

Making the Case for Case Reports



This issue of the **Philippine Journal of Orthopaedics** is notable because it highlights a form of research often belittled and overlooked. It sits at the bottom of the pyramid of scientific evidence and yet forms the basis of many significant discoveries throughout the history of medical practice. I am, of course, referring to the case report. When a case report is published, it is often labelled as level 5 clinical evidence – inferior to almost every other research design, except for animal studies. It should come as no surprise then that case reports receive the fewest citations of all study designs.¹ This begs the question: why write these reports at all? After all, the lack of scientific rigor and anecdotal nature of these articles run contrary to the principles of evidence-based medical practice.

Authors use case reports to present rare conditions, a rare presentation of a common condition, an unexpected association between diseases or symptoms, unexpected event in the course of a patient, a novel treatment, to illustrate hypotheses in etiology and to highlight mistakes in management. These reports also fill a gap that is frequently not addressed by scientific studies with more rigorous designs. Uncommon cases or injuries surely cannot be studied using a randomized controlled trial.

To appreciate the value of case reports, let me cite two reports which have stood the test of time and have left their impact on modern medicine. The first was published in 1817, by James Parkinson, entitled “An Essay on the Shaking Palsy.” The name of the author should be a giveaway on what disease he was describing.² Two hundred years after it was first published, this text is still considered a comprehensive description of what we now know as Parkinson’s disease. Its place in history as a milestone publication is secure and seemingly unshakeable.

The second article I would highlight is one from 2005, describing a group of patients undergoing anti-osteoporotic therapy who paradoxically developed atypical fractures.³ The decade before this report came out was a significant one for those of us who treated patients with fragility fractures because of the introduction and widespread use of anti-osteoporotic agents – finally, a way to prevent fragility fractures by strengthening bone! This report, however, highlighted an adverse effect of the therapy which may have been too rare to detect or needed too long to manifest and was not seen in the clinical trials. Consequently, the concept of a holiday or a break from anti-osteoporosis therapy was introduced to clinicians.

A search through your favorite search engine should yield many more case reports that have gone on to change clinical practice. It is with the goal of not allowing isolated findings to be missed that these continue to find a platform and an audience. In this issue, the Philippine Journal of Orthopaedics highlights the case report, from novel strategies to treat common conditions, twists on established treatments, to unusual combinations of common conditions, this issue hopes to encourage all our readers to take a closer look at these reports and hopefully gain insights that may help in their own clinical practices.

Tammy L. Dela Rosa, MD, MMedSc
Editor-in-Chief, Philippine Journal of Orthopaedics

REFERENCES

1. Patsopoulos NA, Analatos AA, Ioannidis JP. Relative citation impact of various study designs in the health sciences. *JAMA*. 2005;293(19):2362-6. PMID: 15900006 DOI: 10.1001/jama.293.19.2362
2. Parkinson J. An essay on the shaking palsy. *J Neuropsychiatry Clin Neurosci*. 2002;14(2):223-36. PMID: 11983801 DOI: 10.1176/jnp.14.2.223
3. Odvina CV, Zerwekh JE, Rao DS, Maalouf N, Gottschalk FA, Pak CY. Severely suppressed bone turnover: a potential complication of alendronate therapy. *J Clin Endocrinol Metab*. 2005;90(3):1294-301. PMID: 15598694 DOI: 10.1210/jc.2004-0952

ISSN 0118-3362 (Print)
eISSN 2012-3264 (Online)
<https://doi.org/10.69472/poai.2026.18403>