DESCRIPTION

European Annals of Oto-rhino-laryngology, Head and Neck diseases heir of one of the oldest otorhinolaryngology journals in Europe is the official organ of the French Society of Otorhinolaryngology (SFORL) and the International Francophone Society of Otorhinolaryngology (SIFORL). Today six annual issues provide original peer reviewed clinical and research articles, epidemiological studies, new methodological clinical approaches and review articles giving most up-to-date insights in all areas of otology, laryngology rhinology, head and neck surgery. The European Annals also publish the SFORL guidelines and recommendations. The journal is a unique two-armed publication: the European Annals (ANORL) is an English language well referenced online journal (e-only) whereas the Annales Françaises d’ORL (AFORL), mail-order paper and online edition in French language are aimed at the French-speaking community. French language teams must submit their articles in French to the AFORL site.

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INTRODUCTION

European Annals of Otorhinolaryngology, Head and Neck Diseases and its French version, Annales Francaises d’Oto-Rhino-Laryngologie et de pathologie cervico-faciale, publish original scientific articles in the field of oto-rhino-laryngology from all domains in English and French. All Authors can submit in English to the European Annals and in French to the Annales Francaises. All French accepted articles are translated to English and published bilingually, in English e-only (European Annals) and in French in paper and electronically (Annales Francaises). Only the English version (European Annals) is indexed in international databases. The Journal follows the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (which can be viewed on the International Committee of Medical Journal Editors site: www.icjme.org). Authors can submit their article using the Journal's online submissions site: https://www.editorialmanager.com/anorl/default.aspx.

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When authors submit their manuscript, they should specify the section in which they wish to be published.

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Editorials consist of a title, free text and not more than 5 references, for a maximum 3,000 words. They comprise 5 successive sections:
- **Title**: As short as possible, with not more than 60 characters.
- **Discussion**: Free, with as few paragraphs as possible (not more than 5), without titles. There are no subtitles.
- **Conflicts of interest
- **Acknowledgments.
- **References.

Original Article

For an Original Article, the text (excluding title, tables, disclosure of interest and references) is limited to a maximum 3,500 words. There can be a maximum of 6 authors. There can be not more than 3 tables, 2 figures and 30 references. Verbs are in the past tense except for statements of established fact, which are in the simple present tense (e.g., "The patient was operated on; septicemia requires antibiotic therapy"). References are given the text in order of citation, in square brackets, just before the period closing the sentence. Authors are encouraged to follow the EQUATOR guidelines (https://www.equator-network.org/) to build their article and to mention the guideline used in the Material and Method chapter. Statistical rules to apply are described in the chapter "Methods and statistical considerations" of this guide. The body of the article comprises 11 successive sections:
- **Title**: As short as possible, with not more than 80 characters.
- **Abstract**: structured as Aims, Material and Methods, Objectives, Results, Conclusion, for a maximum 250 words.
- **Key-words**: 3 to 5.
- **Introduction**: The Introduction comprises 3 parts: general presentation of the field, particular aspect dealt with in the study, study objectives and what the study wishes to bring new to the existing literature.
- **Material and methods**: This section, without subtitles, presents the study population, selection criteria, study objective(s), study variables and statistical methods. Prospective and/or randomized studies should mention their institutional review board approval (CPP, for France). To promote reproducibility and transparency, authors are encouraged to submit by accessory separate file the anonymous database allowing for study completion.
- **Results**: The results correspond to the study objectives, and are presented clearly and logically, including negative findings, with reference to tables. This section includes no commentaries or references.
Discussion: Without subtitles, the Discussion analyzes the results, with comparison to the scientific literature (PubMed analysis). It should match the Introduction. Uncertainties and limitations are presented.

Conclusion: The Conclusion presents the lessons to be drawn, solutions and future research perspectives.

Disclosure of interest.

Acknowledgments.

References: The purpose of the reference list is to provide references to previously published scientific articles (PubMed analysis) for all facts stated and all names mentioned in the article; there should be no references to non-indexed work (books, communications, theses, etc.).

The following list shows the most frequent faults leading to rejection of original articles submitted to the European Annals of Otorhinolaryngology Head & Neck Diseases:

- Purely descriptive study.
- No additional contribution to existing data and publications.
- Objectives not defined, varying; and/or important variables absent or not studied.
- Poorly structured Material and Methods section: not presenting the study population, study objective and/or study variables.
- Absence of statistical analysis, and/or statistical tests used incorrectly.
- Introduction vague, too long and/or not reflecting the literature.
- Study population too heterogeneous and/or poorly defined.
- Discussion vague, irrelevant, over-rating results, unrelated to study objectives or results and/or introducing further results.
- Discussion needing to be developed, lacking important references or with incorrect references.
- Insufficient follow-up.
- Results missing, false, changed during the Discussion.
- Article already published elsewhere.
- Falsely prospective study design.
- Study re-submitted without taking account of peer review.
- Article not suited to an Otorhinolaryngology journal.

