









Critical analysis of the reporting quality of case reports focusing on dental traumatology using the Preferred Reporting Items for Case reports in Endodontics 2020 checklist: A baseline evaluation prior to checklist publication

Venkateshbabu Nagendrababu¹  | Simran Kaur Sarao² | Yuli Berlin-Broner³  |
Vellore Kannan Gopinath¹  | Naresh Yedthare Shetty^{4,5}  | Henry F. Duncan⁶  |
Paul V. Abbott⁷  | Paul M. H. Dummer⁸  | Liran Levin³ 

¹University of Sharjah, College of Dental Medicine, Department of Preventive and Restorative Dentistry, Sharjah, UAE

²College of Dentistry, Ohio State University, Columbus, Ohio, USA

³Faculty of Medicine and Dentistry, University of Alberta, Alberta, Edmonton, Canada

⁴Department of Clinical Sciences, College of Dentistry, Ajman University, Ajman, UAE

⁵Centre of Medical and Biomedical Allied Health Sciences Research, Deanship of Graduate Studies and Research, Ajman, UAE

⁶Division of Restorative Dentistry, Dublin Dental University Hospital, Trinity College Dublin, Dublin, Ireland

⁷UWA Dental School, The University of Western Australia, Perth, Western Australia, Australia

⁸School of Dentistry, College of Biomedical and Life Sciences, Cardiff University, Cardiff, UK

Correspondence

Liran Levin, Faculty of Medicine and Dentistry, University of Alberta, Edmonton, AB, Canada.
Email: liran@ualberta.ca

Abstract

Background/Aims: The Preferred Reporting Items for Case Reports in Endodontics (PRICE) 2020 guidelines were published to help authors produce high-quality case reports. The aim of this study was to use the PRICE 2020 guidelines to appraise a sample of 50 case reports related to dental traumatology that were published before the guidelines were available in order to assess various parameters influencing the reporting quality.

Methods: Fifty case reports published between 2015 and 2019 and related to dental traumatology were randomly selected from the PubMed database. Reports were assessed by two independent evaluators using the PRICE checklist. Each item received a score of "1" if the manuscript met all pertinent criteria, "0" if it was not reported, and "0.5" if it was reported insufficiently. "Not Applicable" (NA) was assigned to items that were irrelevant to a specific report. The estimated total PRICE score for each case report was computed by adding all the scores, with a maximum score of 47 minus any "NA" scores. Descriptive and Inferential statistics (Student's *t*-test and ANOVA) were used for analysis.

Results: The percentage of case reports that fully met each applicable criteria ranged from 0% to 100%. The percentage of case reports partially satisfying each applicable criterion varied from 0% to 88%. There was a significant difference in scores for case reports published in journals with an impact factor compared with those without ($p = .042$). No significant difference was observed between the mean scores that compared the period of publication. There was no significant difference between journals that followed the CARE guidelines and those that did not.

Conclusion: Several items within the PRICE 2020 guidelines were either not reported or only partially reported in case reports related to dental traumatology prior to the

checklist publication. It is recommended that authors follow the PRICE 2020 guidelines to improve the overall quality of their case reports.

KEYWORDS

case report, dental traumatology, PRICE 2020, reporting quality

1 | INTRODUCTION

Case reports focus on new, rare, or unusual features of diseases or their management and have the potential to provide valuable information on novel or improved care packages, leading to enhanced clinical decision-making.¹ Although often considered low-quality evidence, case reports can provide information that can be subsequently applied in clinical practice, as well as data on the therapeutic efficacy, adverse effects, and costs of interventions. They also have the potential to guide future research.¹⁻⁴

There is widespread agreement that research and reporting guidelines are essential for enhancing the quality of the healthcare literature.⁵ Reporting guidelines are intended to assist authors by enhancing the completeness, transparency, and accuracy of their reports, thus decreasing the volume of inadequately written manuscripts submitted to scientific journals.⁶

The Preferred Reporting Items for Case Reports in Endodontics (PRICE 2020) guidelines⁷ were developed by combining and modifying the CAsE REport (CARE) guidelines⁸ and the Clinical and Laboratory Images in Publications (CLIP) principles.⁹ The CARE guidelines⁸ were developed to improve the quality of case reports within the field of Medicine whilst the CLIP principles⁹ were developed to provide readers with the information necessary to evaluate the accuracy, comprehensiveness, and authenticity of the understanding and significance of photographs and other images published in scientific journals.

