



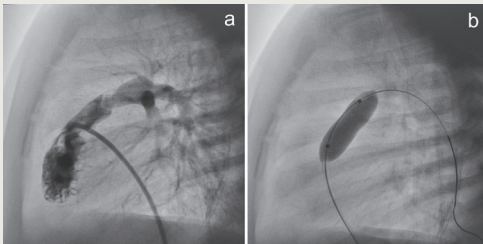
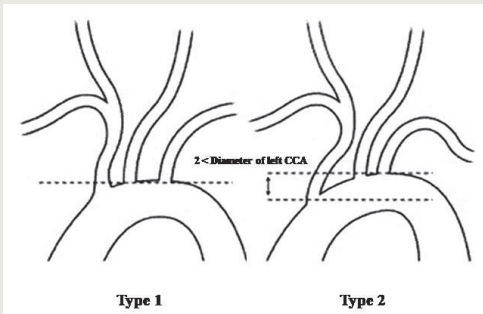
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Abbreviations: Abbreviations should be defined at first mention and used consistently thereafter. Internationally accepted abbreviations should be used; refer to scientific writing guides as necessary.

Cover letter: The cover letter should include statements about manuscript type, single-journal submission affirmation, conflict of interest statement, sources of outside funding, equipment (if applicable), approval of language for articles in English and approval of statistical analysis for original research articles.

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Preparation of research articles, systematic reviews and meta-analyses must comply with study design guidelines:

CONSORT statement for randomized controlled trials (Moher D, Schulz KF, Altman D, for the CONSORT Group. The CONSORT statement

revised recommendations for improving the quality of reports of parallel group randomized trials. *JAMA* 2001; 285:1987-91) (<http://www.consort-statement.org/>);

PRISMA statement of preferred reporting items for systematic reviews and meta-analyses (Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 2009; 6(7): e1000097.) (<http://www.prisma-statement.org/>);

STARD checklist for the reporting of studies of diagnostic accuracy (Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al., for the STARD Group. Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. *Ann Intern Med* 2003;138:40-4.) (<http://www.stard-statement.org/>);

STROBE statement, a checklist of items that should be included in reports of observational studies (<http://www.strobe-statement.org/>);

MOOSE guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting Meta-analysis of observational Studies in Epidemiology (MOOSE) group. *JAMA* 2000; 283: 2008-12).

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The title page should include the full title of the manuscript; information about the author(s) including names, affiliations, highest academic degree and ORCID numbers; contact information (address, phone, mail) of the corresponding author. If the content of the paper has been presented before, and if the summary has been published, the time and place of the conference should be denoted on this page. If any grants or other financial support has been given by any institutions or firms for the study, information must be provided by the authors.

For regular article submissions, "What's known on this subject?" and the "What this study adds?" summaries.

This page should include the title of the manuscript, short title, name(s) of the authors and author information. The following descriptions should be stated in the given order:

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The abstract should summarize the manuscript and should not exceed 300 words. The abstract of the original articles consist of the subheadings including "Objective, Methods, Results, and Conclusion". Separate abstract sections are not used in the submission of the review articles, case reports, technical reports, diagnostic puzzle, clinical images, and novel articles. The

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A list of minimum 4, but no more than 6 key words must follow the abstract. Key words in English should be consistent with "Medical Subject Headings (MESH)" (www.nlm.nih.gov/mesh/MBrowser.html).

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The instructions in general guidelines should be followed. The main headings of the text should include "Introduction, Material and Methods, Results, Discussion, Study Limitations and Conclusion". The introduction should include the rationale and the background of the study. Results of the study should not be discussed in this part. "Materials and methods" section should be presented in sufficient details to permit the repetition of the work. The statistical methods used should be clearly indicated. Results should also be given in detail to allow the reproduction of the study. The Discussion section should provide a correct and thorough interpretation of the results with the relevant literature. The results should not be repeated in the Discussion Part. The references should be directly related to the findings of the authors. Study Limitation should be detailed in the section. Conclusion section should provide highlighted and interpreted with the study's new and important findings.

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Original Articles should be no longer than 3500 words and include no more than 6 tables and 7 or total of 15 figures and 40 references. The abstract word limit must be 250.

Introduction

The article should begin with a brief introduction stating why the study was undertaken within the context of previous reports.

Materials and Methods

These should be described and referenced in sufficient detail for other investigators to repeat the work. Ethical consent should be included as stated above.

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The Results section should briefly present the experimental data in text, tables, and/or figures. Do not compare your observations with that of others in the results section.

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The Discussion should focus on the interpretation and significance of the findings with concise objective comments that describe their relation to other work in that area and contain study limitations.

Study Limitations

Limitations of the study should be detailed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

Conclusion

The conclusion of the study should be highlighted.

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The reference list should be typed on a separate page at the end of the manuscript. Both in-text citations and the references must be prepared according to the Vancouver style. Accuracy of reference data is the author's responsibility. While citing publications, preference should be given to the latest, most up-to-date references. The DOI number should be provided for citation of ahead-of-print publication, Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. All authors should be listed in the presence of six or fewer authors. If there are seven or more authors, the first three authors should be listed followed by "et al." References should be cited in text, tables, and figures should be cited as open source (1,2,3,4) in parenthesis numbers in parentheses. References should be numbered consecutively according to the order in which they first appear in the text. The reference styles for different types of publications are presented as follows:

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ii) Book

Getzen TE. *Health economics: fundamentals of funds*. New York: John Wiley & Sons; 1997.

iii) Chapter of a Book

Volpe JJ: Intracranial hemorrhage; in Volpe JJ (ed): *Neurology of the Newborn*, ed 5. Philadelphia, Saunders, 2008, pp 481-588.

