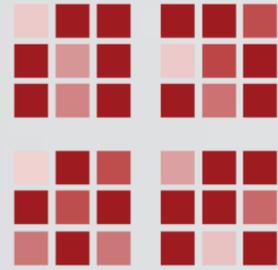




Odontologia Baseada em Evidências



CARE

case report guidelines

Passo-a-passo para elaboração do documento

Desenvolvido pelas discentes do Programa de Pós-Graduação em
Odontologia, nível Doutorado:

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Este tutorial é um recurso que fornece ajuda no preparo de relatos de casos em formato padronizado e completo, baseado na lista de verificação do CARE 2013.

As diretrizes do CARE foram desenvolvidas por um grupo internacional de especialistas para apoiar um aumento na precisão, transparência e utilidade dos relatos de casos.



Para leitura na íntegra:



Checklist
CARE 2013



Artigos CARE

Clique nos ícones indicados pelas setas para ter acesso ao checklist e artigos.



Aperte o play

CARE - Guia para relato de casos

Lista de verificação CARE (2013) de informações a serem consideradas durante a redação de um relato de caso:

1. Título

2. Palavras-chave

3. Resumo

4. Introdução

5. Informação do paciente

6. Achados clínicos

7. Cronograma

8. Avaliação diagnóstica

9. Intervenção terapêutica

10. Seguimento clínico e resultados

11. Discussão

12. Perspectiva do paciente

13. TCLE



Para obter a resposta,
clique no item desejado



Dúvidas?



Caso tenha dúvidas ou sugestões sobre o tutorial, nos encaminhe uma mensagem, por um dos e-mails abaixo:



Obrigada!



modablarissa@gmail.com
rtrmbastos@gmail.com
thaismpetta@gmail.com



Voltar ao menu
principal

1. Título



Deve ser sucinto e que identifique de forma clara o foco do relato de caso.



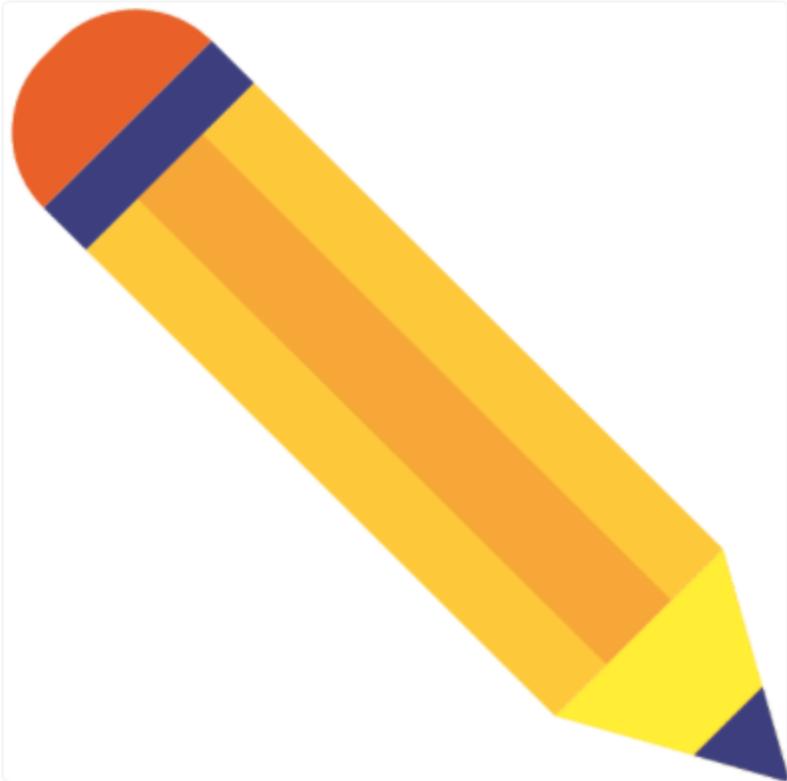
As palavras “relato de caso” ou “estudo de caso” devem ser inseridas no título junto da parte de maior interesse.



Exemplo



Voltar ao menu
principal



Referência, clique no texto



“Successful heart transplantation after 13 hours of donor heart ischemia with the use of HTK solution: a case report”
[16].



Retornar



Voltar ao menu
principal

2. Palavras-chave



Forneça de 2 a 5 palavras que identificarão tópicos importantes cobertos por este relato de caso.



Inclua a palavra “relato de caso” como uma das palavras-chave para identificar o tipo de publicação.



Onde buscar
palavras-chave



Exemplo



Voltar ao menu
principal

PubMed Advanced Search Builder



User Guide

Add terms to the query box

MeSH Terms

- EC/RN Number
- Editor
- Filter
- Grant Number
- ISBN
- Investigator
- Issue
- Journal
- Language
- Location ID
- MeSH Major Topic
- MeSH Subheading
- MeSH Terms
- Other Term
- Pagination
- Pharmacological Action
- Publication Type

Enter a search term

ADD

Show Index

Search

you use PubMed your recent searches will appear here.



Retornar



Voltar ao menu principal



DeCS/MeSH
Descritores em Ciências da Saúde



BIREME

Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde

Pesquisa

Qualquer termo

Use * ou \$ para pesquisa truncada



Conheça as novas funcionalidades do site DeCS/MeSH

do site DeCS/MeSH
Conheça as novas funcionalidades

Palavras-chave que identificam o foco do relato de caso podem ser selecionadas usando a terminologia Mesh (disponível em www.pubmed.com ou www.decs.bvsalud.org)

Referência, clique no texto



- Impending aortic aneurysm rupture—a case report and review of the warning signs [17].

