



Volume 63 Issue 4 Year 2023

hnhtipdergisi.com



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Volume 63 Issue 4 Year 2023

October - November - December

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Indexed in TUBITAK ULAKBIM TR, EBSCO, CINAHL, Turkish Medline, ProQuest, CABI and GALE Cengage. Published four times a year.

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Issue date: October 2023 • International publication

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Please refer to Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords at the end of the abstract to be used for subject indexing. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (https://www.nlm.nih.gov/mesh/MBrowser.html).

Introduction: State the specific purpose and available data relevant to the study

Methods: All methods used to select participants and conduct the study should be described in detail. Known methods should be cited. Novel or modified methods used should be described in detail. Doses, concentrations, routes, and duration of administration of drugs and chemical agents should be indicated. A concise report of all statistical methods used for summarizing available data and for testing the proposed hypothesis should be provided under a subtitle, including the p value criteria determined for statistically significant difference. Statistical evaluation conducted should be explained in detail. Standard statistical methods should be used as much as possible. If rarely employed or novel statistical methods were used, then the relevant references should be cited. When necessary, more detailed explanations about unusual, complex, or new statistical methods can be provided in separate files for readers as online supplementary data. When a trademarked drug, product, hardware, or software program is mentioned within the main text, product information, include the name of the product, the manufacturer of the product, and the city and the country of the company headquarters (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA). The recommendations in the statistics section of the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" (http://www. ICMJE.org) should be taken into consideration.

Results: The study results should be presented in logical sequence and in detail. The findings should be supported by figures and tables. Information given in figures and tables should not be repeated in the text unless absolutely required.

Discussion: Data relevant to the study subject matter should be examined, evaluated, and substantiated with references from domestic and international sources. General information irrelevant or superfluous to the report should not be included.

Acknowledgement: The names of individuals who contributed to the study but who fail to meet the criteria of authorship should be mentioned in this section. The written consent of all individuals mentioned should be obtained.

Manuscript Types

Haydarpaşa Numune Med J publishes the types of articles briefly described below.

Research Articles: This is the most important type of article, since it provides new information based on original research. The main text of original articles should be structured with an Introduction, Methods, Results, Discussion, Conclusion, and References subheadings. Please see Table 1 for limitations for Research Articles.

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Units should be prepared in accordance with the International System of Units (SI).

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

Review Articles: Reviews prepared by authors who have extensive knowledge of a particular field and whose scientific background has been translated into a large volume of publications with a high citation potential are welcomed. Submissions from such authors may also be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should include an Introduction, Clinical and Research Consequences, and Conclusion sections. Please refer to Table 1 for the limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include an Introduction, Case Presentation, and Discussion subheadings. Interesting and unusual images are an advantage in the evaluation process. Please see Table 1 for the limitations for Case Reports.

Table 1. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	350	40	6	6
		(Structured)			
Review Article	5000	350	50	6	10
Case Report	1500	200	15	No tables	5

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above each table. Abbreviations used in the table should be defined below the table by footnotes (even if they are defined within the main text). Tables should be created using the word processing software "insert table" command and they should be arranged clearly to provide easy reading. Data presented in tables should not be a repetition of the data presented within the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks may be used on the images to support the figure legends. Like the rest of the submission, the figures should also be blind. Any information within the images that may identify an individual or institution should be anonymized. The minimum resolution of each submitted figure should be 200 DPI. To prevent delays in the evaluation process, all submitted figure legends should be listed at the end of the main document.

References

References are numbered and listed by their order of appearance in text; the text citation is followed by the appropriate reference number in parentheses. References should be restricted to closely pertinent material. Accuracy of citation is the author's responsibility. References should conform exactly to the original spelling, accents, punctuation, etc. All references should be cited inside the text.

The reference styles for different types of publications are presented in the following examples. **Journal Article:**

Marshall RD, Stein DJ, Liebowitz MR, Yehuda R.; A pharmacotherapy algorithm in the treatment of PTSD. Psychiatric Annuals 1996;26:217–26.

Book Section:

Author. Title. In: Editor, `editor`.^`editors`. Book Title. Edition ed. Place Published: Publisher; Year. p. Pages.

Philips SJ, Whisnant JP. Hypertension and Stroke. In: Laragh JH, Brenner BM (editors). Hypertension pathophisiology, diagnosis, and management. 2nd ed. New York: Raven Press, 1995: 465–78.

Books with a Single Author:

Author. Title. Edition ed. Place Published: Publisher; Year.

Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

Conference Proceedings:

Author. Title. In: Editor, `editor`.^`editors`. Conference Name; Year of Conference Date; Conference Location: Publisher; Year of Conference]. p. Pages.

Bengisson S. Sothemin 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 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp. 1561-5.

Scientific or Technical Report:

Author. Title. Type. Place Published: Institution; Year Date. Report No.: Report Number. Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

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Epub Ahead of Print Articles:

Author. Title. Alternate Title Year Date Accessed.doi: DOI. [Epub ahead of print]. Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging.DiagnIntervRadiol. 2016 Feb 24.doi: 10.5152/dir.2016.15323. [Epub ahead of print].

