, Body of the Manuscript (in IMRAD sequence or as applicable to the specific type of manuscript), References, Tables, Legend to Figures, etc. in the following sequence
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10. **Limit the file size to 1 MB.**
11. Do not incorporate images or graphs in the main manuscript file.
12. See detailed instructions for tables and figures below.

[3] **Images:**

1. Submit good quality color images.
2. **Each image should be less than 2 MB in size.**
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4. Images are to be submitted as JPEG files.
5. Graphs can be submitted as images separately without incorporating them in the article file.
6. Do not zip the files.
7. Legends for the figures/images should be included at the end of the article file.
8. See specific instructions about the image quality and formatting - please scroll down to the section "Figures and Illustrations"

[4] **COLOR IMAGE PROCESSING CHARGES**

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Preparation of Manuscripts



Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2007). The specific requirement of Indian Journal of Ophthalmology are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are available from the Indian Journal of Ophthalmology (<http://www.ijoreports.in>) and from the manuscript submission site <http://www.journalonweb.com/ijo>.

Indian Journal of Ophthalmology Case Reports accepts manuscripts written in American English.

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Types of Manuscripts



- The Indian Journal of Ophthalmology Case Reports endorses the use of appropriate reporting guidelines when writing any health research manuscript.
- We encourage you to submit completed checklists for the relevant guidelines (and flow diagram if applicable) alongside your manuscript.
- Editable checklists for reporting guidelines can be found on the EQUATOR Network site (www.equator-network.org), which also gives general information on how to choose the correct guideline. The checklist helps to ensure you have used a guideline correctly. At minimum, your article should report the content addressed by each item of the identified checklist or state that the item was not applicable and the reason why not (for example, if you did not use blinding, your article should explain this). Please indicate the page number where the particular item is mentioned in your manuscript.
- Meeting these basic reporting requirements will greatly improve the value of your manuscript, may facilitate/enhance the peer review process, and may enhance its chances for eventual publication. The checklist sections to be included in a particular type of manuscript as well as act as guides for the content in each section of the manuscript such as introduction, methods, results and discussion.
- If parts of the checklist are not applicable for your particular manuscript, use "NA" in the box provided against the particular item of the checklist. Checklists should be uploaded as additional supplementary files. If checklists are not uploaded, authors should mention a reason in the covering letter to the editor.
- Retrospective studies are not acceptable with study title as an acronym. Even for a prospective study, prior precedence is required for the study title to be an acronym. If it is the first report of a particular condition, the Editor has to be obtained before the study title can be written as an Acronym.
- **Uploading checklists will be mandatory along with each submission to the Journal**
- Some common study types and the appropriate guidelines are listed below. You may need to use more than one guideline, depending on your research. If you cannot find an appropriate guideline in the EQUATOR database.

The following table demonstrates the type of articles accepted by the Indian journal of Ophthalmology case Reports along with details of the type of abstract, word limit, tables and figures, references, and format used.

ARTICLE TYPE	ABSTRACT	WORD LIMIT	MAXIMUM TABLES AND FIGURES	MAXIMUM REFERENCES	DESCRIPTION
CASE REPORT OR SHORT CASE SERIES	Unstructured abstract, minimum 100 words and maximum 150 words	1000 words maximum excluding title, abstract, legends and references.	Five tables or figures	10	Reporting one case study. Cases should have excellent documentation, and rare entities or that describe a unique management strategy that adds to the existing knowledge pool. In a Case Report, Discussion and Conclusion should be included in the manuscript. Case series must contain a minimum of 10 cases.