Keywords: “abdominal aortic aneurysm; aorta; case report; hyperattenuating crescent; imaging; mural thrombus; review; rupture”



Retornar



Voltar ao menu principal

3. Resumo

As informações devem incluir:

3a. Introdução

3b. Principais sintomas apresentados

3c. Principais diagnósticos, intervenções terapêuticas e resultados apresentados

3d. Conclusão



Para obter a resposta,
clique no item desejado



Voltar ao menu
principal

3a. Introdução



Relate o que é único neste caso e o que ele adiciona à literatura científica.



Exemplo



Voltar ao menu
principal



- Association between isotretinoin use and central retinal vein occlusion in an adolescent with minor pre-disposition for thrombotic incidents: a case report [25].

“Introduction: We report an adolescent boy with minimal pre-existing risk for thromboses who suffered central retinal vein occlusion associated with isotretinoin use for acne. To the best of our knowledge, this is the first well-documented case of this association.

Referência, clique no texto



Retornar



Voltar ao menu principal

3b. Principais sintomas e achados clínicos importantes



Descreva os principais sintomas do paciente e os principais achados clínicos.



Exemplo



Voltar ao menu
principal

Referência, clique no texto

- Association between isotretinoin use and central retinal vein occlusion in an adolescent with minor predisposition for thrombotic incidents: a case report [25].

Case presentation: An otherwise healthy 17-year-old white man who was treated with systemic isotretinoin for recalcitrant acne was referred with central retinal vein occlusion in one eye. Although a detailed investigation was negative, DNA testing revealed that the patient was a heterozygous carrier of the G20210A mutation of the prothrombin gene. Despite the fact that this particular mutation



Retornar



Voltar ao menu principal

3c. Principais diagnósticos, intervenções terapêuticas e resultados



Descreva os principais diagnósticos, intervenções e resultados.



Exemplo

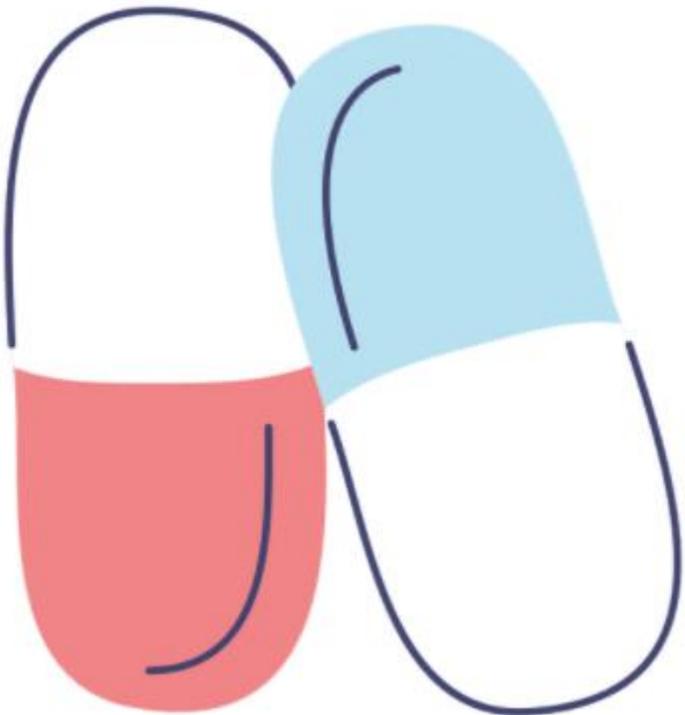


Voltar ao menu
principal

Referência, clique no texto

- Association between isotretinoin use and central retinal vein occlusion in an adolescent with minor pre-disposition for thrombotic incidents: a case report [25].

thrombin gene. Despite the fact that this particular mutation is thought to represent only a minor risk factor for thromboses, it is probable that isotretinoin treatment greatly increased the risk of a vaso-occlusive incident in this patient.



Retornar



Voltar ao menu
principal

3d. Conclusão



Relate quais são as principais lições extraídas deste caso.



Exemplo

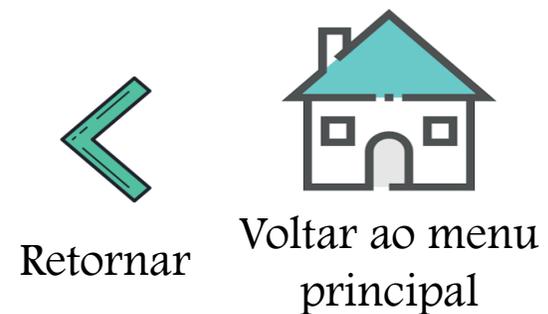


Voltar ao menu principal

Referência, clique no texto

- Association between isotretinoin use and central retinal vein occlusion in an adolescent with minor predisposition for thrombotic incidents: a case report [25].

Conclusion: Isotretinoin use may be associated with sight- and life-threatening thrombotic adverse effects even in young patients with otherwise minimal thrombophilic risk. Physicians should be aware of such potential dangers.”



4. Introdução



Resuma brevemente por que este relato de caso é importante e inclua referências.



Relate o que é único neste caso e o que ele adiciona de novo à literatura médica.



Não esqueça de citar o artigo CARE mais recente.



Exemplo



Voltar ao menu principal

Referência, clique no texto



- Extensive deep vein thrombosis following prolonged gaming (“gamer’s thrombosis”): a case report [29].

“A period of prolonged seated immobility is recognized as one of the major risk factors for developing venous thrombosis. Long-distance air travel and prolonged sitting in relation to work or recreation have been shown to increase the risk of venous thrombosis [1,2]. A recent survey has found that the average time spent playing video games is increasing and that gamers in the United States spend an average of 13 hours each week playing computer games [3]. Prolonged immobility associated with gaming may therefore be an important risk factor for venous thromboembolism. We report a case of a 31-year-old man who developed extensive deep vein thrombosis associated with prolonged playing of PlayStation games.”



Retornar



Voltar ao menu principal

5. Informação do paciente

Este item divide-se em:

5a. Informação demográfica

5b. Principais sintomas do paciente

5c. Histórico médico, familiar e psicossocial

5d. Intervenções anteriores com resultados



Para obter a resposta,
clique no item desejado



Voltar ao menu
principal

5a. Informação demográfica



Descreva informações específicas do paciente como idade, sexo, etnia e ocupação.



