

KOU TIP FAKÜLTESİ-SENATURK MAKALE HAZIRLAMA VE SUNUM KURSU-2013

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Dergi Kuralları ve referans yazılımı

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Bilimsel Makale

“Bilimsel makale, bilimsel yazım kuralları esas alınarak, özgün araştırma sonuçlarını tanımlayan, yazılmış ve basılmış bir rapordur.”

Genel kurallar

- Yazı, sayfanın sağ/sol ve ust/alt kenarında 2.5 cm mesafe kalacak şekilde yazılmalı
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Bilimsel bir makalenin bileşenleri

- Title Page
- Summary/Abstract
- Introduction
- Methods
- Results
- Discussion
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Başlık sayfası “Title page”

- Yazının başlığı
- Yazar isimleri ve ünvanları
- Yazarların çalıştığı kurumlar
- Kısa başlık
- Çalışma için lullanılmış kaynak varsa veya yoksa belirtilir
- Her yazarın çalışmadaki sorumluluğu belirtilir
- Yazışmayı yapacak kişinin “correspondence” adı, kurumu, adresi, iletişim bilgileri.
- Ayrı basım isteği için isim bildirilebilir
- Yazının kelime sayısı
- Tablo, grafik ve resim sayısı
- Çıkar çatışması
- Klinik araştırmalarda kayıt numarası (<http://www.clinicaltrials.com>)

Başlık

- ✓ Bilimsel bir makalenin başlığı, makalenin **“ismidir”**
- ✓ Başlık bir cümle değil, etikettir ve en çok okunan kısımdır
- ✓ Etkileyici, kısa ancak çok şey anlatmalıdır
- ✓ Başlık yazıyı okuma isteği uyandırmalıdır
- ✓ Kısaltma içermemeli
- ✓ Ticari isim içermemeli

Başlık örnekleri

- ✓ Nonfunctional adrenal lesions without loss of signal intensity on MRI: Whose problem is it? The patient's? The surgeon's?
- ✓ The impact of age, vitamin D(3) level, and incidental parathyroidectomy on postoperative hypocalcemia after total or near total thyroidectomy.
- ✓ Determinants of postoperative hypocalcemia in vitamin D-deficient Graves' patients after total thyroidectomy.
- ✓ Cardiovascular risk in patients with nonfunctional adrenal incidentaloma: myth or reality?

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Özet

- ✓ Yazının minyatürüdür
- ✓ Başlıktan sonra en çok okunan yeridir
- ✓ Özet kaynak içermez
- ✓ Kısaltma kullanılacaksa tanımlanmalıdır
- ✓ 150-250 kelime içermeli
- ✓ Çalışmanın yeni ve önemli bölümleri vurgulanmalı
- ✓ Bölümlenmiş özeti alt başlıkları
(Background/Aims/Purpose, Methods, Results, Conclusions)
- ✓ Yazıyı en iyi tanımlayan anahtar kelimeler

Özet örnekleri

BACKGROUND:

Current indications for adrenalectomy include functional adrenal tumors and potentially malignant tumors based on imaging studies. We evaluated the effectiveness of magnetic resonance imaging (MRI) in obtaining a correct preoperative diagnosis.

METHOD:

Fifty-three patients with nonfunctional adrenal lesions were analyzed. Indications for adrenalectomy of nonfunctional adrenal lesions included >6 cm in size and ≤6 cm in size with atypical characteristics on MRI. Lesions with a size of >6 cm, local invasion, irregular margins, and chemical-shift imaging that demonstrated no loss of signal intensity on out-of-phase images were considered suspected of malignancy.

RESULTS:

Adrenal lesions of >6 cm in size exhibited an 80-fold increased prediction of malignancy (OR: 80; 95% CI 7.8-813), whereas irregular margins and local invasion exhibited a 45-fold (OR: 45; 95% CI 6.4-312.5) and a 12-fold (OR: 12; 95% CI 4.6-30.6) increased occurrence of malignancy, respectively. The loss of signal intensity did not affect the prediction of malignancy.

CONCLUSION:

The rate of unnecessary tumor resections that are <6 cm in size can be decreased by performing adrenal biopsies in selected cases or by short-term follow-up to prevent the insufficiency of imaging techniques.

Nonfunctional adrenal lesions without loss of signal intensity on MRI: Whose problem is it? The patient's? The surgeon's?

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Prognostic factors in patients with papillary thyroid carcinoma

BACKGROUND: Papillary thyroid carcinomas are associated with metastases and decreased survival in a small group of patients.