Seguel-Moraga et al.¹⁰ appraised the quality of case reports published between 2008 and 2018 using the CARE guidelines in the journals *Dental Traumatology*, *European Archives of Paediatric Dentistry*, *International Journal of Clinical Pediatric Dentistry*, *International Journal of Paediatric Dentistry*, *Journal of Clinical Pediatric Dentistry*, and *Pediatric Dentistry*. They reported deficiencies in multiple CARE items, such as the absence of the "patient perspective" and "informed consent" in all case reports. Notably, Tewari et al.¹¹ reported that compliance with the CARE guidance for the decade 2012–2021 was higher than those for the decade of 2002–2011, which demonstrates the advantages of using the guidelines.

Berlin-Broner and Levin¹² evaluated the quality of 70 case reports published between January 2015 and March 2020 in the *International Endodontic Journal* and the *Journal of Endodontics*. When using the PRICE 2020 guidelines, they identified several deficiencies and suggested that the use of the checklist would help authors prepare case reports to an appropriate standard in the future.¹²

The quality of case reports submitted to *Dental Traumatology* and the *International Endodontic Journal* is variable and often suboptimal

(Abbott P, Levin L, Dummer PMH, Duncan HF, unpublished data). Many reports are incomplete and inaccurate and are consequently rejected. As a result, *Dental Traumatology* endorsed the PRICE 2020 guidelines in 2021 with the requirement that all case reports submitted to the journal must follow these guidelines.¹³

The aim of this study was to appraise a sample of 50 case reports related to dental traumatology in order to determine compliance with the PRICE 2020 guidelines, provide baseline data on the quality of existing reports, and thus educate authors for future reports. Importantly, the study only included reports published prior to the introduction of the PRICE guidelines and did not include case reports that may have benefited from the introduction of the reporting guidelines.

2 | METHODS

2.1 | Selection of case reports

Case reports published within the field of dental traumatology between January 2015 and December 2019 were extracted from the PubMed database using the following search strategy: (((((((((((("dental trauma") OR ("dental traumatism") OR ("dental traumatic injuries") OR ("traumatic dental injuries") OR ("crown fracture") OR ("complicated crown fracture") OR ("uncomplicated crown fracture") OR ("root fracture") OR ("tooth fracture") OR ("tooth injury") OR ("avulsion") OR ("extrusion") OR ("luxation") OR ("alveolar fracture") OR ("intrusion") OR ("traumatic pulp exposure")) AND ("case report"). The publication details for each case report identified in the PubMed database were exported to an Excel spreadsheet and a four-decimal-point, from 0-to-1, random number was assigned. Random numbers were generated and sorted in ascending order, thus re-ordering the retrieved articles. Titles and abstracts of the first 50 eligible case reports were screened based on the inclusion criteria. If a chosen case report did not meet the criteria, it was replaced with the next case report in the random sequence until a total of 50 case reports were chosen. Two independent reviewers (VKG and VN) were involved in case report selection, with disagreements resolved by a third independent reviewer (PA).

2.2 | Inclusion criteria

Case reports related to dental traumatology that discussed only one case and were published in any journal in English between 2015 and

2019 were included. This ensured the reports were published prior to the PRICE 2020 guidelines becoming available. Clinical trials, observational studies, case series, laboratory-based studies, animal studies, and reviews were excluded.

2.3 | Data extraction

Details of the 50 case reports were summarized using a data extraction sheet that included the name of the first author, the country of the corresponding author(s), the year the study was published, the total number of authors, the name of the journal, and the impact factor (IF) of the journal for the year that the report was published. Two independent reviewers (VKG and VN) extracted data autonomously, with disagreements resolved by a third independent reviewer (PD).

2.4 | Appraising the quality of the case reports

Three of the 50 case reports were randomly selected to test the interpretation and effectiveness of the scoring system. Two reviewers (SKS and YBB) conducted the pilot test, with discrepancies and disagreements resolved by team members. Finally, all 50 articles were evaluated independently by the two reviewers (SKS and YBB), and a consensus score was determined for each item within each manuscript. Disagreements were resolved by a third independent reviewer (LL).

The adherence of the manuscripts to each of the 47 items on the PRICE 2020 checklist was evaluated to determine the reporting quality of the case reports. Each item was given a score of "1" if the manuscript satisfied all relevant criteria, "0" if it was not reported, and "0.5" if it was reported inadequately. "Not Applicable" (NA) score was given to items that were not relevant to a particular report. The total PRICE score for each case report was calculated by adding all of the scores, with a maximum score of 47 minus any "NA" scores.

