TABLE OF CONTENTS

- Description p.1
- Abstracting and Indexing p.1
- Editorial Board p.1
- Guide for Authors p.3

DESCRIPTION

JAAD Case Reports® is one of two open access companion titles to the highly-respected Journal of The American Academy of Dermatology (JAAD). JDCR supports the advancement of clinical dermatology practice through its dedication to publishing traditional and interactive, new and novel case reports, case series, and images that are authentic, understandable, educational, and of interest to an audience of dermatologists, residents, fellows, and researchers in all dermatology subspecialties, as well as clinicians in related fields. Each submission should have an emphasis on high-quality, clinical photography.

Submissions should present any of the following: new diseases, new presentations of known diseases, new associations, new diagnostic techniques, new treatments including any adverse events and procedural techniques, as well as other cases related to the prevention, diagnosis, treatment, and improvement of the skin, hair, and nails.

All submissions are peer reviewed. To provide fully available, open access articles, authors are requested to pay a publication fee once their manuscript has been accepted. Following payment of this fee, the article will be made universally available at http://www.sciencedirect.com and on Elsevier’s HealthAdvance platform.

The Journal has a CiteScore of 1.3.

JDCR supports a culture of inclusion and connectedness.

ABSTRACTING AND INDEXING

Directory of Open Access Journals (DOAJ)

EDITORIAL BOARD

Editor:
Brett Sloan, MD, University of Connecticut, Farmington, CT, US

Deputy Editor:
Milan J. Anadkat, MD, Washington University, St. Louis, MO, US
Managing Editor:
Detra N. Davis, 9500 Bryn Mawr Avenue, Suite 500, Rosemont, IL 60018-1968

Assistant Managing Editor:
Charlene Dundek, 9500 Bryn Mawr Avenue, Suite 500, Rosemont, IL 60018-1968

Editorial Board:
Farah Abdulla, MD, University of Chicago, Chicago, IL, US
Joerg Albrecht, MD, Cook County Health and Hospitals System, Chicago, IL, US
Craig Burkhart, MD, The University of North Carolina, Chapel Hill, NC, US
Melvin W. Chiu, MD, MPH, University of Southern California, Los Angeles, CA, US
Jiunn-Mee Choi, MD, Northwestern University, Evanston, IL, US
Jaehyuk Choi, MD, Northwestern University, Evanston, IL, US
Catherine Chung, MD, Penn State Hershey Medical Center, Hershey, PA, US
Ali Dadban, MD, Amiens University Hospital, Amiens, FR
Steven Daveluy, MD, Wayne State University, Detroit, MI, US
Katalin Ferenczi, MD, University of Connecticut, Storrs, CT, US
John Fournier, MD, Boston University, Boston, MA, US
Elisa S. Gallo, MD, Private Practice, Highland Park, IL, US
Meg Gerstenblith, MD, University Hospitals Case Medical Center/Case Western Reserve University, Cleveland, OH, US
Caroline Halverstam, MD, Albert Einstein College of Medicine, Bronx, NY, US
Ali Jabbbari, MD, PhD, University of Iowa, Iowa City, IA, US
Brett King, MD, PhD, Yale School of Medicine, New Haven, CT, US
Kiran Motaparthi, MD, University of Florida College of Medicine, Gainesville, FL, US
Andrea Murina, MD, Tulane University, New Orleans, LA, US
Amy Musiek, MD, Washington University, St. Louis, MO, US
Vinod Nambudiri, MD, MBA, Brigham and Women's Hospital, Boston, MA, US
Christopher Richardson, MD, PhD, University of Rochester Medical Center, Rochester, NY, US
Anthony Rossi, MD, Memorial Sloan Kettering Cancer Center, New York, NY, US
Lucia Seminario-Vidal, MD, PhD, USF Health, San Francisco, CA, US
Jason Sluzevich, MD, Mayo Clinic, Rochester, MN, US
Megha Tolleson, MD, Mayo Clinic, Rochester, MN, US
Hien Tran, MD, PhD, Seaside Dermatology and Skin Cancer Center, Irvine, CA, US
Kelly Tyler, MD, The Ohio State University, Columbus, OH, US
Kevin C. Wang, MD, PhD, Stanford University, Stanford, CA, US
Amanda Zubek, MD, PhD, Yale University, New Haven, CT, US