Exemplo



Voltar ao menu principal



Patient identifiers to be excluded in the United States

<http://www.hhs.gov/sites/default/files/hipaa-simplification-201303.pdf>

- Names
 - Geographic regions
 - Elements of dates including birth date, date of death, and admission/discharge date
 - Listing ages older than 89 years require additional consent unless providing a single category of age >90 years
 - Telephone numbers, fax numbers, and e-mail addresses
 - Personal identifying numbers (e.g., social security numbers, medical record numbers)
 - Web Universal Resource Locators (URLs) and Internet Protocol (IP) addresses
 - Biometric identifiers, photographs and images (without specific additional permission [31],
 - Other unique, identifying characteristics or codes
-

Referência, clique no texto

Retornar

Voltar ao menu principal

5b. Principais sintomas do paciente



Descreva os principais sintomas do paciente.



Exemplo



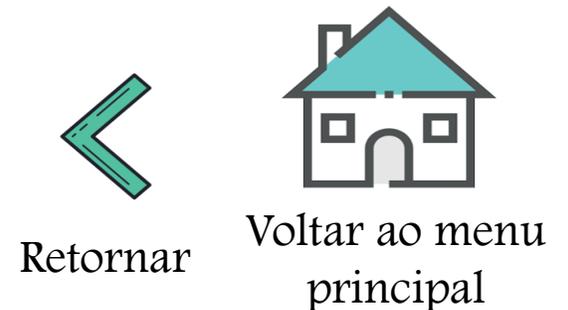
Voltar ao menu
principal

- Familial thrombophilia due to a previously unrecognized mechanism characterized by poor anticoagulant response to activated protein C: Prediction of a cofactor to activated protein C [32].

“Case Report: The proband is a male born in 1942. At the age of 19 years, he had his first episode of deep venous thrombosis in one leg. After this, he was healthy and free of thrombosis for almost 20 years. Between 1980 and 1987, he had multiple episodes of deep venous thrombosis, at least once a year. The thrombotic events were treated with vitamin K antagonists for periods of up to 3 months. The presence of a thrombus was verified with phlebography on at least two occasions. The proband has developed a postthrombotic syndrome in his legs but has no other disorders. Several



Referência, clique no texto



Retornar

Voltar ao menu principal

5c. Histórico médico, familiar e psicossocial



Descreva o histórico médico, familiar e **psicossocial** do paciente, incluindo dieta, estilo de vida e informações genéticas, sempre que possível, e detalhes sobre comorbidades relevantes, incluindo intervenções anteriores e seus resultados.



Exemplo



Voltar ao menu principal

Referência, clique no texto

- Familial thrombophilia due to a previously unrecognized mechanism characterized by poor anticoagulant response to activated protein C: Prediction of a cofactor to activated protein C [32].



drome in his legs but has no other disorders. Several members of the proband's family have similar histories of multiple episodes of deep venous thrombosis (Fig. 1). His older brother by 10 years (III-2) has had deep venous thrombosis (in the legs) on several occasions, most of them occurring between the ages of 45 and 50 years. Also, his uncle (II-7) and aunt (II-5) have both had multiple episodes of thrombosis.



Retornar



Voltar ao menu principal

5d. Intervenções anteriores com resultados



Descreva o histórico de intervenções passadas e atuais relevantes e seus resultados, incluindo detalhes sobre comorbidades médicas, familiares e psicossociais prévias que justifiquem a intervenção sofrida.



Relate o início de sintomas das comorbidades, sejam eles recorrentes ou não.



Voltar ao menu principal

6. Achados clínicos



Descreva os achados relevantes do exame físico e outros achados clínicos identificados no início do atendimento, junto com uma explicação dos métodos de exame, se necessário.



Liste no texto e inclua fotografias não identificadas, ou apresente como uma tabela de resumo.



Exemplo



Voltar ao menu
principal



- [Mycobacterium tuberculosis monoarthritis in a child \[34\]](#).

“At age 2 years 10 months, this previously healthy North American Indian girl presented with a 3-week history of left knee swelling and morning stiffness without associated symptoms. There were no infectious contacts reported at the first presentation. On the initial physical examination, the left knee was moderately swollen and warm with signs of both intra-articular fluid and synovial hypertrophy. Flexion and extension were limited by 10°. The child was afebrile and appeared otherwise healthy. There were no abnormal pulmonary signs and no peripheral lymphadenopathy. The remainder of the examination was normal.”



Retornar



Voltar ao menu
principal

7. Cronograma



Descreva os marcos importantes relacionados ao seu diagnóstico e intervenções, em ordem cronológica, em tabela ou figura.



Inclua um breve histórico médico do paciente e da família, reclamações, fatores relacionados à suscetibilidade, avaliações diagnósticas, intervenções terapêuticas, cuidado recebido de outros profissionais, acompanhamento e resultados.



Exemplo



Voltar ao menu
principal

Referência, clique no texto

- Patient-centered diabetes care in children: an integrated, individualized, systems-oriented, and multidisciplinary approach [16].

