**Case report**

**Title: a case report**

**Abstract**

The abstract should be within 250 words. Abstracts comprise one paragraph (no explicit subheadings). Use neither bibliographic references nor references to figures or tables in the Abstract.

**Keywords:** Adverse effects; Cancer pain; Case reports; Ketamine; Palliative care

Three to five keywords should be listed. For the selection of keywords, refer to Medical Subject Heading (MeSH, <http://www.ncbi.nlm.nih.gov/mesh>).

※ For case report, authors should follow the **CARE guideline** (https://www.care-statement.org). Authors should upload a **completed checklist** for the appropriate reporting guideline during original submission.

**Introduction**

Case Reports should be written in the following order: title page, abstract, keywords, main body (introduction, case report, and discussion), references, tables, figure legends, and figures. The total number of references is limited to 20.

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.”

**Case**

All articles using clinical samples or data and those involving animals must include information on the IRB/IACUC approval or waiver and informed consent. An example is shown below.

|  |
| --- |
| Ethical statements: This study was exempted from review by the Institutional Review Board (IRB) of OOO Medical Center (IRB No: 116286-202111-HR-02). Written informed consent was obtained from the patients to participate in the study/Informed consent was waived. |

**Case 1**

**Case 2**

**Discussion**

**References**

1. Kim TS, Kang SH, Kang PM, Ha H, Kim SD, Yoon J, et al. Clinical significance of serum neutrophil gelatinase-associated lipocalin in the early diagnosis of renal function deterioration after radical nephrectomy. Kosin Med J 2018;33:20-8.

2. Verbalis JG. Renal physiology of nocturia. Neurourol Urodyn 2014;33(Suppl 1):S6-9.

3. Di Luca DG, Mohney 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.

4. Hong GD, Kim C, Park J. KMJ reference style: a guide for authors. 5th ed. Seoul: Daehakro Press; 2017.

5. Floch MH. Probiotics, probiotics and dietary fiber. In: Buchman A, editor. Clinical nutrition: a guide for gastroenterologists. Thorofare: SLAK Incorporated; 2005. p. 18-24.

6. Testa J. The Thomson Reuters journal selection process [Internet]. Philadelphia: Thomson Reuters; c2012 [cited 2013 Sep 30]. Available from: http://wokinfo.com/essays/journal-selection-process.

**Figure Legends**

Fig. 1. Legend text.

Fig. 2. Legend text.

Please note that the actual figures should be uploaded separately.

Table 1. A brief, specific, descriptive title

|  |  |
| --- | --- |
| **Variable** | **Value** |
| Door-to-puncture time (hr) | 2.73±0.33 |
| Procedural time (hr) | 2.26±1.1 |
| Coiling techniques |  |
| Simple coiling | 232 (72.5) |
| Stent assisted coiling | 71 (22.2) |
| Balloon and stent assisted coiling | 17 (5.3) |
| Obliteration (RR) |  |
| Class I | 270 (84.3)a) |
| Class II | 45 (14.1) |
| Class III | 5 (1.5) |
| Procedural complication |  |
| Thromboembolic events | 25 (7.8) |
| Intraprocedural rupture | 14 (4.3) |

Values are presented as mean±SD or number (%). (general note)

RR, Raymond-Roy classification. (abbreviation)  
a)Total may not sum to 100% because of rounding. (notes on specific parts)

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