AIM: The aim of this study is to determine the factors associated with recurrences/metastases in papillary thyroid carcinoma patients.

SUBJECTS AND METHODS: One hundred and thirty-one patients with papillary thyroid carcinoma were evaluated retrospectively. The diagnosis was papillary microcarcinoma (PMC) in 48 patients. All patients had undergone near-total/total thyroidectomy. Radioactive iodine was given to 103 patients. Age at diagnosis, gender, previous history of thyroid disease, tumor stage, histopathological characteristics of tumor and initial treatment strategies were evaluated.

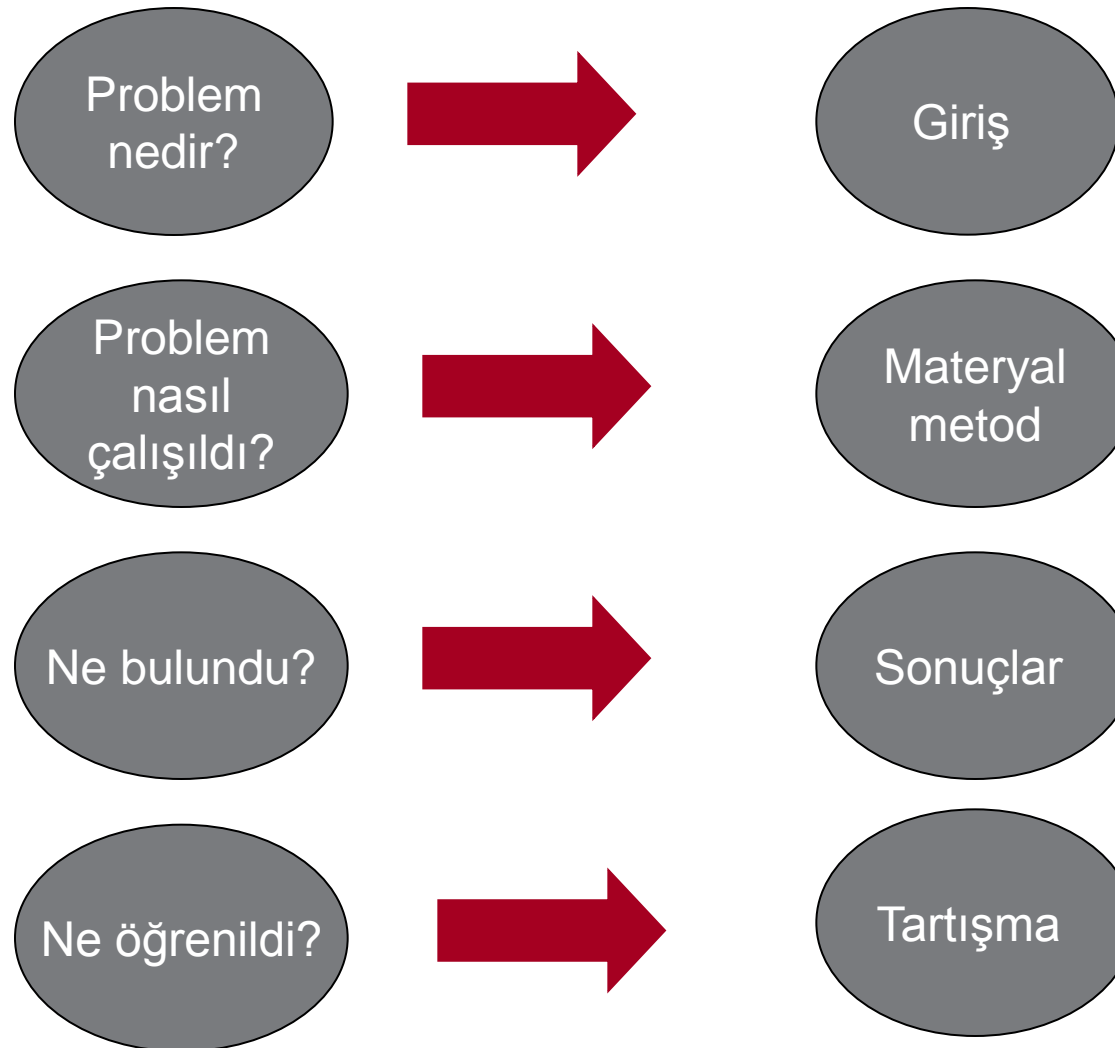
RESULTS: Recurrences/metastases developed in 17 patients during follow-up. Recurrences developed at a significantly higher percentage in patients with a tumor stage $>T1$ and patients with lymph node metastasis at presentation. No significant difference was observed in recurrence ratio between patients with PMC and patients with a tumor diameter $>$ or $=1\text{cm}$. In the Cox-regression analysis only the advanced tumor stage ($>T1$) and presence of lymph node metastases were found to be significant predictors for recurrence (univariate analysis, odds ratio $=4.02$ and 3.15 , respectively). However, multivariate analysis did not reveal any significant independent predictors. According to the Kaplan- Meier survival analysis, lymph node metastases at presentation were associated with a decrease in recurrence-free survival at statistical significance ($p=0.05$). No mortality was observed during follow-up.