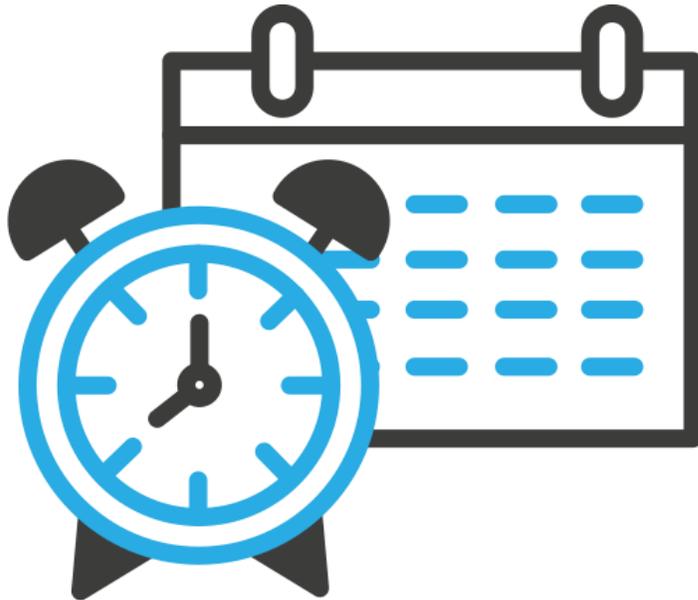
CASE REPORT

The patient, a 14-year-old boy of blood type O, had symptoms of exertional dyspnea since 9 years of age. He was diagnosed with cardiomyopathy (CMP) at age 12. In early September 2003, the patient underwent cardiac catheterization leading to the recommendation for HTx. His condition started to deteriorate 18 days later with complications of low cardiac index (1.4 L/min/M^2), elevated pulmonary vascular resistance ($\text{PVR} = 8 \text{ Wood units}$), and frequent episodes of ventricular tachycardia. The patient was hospitalized in the intensive care unit, supported with an intra-aortic balloon pump, a high dose of inotropes including milrinone lactate injections, and a mechanical ventilator due

to respiratory failure. His condition was complicated by pneumonia with sputum and blood cultures showed infections by seven types of bacteria, all of which represented contraindications for HTx.

Meanwhile, at this hospital another patient (of blood type B) with severe heart failure, status post-coronary artery bypass grafting $\times 4$, aortic and mitral valve replacement, also needed urgent HTx. On October 22, 2003, a heart donor of blood type O was available at a hospital 370 km away. We sent our heart procurement team immediately. In the intervening time, another heart donor of blood type B became available in the locally. So the decision was made to match the type B donor with the type B patient. We notified other HTx centers about the available donor heart in the distant city, but there were no suitable recipients from other hospitals at that time.

Under the situation that the life of a 14-year-old patient, who was not considered for HTx due to his septic condition, was in danger without hope for recovery, and the type O donor heart was going to be wasted, the team decided to go ahead with an HTx for him. Though this type O donor heart from the distant hospital was already stored for 12 hours, preserved in cold histidine-tryptophane-ketoglutarate (HTK) cardioplegia, orthotopic HTx was performed immediately. A biatrial anastomosis of the donor heart took 1 hour; the total IT of this donor heart was 13 hours. Despite pneumonia and transient right heart failure during the posttransplant period, the recipient was weaned off the ventilator and the right ventricular assist device and was discharged from the hospital 3 months later.



Retornar

Voltar ao menu
principal

8. Avaliação diagnóstica

- A maioria dos relatos de caso descreve pacientes cuja apresentação é uma manifestação rara de uma doença estabelecida ou a primeira pista para uma doença até então desconhecida, em que um diagnóstico preciso é o elemento essencial de um relato de caso.
- Inclua uma breve explicação dos resultados relevantes com intervalos de referência, se necessário.
- Cite referências da literatura que sustentem as principais hipóteses diagnósticas.
- Discuta as evidências para o prognóstico que pode ser afetado por fatores como anormalidades histológicas e genéticas, diagnósticos concomitantes e intervenções terapêuticas.



Próximo



Voltar ao menu
principal

8. Avaliação diagnóstica

Este item divide-se em:

8a. Métodos diagnósticos

8b. Desafios ao diagnóstico

8c. Raciocínio diagnóstico

8d. Características do prognóstico



Para obter a resposta,
clique no item desejado



Voltar ao menu
principal

8a. Métodos diagnósticos



Inclui exame físico, de imagem, teste de laboratório, questionários.



Exemplo



Voltar ao menu
principal

Referência, clique no texto



- Branch facial nerve trauma after superficial temporal artery biopsy: a case report [38].

“Investigations were significant for a magnetic resonance imaging (MRI) study with and without contrast that revealed cerebral ischemic gliosis compatible with the patient’s age without acute intracranial pathology. There were no abnormalities noted along the course of either cranial seventh nerve. Her left STAB incision did not show evidence of thrombus, inflammation, or giant cells and hence was without evidence of temporal arteritis.”



Retornar



Voltar ao menu principal

8b. Desafios ao diagnóstico



Inclui dificuldades financeiras, de entendimento da linguagem técnica ou barreiras culturais.



Exemplo



Voltar ao menu
principal

Referência, clique no texto



- Chiari malformation type I with cervicothoracic syringomyelia masquerading as bibrachial amyotrophy: a case report [39].

“Delay of diagnosis resulted in a severe gradual deterioration in our patient. His initial clinical diagnosis of muscular dystrophy was further confirmed with diagnostic studies, according to the family, although we acknowledge that another muscle biopsy may be needed to exclude a diagnosis of muscular dystrophy (though we doubt that this was the actual diagnosis). As a result of the original diagnosis, however, our patient did not seek further evaluation for several years because he understood that there was no treatment for his condition. Decades later, further work-up with simple imaging techniques easily confirmed the etiology of his symptoms. Unfortunately, this delay in diagnosis resulted in the development of irreversible severe chronic muscle wasting. With such advanced atrophy and severe weakness, surgery will likely not provide significant functional benefit.

The differential diagnosis of bibrachial atrophy and syringomyelia is important. While we cannot definitively exclude that both the cervicothoracic syringomyelia and the bibrachial amyotrophy occurred as two separate entities, we doubt this.... We do not know why our patient’s symptoms were stable for over 20 years. Although there was no history of any preceding head or neck trauma, perhaps the syrinx rapidly enlarged in the process of the disease. Without prior imaging, this is impossible to say with any certainty.”



