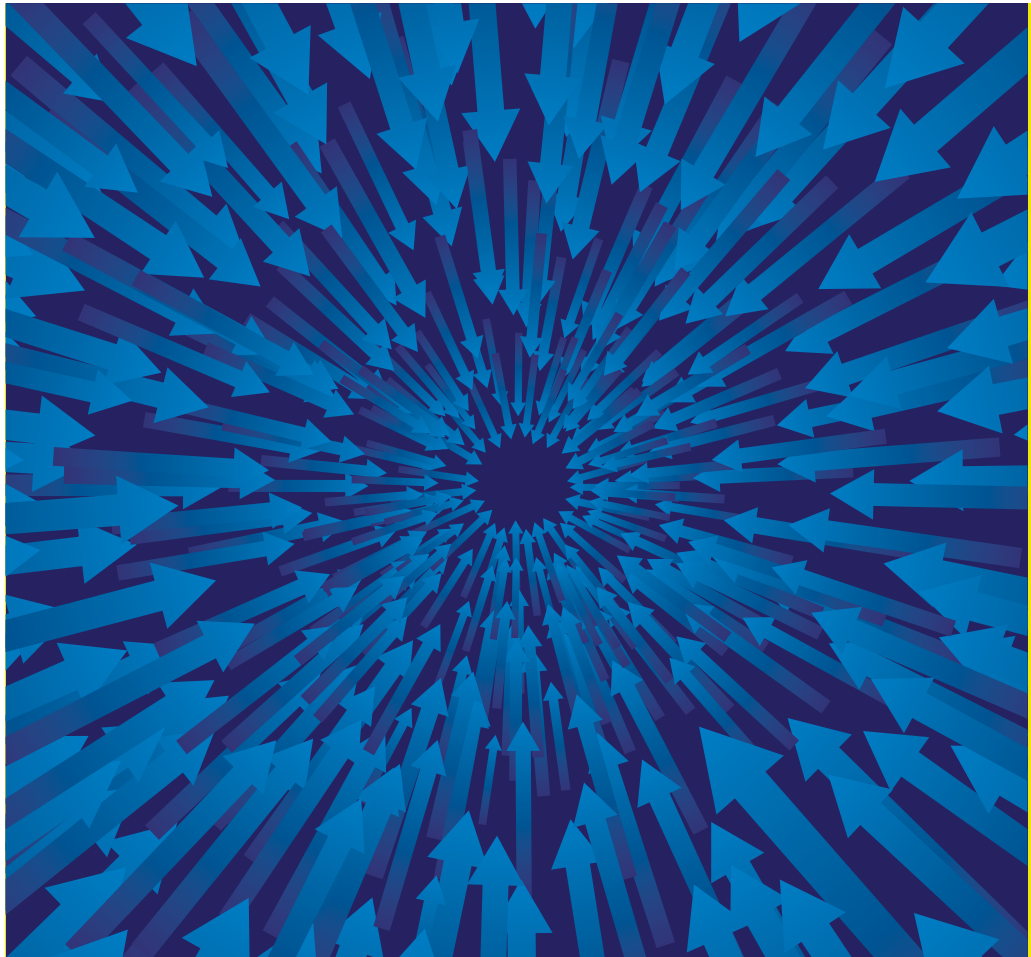


ISSN 2458-8938
E-ISSN 2564-7288

JBACHS

Journal of Basic and Clinical Health Sciences



Volume 1 • Issue 3 • September 2017

www.jbachs.org

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Fax: +90 212 217 22 92

E-mail: info@avesyayincilik.com

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The Journal of Basic and Clinical Health Sciences (J Basic Clin Health Sci) is an international open access periodical officially owned by the Dokuz Eylül University, Institute of Health Sciences. The Journal is published quarterly (January, May and September) in English.

The JBACHS contain peer-reviewed original articles, editorials, reviews, pictorial essays, technical notes, letters to the editor and case reports related to all fields of basic and clinical health sciences.

The Journal of Basic and Clinical Health Sciences (JBACHS) is a multidisciplinary journal aimed at attracting contributions from basic and clinical health sciences as well as community medicine and public health.

The JBACHS has a special focus on research on translational medicine. The manuscripts linking basic science with the clinical and population practice will be given priority in the journal.

JBACHS also focuses on providing physicians with continuing education in basic and clinical sciences to enhance clinical decisions and improve health care quality internationally. The target audience of the journal includes academicians, researchers, specialists and primary care physicians working in the fields of basic and clinical health sciences.