CONCLUSION: Papillary thyroid carcinoma leads to recurrences/metastases in a small group of patients. Initial characteristics of the patients--i.e. presence of lymph node metastases--may predict recurrences/metastases in these patients.

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IMRAD (Introduction, Material and Methods, Results, Discussion)



Giriş

- ✓ Okuyucuyu konu hakkında bilgi sahibi yapmak
- ✓ Çalışmanın önemi ve hedefleri hakkında bilgi vermek
- ✓ Kaynak kullanılır
- ✓ Elde edilen sonuç ve öneriler hakkında okuyucuyu kısaca bilgilendirmektir
- ✓ Tartışmada tekrar edilmemelidir

Giriş örneği

It has become a common clinical problem as a result of the more widespread use of high-resolution anatomical imaging procedures (1-3). Incidental adrenal masses present in 4% of imaging studies in the general population, and the risk of finding an adrenal incidentaloma increases with age (4-7). Most of these lesions are benign in nature. The goals of initial workup are to distinguish benign from malignant processes, as well as nonfunctioning from hyperfunctioning tumours (8-11).

Chemical-shift imaging is most commonly used to distinguish between benign and malignant adrenal lesions (12-15). Benign adrenal masses demonstrated the typical signal intensity loss on chemical shift magnetic rezonans (MR) imaging using opposed-phase images with 95% sensitivity (12-15). Although chemical shift MR imaging is well known predictor of malignancy, the indication for surgery in surgical series is commonly nonfunctioning adenomas (10,15-18).

Giriş örneği

Current indications for adrenalectomy include functional adrenal tumors and potentially malignant tumors based on imaging studies (3,5,17,18). Because of MR finding inconsistent with a diagnosis of adenoma, the majority of surgical removed adrenal lesions are classified as benign nonfunctioning adenomas. The aim of this work was to evaluate the effectiveness of combined MR parameters in distinguishing benign from malignant adrenal masses.

Yöntem

- ✓ Uzun ise alt bölümlere ayrılır (Demografi, Preoperatif tetkikler, Postoperatif tetkikler, vs)
- ✓ Çalışmaya dahil edilme ve dışlanma kriterleri belirtilir
- ✓ Randomizasyon yöntemi açıklanır
- ✓ Kullanılan kitler veya cihazların fabrika adları ve adresleri yazılır
- ✓ Kullanılan yöntem yeni ise ayrıntılı tarif edilir
- ✓ Sık kullanılan yöntemse sadece kaynak verilir
- ✓ İstatistik yöntemler yazılır
- ✓ İlaçların dozları, kullanım şekilleri ve kullanım sıklıkları belirtilir
- ✓ Etik komite izinleri belirtilir

Yöntem

Hypothyroidism was defined as an increased serum concentration of thyroid-stimulating hormone (TSH) in combination with a decreased serum level of free tri-iodothyronine (FT₃) and free thyroxine (FT₄); the euthyroid state was defined by the presence of TSH, FT₃ and FT₄ levels within the reference range. Systolic and diastolic blood pressures were measured from the right brachial artery using a pneumatic sphygmomanometer after 10 min of the patient being in the supine position.