Retornar



Voltar ao menu principal

8c. Raciocínio diagnóstico



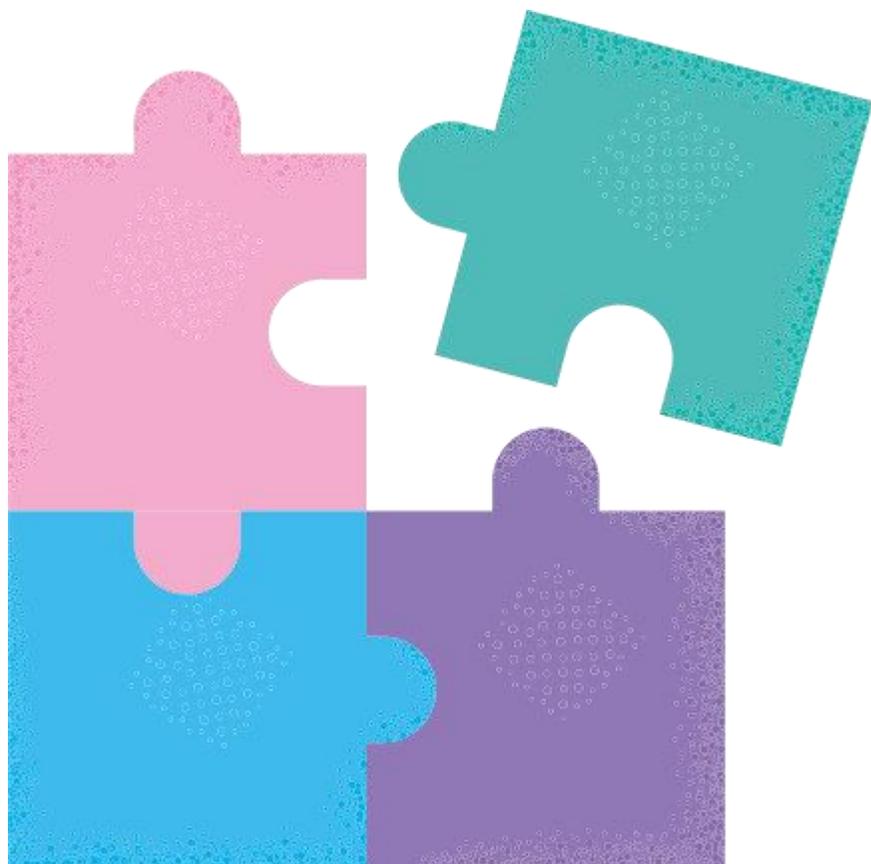
Inclui outros diagnósticos a serem considerados.



Exemplo



Voltar ao menu
principal



Referência, clique no texto

- Severe liver involvement in two patients with long-term history of fever: remember familial Mediterranean fever [40].

“Differential diagnosis.

Taking carefully into account the previous in-depth history of both patients, a molecular analysis of the MEFV gene was decided. A rapid screening test of the entire coding sequence of MEFV gene, combined with targeted sequencing, revealed that both patients suffered from FMF as no other etiology had been identified thus far, whereas there was an appropriate exclusion of infectious, malignant, autoimmune, rheumatic, and liver and biliary diseases at their last submission. Actually, the mutational analysis revealed that the male patient carried the R202Q/R202Q homozygous alteration in exon 2 of the MEFV gene, whereas the female young patient was heterozygous for the M694V/0 conservative mutation in exon 10 and homozygous for the R202Q/R202Q mutation in exon 2.”



Retornar



Voltar ao menu principal

8d. Características do prognóstico



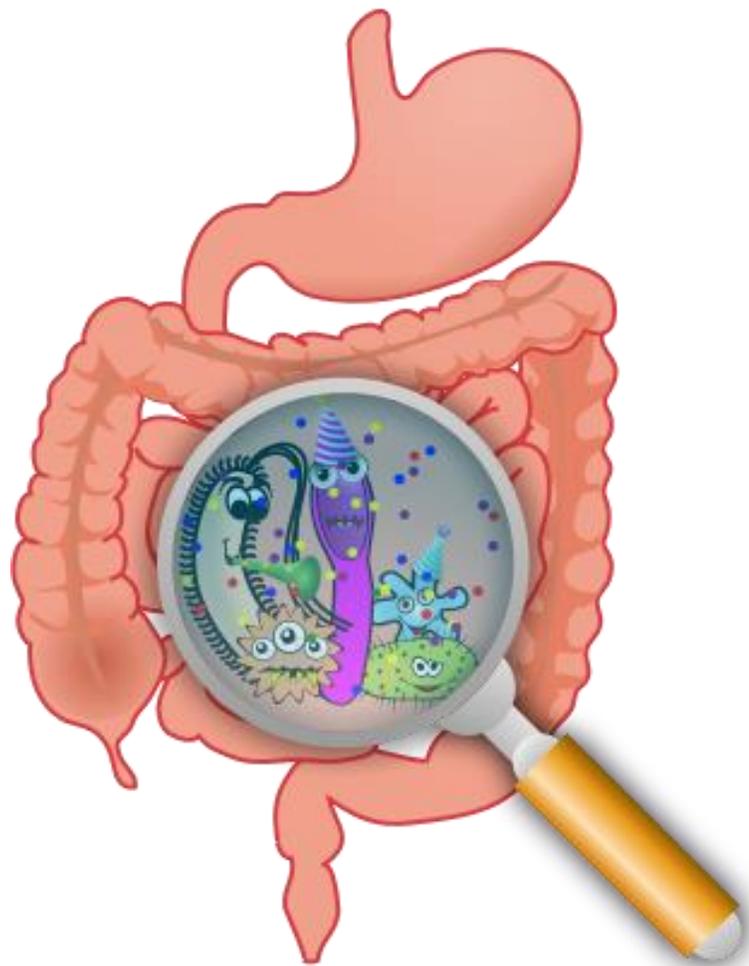
Inclui o estadiamento da doença, se aplicável.



