**Case Report**

**Title: concisely convey the main topic(s) of the research**

[***Suggestions: No more than 16 words.*** ***No abbreviations*** ***except for standardized ones e.g., DNA, RNA, gene or protein names, etc.***]

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**How to Use This Template**

***This template shows the manuscript structure that can be used in a case report: Abstract, Keywords, Introduction, Case Report, Discussion, Declarations and References. Please note that each part has a corresponding style, which authors should follow. Please note that the fonts in gray show writing requirements. For any questions, you may contact the*** ***editorial office******.***

**Abstract**

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Abstract is a brief summary of an article, which helps the readers quickly ascertain the paper’s main content. In this part, authors may mention writing purpose, background, case presentation, conclusion, *etc*.

**Keywords:** Color duplex sonography, interleukin-6, *Helicobacter pylori,* lymph node dissection, DNA, *Foxp3,* Notch

**[*Please suggest 3-8 keywords which can be used for describing the content of the manuscript and will enable the full text of the manuscript to be searchable online.*]**

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The introduction is a beginning section of a manuscript which states the academic background of the study, overviews or summarizes previous findings and results related to this study, simply describes the case information and indicates the purpose of writing the article, *etc*. It is generally followed by the body and discussion.

**CASE REPORT**

In this section, authors should describe each case as detailed as possible, including background of the case, specific information of the patients involved, operations applied, results at each stages and post analysis, *etc*. We suggest that authors may set headings (level 2 heading, level 3 heading, *etc.*) to separate different cases or situations.

**Level 2 heading**

[e.g., **Surgical technique**]

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**Table 1** (other forms: Tables 1 and 2; Tables 1-3),**Equation (1)** [other forms: Equations (2) and (3); Equations (4-6)] and **Figure 1** (other forms: Figure 1A and B; Figure 2A-C; Figures 1 and 2A; Figures 1, 2A and 3-5) show the examples of diagrams. All the tables, equations and figures should be cited in sequence in the main content near to the first time they appear. For supplementary material, authors may cite table, equation and figure like **Supplementary Table 1**, **Supplementary Equation (1)** and **Supplementary Figure 1**. For details, you may refer to [**Supplementary Material Template**](http://www.oaepublish.com/files/tpl/jumd/Template_for_Supplementary_Material_jumd.docx).

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**Table 1. This is a table caption. A summary description of this table should be written here**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Authors** | **Regimen** | ***n*** | **Age (year)** | **CR (%)** | **2-year (3-year) EFS/PFS (%)** | **2-year (3-year) OS (%)** |
| Our current study | CHOPCVP | 25167 | 17-8245-87 | 69.829.9\* | 55.3 (46.0)18.0 (12.0)\* | 58.0 (52.0)25.0 (19.0)\* |
| Khaled *et al.*[1] | CHOP | 40 | 19-75 | 67 | 54 (54) | 82 (71) |
| Burton *et al.*[2] | CHOPCIOP | 105106 | 22-6625-67 | 7052 | 4-year PFS: 564-year PFS: 40\* | 4-year OS: 654-year OS: 56# |

This part is footer. \**P* < 0.05, #*P* ≥ 0.05. EFS: event-free survival; PFS: progression-free survival; OS: overall survival; CHOP: cyclophosphamide, doxorubicin, vincristine, and prednisone; CVP: cyclophosphamide, vincristine, and prednisone; CIOP: cyclophosphamide, idarubicin, vincristine, and prednisone; CR: complete response. This table is cited with permission from Li *et al*.[1] published in xxx

***Table notes:***

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|  |  |
| --- | --- |
|  | (1) |

***Equation note:***

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|  |  |
| --- | --- |
| **A** | sds-1884**B** |
| **C** |

**Figure 1.** We present examples of electron micrograph, histological staining and histogram in Figure 1A-C. A: description of what the Figure 1A is; B: description of what the Figure 1B is; C: description of what the Figure 1C is. Abbreviation involved: full spellings. This figure is quoted with permission from XX *et al*.[2]

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**Acknowledgments**

Anyone who contributed towards the article but does not meet [**the criteria**](http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html) for authorship, including those who provided professional writing services or materials, should be acknowledged. Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgments section. This section is not added if the author does not have anyone to acknowledge.

**Authors’ contributions**

Single author:

The author contributed solely to the article.

Two or more authors:

Made substantial contributions to conception and design of the study and performed data analysis and interpretation: Salas H, Castaneda WV;

Performed data acquisition, as well as provided administrative, technical, and material support: Castillo N, Young V

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**Availability of data and materials**

Authors should declare where the data supporting their findings can be found. Data can be deposited into data repositories or published as supplementary information in the journal. Authors who cannot share their data should state that the data will not be shared and explain it.

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Sherlock S, Dooley J. Diseases of the liver and billiary system. 9th ed. Oxford: Blackwell Sci Pub; 1993. pp. 258-96.

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***Online resource***

FDA News Release. FDA approval brings first gene therapy to the United States. Available from: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm574058.htm>. [Last accessed on 30 Oct 2017]

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