American Academy of Dermatology

2020-21 Officers
Bruce H. Thiers, MD, FAAD, President
Susan C. Taylor, MD, FAAD, Vice President
Kenneth J. Tomecki, MD, FAAD, President-Elect
Neal Bhatia, MD, FAAD, Vice President-Elect
Marta J. Van Beek, MD, MPH, FAAD, Secretary-Treasurer
Daniel D. Bennett, MD, FAAD, Assistant Secretary-Treasurer
George J. Hruza, MD, MBA, FAAD, Immediate Past President

Board of Directors
Murad Alam, MD, MSCI, MBA, FAAD
Valerie Callender, MD, FAAD
Seemal Desai, MD, FAAD
Patricia K. Farris, MD, FAAD
Lawrence J. Green, MD, FAAD
Adelaide A. Hebert, MD, FAAD
Robert S. Kirchner, MD, PhD, FAAD
Naomi Lawrence, MD, FAAD
Cheryl M. Burgess, MD, FAAD
Amy McMichael, MD, FAAD
Alexander Miller, MD, FAAD
Diane S. Berson, MD, FAAD
Abby S. Van Voorhees, MD, FAAD
Andrew H. Weinstein, MD, MPH, FAAD
Robert A. Weiss, MD, FAAD
Cyndi J. Yag-Howard, MD, FAAD
GUIDE FOR AUTHORS

INTRODUCTION

Your Paper Your Way
We now differentiate between the requirements for new and revised submissions. You may choose to submit your new manuscript as a single Word or PDF file to be used in the refereeing process. If your manuscript reaches the revision stage, you will be required to submit the revision in the standard JAAD Case Reports format described in this Author Guide and provide the ancillary documents (such as patient consent confirmation) required for the potential acceptance and publication of your article. Certain information related to these documents is still required on the title page, as delineated later. **Note:** Letters to the Editor are not eligible for Your Paper Your Way. Revisions are not eligible for Your Paper Your Way. To find out more, please visit the Preparation section below.

Disclaimer
Statements and opinions expressed in the articles and communications herein are those of the author(s) and not necessarily those of the Editor(s), Publisher, or Academy. The Editor(s), Publisher, and Academy disclaim any responsibility or liability for such material and do not guarantee, warrant, or endorse any products or services advertised in this publication, nor do they guarantee any claim made by the manufacturer of such products or services.

Contact details for submission

EDITOR
Brett Sloan, MD
Journal of the American Academy of Dermatology Case Reports
University of Connecticut

DEPUTY EDITOR
Milan J. Anadkat, MD
Journal of the American Academy of Dermatology Case Reports
Washington University

EDITORIAL OFFICE
Detra N. Davis
Managing Editor
Journal of the American Academy of Dermatology Case Reports
9500 W Bryn Mawr Avenue, Suite 500
Rosemont, IL 60018-5216
Phone: 847-240-1005
Fax: 847-240-0101
E-mail: JAADCR@aad.org

Charlene Dundek
Assistant Managing Editor
Journal of the American Academy of Dermatology Case Reports
9500 W Bryn Mawr Avenue, Suite 500
Rosemont, IL 60018-5216
Phone: 847-240-1706
Fax: 847-240-8643
E-mail: JAADCR@aad.org
Contact for questions about manuscript preparation, submission, and review.

PUBLISHER
Patreece Spence
E-mail: p.spence@elsevier.com
Elsevier Inc.
3251 Riverport Lane
Maryland Heights, MO 63043
Stephanie Bonner, Journal Manager  
E-mail: s.bonner@elsevier.com  
Contact only for questions about the proof and publication time of your accepted paper.

**Submission checklist**

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

**Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:
- E-mail address
- Full postal address

All necessary files have been uploaded:

**Manuscript:**
- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

**Graphical Abstracts / Highlights files** (where applicable)

**Supplemental files** (where applicable)

Further considerations
- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our Support Center.