Editorial and publication processes of the JBACHS are shaped in accordance with the guidelines of the international organizations such as the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE). The journal is in conformity with Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice). Processing and publication is free of charge with the Journal of Basic and

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Belgin Ünal

Address: Department of Public Health,
Dokuz Eylül University School of Medicine, 35160 İzmir, Turkey
Phone: +90 232 412 40 09
Fax: +90 232 412 40 28
E-mail: belgin.unal@deu.edu.tr

Publisher

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Address: Büyükdere Cad. 105/9 34394 Mecidiyeköy, Şişli,
İstanbul, Turkey
Phone: +90 212 217 17 00
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The journal mainly aims to publish original, important and valid research articles in health sciences as well as reviews, pictorial essays, technical notes and case reports related to all fields of basic and clinical sciences. It also focuses on providing physicians with continuing education in basic and clinical sciences to enhance clinical decisions and improve health care quality internationally.

Editorial and publication processes of the journal are shaped in accordance with the guidelines of the international organizations such as the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE). The journal is in conformity with Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/best-practice).

Originality, high scientific quality and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not be previously presented or published in an electronic or a printed medium. Editorial Board should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. Submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization including the name, date and location of the organization.

Manuscripts submitted to Journal of Basic and Clinical Health Sciences will go through a double blind peer review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in the field in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or the editorial board members of the journal. The Editor in Chief is the final authority in the decision making process of all submissions.

An approval of research protocols by Ethics Committee in accordance with international agreements (World Medical As-

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All submissions are screened by a similarity detection software (iThenticate by CrossCheck).

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1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript is prepared and submitted in accordance with the journal's guidelines. Submissions that don't conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

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- Grant information and detailed information on the other sources of support,
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- Acknowledgement of the individuals who contributed to the preparation of the manuscript but do not fulfil the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for letters to the editor. The abstract of Original Articles should be structured with subheadings (Purpose, Methods, Results and Conclusion).

Keywords: Each submission must be accompanied by a minimum of three and a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations.

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. If the information is accurate and important, and the conclusions are substantiated by the data provided, the paper serves to advance health sciences.

The main text should be structured with Introduction, Methods, Results and Discussion subheadings. Please check Table I for limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with the

international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Br Med J 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate sub-heading under the Materials and Methods section and statistical software that was used during the process must certainly be specified. Data must be expressed as mean±standard deviation when parametric tests are used to compare continuous variables. Data must be expressed as median (minimum-maximum) and percentiles (25th and 75th percentiles) when non-parametric tests are used. In advanced and complicated statistical analyses, relative risk (RR), odds ratio (OR) and hazard ratio (HR) must be supported by confidence intervals (CI) and p values.

Review Articles: Review articles are scientific analysis of recent developments on a specific topic as reported in the literature. Articles prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into high volume of publication and high citation potential are taken under review. No new information is described, and no opinions or personal experiences are expressed. Reviews should only include the highlights on a subject.

The authors can structure the main text of review articles as they see fit. Please check Table I for limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, and Discussion subheadings. Please check Table I for the limitations for Case Report.

Pictorial Essay: This is a continuing medical education exercise with a teaching message in the figures and their legends. Pictorial Essays may have as many as 15 Figures (or 30 images). No new

Table I. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	250 (Structured)	30	6	7 or total of 15 images
Review Article	5000	250	50	6	10 or total of 20 images
Case Report	1000	200	15	No tables	10 or total of 20 images
Pictorial Essay	1500	400	20	No tables	15 or total of 30 images
Letter to the Editor	500	No abstract	5	No tables	No media
Technical Note	1500	200	8	2	3 or total of 6 images

information should be included. Authors can submit dynamic images (e.g. video files) or include supplemental image files for on-line presentation that further illustrate the educational purpose of the essay. Please check Table I for limitations for Pictorial Essays.

Technical Note: Technical notes are brief descriptions of specific techniques, procedures, modifications of techniques, or new equipment of interest to physicians. It should include a brief introduction followed by Technique section for case reports or Materials and methods section for case series and a Discussion that is limited to the specific message, including the uses of the technique, equipment or software. Please check Table I for limitations for Technical Notes.

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Tables should be included in the main document, presented after the reference list and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide an easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

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Figures, graphics and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labelled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300DPI. To prevent delays in the evaluation process all submitted figures should be clear in resolution and large in size (minimum dimensions 100x100 mm). Figure legends should be listed at the end of the main document.

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Limitations, drawbacks and shortcomings of original articles should be mentioned in the "Discussion" section before the conclusion paragraph.