Porter RJ, Meldrum BS. Antiepileptic drugs. In: Katzung BG, editor. *Basic and clinical pharmacology*. 6th ed. Norwalk, CN: Appleton and Lange; 1995. p. 361-380.

If more than one editor: editors.

iv) Conference Papers: Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Reinhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland: North-Holland; 1992. p. 1561-1565.*

v) Journal on the Internet: Morse SS. Factors in the emergence of infectious disease. *Emerg Infect Dis* [serial online] 1995 1(1):[24 screens]. Available from: URL: <http://www.cdc.gov/ncidoc/EID/eid.htm>. Accessed December 25, 1999.

vi) Thesis: Kaplan SI. Post-hospital home health care: the elderly access and utilization (thesis). St. Louis (MO): Washington Univ; 1995.

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Reviews will be prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors and subjects will be invited by the journal. All reviews within the scope of the journal will be taken into consideration by the editors; also the editors may solicit a review related to the scope of the journal from any specialist and experienced authority in the field.

The entire text should not exceed 25 pages (A4, formatted as specified above).

Reviews should be no longer than 5000 words and include no more than 6 tables and 10 or total of 20 figures and 80 references. The abstract word limit must be 250.

Case Reports

Case reports should present important and rare clinical experiences. It must provide novel, and/or rare clinical data, or new insights to the literature. Case reports should consist of an unstructured abstract (maximum 150 words) that summarizes the case. They should consist of the following parts: introduction, case report, discussion. Informed consent or signed releases from the patient the patient or legal representative should be obtained and stated in the manuscript.

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The journal publishes original, interesting, and high quality clinical images having a brief explanation (maximum 500 words excluding references but including figure legends) and of educational significance. It can be signed by no more than 5 authors and can have no more than 5 references and 1 figure or table. Any information that might identify the patient or hospital, including the date, should be removed from the image. An abstract is not required with this type of manuscripts. The main text of clinical images should be structured with the following subheadings: Case, and References.

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Video articles should include a brief introduction on case, surgery technique or a content of the video material. The main text should not exceed 500 words. References are welcomed and should not be more than 5. Along the main document, video material and 3 images should be uploaded during submission. Video format must be mp4 and its size should not exceed 100 MB and be upto 10 minutes. Author should select 3 images, as highlights of the video, and provide them with appropriate explanations. Video and images must be cited within main text.

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Diagnostic puzzles will not include more than 5 references. The quality of the image must be at least 300dpi and in TIFF, JPEG, GIF or EPS format. Videos are also welcome and should be in .mov, .avi, or .mpeg format.

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This section will offer an opportunity for articles instead of the traditional category of Case Reports. Submissions to this section should contribute significant new insights into syndromological problems, molecular approach and real novelties on recognized or entirely new genetic syndromes or a new technique. The novel aspect(s) can be in the phenotype and/or genotype, the presentation, and the investigation. Submissions can be based around a single case or serial cases. Manuscripts for this section will go through the usual peer reviewing process. The manuscripts should contain abstract (maximum 150 words), a brief introduction, case report(s) and discussion.

Letters to the Editor

This section welcomes for manuscripts that discuss important parts, overlooked aspects, or lacking parts of a previously published article in this journal. In addition, articles on subjects within the scope of the journal that might have an attraction including educative cases, may also be submitted in the form of a "Letter to the Editor." The manuscripts for this section should be written in an unstructured text including references. The editor

may request responses to the letters. There are no separate sections in the text.

Letter to the editors should be no longer than 500 words.

Revision Process

During the submission of the revised version of a manuscript, the authors should submit a detailed "Response to the reviewers and editors" that states point by point how each issue raised by the reviewers and/or editors has been replied and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts should be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be cancelled.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue.

LIMITATION TABLE

Type of Manuscript	Word Limit	Abstract Word Limit	Reference Limit	Table Limit	Figure Limit
Original Article	3500	250 (Structured)	40	6	7 or total of 15 images
Review	5000	250	60	6	10 or total of 20 images
Case Report	1000	150	20	200	10 or total of 20 images
Letter to the Editor	500	No Abstract		No tables	No media
Video Article	500		5		
Diagnostic Puzzle	250 (as a brief clinical introduction)		5		
Clinical Images	500 (as a brief explanation)		5	1	1
Technical Reports			20		

REVIEW

- P43** **Understanding of Pathophysiological Basis of Feeding Intolerance in Critically ill Children**
Soyhan Baęcı, Elif Keleş Gülnerman, Andreas Mueller

ORIGINAL ARTICLES

- P52** **Evaluation of the Outcomes of Cardiac Catheterization in Newborns**
İbrahim Cansaran Tanıdır, Hatice Dilek Özcanoęlu, Selin Saęlam, Aziz Göktepe, Kahraman Yakut, Erkut Öztürk
- P59** **Bleeding Risk in Children with Preoperative Prolonged Coagulation Tests**
Ali Ayçiçek, Aykut Saral
- P64** **Comparison of Colposcopic Biopsy Results of Non-HPV 16/18 Oncogenic Type Positive Patients**
Nazlı Aylin Vural, Gizem Nur Köyan, Ozan Karadeniz, Şenay Erdoęan Durmuş, Özge Kocaman, Hasan Turan
- P69** **Is the Anatomical Type of the Arcus Aorta an Effective Factor for the Success of Endovascular Therapy?**
Murat Çabalar, Nihat Şengeze, Alper Eren, Yusuf İnanç, Semih Giray

CASE REPORT

- P76** **Filtration Face Mask 3-induced Anaphylaxis in a Healthcare Worker During the COVID-19 Pandemic: A Case Report**
Sultan Özselçuk, Ramazan Güven, Banu Arslan