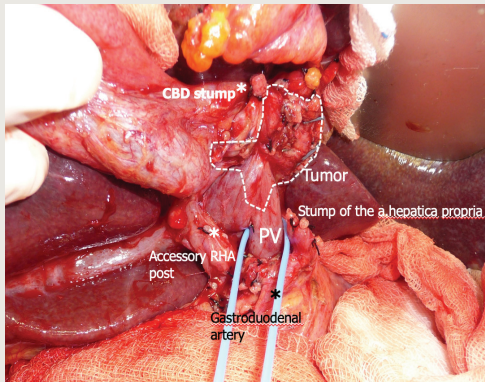


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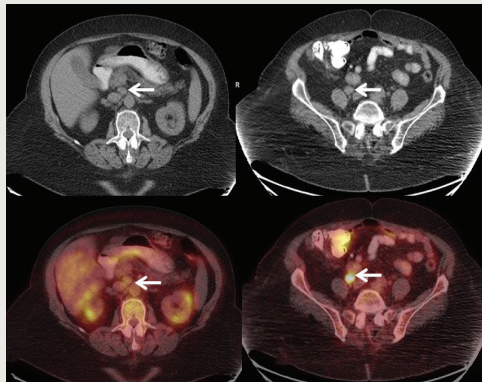
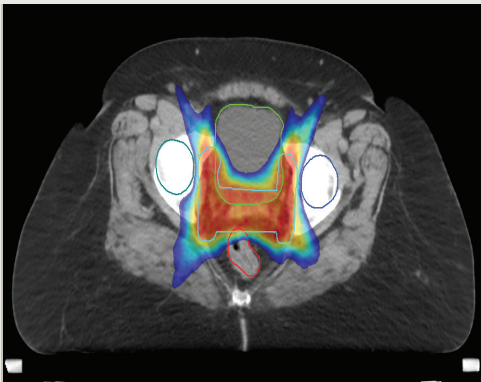
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Getzen TE. *Health economics: fundamentals of funds*. New York: John Wiley & Sons; 1997.

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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.

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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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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.

### Instructions to Authors

#### 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.

#### 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

- P1** **Liver Transplantation is Never... Just Liver Transplantation**  
İlgin Özden

## ORIGINAL ARTICLES

- P7** **Is Hypomagnesemia a Risk Factor for Atherogenic Dyslipidemia in Patients with Chronic Kidney Disease?**  
Sümeyye Kılıç, Osman Maviş, Banu Büyük
- P14** **Diagnostic Accuracy of Preoperative Metabolic <sup>18</sup>F-FDG PET/CT Parameters for Patients with Endometrial Cancer Treated with Postoperative Radiation Therapy**  
Sedef Dağ, Ayşe Kutluhan Doğan, Emel Canaz, Nazmiye Deniz Arslan, Burçak Yılmaz
- P24** **Evaluation of Survival of Patients Who Underwent Decompressive Craniectomy: Clinical Series**  
Erkan Kutlu Ekiz, Ozan Barut, Ozan Haşimoğlu, Yusuf Kılıç
- P28** **Monte Carlo-based Volumetric Arc Radiation Therapy vs. Helical Tomotherapy in Terms of Tumor Control Probability and Normal Tissue Complication Probability for Endometrial Cancers**  
Sümeyra Can, İlknur Harmankaya, Özge Atilla, Ayben Yentek Balkanay, Didem Karaçetin

## CASE REPORT

- P37** **Regression of Hypermetabolic Splenic Granulomata Mimicking Metastases Following Non-targeted Effect of Radiotherapy for Uterine Cervical Carcinoma**  
Nazmiye Deniz Arslan, Sedef Dağ, Ayşe Kutluhan Doğan, Nesrin Gürçay, Hüseyin Özkurt, Burçak Yılmaz