					cases and a maximum of 10 cases on a similar theme. Introduction, Case Report, Discussion and Conclusion sections should be included in the manuscript.
CLINICO-PATHOLOGICAL CORRELATION, CLINICO-MICROBIOLOGICAL CORRELATION, CLINICO-RADIOLOGICAL CORRELATION, CLINICAL-IMAGING CORRELATION	Unstructured abstract, minimum 100 words and maximum 150 words	1000 words maximum excluding title, abstract, legends and references.	Five tables or figures	10	Case reports should have excellent documentation, should be unique or that describe a new finding or management strategy, which will add to existing knowledge pool. Introduction, Report, Discussion and Conclusion sections should be included in the manuscript. Should be clear clinical correlation with histopathology, microbiology, radiology techniques. Case series must consist of three cases and a maximum of 10 cases focusing on a similar theme. Introduction, Reports, Discussion and Conclusion sections should be included in the manuscript. Should be clear clinical correlation with histopathology, microbiology, radiology techniques.
PHOTO ESSAY	No abstract	Maximum 500 words excluding title, abstract, legends and references.	Five tables or figures	5	Authors should submit the case report with discussion of unique entities that are clinical curiosities, unique imaging findings, a teaching point, or that describe a unique management strategy. Introduction, Case Report Discussion and Conclusion sections should be included in the manuscript.
OPHTHALMIC IMAGES	No abstract	Maximum 100 words excluding title, abstract, legends and references.	One image or one formatted composite image with no more than 4 parts	5	Striking images of classic clinical entities generally not available in standard textbooks or those not widely published. Images should describe unique entities that are clinical curiosities, unique imaging findings with a teaching point, or that describe a new finding or a unique management strategy. The images must be stand alone and should be accompanied by a detailed description of morphology.
SURGICAL TECHNIQUES	Unstructured Abstract, minimum 100 words and maximum 150 words	Maximum 1500 words excluding title, abstract, legends and references.	Ten tables or figures	20	Novel surgical techniques or innovations that have the potential to reduce surgical morbidity and/or enhance outcomes. The manuscript should start with a short introduction, describe the technique succinctly and should be accompanied with a video file if possible. It is recommended to furnish preliminary results along with the technique. Introduction, Surgical Technique and Conclusion sections should be included in the manuscript.

INNOVATION	Unstructured Abstract, minimum 100 words and maximum 150 words	Maximum 1500 words excluding title, abstract, legends and references.	Ten tables or figures	20	Brief reports pertaining to defining unequivocally novel innovation documentation, imaging, diagnosis, medical management or surgical innovations should be accompanied by a cover letter and file if possible. Introduction, Innovation, Discussion, Conclusion sections should be included in the manuscript.
LETTERS TO THE EDITOR AND LETTERS IN RESPONSE	No abstract	Maximum 300 words excluding title, abstract, legends and references.	Two tables or figures	5	Letter to the editor are short letters responding to a specific article. Case Reports or raising new issues are only letters relating to articles published within the last 6 months will be accepted. Letters in response are invited responses. Case reports are generally accepted as Letters.

Ethics

When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional review board) or a similar committee. Declaration of 1975, as revised in 2000. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institutional animal care and use committee or any national law on the care and use of laboratory animals was followed.

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). *Identify references in text*, tables, and legends by Arabic numerals in *superscript* punctuation marks. *References cited only* in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. References are based on the formats used by the NLM in *Index Medicus*. The titles of journals *should be abbreviated* according to the style used in *Index Medicus*. Use complete name of the journal for non-indexed references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" if the information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or <http://www.nlm.nih.gov/bsd/unpublished.html>)

Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. *Trans. R.Soc. Trop. Med. Hyg.* 2008; 62: 202-207.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al.* Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al.*, Field Evaluation of a Rapid Immunochromatographic Test for the Diagnosis of *Trypanosoma cruzi* Infection by Use of Whole Blood. *J. Clin. Microbiol.* 2008; 46: 2022-2027.
3. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; Suppl 1: S1-S2.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In Ascariasis and its prevention and control*, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis 2004: pp 11-20.

Electronic Sources as reference

Journal article on the Internet:

Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess. *Am J Trop Med Hyg.* 2008; 78: 1022-1027.

Microbiology 2007, **7**:41.doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com/1471-2180/7/41>

Website references:

Available from: https://crstoday.com/wp-content/uploads/sites/4/2019/08/0819CRST_F_Specialty.pdf [last accessed 2020 November 23]

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- **Tables with more than 5 columns and 20 rows are not acceptable.**
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
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- Tables should be included in the Manuscript File after the References Section.
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- Cite the video (as Video Clip 1, Video Clip 2 etc) in the manuscript at the appropriate location.
- Provide legends for video clips following legends for figures.
- Video files should be uploaded with the submission into the electronic submission system. File names should correspond to video legends.
- Please mention the number of video clips on the title page

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2. If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be included in the manuscript.

Sending a revised manuscript



The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" of the revised version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point to point clarification at the beginning in the revised file itself. In addition, any changes should be indicated as underlined or colored text in the article.

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- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

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- Last name and given name provided along with Middle name initials (where applicable)
- Author for correspondence, with e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)

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- Double spacing
- Margins 2.5 cm from all four sides
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- Title page contains all the desired information
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- Abstract page contains the full title of the manuscript
- Abstract provided (structured abstract of 250 words for original articles, unstructured abstracts of about 150 words for all other manuscripts excluding letters to the Editor)
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)
- The references cited in the text should be after punctuation marks, in superscript with square bracket.
- References according to the journal's instructions, punctuation marks checked
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- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out
- Check the manuscript for spelling, grammar and punctuation errors
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- Species names should be in italics

Tables and figures

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)

- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
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- Credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote

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