**BEFORE YOU BEGIN**

**Ethics in publishing**
Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

**Studies in humans and animals**
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.
Declaration of interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double anonymized) or the manuscript file (if single anonymized). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

The Journal requires all authors to acknowledge, in the comments section of Editorial Manager (EM) (http://www.editorialmanager.com/jdcr), all funding sources that supported their work as well as all institutional or corporate affiliations of the authors. The title page must also include a publishable statement disclosing any associations, current and over the past 5 years, that might pose a conflict of interest. These include but are not limited to employment, royalties, consultant arrangements with a commercial entity, stock or other equity ownership, stock options, patent licensing arrangements, payments for conducting or publicizing a product or study, or consulting relationships with investment companies. In addition, authors are required to disclose similar associations with companies that make a competing product. When no conflicting or competing interests are present, this should be indicated in the publishable disclosure statement. If the authors have competing or conflicting interests that cannot be disclosed in publishable statements, authors should list them in the comments section of EM (http://www.editorialmanager.com/jdcr). They should also explain these interests as well as the reason for the need for confidentiality in a statement to the Editor. The Editor asks each reviewer to disclose any competing interests or conflicts of interest that might interfere with one's objectivity (or to recuse oneself from acting as a reviewer). The Editors and members of the editorial staff have registered their competing interests, if any, with the officers of the American Academy of Dermatology. The Editors and members of the editorial staff will ensure that all conflicts are appropriately resolved. Conflicts that cannot be appropriately resolved will result in rejection of the manuscript or review. Undisclosed conflicts may result in sanctions to include published statements of retraction or removal of a manuscript from the archived journal table of contents and Medline database.

Each author must verify their authorship and list potential conflicts of interest. Upon manuscript submission, an email will be sent to each co-author asking them to verify their authorship. It is required that each author confirm their authorship and fill out the co-author questionnaire. There is a section on the questionnaire for authors to list their conflicts of interest.

Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.
Authorship
All authors must have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

The *JAAD Case Reports*’ authorship criteria are adapted from those of the International Committee of Medical Journal Editors and are delineated on the Authorship Statement.

Role of writers, "ghost writers," and other "third parties" involved in manuscript development and production
The involvement, nature of involvement, and affiliation or support of any medical writers, "ghost writers," or other individuals or companies or third parties participating in the development or writing of any papers must be noted and explained in the cover letter and in a publishable statement on the manuscript title page. (This does not include tasks such as typing or photocopying.) This statement will be published as part of the first-page footnotes. All individuals involved in the preparation and writing of each paper who meet the *JAAD Case Reports*’s authorship criteria (see our Authorship Statement) must be listed as authors. The names, highest academic degree, and affiliations of any persons who contributed to writing the paper or analyzing the data who do not meet authorship criteria must be included in the paper's Acknowledgements along with a disclosure of any pertinent conflicts of interest. Individuals listed in the Acknowledgements because of such contributions to the work should provide written consent.

Copyright transfer and ownership of data
In accordance with the Copyright Act of 1976, which became effective January 1, 1978, the following statement signed by each author must accompany the manuscript submitted: "I, the undersigned author, transfer all copyright ownership of the manuscript referenced above to the American Academy of Dermatology, in the event the work is published. I warrant that the article is original, does not infringe upon any copyright or other proprietary right of any third party, is not under consideration by another journal, and has not been published previously. I have reviewed and approve the submitted version of the manuscript and agree to its publication in the *Journal of the American Academy of Dermatology Case Reports*." Author(s) will be consulted, whenever possible, regarding republication of material. All authors must have access to the data presented and the authors and sponsor (if applicable) must agree to share original data with the editor if requested.

Special subject repositories
Certain repositories such as PubMed Central ("PMC") are authorized under special arrangement with Elsevier to process and post certain articles, such as those funded by the National Institutes of Health, under its Public Access policy (see elsevier.com for more detail on the policy). Articles accepted for publication in an Elsevier journal from authors who have indicated that the underlying research reported in their articles was supported by an NIH grant will be sent by Elsevier to PMC for public access posting 12 months after final publication. The version of the article provided by Elsevier will include peer-review comments incorporated by the author into the article.

Copyright
Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Author rights
As an author you (or your employer or institution) have certain rights to reuse your work. More information.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

Open access
Please visit our Open Access page for more information.

Open access (OA)
This journal is fully open access; all articles will be immediately and permanently free for everyone to read and download. Permitted reuse is defined by your choice of one of the following Creative Commons user licenses: Creative Commons Attribution-NonCommercial-NoDerivs: for non-
commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article. If you need to comply with your funding body policy, you can apply for a CC-BY license after your manuscript is accepted for publication. To provide open access, this journal has a publication fee which needs to be met by the authors or their research funders. The open access publication fee for Case Report and Case Series article types in this journal is USD 625, excluding taxes. There is a 25% discount off the open access publication fee for members of the American Academy of Dermatology for these two article types. The open access publication fee for Images in Dermatology, Dermoscopy Case of the Month, and Confocal Microscopy in this journal is USD 230, excluding taxes. Learn more about Elsevier's pricing policy: https://www.elsevier.com/openaccesspricing. Authors from Research4Life eligible countries, areas or territories wishing to apply for a publication fee waiver may do so by contacting the managing editor immediately after the manuscript has been accepted.

