

## A New Feature in the Cleft Palate Journal

# . . . CLINICAL CONFERENCE

Well documented, carefully analyzed case reports can provide insight into fundamental mechanisms as well as assist the clinician who may be faced with similar undiagnosed problems. The case study serves as a guide for the student and as a source of continuing education for the practitioner.

It is not surprising that journals of excellent repute have provided space for such contributions. *The New England Journal of Medicine* publishes the weekly clinicopathological exercises derived from the case records of the Massachusetts General Hospital. In an entirely different style, more condensed and visual, the "Syndrome of the Month" feature in the *American Journal of Diseases of Children* offers brief descriptions of various syndromes. To cope with the expanding interest in syndromes, a new service in the form of a semi-annual publication entitled **Syndrome Identification** is published by the National Foundation—March of Dimes.

The Journal Policy Committee of the *Cleft Palate Journal* recognized the value of this type of presentation, particularly as it sought to expand the scope of the *Journal* by including a wider range of papers relating to craniofacial and oral anomalies. Accordingly, a new section, to be entitled *CLINICAL CONFERENCE*, has been created within the *Journal* with the express purpose of encouraging publication of unusual and interesting case reports.

The intent is to develop a format that will establish a high standard for these reports while reflecting the special interests of our readers. To maintain consistency in the literature, especially in reporting unusual syndromes, the editor recommends that contributors conform to the guidelines in **Syndrome Identification**. With the kind permission of Dr. Daniel Bergsma, editor of **Syndrome Identification**, and the National Foundation—March of Dimes, we are reprinting their guidelines with modification to reflect the special interests of our readers.

In a forthcoming issue, the Section Editor will announce a roster of associate editors to assist in review.

SAMUEL PRUZANSKY, D.D.S.  
Section Editor  
Clinical Conference

## GUIDELINE FOR CLINICAL CONFERENCE MANUSCRIPTS

### I. PURPOSE

- A. Brief statement indicating reason for report.

### II. HISTORY AND PHYSICAL EXAMINATION

#### A. History

1. Birth date, age, and sex
2. Succinct history with only pertinent material
3. Pregnancy history
  - a. gravida\_\_\_\_\_para\_\_\_\_\_ab\_\_\_\_\_
  - b. exposure to x-rays, toxins, infections, etc.
  - c. medical complications
  - d. other pertinent findings
4. Delivery
  - a. complications
  - b. Apgar score
  - c. birthweight and length
  - d. abnormal physical findings at birth
  - e. general condition in neonatal period
  - f. other pertinent findings
5. Family history
  - a. pedigree including miscarriages, ages of parents at birth of patient, consanguinity, and pertinent abnormalities in family members
6. Systemic review
  - a. pertinent findings *only* (including development and charts for height and weight)
7. Pertinent additional data
  - a. only highly relevant data such as unusual illnesses, management, etc.

#### B. Physical Examination

1. Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ H.C. \_\_\_\_\_
2. General description
3. Face description with measurements if possible. Listed is a guideline for describing various facial abnormalities:
  - a. general description: rounded, triangular, etc.
  - b. eyes: distance, slant, epicanthal folds, ptosis, and ocular pathology
  - c. ears: position (posteriorly placed, low set), size, shape, consistency, etc.
  - d. nose: broad bridge, shape, nasal-labial distance
  - e. mouth: shape, size, macroglossia, abnormalities of teeth, palate, micrognathia, etc.
  - f. neck: short, webbed, low hairline, etc.

4. Remainder of the physical examination should include only pertinent findings. Emphasis should be placed on abnormalities of the skeletal system when present:
  - a. proximal or distal shortening, arachnodactyly, brachydactyly, broad hands, clinodactyly, syndactyly, etc.
5. Dermatoglyphics.

**III. LABORATORY DATA**—Only if pertinent. Include chromosomal analysis if done.

**IV. X-RAYS**—Photographs or tracings of x-ray films (if relevant).

**V. PHOTOGRAPHS**—Signed permission required.

**VI. SPEECH PATHOLOGY.**

**VII. AUDIOLOGY.**

**VIII. TREATMENT**—Relevant summary.

**IX. FOLLOW-UP RESULTS.**

**X. DISCUSSION**—Only relevant comments concerning diagnosis and subsequent state.

**XI. REFERENCES**—Only if merited.

**XII. RECOMMENDED INDEX TERMS**—(Should include major manifestations such as cleft palate, microtia, anophthalmia, mental retardation, congenital heart disease, etc.)