



# JAAD CASE REPORTS

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### DESCRIPTION

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*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

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Directory of Open Access Journals (DOAJ)

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### INTRODUCTION

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#### *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.**

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- 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
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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'* 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.

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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.

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## **PREPARATION**

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## New submissions

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## 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."

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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.

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Divide the article into clearly defined sections.

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### **Sections/article type guidelines**

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#### *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 or 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 cite 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 \$225 (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.

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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 \$225 (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 \$225 (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	\$225	\$225	Dermoscopy Case of the Month	250	No 4	2	\$225	\$225	Confocal Microscopy	500	No 4	5	\$225	\$225	Letter to the Editor	500	No –	–	\$0	\$0
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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**

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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>.

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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.

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- Submit graphics that are disproportionately large for the content.

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#### *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.

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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.

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

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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](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.

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#### *Reference style*

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

#### *Examples:*

Reference to a journal publication:

1. Van der Geer J, Hanraads JAJ, Lupton RA. The art of writing a scientific article. *J Sci Commun*. 2010;163:51–59. <https://doi.org/10.1016/j.Sc.2010.00372>.

Reference to a journal publication with an article number:

2. Van der Geer J, Hanraads JAJ, Lupton RA. The art of writing a scientific article. *Heliyon*. 2018;19:e00205. <https://doi.org/10.1016/j.heliyon.2018.e00205>.

Reference to a book:

3. Strunk W Jr, White EB. *The Elements of Style*. 4th ed. New York, NY: Longman; 2000.

Reference to a chapter in an edited book:

4. Mettam GR, Adams LB. How to prepare an electronic version of your article. In: Jones BS, Smith RZ, eds. *Introduction to the Electronic Age*. New York, NY: E-Publishing Inc; 2009:281–304.

Reference to a website:

5. Cancer Research UK. Cancer statistics reports for the UK. <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/>; 2003 Accessed 13 March 2003.

Reference to a dataset:

[dataset] 6. Oguro, M, Imahiro, S, Saito, S, Nakashizuka, T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <https://doi.org/10.17632/xwj98nb39r.1>.

*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](#).

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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**

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