Language (usage and editing services)
Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's Author Services.

Informed consent and patient details
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor’s decision and requests for revision, is sent by e-mail.

Submit your article
Please submit your article via http://www.editorialmanager.com/jdcr.

The site provides instructions for manuscript submission as well as a tutorial for authors. Questions about the program may be addressed to JAADCR@aad.org.

Starting August 1, 2019, an email will be sent to each author listed on the manuscript asking them to verify their authorship. It is required that each author confirm their authorship and complete the accompanying questionnaire. This new process replaces the previously required signed authorship PDF forms.

Original manuscripts will be considered for publication. Correct preparation of the manuscript will expedite the review and publication procedures. Please note the following requirements.

The original page-numbered copy of the manuscript must be double-spaced. The title page should be numbered page 1. Please line number all submissions before creating the PDF. This continuous line numbering will help our reviewers with writing their comments and should speed the peer-review process. To add line numbers to your Word manuscript file, select File/Page Setup/Layout/Line Numbering/Add line numbering/Continuous, and save the changes.

PREPARATION
**Style**
Manuscripts must conform to acceptable English usage. Consult the latest edition of *The Chicago Manual of Style* by The University of Chicago Press or the *Manual of Style* by the American Medical Association for current usage. **Abbreviations must be limited primarily to those in general usage. Weights and measurements must be expressed in metric units. Temperatures must be expressed in degrees centigrade.**

**New submissions**
Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process.

Starting August 1, 2019, an email will be sent to each author listed on the manuscript asking them to verify their authorship. It is required that each author confirm their authorship and complete the accompanying questionnaire. This new process replaces the previously required signed authorship PDF forms.

As part of the Your Paper Your Way service, you may choose to submit your manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or layout that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately. **Note:** Letters to the Editor are not eligible for Your Paper Your Way. Revisions are not eligible for Your Paper Your Way.

**Brevity**
Brevity is appreciated.

**Undocumented claims (eg, "firstedness," "safe and effective")**
Please do not claim that your report is the first reported case. If such a claim is deemed necessary, authors should explain their reasoning in the cover letter and provide a detailed Appendix describing how they came to this conclusion. Describe search strategies, search terms, databases queried, and how far back these were checked. Also list textbooks and monographs that were searched to substantiate the claim. Similarly, the phrase "safe and effective" should be reserved for FDA-approved product labeling based on registered phase III trials. In other settings, the term should be avoided entirely. Acceptable terminology for a case series would include the sentence "Our patients demonstrated positive responses and the treatment was well tolerated."

**Trade names**
Trade names and brand names of drugs and devices may not be used in the title of the paper. They may appear only once in the paper and should be placed in parentheses along with their manufacturer and the manufacturer's location following the first mention of the generic name in the text. Thereafter, only generic names should be used throughout the article.

**References**
There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

**Formatting requirements**
There are no strict formatting requirements but all manuscripts must contain the essential elements needed to convey your manuscript, for example Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions.
If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes.
Divide the article into clearly defined sections.
Figures and tables embedded in text
Please ensure the figures and the tables included in the single file are placed next to the relevant text in the manuscript, rather than at the bottom or the top of the file. The corresponding caption should be placed directly below the figure or table.

Sections/article type guidelines
Manuscripts should be concise and to the point. Inclusion of textbook-type material is strongly discouraged, as is repetition of the same statements in the Introduction and Discussion. The Introduction and Discussion should pertain directly to the study being reported, and not contain a lengthy review of a disease entity or its treatment.

Case Reports
Concise descriptions detailing one or two patients and early reports of new drug reactions will be considered for the journal. Cases for consideration should fall into one of the 4 following categories.
1) The unique, or nearly unique, case that appears to represent a previously undescribed syndrome or disease. 2) The case with an unexpected association of two more diseases or disorders that may represent a previously unsuspected causal relation. 3) The case representing a new and clinically important variation from an expected pattern. 4) The case with an unexpected evolution that suggests a possible therapeutic or an important adverse drug effect. Case reports should be subdivided into sections: Introduction, Case Report, Discussion. Do not include an abstract.