Yöntem

Operative technique and thyroxine replacement therapy

Study protocol

Biochemical analysis

Vascular studies

Statistical analysis

Yöntem

**Yöntem “Sonuçlar” ile
karıştırılmamalıdır**

**Çalışmanın tekrar edilebilmesi için
gerekli bilgiler verilmelidir**

Sonuçlar

- ✓ Sonuçların verilmesinde belirli bir sıra takip edilmelidir
- ✓ Öncelikle araştırma hakkında genel bir değerlendirme yapılmalıdır
- ✓ “Yöntem” bölümünün tekrarı olmamalıdır
- ✓ Sonuçların sunulmasında “geçmiş zaman” kipi kullanılmalıdır
- ✓ Verilerin tamamının verilmesi yerine özeti verilmelidir. Bu bağlamda “özet istatistikler” tablo yada şekiller halinde sunulabilir.
- ✓ Alt başlıklara ayrılabilir
- ✓ İstatistik sonuçlarının uzun uzun verilmesine gerek yoktur

Sonuçlar

Results

Baseline characteristics (control and stage 1)

The mean age of the 22 patients (ten women and one man) was 46.9(7.2) (range 27–54) years, and that of the controls (19 women and three men) was 45.3(8.4) (range 24–56) years. Baseline measurements in patients (stage 1) and controls were similar (*Table 1*).

Table 1 Changes in thyroid function, lipid profile and vascular parameters at each stage

	Controls	Patients with overt non-autoimmune hypothyroidism			
		Stage 1	Stage 2	Stage 3	Stage 4
FT ₃ (pmol/l)	5.8(0.6)‡	5.7(0.7)‡	2.4(0.6)*†§	5.2(0.8)‡	5.9(0.7)‡
FT ₄ (pmol/l)	15.5(3.4)‡	16.4(1.5)‡	8.5(2.5)*†§	16.7(1.7)‡	17.5(1.8)‡
TSH (munits/l)	2.5(1.1)‡	2.3(1.1)‡	85.1(31.4)*†§	3.5(0.6)‡	3.3(0.8)‡
Body mass index (kg/m ²)	28.7(3.6)	28.8(3.7)	28.4(3.6)	29.3(3.6)	29.1(3.5)
Systolic blood pressure (mmHg)	118.6(4.3)	121.3(6.1)	118.7(3.2)	118.2(3.9)	121.8(5.2)
Diastolic blood pressure (mmHg)	72.4(6.3)	73.8(5.7)	71.4(3.6)	71.6(4.1)	72.1(5.1)
Pulse rate (beats/min)	68.5(4.2)‡	69.4(3.9)‡	56.4(3.7)*†§	71.7(4.8)‡	70.1(4.2)‡
Triglycerides (mg/dl)	146.8(24.5)	144.6(27.8)	152.4(23.7)	148.3(19.7)	153.0(26.9)
Total cholesterol (mg/dl)	224.5(33.6)‡§	222.8(35.1)‡§	303.7(35.8)*†§	259.4(27.9)*†‡	228.7(33.6)*‡§
LDL cholesterol (mg/dl)	143.3(25.2)‡§	147.5(30.2)‡§	217.7(39.5)*†§	180.5(32.6)*†‡	150.3(25.5)‡§
HDL cholesterol (mg/dl)	41.6(7.7)	42.1(8.4)	43.9(8.8)	46.2(7.6)	43.8(9.7)
VLDL cholesterol (mg/dl)	33.8(6.7)	34.6(7.6)	36.5(8.2)	35.9(7.1)	36.4(9.2)
Total cholesterol/HDL cholesterol	5.2(1.7)‡	5.4(1.4)‡	7.3(1.6)*†	6.2(1.7)†	5.6(1.5)‡
hs-CRP (mg/l)	3.7(1.9)	3.3(2.1)	3.5(1.8)	4.1(1.5)	3.7(2.2)
Baseline diameter (mm)	3.4(0.3)	3.3(0.4)	3.4(0.7)	3.3(0.3)	3.3(0.6)

Tartışma

- ✓ Makalenin en zor yazılan kısmıdır.
- ✓ Genelde ret edilen makalelerin büyük bir kısmı, tartışma yeterli bulunmadığı için ret edilir
- ✓ Sonuçlar arasındaki genellemeler ve ilişkileri tartışılmalıdır
- ✓ Verilerdeki beklenmedik özellikler ve olumsuzlukları saklanmamalı
- ✓ Doğruluğundan emin olmadığınız ilişkileri doğruymuş gibi gösterilmemeli
- ✓ Sonuçlarınızın literatürdekilerle olan uyum ve uyumsuzlarını açıkça tartışınız
- ✓ Çalışmanın eksik tarafları da belirtilmelidir

Conclusions

- ✓ Tipik bir conclusion ana metnin %5-10 kadar olmalı ve tartışma kısmında verilenleri özetlemelidir.
- ✓ **Abstracttan farkı**; Abstract makaleyi okumamış kişiye hitap etmeli, conclusions ise makaleyi okumuş olana.