Exemplo



Voltar ao menu
principal



Referência, clique no texto



- Procalcitonin as a diagnostic and prognostic marker for sepsis caused by intestinal infection: a case report [41].

“Procalcitonin is a useful tool in the early diagnosis of sepsis, differentiating from other inflammatory syndrome. The high PCT level (10 ng/mL) in this case could suggest serious bacterial infection and sepsis and also predicts mortality and worse outcome.”



Retornar



Voltar ao menu
principal

9. Intervenção terapêutica

- As intervenções terapêuticas são frequentemente o foco de relatos de caso ou podem fornecer informações de diagnóstico importantes.
- Relate com detalhes suficientes para facilitar a replicação.
- Forneça um breve relato do motivo pelo qual o paciente recebeu uma determinada intervenção.



Tabela de relato de
intervenção



Voltar ao menu
principal

Referência, clique na tabela



Table 3. Therapeutic intervention descriptions

All interventions

- Specify type of intervention, indicated condition, and intervention [42]

Pharmaceuticals (over-the-counter and prescription drugs)

- International nonproprietary name (INN), dosing regimen, and length of intervention
- For formulations that are administered as volumes of a fluid (e.g., intravenous infusions or oral liquid formulations) state the concentration of the formulation
- Provide manufacturer and brand names if relevant

Dietary supplements and botanical medicines

- Ingredients and dosing regimen (e.g., EPA [eicosapentaenoic acid] 750 mg plus DHA [docosahexaenoic acid] 250 mg, 1 capsule orally once daily for 6 months)
- If medicinal plants are used, indicate plant species using the Latin binomial name, the quantity of herbal substance or constituents, and the parts of the plant
- Provide manufacturer and brand names if relevant

Lifestyle recommendations (e.g., physical activity or exercise)

- Frequency, intensity, timing, and type



Retornar



Voltar ao menu principal



Próximo

9. Intervenção terapêutica

Este item divide-se em:

9a. Tipos de intervenção

9b. Administração da intervenção

9c. Mudanças na intervenção



Para obter a resposta,
clique no item desejado



Voltar ao menu
principal

9a. Tipos de intervenção



Inclui intervenções farmacológicas, preventivas e de autocuidado.



Exemplo



Voltar ao menu principal

Referência, clique no texto



- Eight years of follow-up after laminectomy of calcium pyrophosphate crystal deposition in the cervical yellow ligament of patient with Coffin–Lowry syndrome: a case report [43].

“Surgery

Under general anesthesia in the prone position, the C1–C7 laminae were exposed. Twenty millimeters of the width of the C2–C7 laminae were removed using a high-speed drill. Adhesions between the calcification and dura mater were gently stripped off, and the laminae were resected en block with the calcification. Fifteen millimeters of the width of the C1 posterior arch was removed using a high-speed drill. Pulsating dura mater was observed after laminectomy, but the pulse was weak. The dura mater appeared hypertrophic; however, we did not incise the dura mater.”



Retornar



Voltar ao menu
principal

9b. Administração da intervenção



Inclui a dosagem, potência e duração da intervenção.



Exemplo



Voltar ao menu
principal

Referência, clique na tabela

Table 4. Medications administered to the patient in our emergency department and selected behavioral observations

Time	Medication name, dose, and route	Behavioral observations
17:20	Approximate time of presentation to our emergency department	Extremely aggressive, threatening, and offensive behavior and language
17:26	Ziprasidone 20 mg IM, lorazepam 2 mg IM	
17:30	Lorazepam 2 mg IM	
17:40	Zuclopenthixol acetate 150 mg IM, benztropine 2 mg IM	
18:05	Lorazepam 2 mg IV	Vital signs and IV access obtained, blood sampled
18:30	Droperidol 10 mg IM	Verbally abusive, threatening, aggressive
22:30	Ziprasidone 20 mg IM	
23:00	Lorazepam 2 mg IV	
01:00		Sedated and quiet
04:00	Droperidol 10 mg IM, Lorazepam 2 mg IV	Yelling, abusive, shaking bed, threatening staff
06:00		Sedated but intermittent abuse and threats
11:20	Ziprasidone 20 mg IM	
13:00	Droperidol 25 mg IM	Acute arousal, combative during transport to psychiatric ward"

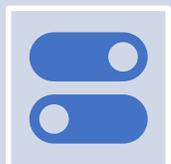


Retornar



Voltar ao menu principal

9c. Mudanças na intervenção



Inclui mudanças na intervenção realizadas de forma racional.



Exemplo



Voltar ao menu principal



- Severe refractory autoimmune hemolytic anemia with both warm and cold autoantibodies that responded completely to a single cycle of rituximab: a case report [46].

“Partial resolution of the hemolytic process was observed while the patient was treated with daily plasmapheresis with 5% albumin, at a volume of 3L–4L. A total of seven daily plasmapheresis treatments were performed, which resulted in a gradual decrease of the patient’s LDH and bilirubin and a rise in his level of haptoglobin. However, the patient still required almost daily blood transfusions. On the basis of earlier reports indicating an anecdotal benefit of rituximab treatment for immune cytopenias, plasmapheresis was discontinued and our patient was placed on rituximab therapy at a dose of 375 mg/m² every week. A total of four doses were administered over a period of 4 weeks. Although an initial increase in LDH level after the initiation of rituximab treatment was noted, there was no evidence of worsening hemolysis. After the first two courses of rituximab therapy, the patient showed a marked clinical improvement. His hemoglobin level stabilized... and he no longer required blood transfusions.”