Review

A review presents the state of the art on a specific topic. It is based on a review of the most recent scientific literature (PubMed, Cochrane Database, etc.). Authors are encouraged to follow the SWiM methodology (https://www.equator-network.org/) to build their article and to mention this methodology in the chapter Material and Methods. The statistical rules to follow are documented in the paragraph Statistics of the current guide. There should be no more than 6 authors. The text (excluding title, tables, disclosure of interest and references) is limited to a maximum 4,000 words; there can be a maximum of 5 tables, 5 figures and 100 references. Writing, layout, choice and use of references are as for an Original Article. Reviews comprise 9 successive sections:

- Title: As short as possible, with not more than 60 characters.
- Abstract: The Abstract is non-structured, with a maximum 250 words.
- Key-words: 3 to 5.
- Introduction: The Introduction includes the objectives of the Review, the data-bases analyzed, search-terms used, and exclusion criteria (case reports, etc.). The introduction must tell the reader what the review wishes to bring new to the yet published literature.
- Discussion: The Discussion may be broken down into 3 subsections with titles and, if suitable, 3 subtitles per subsection.
- Conclusion.
- Disclosure of interest.
- Acknowledgments.
- Abstract.
- References.

Case Reports

Only exceptional cases (less than 15 cases previously reported) and case reports providing new findings can be submitted to the Annals. Authors are encouraged to publish complications and tropical pathology as Case Reports. Cases reported as pretexts for a review of the literature or update will not be accepted. Authors are encouraged to follow the EQUATOR guidelines (https://www.equator-network.org/) to build their case report. The text (excluding title, tables, disclosure of interest and
The following list shows the most frequent faults leading to rejection of case reports submitted to the European Annals of Otorhinolaryngology Head & Neck Diseases:

- Lack of originality (15 cases already found in PubMed).
- No new contribution to the medical literature on the topic.
- Title vague, too long or uninformative (avoid terms such as: "about", "a case of", "rare", "exceptional", etc.).
- Diagnosis incorrect or unproven, or insufficient follow-up.
- Introduction vague, unrelated to the case, or not reflecting the literature.
- References missing or incorrect.
- Mistakes of spelling and grammar.
- Table or figure duplicated the text of the report.
- Associating two rare cases without causal relation (coincidence).

**Letter to the editor**

This section fits the majority of case reports. Number of authors is no more than 4. No summary and no key words. Title must be short. Text organised in two paragraphs comprise no more than 500 words with one table, one or two figures and maximum 5 references. The first paragraph presents the case, the second is devoted to discussion of key points. The text must always start with the following words:"Dear editor in chief, we ...".

**What is your diagnosis?**

This type of article is a short presentation of a clinical case with iconography: radiologic, clinical, operative or anatomopathologic imaging. The title should be short, announcing the topic but not the diagnosis. There should not be more than three authors. The text (Description, Question(s) and Replies) should not exceed 200 words (not counting title, disclosure of interests, acknowledgments and references). The iconography should comprise at most two images, presented side by side in a single zone (marked "a" and "b"), without legend as the text itself provides the description. The text should contain no more than 5 references. The article is divided into the following 7 successive sections:

- **Title**: As short as possible, in no more than 60 characters.
- **Description**: presenting the clinical context of the images. The description must present proper data that allows for diagnosis.
- **Question(s)**: What is your diagnosis?
- **Replies. Replies must offer the reader valuable information useful in clinical practice.**
- **Disclosure of interest.**
- **Acknowledgements.**
- **References.**

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A surgical technique or technology article briefly describes a technique or treatment, or their modifications or new equipment with no more than 4 authors. A short discussion should provide a general overview and be limited to a precise message on the advantages and limitations of the
The text should not exceed 2000 words: 2 tables and 4 figures in case of a surgical technique. 2 drawings or 6 schemas (help from a professional drawer affiliated to the journal may be sought), two figures and 15 references. "Writing and use" of reference is identical to scientific article with structuration in 10 sections: Title, as short as possible with no more than 60 signs. Summary, not structured, 200 words maximum. Key Words, 3 to 5. Introduction, Technique, Discussion without subtitles, Conclusion, Conflict of interest, Acknowledgments, References.

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For observational studies, please precisely describe how the data were collected instead of using generic terms such as 'retrospective study', in accordance with the STROBE guidelines [1-3]. In observational studies, report and describe missing data. Generally, a brief description of excluded subjects due to missing data compared to the included population is reported in the text, and more detailed comparisons are provided in the supplementary material (such as a table comparing included versus excluded subjects).

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Include the registration number in the Methods section for randomized controlled trials (clinicaltrials.gov) and systematic reviews (www.crd.york.ac.uk/prospero).

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Always provide the number of observations, do not rely only on percentages. Use means and standard deviations (SDs) for normally distributed data and medians and ranges or interquartile ranges (IQRs) for data that are not normally distributed.

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