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While citing publications, preference should be given to the latest, most up to date publications. If an ahead of print publication is being cited the DOI number should be provided. Authors are responsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ Medline/PubMed (for journal abbreviations consult the List of Journals indexed for MEDLINE, published annually by NLM). When there are 6 or fewer authors, all authors should be listed. If there are 7 or more authors the first 3 authors should be listed followed by "et al". In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples:

Journal article: Thomas EL, Hamilton G, Patel N, et al. Hepatic triglyceride content and its relation to body adiposity: a magnetic resonance imaging and proton magnetic resonance spectroscopy study. *Gut* 2005; 54:122-127.

Book Section: Sherry S. Detection of thrombi. In: Strauss HE, Pitt B, James AE, editors. *Cardiovascular Medicine*. St Louis: Mosby; 1974.p.273-285.

Books with Single Author: Cohn PF. *Silent myocardial ischemia and infarction*. 3rd ed. New York: Marcel Dekker; 1993.

Editor(s) as author: Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.

Conference Proceedings: Bengissson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992.p.1561-1565.

Scientific or Technical Report: Smith P. Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX) Dept. of Health and Human Services (US). Office of Evaluation and Inspections: 1994 Oct. Report No: HHSIGOE I69200860.

Thesis: Kaplan SI. Post-hospital home health care: the elderly access and utilization (dissertation). St. Louis (MO): Washington Univ. 1995.

Manuscripts accepted for publication, not published yet: Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med In press 1997.

Epub ahead of print Articles:

Aksu HU, Ertürk M, Gül M, Uslu N. Successful treatment of a patient with pulmonary embolism and biatrial thrombus. Anadolu Kardiyol Derg 2012 Dec 26. doi: 10.5152/akd.2013.062. [Epub ahead of print]

Manuscripts published in electronic format: Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

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Editorial

Dear Readers,

We are happy to present you the September 2017 issue of the Journal of Basic and Clinical Health Sciences (JBACHS). This issue includes four original articles and a case report.

The article by Aydın et al. is a descriptive study that aimed to evaluate the service capacity of Dokuz Eylül University Drug and Poison Information Center (DEUDPIC), a regional poison and drug information center, in 2014. DEUDPIC was established in 1993 and provides consultation services to health professionals mostly in the Ege Region. The main function of a poison information center is to provide information and advice concerning the diagnosis, treatment, prognosis and prevention of poisoning. A poison information center should be available in every country, ideally, there should be one national center, if necessary, a series of regional satellite centers. The poison information center should provide service constantly 24-hours-a-day and 7-days-a-week. A poison information specialist should work under the supervision of a medical toxicologist. In Turkey, the number of poison information centers and the number of trained staff and budget for this service are all limited. In order to provide better health care, Turkey needs to develop national strategies to establish, maintain, and coordinate the poison centers.

The title of the first article in the current issue is "Factors Affecting the Development of Cardiovascular Events among Patients with End-Stage Renal Disease Undergoing Hemodialysis in Sudan". In this clinical prospective study, Amir et al. aimed to determine factors that affected the development of new onset cardiovascular events among patients with end-stage renal disease undergoing hemodialysis. The authors report that the advanced age and obstructive uropathy were important factors that significantly predicted the cardiovascular events in patients with End-Stage Renal Disease Undergoing Hemodialysis.

The article by Mansour et al. presents the findings of a study that evaluated the oxidative damage and biochemical and histopathological alterations in suckling mice whose mothers were exposed to a mixture of three pesticides with and without vitamin E (α -tocopherol) supplementation. The authors also report a powerful ameliorating effect of vitamin E supplementation on pesticide exposure.

The article by Kisa et al. titled "The effect of large neutral amino acids on blood phenylalanine levels in patients with classical phenylketonuria" evaluates the effect of LNAA therapy on blood phenylalanine (Phe) levels in patients with phenylketonuria (PKU). The authors report no significant decreases in the blood Phe levels in patients receiving LNAA supplementation maybe due to poor dietary compliance. They also emphasize that, although blood levels of Phe do not change significantly, the use of LNAA is still recommended in all patients with PKU since supplementation reduces the passage of Phe through the blood-brain barrier.

The last article is a case report of a 59-year-old male patient who admitted to emergency care with a rare but life-threatening pneumocephalus complication of endoscopic sinus surgery.

We hope that the content of the journal will again attract attention of scientists from wide range of scientific fields.

We would like to thank all the authors and reviewers who have contributed to this new issue.

Editor in Chief
Prof Belgin Ünal