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351 Cerebral Oxygen Desaturation and Postoperative Cognitive Effects in Elderly Patients Operated in Beach Chair Position

A. Özgültekin, F. Subaşı, A. Modanlıoğlu, O. Ekinci; İSTANBUL

360 Does Epidural Magnesium Sulfate Cause Medulla Spinalis Injury in Rabbits?

A. Arıkanoğlu, E. Öçmen, H. Aksu Erdost, Y. Erkin, S. Büyükçoban, A. Bağrıyanık, et al.; İZMİR

365 Can be the Prognostic Nutritional Index a Prognostic Indicator in Lung Transplantation?

P. Atagün Güney, M. E. Çardak; İSTANBUL

371 Cervical Vestibular Evoked Myogenic Potentials in Children by Head Rotation Method: Normative Findings of Turkish Population

İ. Deveci, M. Sürmeli, G. Günay, H. S. Deveci, A. A. Cırık, S. Şahin Önder; ISTANBUL

377 Vitamin B12 Deficiency in Pediatric Neurology Practice

Ç. Günay, G. Sarıkaya Uzan, Ö. Özsoy, A. S. Hız Kurul, U. Yiş; İZMİR

384 Effect of the Number of Lesions to Which Stenting and Coronary Balloon Angioplasty were Applied on Hs-CRP

A. Erdem Yaman, N. Keser; ISTANBUL

389 Evaluation of Gait Training with Treadmill Versus Rehabilitation on Ground Methods in Hemiparetic Patients with Temporospatial and Kinematic Data

İ. H. Ural, M. Özkaya, A. Yalıman; ISTANBUL

398 Prognostic Role of Prognostic Nutritional Index in Intensive Care Unit Patients with a Diagnosis of COVID-19

B. Çakır Güney, Z. Serindağ, B. Keskin, A. Karagöz, B. Doğantekin, N. Tükel, et al.; İSTANBUL

405 Detection, Screening, and Antifungal Susceptibility of the Current Threat *Candida Auris*: A Tertiary Hospital Experience

N. Arıcı, N. Kansak, R. Adaleti, S. Şenbayrak, S. Aksaray; İSTANBUL

412 Bacteria That Cause Community-Acquired Urinary Tract Infections and Their Antibiotic Resistance Profiles

Ş. Daldaban Dinçer, C. Yürüyen, A. Sarmış, S. Aksaray; İSTANBUL

419 Hygiene Practice Among the Primary School Children During COVID-19 Pandemic in Türkiye: A Descriptive Analysis on the Significance of Social Awareness

A. Kaptanoğlu, A. Mert; İSTANBUL





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428 Post-Trabeculectomy Hypotony: Clinical Outcomes and Effect on Post-Operative Antiglaucoma Medication Use

R. Dönmez Gün, B. Yelmi A. Penbe, A. Arsan, Ş. Şimşek; İSTANBUL

438 Safety of Venography-Guided Extrathoracic Vein Puncture to Prevent Pneumothorax in Pacemaker Implantation

C. Topaloğlu; İZMİR

446 Evaluation of the Mean Platelet Volume and Neutrophil/Lymphocyte Ratio, as Inflammatory Markers in Children with Autisim Spectrum Disorders

S. Güneş Sager, M. T. Köle, U. Batu, İ. Kandemir, Z. Vatansever Pınar, Y. Akın; İSTANBUL

450 Comparison of SWE (Shear Wave Elastography) and ADC (Apparent Diffusion Coefficient) Values in the Evaluation of Breast Lesions

T. Güzelbey, E. Kartal, A. Kayhan; RİZE

457 Increase in Antifungal Resistance Due to Variability in Candida Species: Experience from the Central Mycology Laboratory

D. Turan, S. Aksaray; İSTANBUL

465 Psalmotoxin-1 Venom on the Inflammatory Response and Burn Healing Process in the Experimental Burn Model

M. Y. Akgün, M. Akgül; İSTANBUL

471 Retrospective Evaluation of Pressure Ulcers in the Intensive Care Unit

Y. Yiğit, Ö. Demiroluk, S. Başdelioğlu, Ö. G. İllez, A. Yıldırım Ar; İSTANBUL

479 Fisher Grade and Lamina Terminalis Fenestration on Hydrocephalus in Patients with Bleeding Subarachnoidal Hemorrhage

E. Varol; İSTANBUL

484 Evaluation of Rotavirus-Positive Gastroenteritis Cases in Pediatric Emergency Department

E. Ergül Sarı, Ö. Polat, S. S. Hatipoğlu; İSTANBUL

490 Preoperative Systemic Inflammation Response Index is Associated with Stage I Non-Seminoma Testicular Germ Cell Tumors: A Retrospective Pilot Study

M. Karaaslan, M. Yılmaz, Ö. Odabaş; BİNGÖL

495 Assessment of Non-Motor Symptoms in Cervical Dystonia

E. Kobak Tur, K. İ. Carus, E. Gözke; İSTANBUL





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- **501** Impact of Anxiety on Erectile Dysfunction After Transrectal Ultrasound-Guided Prostate Biopsy
 - Y. Bastuğ, S. Aykan; İSTANBUL
- **506** Association of Low Back Pain and Pregnancy During COVID-19 Pandemic

H. Serifoğlu, S. A. Arınkan, F. Vural, Ö. Pasin, T. Pasin, M. Efendioğlu; İSTANBUL

511 Screening for Tuberculosis in Patients Living with HIV Under Our Clinic's Care

O. Barkay, S. Erol, S. Şenbayrak, A. İnan, N. Ceran; ERZİNCAN

515 Evaluation of Epidemiological, Clinical, and Laboratory Characteristics of Brucellosis Patients Followed the Children Infectious Diseases Policyclinic as Retrospective

M. Y. Kılınç, D. Arslan, Ö. Metin, M. Konak; İSTANBUL

522 Changes in Survival According to Epidemiological and Histological Features of Pleural Mesothelioma Cases Followed in the Oncology Outpatient Clinic

A. Öztürk, Ö. Oruç; İSTANBUL

531 The Prognostic Significance of Glucose Transporter-1 Protein in Malignant Pleural Mesothelioma T. Doğruyol, L. Alpay, D. Gürer, A. Ersev, C. Atinkaya Baytemir, S. Evman, et al.; MANİSA

537 REVIEWER LIST (2023)