Association between the following parameters and mean quality scores of case reports were investigated:

1. geographical source of reports in terms of the continent of the corresponding author (Africa vs North America vs South America vs Europe vs Asia vs Oceania);
2. published in a journal with an IF for the year in which the case report was published (yes/no);
3. period of publication (2015–2017 vs 2018–2019); and
4. journal adherence to the CARE guidelines (yes/no).

2.5 | Statistical analysis

The data were tabulated in an Excel sheet and statistically analyzed using the SPSS software (Version 28; IBM Corp). Descriptive statistics were used to summarize the characteristics of the case reports and the variables of interest. The Student's t-test was used to identify the statistical significance between the mean scores of (i) year

categories (2015–17 and 2018–19), (ii) Journal adherence to CARE guidelines (categorized as yes or no), and (iii) IF of the journals (categorized as yes or no). One-way ANOVA with Tukey's post hoc test was used to identify the significant difference in the mean scores of the three continents Asia, Europe, and South America. The p-value was set at 5%.

3 | RESULTS

The characteristics of the 50^{14–63} included case reports are presented in Table 1. The majority of the corresponding authors were from Brazil ($n = 11$) and India ($n = 11$). The number of authors associated with each report ranged from 1 to 9.

Table 2 presents the percentage of case reports that met each applicable item of the 47 criteria provided by the PRICE 2020 guidelines. The percentage of case reports that fully met each applicable item ranged widely from 0% (item not met in any case reports, despite being applicable) to 100% (item fulfilled in all the case reports, where applicable). The percentage of case reports partially satisfying each applicable item varied widely, ranging from 0% (item not partially fulfilled in any case reports, despite being applicable) to 88% (item partially fulfilled in all the case reports, where applicable).

Of the 47 criteria recommended by the PRICE 2020 guidelines, the number of items identified as applicable in each of the 50 included case reports ranged from 36 to 44 (Table 3). The scores of individual reports, based on the proportion of applicable items that met the criteria, are presented in Table 3. The average score of the papers included was 63.6%. The minimum score for a paper was 36.6% while the maximum score was 79.1% (Table 3).

Table 4 presents the relationship between scores of the included case reports and characteristics of the papers (year of publication, continent, journal adherence to CARE guidelines, journals with or without IF). Of the 50 case reports, 28 were published in journals with an IF and 22 in journals without an IF. The scores of case reports published in journals with an IF were significantly higher compared with those published in journals without an IF ($p = .042$). The case reports from Europe had higher scores followed by Asia and South America. Scores for European case reports were significantly higher compared with those from South America ($p = .004$), whereas no significant difference was observed between Asia and Europe ($p = .092$), or Asia and South America ($p = .214$). No significant difference ($p = .606$) was observed between the mean scores comparing the periods of publication (2015–2017 and 2018–2019). Only 15 of the 50 case reports were published in journals that adhered to the CARE guidelines with no significant difference ($p = .337$) between those that adhered to the CARE guidelines and those that did not.

4 | DISCUSSION

The PRICE 2020 guidelines⁷ were developed by experts from around the world using a validated consensus-based

TABLE 1 Characteristics of the included 50 case reports.