Repetition of introductory, textbook type information should be avoided. Manuscripts should center on the case at hand and should not take the form of a lengthy "Case and Review." All patient information in Case Reports must be adequately de-identified. If identifying information or figures are included, express written permission from the patient(s) must be provided at the time of manuscript submission. Case Reports must not exceed 1000 words and should not cite more than ten references. Up to four figures or tables may be included. If you exceed the limit of four figures and ten references, you must include a statement in your cover letter as to why the extra material is necessary. Case Reports are designated for online-only publication.

Case Series
Report and analysis of a series of three or more related cases, described in no more than 1500 words, will be considered as Case Series. Do not include an abstract. Case series should not exceed more than 15 references. Up to 6 figures or tables may be included. If you exceed the limit of 6 figures and 15 references, you must include a statement in your cover letter as to why the extra material is necessary.

Confocal Microscopy
This feature allows clinicians to hone their confocal skills. Submissions should be structured as follows: clinical presentation; confocal microscopy appearance; dermoscopic appearance(optional); histologic diagnosis; key message. Manuscripts should be no longer than 500 words and may include up to 4 figures (a clinical image, a confocal microscopy image, dermoscopy, and a histologic image when relevant); and references (no more than 5). Video submission are encouraged. The fees to publish is $230 (USD).

Letters to the Editor
Letters commenting on material previously published in the JAAD Case Reports will be considered for the Letters to the Editor section.

Letters to the Editor responding to articles that have appeared in the JAAD Case Reports will be sent for response to the authors of the article being commented upon. This response may be published or sent directly to the commentator at the discretion of the editor. Questions or comments that could be addressed directly to authors (including complaints about missed citations) should be sent directly to the author, rather than involving the JAAD Case Reports as an intermediary.

Images in Dermatology
This is an online-only feature that consists of 1-3 clinical or histologic images along with a short (100 word or less) description of any relevant history. Short (up to 1 minute) video clips are also acceptable. Included are 3 questions, each with 5 answer choices. Each of the 5 choices must be accompanied by a 1 or 2 sentence discussion explaining why it is correct or incorrect. The discussion of all 5 choices is limited to a total of 250 words for each question. Authors may cite up to 5 references. The submitted title, consisting of less than 8 words, should be descriptive and not indicate the diagnosis or correct answer choice. All submissions must be through EM. If identifying information or figures are included,
express written permission from the patient must be provided at the time of manuscript submission. Material may not have been submitted or published elsewhere. The fees to publish this article type is $230 (USD).

Dermoscopy Case of the Month
This online-only feature allows clinicians to hone their dermoscopy skills. Submissions should be structured as follows: Clinical presentation Dermoscopic appearance Histologic diagnosis Key message

Manuscripts should be no longer than 250 words and may include up to 4 figures (a clinical image, a dermoscopic image, and a histologic image when relevant); references (no more than 2) are optional. The fees to publish is $230 (USD).

1 Article type Maximum word count Abstract Maximum number of figures Maximum number of references AAD member publication fee Nonmember publication fee Case Report 1000 No 4 10 $469 $625 Case Series 1500 No 6 15 $469 $625 Images in Dermatology 100 words for the history; 250 words per question No 3 5 $230 $230 Dermoscopy Case of the Month 250 No 4 5 $230 $230 Confocal Microscopy 500 No 4 5 $230 $230 Letter to the Editor 500 No – – $0 $0

Peer review
This journal operates a single anonymized review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. More information on types of peer review.

REVISED SUBMISSIONS
Use of word processing software
Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). See also the section on Electronic artwork. To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure
Title page
A title page must be included with each manuscript file. The following information must be listed on the title page: Title All author names, academic degrees, and institutional affiliations. Optional: you may list one author Twitter handle on the title page. Due to space limitations, we can only publish one Twitter handle per manuscript. Manuscript word count (excluding references, figures, and tables) Reference count Figure/table count Statement of all funding sources for the work. If there were none, put "Funding: none." A publishable conflict of interest statement Designate one author as correspondent (provide address, telephone and fax numbers, and e-mail address) to receive communications from the Editorial Office and galley proofs from the publisher. The name and address of the author who will receive reprint requests should be noted if different from the correspondent. The corresponding author should promptly inform the Editorial Assistant (JAADCR@aad.org) of any change in e-mail or mailing address.

