From the



Editors

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Case Reports and Journal of Bone and Soft Tissue Tumors

Case Reports are often neglected and considered unimportant part of evidence based medicine [1]. However these become very relevant especially in cases on relatively rare disorders like bone and soft tissue tumors. Bone tumors have shown to present in wide variety of spectrum ranging from very benign to explosive malignant and this spectrum can be effectively captured by case reports as these are very rare cases. However this does not mean only rare cases are fit to be published as case report [2]. With respect to musculoskeletal oncology, rare diagnosis is definitely a perspective for case report, however clinical, radiological, histopathological presentation along with management, follow up behaviour of the case, survival characteristics and relapse are all important aspects on which a case report can be based. For musculoskeletal oncology, a large amount of current knowledge is accumulated knowledge in literature over a period of time, distilled from contributed case reports and small case series. Although oncopharmacologic is definitely based on controlled trials, much of the information regarding variation in clinical, radiological and histopathological variations in tumors is based on case reports and case series. Many of these cases are useful in generating new hypothesis or identifying new targets for surgical or pharmacological managements.

As mentioned above a case report can be a rare case, but it may also be based on variation in surgical management, intraoperative improvisations, and management of expected or unexpected complications. Recurrent case most of the time show erratic clinical and radiological behaviour and also behave differently to exiting protocols for primary tumors. These cases need to be carefully written and published. This will create an additional body of literature which when added to the existing literature will help in reaching relevant perspectives.

Another aspect of case reports are that they represent the most clinical and practical solution for the case in question which at times is difficult to extract from a comparative trial. A case report definitely provides a blue print for the reader to proceed in case he gets a similar case. The discussion and rationale of decisions presented in case report can directly stimulate the reader to generate his own algorithms. Where comparative studies represent Evidence, case reports represent Experience. This shared experience when combined with evidence will provide the proper clinical balance and will

¹Orthopaedic Oncology Clinic, Pune, India. ²Indian Orthopaedic Research Group, Thane, India ³Sancheti Institute for Orthopaedics & Rehabilitation, Pune, India **Address of Correspondence** Dr. Yogesh Panchwagh. Orthopaedic Oncology Clinic, 101, Vasant plot 29, Bharat Kunj Society -2, Erandwana, Pune - 38, India. Email: drpanchwagh@gmail.com

© 2016 by Journal of Bone and Soft Tissue Tumors | Available on www.jbstjournal.co.in | doi:10.13107/jbst.2454–5473.161 This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. help readers of the journal to understand how both are combined to develop a process of rational thinking and come up with good protocols for management of bone tumors.

With these aspects in mind, we have decided to dedicate the last issue of 2016 of journal of bone and soft tissue tumors to case reports. Please write to us and tell us your comments and suggestions

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