

Letter to Editor

Reporting an Index Case: “Mighty Oaks from Little Acorns Grow”

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Cite this article as: Akgün M. Reporting an Index Case: “Mighty Oaks from Little Acorns Grow”. Turk Thorac J 2019; 20(4): 267-8.

Dear Editor,

With great interest, I read the article by Dikensoy [1]. He provided some key messages highlighting the importance of case reports in medical education by giving personal examples and expressed his concern on the decreasing trend in the acceptance rate of case reports, especially by high-impact journals.

I agree with him. Case reports not only educate the authors but also provide valuable information to the readers. I personally, too, have noticed the trend of reputable journals refusing to publish case reports. The competitive pressure on journals to have an high impact may be one of the reasons. Usually, one expects a rare and unique case to be published; however, the rarer a condition, the lower its potential to be cited. To overcome this dilemma, some journals prefer publishing case reports under non-citable items such as the letter to the editor.

I would like to thank the author for mentioning our case report on silicosis due to denim sandblasting [1, 2]. As he stated, case reports, as in our example, may have great significance and impact beyond our estimation. The press release by the European Respiratory Society during its International Congress, which was held in Copenhagen in 2005, was an important milestone in articulating the problem. The first report on silicosis cases due to denim sandblasting [2] was followed by a case series [3]. We then conducted an epidemiological study to more clearly reveal the problem [4]. In the meantime, we conducted some other studies to define the different aspects of silicosis due to denim sandblasting [5]. In my opinion, all these studies helped bring about banning of sandblasting with silica-containing material in 2009 in Turkey. Furthermore, uninsured employees were provided free access to health care and a right to compensation, although the right was granted only for a temporary period. In another study, we showed that the course of silicosis among denim sandblasters was more progressive than classical cases [6]; thus, we requested an extension of that compensation period to cover these new cases. We have also been involved in a study that may have future therapeutic potential for silicosis patients [7].

Silicosis has been diagnosed in many different workplaces [8], but it can appear in a new area when working conditions change or new technology or materials are introduced, for example, the recently observed silicosis cases due to artificial stone use [9]. Therefore, each new case should be carefully evaluated. In most of the cases, obtaining a thorough occupational history is the key to revealing an undetermined or undefined problem. As an example, in this male-dominant sector, we have recently described a new case of female silicosis that was misdiagnosed as sarcoidosis, thereby exposing the patient to some unnecessary invasive procedures and medication because her occupational history was not taken properly [10].

Further, the first identified case (aka index case) in the occupational environment plays a vital role, especially in countries where the surveillance system is not effective. The index case is defined in Merriam-Webster's Medical Dictionary as “an instance of a disease or a genetically determined condition that is discovered first and leads to the discovery of others in a family or population.” It draws attention to the existence of a workplace hazard. Initiation of control activities can help ameliorate the hazardous condition associated with the causation of the index case.

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Additionally, it may provide the affected individuals with appropriate follow-up.

As a final remark, case reports play an important role in medical education. This is especially true in the context of environmental and occupational exposure. The index case is very important for identifying a new hazard and identifying at-risk employees. Thus, the cases, including the index cases, are worthy of more frequent publication.

Peer-review: Externally peer-reviewed.

Conflict of Interest: The author has no conflicts of interest to declare.

Financial Disclosure: The author declared that this study has received no financial support.

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