Retornar



Voltar ao menu principal

10. Seguimento clínico e resultados

Este item divide-se em:

10a. Resultados avaliados

10b. Resultados de seguimento

10c. Adesão à intervenção

10d. Eventos adversos e imprevistos



Para obter a resposta,
clique no item desejado



Voltar ao menu
principal

10a. Resultados avaliados



Deve-se apresentar os resultados avaliados pelo clínico e pelo paciente (quando houver)



Exemplo



Voltar ao menu
principal



FIGURE 3 – (A) Periapical radiography immediately after canal obturation. (B) Bone repair was noted within a 3-year period of follow-up.



FIGURE 4 – A cone-beam computed tomographic scan was performed for monitoring and prognostic verification. A sagittal cut of the region.

Referência, clique no texto ou imagens

After that, the exposed glass ionomer was removed and added over the buffer of the temporary restorative cement and composite resin Filtek Z250 (3M ESPE, St. Paul, MN), thus sealing the cervical third. The follow-up of the case has been done with control radiographic and tomographic imaging. After 3 years of preservation, it was possible to observe repair of the periapical lesion where there was bone resorption because of the infectious inflammatory process (Figs. 3B and 4). The tooth was asymptomatic, with absence of a periodontal pocket and mobility.

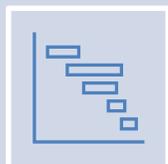


Retornar



Voltar ao menu principal

10b. Resultados de seguimento



Apresentar os resultados importantes para diagnóstico e outros testes de acompanhamento



Exemplo



Voltar ao menu
principal

10c. Adesão à intervenção



Relatar como foi avaliada a adesão do paciente à intervenção e sua tolerabilidade

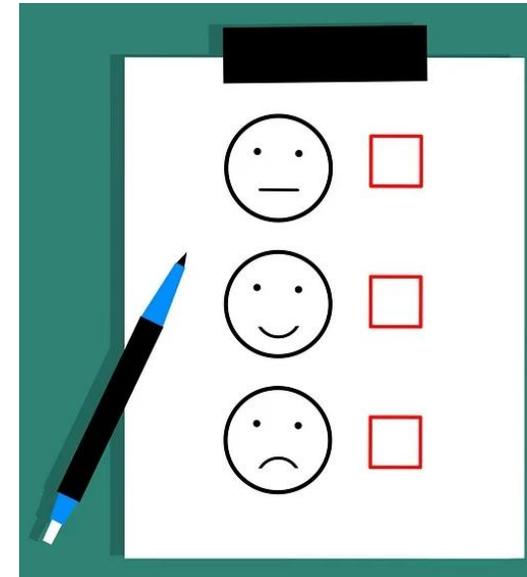


Exemplo



Voltar ao menu principal

border with a Touati bur. The patient was very satisfied with the aesthetic appearance. She did not report any trouble with mastication. She was followed every 6 months. Oral hygiene and integrity of the restoration were scrupulously monitored. Direct composite was applied 3 years later, on the cervical part of the crown because gingival maturation occurred. She had only difficulty to control calculus deposition on the lingual part of mandibular incisors. Five years later, the restorations were still satisfactory (Fig. 3d).



Retornar



Voltar ao menu principal



Referência, clique no texto

10d. Eventos adversos e imprevistos



Relatar qualquer situação adversa ou imprevisto ocorrido durante a realização do tratamento, que possam influenciar nos resultados obtidos.



Exemplo



Voltar ao menu
principal

Referência, clique no texto

The patient in this case report has successfully performed standard treatment for AIH for years. However, a few months after the endodontic treatment was completed, the patient's systemic condition worsened, and a liver transplant was performed. Thus, the choice of endodontic therapy in similar cases rather than more invasive dental procedures seems to be assertive.



Cavity sealing was performed with temporary restorative cement (Villevie, Dentalville do Brasil Ltda) and glass ionomer (Vitro Fil R, Nova DFL) (Fig. 3A). After the endodontic treatment was completed, the tooth was restored with composite resin. Shortly after the restorative procedure, the coronary part of the tooth fractured, and there was invasion of the biological space; due to the patient's systemic condition and because he took a corticosteroid and bisphosphonate, the treatment for the clinical crown augmentation or dental exodontia was contraindicated.

Referência, clique no texto



Retornar



Voltar ao
menu
principal

11. Discussão

Este item divide-se em:

1 1a. Pontos fortes e limitações

1 1b. Literatura relevante

1 1c. Justificativa para conclusão

1 1d. Lições do relato de caso



Para obter a resposta,
clique no item desejado



Voltar ao menu
principal

11a. Pontos fortes e limitações



Realizar discussão científica dos pontos fortes e limitações associadas ao relato de caso



Exemplo

11b. Literatura relevante



Realizar discussão com literatura relevante e referenciar



Voltar ao menu principal

Referência, clique no texto



The characteristics of AIH include predilection for females, elevation of aminotransferases, nonspecific autoantibodies or organ-specific autoantibodies, immunoglobulin G levels, and interface hepatitis in liver biopsy¹³. Although women are affected by this pathology 3 times more often than men¹⁴, this case report describes an urgent endodontic treatment performed in a male patient. The absence of treatment for AIH

Individuals affected by this pathology should be assisted in a multidisciplinary way, and the dental surgeon should be prepared to attend to those patients considering the particularities of this systemic condition and its implications in the formation of the treatment plan. The patient in the study had osteoporosis, corroborating the studies performed by the previously mentioned authors. In order to treat this bone pathology, he used oral alendronate, which is a bisphosphonate belonging to the group of synthetic inorganic analogs of pyrophosphate, an endogenous regulator of bone mineralization that suppresses the proliferation and action of osteoclasts^{16,17}.

Referência, clique no texto



Retornar



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11c. Justificativa para conclusão



Apresentar justificativa científica para quaisquer conclusões (incluindo avaliação de possíveis causas)



Exemplo

11d. Lições do relato de caso



Relatar as principais lições retiradas do relato de caso em uma conclusão de um parágrafo (sem referências).

