EUROPEAN ANNALS OF OTO-RHINOLARYNGOLOGY, HEAD AND NECK DISEASES

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DESCRIPTION

European Annals of Oto-rhino-laryngology, Head and Neck diseases, the official organ of the French Society of Otorhinolaryngology (SFORL), is the heir of one of the oldest otorhinolaryngology journals in Europe. 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, is aimed at the French-speaking community. Electronic issues include the following sections: original articles, reviews, technical notes, what is your diagnosis? case reports with a new section “Tropical Pathology” letters to the editor. Federating journal in its field, the European Annals has an Editorial board of experts with international reputation that allow to make an important contribution to communication on new research data and clinical practice by publishing high-quality articles.

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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 the articles accepted are translated from French into English or from English to French by the Editorial Board for dual publication: in English in electronic form only (European Annals); and in French in paper and electronic editions (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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Editorials consist of a title, free text and not more than 3 references, for a maximum 2,000 words. They comprise 5 successive sections:

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• **Discussion**: Free, with as few paragraphs as possible (not more than 5), with 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 25 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 in order of citation, in square brackets, just before the period closing the sentence. 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, and study objectives.
• **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 (CPRRB, for France).
• **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 and/or considered non-significant in the Discussion despite a p-value of < 0.05.
[] 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.). 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.).
• 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/or case reports providing new findings can be submitted to the Annals. Authors are encouraged to publish complications as Case Reports. Cases reported as pretexts for a review of the literature or update will not be accepted. The text (excluding title, tables, disclosure of interest and references) is limited to a maximum 1,000 words; there can be a maximum of 3 tables, 3 figures and 10 references. Writing, layout, choice and use of references are as for an Original Article. There should not be more than 4 authors. Case Reports comprise 9 successive sections:
• Title: As short as possible, with not more than 80 characters.
• Abstract: The Abstract comprises 3 parts: introduction, case summary, and discussion, for a maximum 200 words.
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• Introduction: The Introduction comprises 3 parts: general presentation of the subject, particular aspect dealt with in the study, and study objectives.
• Case report(s): This section presents the case(s) analyzed; several (but less than 10) can be presented as a small series. This section contains no commentaries or references.
• **Discussion:** Without subtitles, the Discussion analyzes the data presented in the Case Report, with comparison to the literature (PubMed analysis). Uncertainties and limitations are presented.

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

• **Disclosure of interest.**

• **Acknowledgments.**

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.
- Non-respect of the Eur Ann Otorhinolaryngol H N Dis's instructions to authors.
- 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).

**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.

• **Question(s):** What is your diagnosis?

• **Replies.**

• **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. A short discussion should provide a general overview and be limited to a precise message on the advantages of the technique. The text should not exceed 2000 words, two figures and 10 references.

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This rubric is for case reports specifically focusing on infectious or tumoral tropical pathologies. The text of the report (not counting title, Abstract, word-count, tables, disclosure of interest, acknowledgments and references) should not exceed 1,000 words. There should be not more than 3 tables, 3 figures and 10 references. The conditions for writing, layout and referencing are as for an original article. There should not be more than 4 authors. The report should be divided into the following 10 successive sections:

• **Title:** As short as possible, in no more than 80 characters.

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• **Introduction:** In 3 parts: general presentation of topic, particular aspect of study topic, objectives.

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• **Discussion:** The Discussion should not be divided up into subsections. It should analyze the findings presented under "Observation(s)" and compare them with the literature (PubMed analysis). Uncertainties and criticisms should be presented.

• **Conclusion:** Setting out the lessons to be drawn, solutions and research perspectives.

• **Disclosure of interest.**
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<table>
<thead>
<tr>
<th>Variable Nature</th>
<th>Comparison of 2 series</th>
<th>Comparison of K(&gt;2) series</th>
<th>Non parametric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominal or Bimodal</td>
<td>Fisher test or Chi 2 test</td>
<td>Cochran Q test</td>
<td></td>
</tr>
<tr>
<td>Dependent Series:</td>
<td>Chi 2 test Contingency coefficient. Crammer V. Guttman lambda. Ordinal or Quantitative Dependent Series:</td>
<td>Friedman test</td>
<td></td>
</tr>
</tbody>
</table>

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