Key words
The selection of key words is the most important step in the submission process. This is how most clinicians and investigators will find your work, and the key words should be chosen carefully to allow ready retrieval of the study through PubMed and other search engines. Choose as many key words as necessary to ensure that literature searches capture your article. Make sure that every key term that appears in the title is chosen as a key word.
Classifications
Select at least 6 classifications to facilitate matching the manuscript with reviewers. You can do this in EM by clicking 'Select Document Classifications' to open a window containing a list of the classifications pertaining to the Journal. Then click the check-box next to any classification you wish to select. Click 'Submit' when you are done.

Abbreviations and acronyms
Only standard abbreviations are to be used. Consult Scientific Style and Format by the Council of Biology Editors or the Manual of Style by the American Medical Association. Abbreviations in the title are not acceptable and they should be avoided in the abstract whenever possible. A laboratory or chemical term or a disease process must be spelled out at first mention, with the acronym or abbreviation following in parentheses. List all abbreviations and acronyms on a separate page within the manuscript document before the references.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Footnotes
Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article.

Artwork
For specific information about how to format your artwork, please visit https://www.elsevier.com/artworkinstructions.

Image manipulation
Whilst it is accepted that authors sometimes need to manipulate images for clarity, manipulation for purposes of deception or fraud will be seen as scientific ethical abuse and will be dealt with accordingly. For graphical images, this journal is applying the following policy: no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.

Black and white graphs must be legible and clearly printed. The fill for bar graphs or pie charts should be distinctive; avoid shading or dotted patterns. Use thick, solid lines and bold, solid type. Place lettering on a white background; avoid reverse type (white lettering on a dark background). All lettering must be done professionally and should be in proportion to the drawing, graph, or photograph. Typewritten or freehand lettering is unacceptable. Consistency in size within the article is strongly preferred. Any special instructions regarding sizing should be clearly noted.

For color photographs, if prints have been enhanced, a preference for reproduction should be noted. The quality of the reproduction depends entirely on the quality of the illustrations submitted. Please note that 35 mm transparencies are normally enlarged to twice their original size. If it is important to deviate from this standard, please indicate when file material is submitted. Top for each print (and transparency) must be noted.

Figures and tables
Tables, figures, and legends should supplement, not duplicate, the text. Clinical photographs should be of high quality without distracting backgrounds. A reasonable number of halftone photographs and line drawings will be published at no extra charge to the author. Color illustrations will be reviewed by the Editor and those considered appropriate will be published free of charge to the authors. Figures and tables must be cited in the text and numbered in order of mention. Figures must have an arrow marking the top edge and must be numbered consecutively using Arabic numerals (ie, 1, 2, 3). Multi-part figures must be marked clearly (ie, 1A, 1B, 1C). Recognizable patient images require patient consent for publication. Figures that contain a brand name product must have permission from the manufacturer for publication.
Figure legends should begin with the name of the condition or disease being depicted. They should be as brief as possible. Any symbols and abbreviations used should be explained. Legends should be typed double-spaced and inserted after the references within the manuscript document. If an illustration has been published previously, full credit to the original source must be given in the legend and permission to reprint must have been obtained from the copyright holder. For histologic/microscopic figures, the legend must specify stain. Arrows and arrowheads should be used freely to clarify findings.

If they have not already done so, authors will be contacted to provide print-quality figures after their articles have been accepted.

Tables should be self-explanatory and numbered sequentially in Roman numerals in order of their mention in the text. A brief title should be provided for each. Any symbols and abbreviations used should be explained using a footnote. If a table, or any data therein, has been published previously, full credit to the original source must be given in a footnote. A single table should not exceed three pages length in Microsoft Word. Tables are not designed to include color. If color is critical to your table, please submit it as a figure file.

Electronic artwork

General points
- Make sure you use uniform lettering and sizing of your original artwork.
- Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Indicate per figure if it is a single, 1.5 or 2-column fitting image.
- For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.
- Please note that individual figure files larger than 10 MB must be provided in separate source files.

A detailed guide on electronic artwork is available.