Kaynaklar

- ✓ Numara vererek belirtme
- ✓ Harvard sistemi ile belirtme

Kaynaklar: Numara vererek belirtme

- Temporal lob epilepsisi, idyopatik ve semptomatik olarak ikiye ayrılmıştır (12-14).
- Cushing (23) ve Harvey (24), etyolojisi aydınlatılamayan santral sinir sistemi enfeksiyonlarının % 86'sında ... (2, 6, 14-18).
- Cushing²³ ve Harvey²⁴....

Numaralandırma yazıda geçme sırasına göre veya harf sırasına göre yapılır

Kaynaklar: Harvard sistemi ile belirtme

- Limbik sistemin, kortikal ve subkortikal yapıları içeren kompleks fonksiyonları olan bir sistem olduğu gösterilmiştir (Brocca, 1902).



- Superoksidismutaz ekspresyonu fazla olan fareler reperfüzyon hasarına daha dayanıklıdır (Yang ve diğ.,1994).

(Sezgin, 1983; Tuncer ve diğ., 1992; Pekcan, 1995).

anlamsız: olduğunu ortaya koymuştur (Brezenoff ve Rusin, 1982a; ,/ 1982b; 1988)." Burada yıldan sonra gelen "a" ve "b" aynı yıl yapılmış farklı yayınları göstermektedir.

Kaynaklar

- Numara sistemi: "Veriler Burt'ün (15) klasifikasyonuna göre ayrımlandı."
- Harvard sistemi: "Veriler Burt'ün (1996) klasifikasyonuna göre ayrımlandı."

Kaynaklar

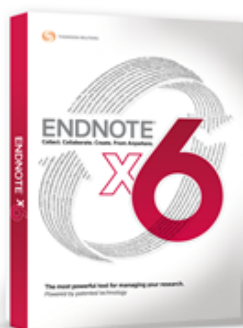
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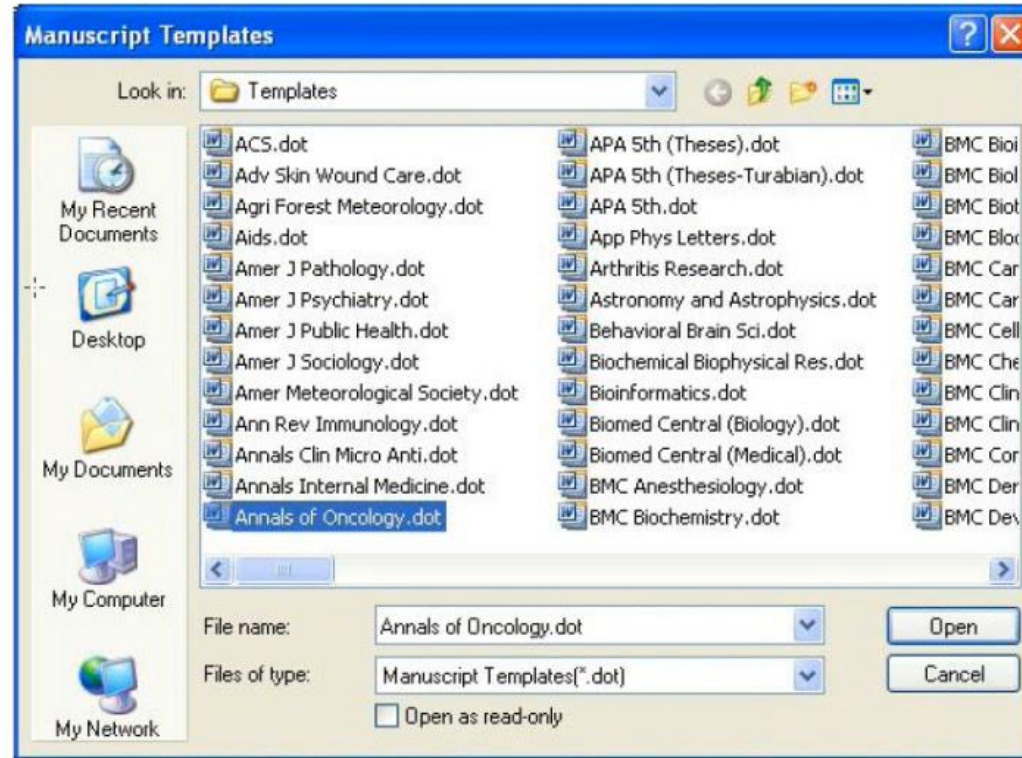
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