

Anecdote from Editors Desk

Anecdote 2- Salami Slicing of Case Report

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Slicing a single research into many publishable papers is not a very uncommon practice. This is possible when a research includes study of multiple parameters/variables or a large dataset. The case of '33 papers from 1 study' may be the most intriguing one among the increasing pile of salami slicing [1]. Slicing a large dataset, not incomplete without each other, may not be culpable; but slicing a case report surely does not deserve any appeal. We are not-so-proud to accept that we have garnered experience on the newer variant; 'salami slicing of case report' which we would like to share in this editorial.

There are diseases that require multiple investigations for diagnosis and at times more than one diagnostic modalities may validate the diagnosis. The author can draft this one case into more than one article, taking into account part of the investigations at each time. This act of publishing a single rare/good case with only a part of these investigative (mostly radiological) images so that other images can be sent as a separate article/case report, may have become a new practice. In this paper, we present a case report which was already published with a different set of images and the deceit came to light only on web search.

We received a rare case of multiple tumours in facial bones. Although rare, we could find another such case from the same institute and by the same author, present in google database. The one submitted in JCDR had details of the radiographic findings and the succinct surgical procedure that was undertaken. While, the published article was a detailed draft inclining more on the histopathological aspect of the tumour and an elaborate discussion on how the histological variants require varied surgical techniques and follow-up; including just

two CT images (other than the ones submitted to JCDR). The similarities in both the cases could not be overlooked and thus we asked for the complete set of radiological images (CT/MRI) and the photomicrograph as proof of final diagnosis. The authors behaved covertly, not replying to mails or telephonic calls. This confirmed our doubts. This case had an added feature too, that the draft was heavily plagiarised and had already raised a concern within the editorial team. The article was rejected and other steps deemed suitable were taken.

An honest editorial and peer reviewer, committed to science, would always be happy to push ahead a not-so-common case report. But one should always consider having a complete set of information and related documents. In this particular instance we feel that, besides the plagiarism, the absence of histopathological reports, and incomplete radiographical images, made the editor stall the article. As in research articles, case reports too must have all documental evidence, sequential and detailed presentation of the patient, that would commit to the final diagnosis. There are episodes wherein we asked authors reporting of rare pathologies, to submit the scanned copy of the histopathology report from the Department of Pathology or the discharge summaries. This is not only to stamp for the authenticity but also for future reference, in cases where readers might cast a doubt. However, we must state that besides all our efforts there would be articles that have passed across the editorial.

REFERENCES

- [1] <https://www.improbable.com/2018/03/03/scientific-salami-slicing-33-papers-from-1-study/>.

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ETYMOLOGY: Editorial

Date of Submission: **Jan 10, 2020**
Date of Peer Review: -----
Date of Acceptance: -----
Date of Publishing: **Feb 01, 2020**