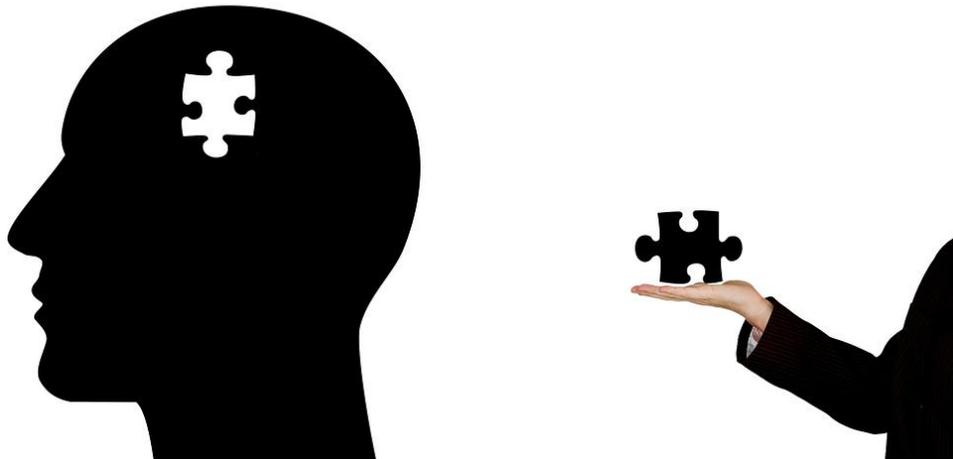


Voltar ao menu principal

Referência, clique no texto

CONCLUSIONS

Therefore, it is possible to achieve long-term success in endodontic treatment in patients with AIH. However, further reports and scientific studies are needed to correlate the management of patients with autoimmune liver disease and endodontic treatment.



The endodontic literature reports a positive correlation between the performance of intraoral surgery with bone involvement, such as exodontia and a clinical crown increase with osteotomies, and the risk of osteonecrosis of the jaw induced by the continuous use of this medicine¹⁸. According to Miniello et al¹⁹, the main causes of osteonecrosis of the jaw associated with bisphosphonates follow a decreasing order, beginning with dental extractions followed by tumor resection or reconstruction, periodontal disease, periapical lesions, dental implants, prosthesis trauma, cingulate enucleation, and gingival biopsy. Bisphosphonate-related

Referência, clique no texto



Retornar



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12. Perspectiva do paciente



O paciente deve compartilhar sua perspectiva em um a dois parágrafos sobre o(s) tratamento(s) recebido(s).



Exemplo



Voltar ao menu
principal

DISCUSSION

This case report describes four sessions of chairside CAD/CAM used to restore hypocalcified AI-affected teeth—loss of enamel and dyschromia reaching all the teeth—in a 17-year-old girl. The patient reported rapid pain relief and overall improvement in well-being after the treatment.

Chairside CAD/CAM Interest

The main feature of this case is that it was performed in full by chairside CAD/CAM. For this patient, who was tired of repeated dental treatment since childhood, we could obtain a rapid and effective final result in four long sessions.¹³ In addition, the planning stages and design of the restorations were performed in partnership with the patient, which is



Referência, clique no texto ou imagens



Retornar



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menu
principal

13. Termo de consentimento



Relatar o consentimento do paciente, por meio de assinatura de um termo de consentimento livre e esclarecido (TCLE), que deve ser fornecido caso solicitado.



Exemplo



Voltar ao menu
principal

Referência, clique no texto



Before starting the case resolution,
alternatives for treatment and prognostic
uncertainties were discussed, and the
informed consent form was signed by the
patient. For urgent treatment, anesthesia was



Modelo TCLE



Retornar



Voltar ao
menu
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Próximo

TERMO DE CONSENTIMENTO LIVRE E ESCLARECIDO (TCLE)

Título do projeto de pesquisa: XXXXXX

Formulário de Consentimento do Paciente

Eu, (nome do paciente), por meio deste **Termo de Consentimento Livre e Esclarecido**, consinto que o cirurgião-dentista (nome do profissional), CRO nº XXX, tire fotografias, faça vídeos e outros tipos de imagens sobre o meu caso clínico. Consinto que estas imagens sejam utilizadas para finalidade didática e científica, divulgadas em aulas, palestras, conferências, cursos, congressos etc., e publicadas em livros, artigos, portais de internet, revistas científicas e similares, podendo inclusive ser mostrado o meu rosto, o que pode fazer com que eu (ou ele) seja reconhecido.

Consinto também que sejam utilizadas e divulgadas as imagens de meus exames, como radiografias, tomografias computadorizadas, ressonâncias magnéticas, ultrassons, eletromiografias, histopatológicos (exame no microscópio da peça cirúrgica retirada) e outros.

Este consentimento pode ser revogado, sem qualquer ônus ou prejuízo à minha pessoa, a meu pedido ou solicitação, desde que a revogação ocorra antes da publicação.



Retornar



Voltar ao menu
principal

Modelo TCLE

Fui esclarecido que não receberei nenhum ressarcimento ou pagamento pelo uso de minhas imagens e também compreendi que o cirurgião-dentista (nome do profissional) e a equipe de profissionais que me atende e atenderá durante todo o tratamento não terá qualquer tipo de ganho financeiro com a exposição da minha imagem nas referidas publicações.

Assinatura do participante da pesquisa (ou impressão datiloscópica)

Assinatura do responsável legal do participante (para menores de 18 anos)

Assinatura do Pesquisador responsável

Contatos dos Pesquisadores:

Nome

Instituição/ área de atuação, Endereço.

Telefone e e-mail.

Contato do Comitê de Ética:

Comitê de Ética em Pesquisa em Seres Humanos do Instituto de Ciências da Saúde da Universidade Federal do Pará (CEP-ICS/UFPA) - Complexo de Sala de Aula/ICS – Sala 13 – Campus Universitário, Nº 01, Guamá. CEP: 66.075-110 – Belém-Pará. Telefone: 3201-7735.