

Modern Rheumatology Case Reports

Instruction for Authors

About the journal

Modern Rheumatology Case Reports is an international, peer reviewed journal, publishing high-quality content.

Aims and scope

Modern Rheumatology Case Reports is an online-only journal dedicated to publishing original single and series case reports and letter in English on rheumatism, connective tissue diseases, musculoskeletal disorders including osteoporosis, orthopedic/spine surgery, rehabilitation and their associated areas such as pathology, physiology, immunology, microbiology and pharmacology. We encourage case reports worthy of discussion and clinical lessons particularly around aspects of differential diagnosis, decision making, management, treatment approach, uncommon adverse events, clinical guidelines and pathology.

Letters should be limited to commentaries on previous reports published in *Modern Rheumatology Case Reports*, subjects related to rheumatology and topics of potential interest to the readers. Papers are welcomed from members of the Japan College of Rheumatology and non-members alike.

Submissions should be made through the journal's online submission system. All submissions are subject to single blind peer review and will only be published after peer review. Articles should not be under review by any other journal when submitted to *Modern Rheumatology Case Reports*.

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Papers are subject to peer review by at least two referees and the Editors, and to editorial revision of the language and contents. The Editorial Board is responsible for the acceptance, rejection, and order of publication of papers. If authors are requested to revise and resubmit the paper, it should be completed within 2 months. Failure to do so will constitute a withdrawal from publication.

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Preparing your paper

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1. Ames PRJ, Lupoli S, Alves J, Atsumi T, Edwards C, Iannaccone L, et al. The coagulation/fibrinolysis balance in systemic sclerosis: evidence for haematological stress syndrome. *Br J Rheumatol*. 1997;36:1045–50.
2. Kamihara S. Case of Sjögren syndrome associated with idiopathic monoclonal IgA rheumatoid factor and pyroglobulinemia (in Japanese). *Rinsho Ketsueki*. In press.
3. Mitchell AJ, Vaze A, Rao S. Clinical diagnosis of depression in primary care: a meta-analysis. *Lancet*. 2009. doi:10.1016/S0140-6736(09)60879-5.
4. Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sep 6–10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561–5.
5. Cassidy JT. Systemic lupus erythematosus, juvenile dermatomyositis, scleroderma, and vasculitis. In: Kelly WN, Harris ED Jr., Ruddy S, Sledge CB, editors. *Textbook of Rheumatology*. 5th ed. Philadelphia: WB Saunders; 1997. p. 1241–64.

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