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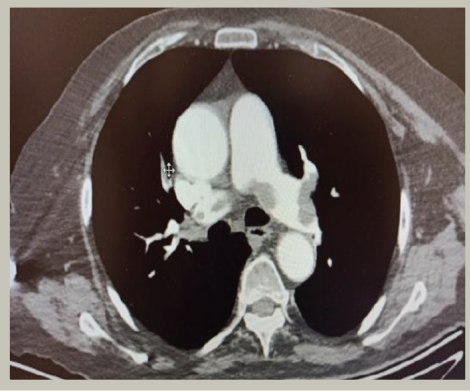


Figure 1. CT pulmonary angiogram
CT: Computed tomography



Figure 2. Pig tail catheter was placed in the left main pulmonary artery



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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/>);

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Statistics

Every submission that contains statistical analyses or data-processing steps must explain the statistical methods in a detailed manner, either in the Methods or the relevant figure legend. Any special statistical code or software needed for scientists to reuse or reanalyse datasets should be discussed. We encourage authors to make openly available any code or scripts that would help readers reproduce any data-processing steps. Authors are also encouraged to summarize their datasets with descriptive statistics which should include the n value for each dataset; a clearly labelled measure of centre (such as the mean or the median); and a clearly labelled measure of variability (such as standard deviation or range). Ranges are more appropriate than standard deviations or standard errors for small datasets. Graphs should include clearly labelled error bars. Authors must state whether a number that follows the \pm sign is a standard error (s.e.m.) or a standard deviation (s.d.). Authors must clearly explain the

independence of any replicate measurements, and 'technical replicates' – repeated measurements on the same sample – should be clearly identified. When hypothesis-based tests must be used, authors should state the name of the statistical test; the n value for each statistical analysis; the comparisons of interest; a justification for the use of that test (including, for example, a discussion of the normality of the data when the test is appropriate only for normal data); the alpha level for all tests, whether the tests were one-tailed or two-tailed; and the actual p-value for each test (not merely 'significant' or 'p < 0.05'). It should be clear what statistical test was used to generate every p-value. Use of the word 'significant' should always be accompanied by a p-value; otherwise, use 'substantial', 'considerable', etc. Multiple test corrections must be used when appropriate and described in detail in the manuscript.

All manuscripts selected for full peer review will be assessed by a statistical editor, and their comments must be addressed in full.

Preparation of the Manuscript

a. Title Page

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:

1. Title of the manuscript (English), as concise and explanatory as possible, including no abbreviations, up to 135 characters
2. Short title (English), up to 60 characters
3. Name(s) and surname(s) of the author(s) (without abbreviations and academic titles) and affiliations
4. Name, address, e-mail, phone and fax number of the corresponding author
5. The place and date of the scientific meeting in which the manuscript was presented and its abstract published in the abstract book, if applicable.
6. The ORCID (Open Researcher and Contributor ID) number of all authors should be provided while sending the manuscript. A free registration can be done at <http://orcid.org>

b. Abstract

The abstract should summarize the manuscript and should not exceed 300 words. The abstract of the original articles consists of 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 puzzles, clinical images, and novel articles. The use of abbreviations should be avoided. Any abbreviations used must be taken into consideration independently of the abbreviations used in the text.

Instructions to Authors

c. Keywords

A list of minimum 4, but no more than 6 keywords must follow the abstract. Keywords in English should be consistent with "Medical Subject Headings (MESH)".

d. Original Article

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. The 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. The conclusion section should be highlighted and interpreted with the study's new and important findings.

The excessive use of abbreviations is to be avoided. All abbreviations should be defined when first used by placing them in brackets after the full term. Abbreviations made in the abstract and in the text are taken into consideration separately. Abbreviations of the full terms stated in the abstract must be re-abbreviated after the same full term in the text.

Original Articles should be no longer than 3500 words and include no more than 6 tables and 7 or a 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.