S no.	First author	Country corresponding author(s)	Year published	Number of authors	Journal adhered to CARE guideline	Name of journal	JCR® impact factor for the year in which the report was published
1	Garla ¹⁴	India	2015	4	Yes	<i>Journal of International Oral Health</i>	NA
2	Lee ¹⁵	United States of America	2015	2	No	<i>Dental Traumatology</i>	1.327
3	Cunha ¹⁶	Brazil	2015	6	No	<i>American Journal of Orthodontics and Dentofacial Orthopedics</i>	1.69
4	Bajaj ¹⁷	India	2015	4	Yes	<i>Journal of International Oral Health</i>	NA
5	Bušić ¹⁸	Croatia	2015	4	Yes	<i>Journal of Oral & Facial Pain and Headache</i>	2.444
6	Battepati ¹⁹	India	2015	4	No	<i>Journal of Clinical and Diagnostic Research</i>	NA
7	Ashkenazi ²⁰	Israel	2015	3	No	<i>Quintessence International</i>	0.821
8	Mendoza-Mendoza ²¹	Spain	2015	3	No	<i>The Journal of Clinical Pediatric Dentistry</i>	0.562
9	Yadav ²²	India	2015	4	No	<i>Nigerian Journal of Clinical Practice</i>	0.524
10	Nagata ²³	Brazil	2015	7	Yes	<i>Australian Dental Journal</i>	1.272
11	Mese ²⁴	Turkey	2015	4	Yes	<i>Case Reports in Dentistry</i>	NA
12	Dias ²⁵	Brazil	2015	6	Yes	<i>The Open Dentistry Journal</i>	NA
13	Djermal ²⁶	United Kingdom	2015	3	No	<i>Dental Update</i>	NA
14	Kukuła ²⁷	Poland	2016	2	No	<i>European Journal of Paediatric Dentistry</i>	0.683
15	Rafiee ²⁸	Iran	2016	3	No	<i>Dental Research Journal</i>	NA
16	Costa ²⁹	Brazil	2016	7	No	<i>General Dentistry</i>	NA
17	Bäumer ³⁰	Germany	2016	3	No	<i>The International Journal of Esthetic Dentistry</i>	NA
18	Jepsen ³¹	Germany	2016	4	No	<i>The International Journal of Periodontics & Restorative Dentistry</i>	1.113
19	Machado ³²	Brazil	2016	5	No	<i>General Dentistry</i>	NA
20	Mittal ³³	India	2016	4	No	<i>The New York State Dental Journal</i>	NA
21	Chandna ³⁴	India	2016	4	NO	<i>Dental Traumatology</i>	1.413
22	Küçükekenci ³⁵	Turkey	2017	2	No	<i>Ethiopian Journal of Health Science</i>	0.26
23	Dede ³⁶	Turkey	2017	4	No	<i>Journal of Dental Sciences</i>	0.619
24	Yadav ³⁷	India	2017	4	No	<i>Journal of the West African College of Surgeons</i>	NA
25	Rothom ³⁸	Thailand	2017	2	Yes	<i>Case Reports in Dentistry</i>	0.24
26	Kim ³⁹	Korea	2017	3	No	<i>European Journal of Paediatric Dentistry</i>	0.893
27	Anitua ⁴⁰	Spain	2017	5	No	<i>Dental Traumatology</i>	1.414
28	Tonini ⁴¹	Italy	2017	1	No	<i>Journal of Esthetic and Restorative Dentistry</i>	1.531
29	Bendoraitiene ⁴²	Lithuania	2017	3	No	<i>Journal of Oral and Maxillofacial Surgery</i>	NA
30	Westphalen ⁴³	Brazil	2017	6	NO	<i>Iranian Endodontic Journal</i>	NA

TABLE 1 (Continued)

S no.	First author	Country corresponding author(s)	Year published	Number of authors	Journal adhered to CARE guideline	Name of journal	JCR® impact factor for the year in which the report was published
31	Lima ⁴⁴	Brazil	2017	8	No	<i>Quintessence International</i>	1.088
32	Martos ⁴⁵	Brazil	2017	4	NO	<i>Dental Traumatology</i>	1.414
33	Moura ⁴⁶	Brazil	2017	5	No	<i>European Endodontic Journal</i>	NA
34	Soares Ditzel ⁴⁷	Brazil	2018	7	No	<i>Iranian Endodontic Journal</i>	NA
35	Kanimozhi ⁴⁸	India	2018	4	Yes	<i>Case Reports in Dentistry</i>	0.27
36	Lara ⁴⁹	Spain	2018	4	No	<i>Dental Press Journal of Orthodontics</i>	NA
37	Rajan ⁵⁰	India	2018	4	Yes	<i>The Open Dentistry Journal</i>	0.42
38	Mourad ⁵¹	Germany	2018	3	No	<i>Quintessence International</i>	1.392
39	Enshaei ⁵²	Iran	2018	2	No	<i>Journal of Dentistry (Tehran)</i>	NA
40	Pandey ⁵³	India	2018	4	Yes	<i>BMJ Case Reports</i>	NA
41	Costa ⁵⁴	Brazil	2018	9	No	<i>Journal of Clinical and Experimental Dentistry</i>	NA
42	Campbell ⁵⁵	United States of America	2018	4	No	<i>Journal of Dentistry for Children</i>	0.18
43	Wang ⁵⁶	China	2018	3	Yes	<i>Medicine (Baltimore)</i>	1.87
44	Noirrit ⁵⁷	France	2018	4	Yes	<i>Special Care in Dentistry</i>	0.36
45	Revathy ⁵⁸	India	2018	3	Yes	<i>Journal of Indian Society of Pedodontics and Preventive Dentistry</i>	NA
46	Manchanda ⁵⁹	Australia	2019	3	No	<i>Dental Traumatology</i>	1.53
47	Salek ⁶⁰	Morocco	2019	5	No	<i>International Orthodontics</i>	0.39
48	Canceill ⁶¹	France	2019	6	Yes	<i>Case Reports in Dentistry</i>	0.25
49	Walia ⁶²	United Arab Emirates	2019	2	Yes	<i>Journal of Indian Society of Pedodontics and Preventive Dentistry</i>	NA
50	Asgary ⁶³	Iran	2019	3	NO	<i>Cureus</i>	0.26