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats
Regardless of the application used, when your electronic artwork is finalized, please 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
- EPS (or PDF): Vector drawings. Embed the font or save the text as 'graphics'.
- TIFF (or JPG): Color or grayscale photographs (halftones): always use a minimum of 300 dpi.
- TIFF (or JPG): Bitmapped line drawings: use a minimum of 1000 dpi.
- TIFF (or JPG): Combinations bitmapped line/half-tone (color or grayscale): a minimum of 500 dpi is required.

Please do not:
- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); the resolution is too low.
- Supply files that are too low in resolution.
- Submit graphics that are disproportionately large for the content.

Illustration services
Elsevier's Author Services offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Figure captions
Ensure that each illustration has a caption. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Figure legends
If you include any figures with your submission, you must also include a figure legend. Figure legends should start with the name of the condition or disease being depicted. Legends should be typed double-spaced and inserted after the references within the manuscript document. If an illustration has been published previously, full credit to the original source must be given in the legend and permission
to reprint must have been obtained from the copyright holder. For histologic/microscopic figures, the legend must specify stain. Arrows and arrowheads should be used freely to clarify findings. Please note that online-only figures also require legends.

**Tables**

Please include tables in the manuscript file. Tables should be self-explanatory and numbered sequentially in Roman numerals in order of their mention in the text. Tables should be submitted in Word, WordPerfect, RTF, or Text formats; Word and WordPerfect are preferred. A brief title should be provided for each. If a table, or any data therein, has been published previously, full credit to the original source must be given in a footnote.

**Permissions and patient consent forms**

Direct quotations, tables, or illustrations that have appeared in copyrighted material must be accompanied upon submission by written permission for their use from the copyright owner and the original author along with complete information as to their source. Permission to use an image of a specific product must be obtained in writing from the product manufacturer if either the particular device or the manufacturer is identified or could be considered reasonably identifiable by a practitioner within the relevant field. If neither the device nor the manufacturer is identified and the specific product can be considered incidental to the purpose of the photo, permission should not be necessary. Generic equipment (for example, a bedpan) does not require permission unless a manufacturer name is clearly visible and has not been blurred, cropped, or removed.

Patient consent forms for publication of recognizable photographs must be sent to the Editorial Office upon submission of the article. Patients must be identified by numbers and/or letters, not by name, initials, or hospital record number. Institutional consent must also be available.

Patient consent must accompany recognizable photographs of patients at the time of submission.

Tattoos are considered copyrighted material and the tattoo artist holds the copyright. If you include a figure with a tattoo in it, you must also submit reprint permission from the tattoo artist. Patient consent is also required for tattoo images.

Photographs and text (such as details in the case report or genetic pedigree) must be deidentified to protect patient confidentiality unless patient consent has been documented. In the event that patient consent has not been documented, please crop the photo and/or obstruct the eye region in such a manner that the patient cannot be recognized. The altered figure must be unidentifiable unless documentation of patient consent is provided.

JAAD Case Reports seeks to ensure that patient privacy is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

While JAAD Case Reports accepts institution and private entity HIPAA patient sign-off for photo/image use, it also provides this document as a template for use by JAAD Case Reports manuscript authors.

It is important to disclose to patients that images submitted to JAAD Case Reports may be utilized in various forms of publication and mediums by the Journal, including but not limited teaching, research, scientific meetings, other professional journals, medical books, broadcasts, advertising, and other similar purposes. These materials may appear in print and online and the public may have access to them.

Care must be taken by authors submitting images to ensure that images are de-identified to the greatest extent possible, while preserving the teaching nature of the images.

**References**

Personal communications should not be cited in the reference list but may appear parenthetically in the text. References must be identified in the text by superscript Arabic numerals in order of their mention. References should not be formatted as footnotes, but should appear in a list at the end of the text. The reference list should be typed double-spaced and in numeric sequence. The
format should conform to that set forth by the International Committee of Medical Journal Editors and the National Library of Medicine (http://www.nlm.nih.gov/bsd/uniform_requirements.html). Journal titles should conform to the abbreviations in Cumulated Index Medicus.

Reference links

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is highly encouraged.

A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambeh W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. Journal of Geophysical Research, https://doi.org/10.1029/2001JB000884. Please note the format of such citations should be in the same style as all other references in the paper.

Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Reference management software

Most Elsevier journals have their reference template available in many of the most popular reference management software products. These include all products that support Citation Style Language styles, such as Mendeley. Using citation plug-ins from these products, authors only need to select the appropriate journal template when preparing their article, after which citations and bibliographies will be automatically formatted in the journal's style. If no template is yet available for this journal, please follow the format of the sample references and citations as shown in this Guide. If you use reference management software, please ensure that you remove all field codes before submitting the electronic manuscript. More information on how to remove field codes from different reference management software.

Users of Mendeley Desktop can easily install the reference style for this journal by clicking the following link:
http://open.mendeley.com/use-citation-style/jaad-case-reports

When preparing your manuscript, you will then be able to select this style using the Mendeley plug-ins for Microsoft Word or LibreOffice.

Reference formatting

There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct. If you do wish to format the references yourself they should be arranged according to the following examples:

Reference style

Text: Indicate references by (consecutive) superscript arabic numerals in the order in which they appear in the text. The numerals are to be used outside periods and commas, inside colons and semicolons. For further detail and examples you are referred to the AMA Manual of Style, A Guide for Authors and Editors, Tenth Edition, ISBN 0-978-0-19-517633-9.

List: Number the references in the list in the order in which they appear in the text.

Examples:

Reference to a journal publication:

Reference to a journal publication with an article number:

Reference to a book:

Reference to a chapter in an edited book:

Reference to a website:

Reference to a dataset:

Journal abbreviations source
Journal names should be abbreviated according to the *List of Title Word Abbreviations*.

Data visualization
Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions here to find out about available data visualization options and how to include them with your article.

Procedure for review
The *JAAD Case Reports* employs a confidential and anonymous peer review process to evaluate submitted papers for possible publication. A small number of papers are rejected after in-house editorial review when editors deem that the paper is not appropriate for the Journal or is not of sufficient quality to warrant further evaluation.

The author may suggest several reviewers for the manuscript. We will attempt to use at least one suggested reviewer. The editorial staff will review the manuscript and will ordinarily send it to at least two reviewers. Reviewers will pay particular attention to scientific accuracy, relevance, novelty, importance, appropriate style, and quality of illustrations.

First decisions (accept, revise, reject) are usually made within 3 to 5 weeks; longer delays are possible. Some degree of manuscript revision should be expected and regarded as constructive. A request to submit a revised manuscript does not guarantee that it will be accepted, only that it will be reconsidered, perhaps after additional peer review. The final editorial decision rests not only on the validity of the report and the opinions of the reviewers, but also on the editors' judgment of a paper's novelty, clarity, importance, and likely degree of interest to the readership.

 Expedited review and publication
Authors who feel that their paper should receive expedited review and/or rapid publication should request it and explain their rationale in the Comments section of their EM submission (http://www.editorialmanager.com/jdcr). They should also send a separate explanatory e-mail to the editorial office: JAADCR@aad.org. The time frame for online publication is approximately 6 to 8 weeks from the date of acceptance of the final revision. Authors are reminded that as a monthly clinical journal, we do not operate on the time frame of a weekly and do not ordinarily publish "news" items.

S5 Publishing
For most article types, *JAAD Case Reports* now posts uncorrected, nonformatted manuscripts online within 1 week of acceptance. These manuscripts can be cited immediately upon posting. This file will be replaced with the final version upon incorporation of any corrections received from the authors at the proof stage. If possible inaccuracies are discovered that may have the potential to cause harm, the article may be temporarily removed at the Editor's discretion until necessary edits are incorporated. Authors must resubmit the corrected manuscript within 60 days or the manuscript will be withdrawn. Please review Elsevier's policy on article withdrawal.

AFTER ACCEPTANCE
Open Access Fee
Within 1 week of acceptance, the corresponding author will receive an email with information regarding the open access fee, CC license options, funding information, and a link to the payment system. For more information regarding the open access fee, please visit https://www.elsevier.com/journals/jaad-case-reports/2352-5126/open-access-journal.

Electronic publishing
Articles for the JAAD Case Reports will publish online-only. Please note that online publication is considered a bonafide form of publication and can be cited using the DOI number located in the footnotes on the first page of each article.

Online proof correction
To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors.
If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF.
We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

Offprints
The corresponding author will be notified and receive a link to the published version of the open access article on ScienceDirect. This link is in the form of an article DOI link which can be shared via email and social networks.

AUTHOR INQUIRIES
Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.
You can also check the status of your submitted article or find out when your accepted article will be published.