The name of the ethical committee, approval number should be stated. At the same time, the Ethics Committee Approval Form should be uploaded with the article.

Results

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.

Discussion

The Discussion should focus on the interpretation and significance of the findings with concise and 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.

e. References

The reference list should be typed on a separate page at the end of the manuscript. Both in-text citations and 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:

i) Standard Journal Article

Salminen P, Paajanen H, Rautio T, et al. Antibiotic therapy vs appendectomy for treatment of uncomplicated acute appendicitis: the APPAC randomized clinical trial. JAMA 2015;313:2340-2348.8.

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.

f. Tables, Graphics, Figures, Pictures, Video:

All tables, graphics or figures should be numbered consecutively according to their place in the text and a brief descriptive caption should be given. Abbreviations used should be explained further in the figure's legend. The text of tables especially should be easily understandable and should not repeat the data of the main text. Illustrations already published are acceptable if supplied by permission of the authors for publication. Figures should be done professionally, and no grey colors should be used. Authors are responsible for obtaining permission to publish any figures or illustrations that are protected by copyright, including figures published elsewhere and pictures taken by professional photographers. The journal cannot publish images downloaded from the Internet without appropriate permission.

Figures or illustrations should be uploaded separately.

Special Sections**Reviews**

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 a 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 or legal representative should be obtained and stated in the manuscript.

Reviews should be no longer than 1000 words and include no more than 200 tables and 10 or a total of 20 figures and 15 references. The abstract word limit must be 150.

Clinical Images

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.

Video Article

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 with 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 up to 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.

Technical reports

Technical reports are formal reports designed to convey technical information in a clear and easily accessible format. A technical report should describe the process, progress, or results of technical or scientific research or the state of a technical or scientific research problem. It might also include recommendations and conclusions of the research. Technical reports must include the following sections: abstract, introduction, technical report, discussion, conclusions, references. Technical reports should contain less than 20 references.

Diagnostic puzzle

Diagnostic puzzles report unusual cases that make an educational point. Since the aim of these articles is to stimulate the reader to think about the case, the title should be ambiguous and not give away the final diagnosis immediately. Diagnostic puzzles should include an introduction and answer part. The introduction part should include a brief clinical introduction to a case (maximum 250 words) followed by an image and a question designed to stimulate the reader to think about what the image shows. The legend should not indicate the diagnosis but should simply describe the nature of the image. Then, the answer part should appear later (maximum 250 words) outlines a brief description of the key diagnostic features of the image, the outcome, and a teaching point.

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.

Novel insight

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.

Instructions to Authors

Letters to the Editor

This section welcomes 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 to 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

- P1** **COVID-19 Vaccination During Pregnancy**
Halil Gürsoy Pala

ORIGINAL ARTICLES

- P8** **Effects of Adjuvant Chemotherapy on Insulin Resistance in Patients with Early Breast Cancer**
İzzet Doğan, Yüksel Ürün, Handan Onur
- P14** **Intubation Biomarkers in COVID Critical Care Patients**
Derya Tatlısuluoğlu, Gülçin Hilal Alay, Güldem Turan
- P19** **Evaluation of the Route of Transmission and Clinical Course of SARS-CoV-2 Infection in Healthcare Workers at Istanbul Medipol University Hospital**
Gülseren Polat, Hatice Kübra Arslan, Feride Mimaroglu, İbrahim Polat
- P26** **After COVID-19 Infection Extended Intensive Care Process and Assessment of its Cost**
Alev Öztaş, Burcu İleri Fikri, Murat Ünsel, Güldem Turan

CASE REPORTS

- P30** **Management of Patient by a Pulmonary Embolism Response Team in the Emergency Department**
Kemal Şener, Özgür Kılıçkesmez, Banu Arslan, Kübra Selçok, Ramazan Güven, Mücahit Kapçı
- P34** **Treatment of Isolated Penile Fournier's Gangrene: A Case Report and Current Literature Review**
Emre Can Polat, Muammer Bozkurt