methodology.⁶⁴ The PRICE 2020 guidelines include a checklist with 12 sections and 47 items, as well as a flowchart with 19 steps that summarize the stages involved in case report development. The PRICE 2020 guidelines were recently added to the EQUATOR Network.⁶⁵ Due to the importance of the PRICE 2020 guidelines, various journals such as the *International Endodontic Journal*,⁶⁶ *Australian Endodontic Journal*,⁶⁷ *Turkish Endodontic Journal*,⁶⁸ *Saudi Endodontic Journal*,⁶⁹ and *Dental Traumatology*¹³ have endorsed the PRICE 2020 guidelines to date.

Only two studies that have assessed the reporting quality of case reports related to dental trauma using the CARE guidelines have been published. One study¹⁰ appraised the reporting quality of case reports published in *Dental Traumatology*, *European Archives of Paediatric Dentistry*, *International Journal of Clinical Pediatric Dentistry*, *International Journal of Paediatric Dentistry*, *Journal of Clinical Pediatric Dentistry*, and *Pediatric Dentistry* from 2008 to 2018. Another appraised the quality of case reports published in *Dental Traumatology* between 2001 and 2021.¹¹ However, the reporting quality of case reports in the field of dental traumatology has not been evaluated

using the PRICE 2020 guidelines. According to the findings of this study, none of the case reports met all the items in the PRICE 2020 checklist, which aligns with the two previously published studies that used the CARE guidelines.^{10,11} This demonstrates that the standards of reporting of case reports related to dental traumatology could be improved. This improvement can be achieved if authors adhere to the PRICE 2020 guidelines and journals insist that submissions comply with these guidelines.

The PRICE 2020 checklist has two items within the "Title" domain. Of concern was the finding that only 56% of the reports mentioned the term "case report(s)" in the title. In order to ensure that readers are aware of the nature of the article, authors should be required to include the phrase "case report(s)" in the title. This also allows for the article to be indexed in databases that can be subsequently searched.⁷⁰ Authors should add the area of interest in the title, which enables readers to identify the topic of the case report.⁷⁰ Only 18% of case reports included adequate information on how the report was unique or addressed "a gap" in knowledge. The Introduction section of the Abstract should include a succinct

TABLE 2 Percentage of case reports that fulfilled each applicable item in the PRICE 2020 guidelines.

Section/topic	Item number	PRICE 2020 checklist item	Applicable items	Fulfilled criteria (1/1)	Fulfilled score (%)	Partially fulfilled criteria (0.5/1)	Partially fulfilled score (%)
Title	1a	The words "case report(s)" must be included in the title	50	28	56	0	0
	1b	The area of interest (e.g., anatomy, disease, and treatment) must be included briefly in the title	50	30	60	19	38
Keywords	2a	At least two relevant keywords, preferably MeSH terms, related to the content of the case report must be included	50	37	74	0	0
Abstract	3a	The Introduction must contain information on how the report is novel and contributes to the literature, clinical practice and/or fills a gap(s) in knowledge	50	9	18	9	18
	3b	The Body must describe the main clinical findings, including symptoms and signs, if present	50	42	84	7	14
	3c	The Body must describe the main radiographic/histological/laboratory/diagnostic findings	50	41	82	8	16
	3d	The Body must describe the main outcomes of treatment, if active treatment has been provided	48	42	87.5	5	10.4
	3e	The Conclusion(s) must contain the main "take-away" lesson(s), sometimes referred to as key learning point(s)	50	25	50	7	14
Introduction	4a	A background summary of the case(s) with relevant information must be provided	50	49	98	0	0
Informed consent	5a	A clear statement that informed, valid consent was obtained from the patient(s) must be provided	50	18	36	4	8
Case report information	6a	The age of the patient(s) must be provided	50	50	100	0	0
	6b	The gender of the patient(s) must be provided	50	48	96	2	4
	6c	The ethnicity of the patient(s) must be provided, if relevant	5	2	40	1	20
	6d	The main concern, chief complaint or symptoms of the patient(s), if any, must be provided	50	24	48	22	44
	6e	The medical history of the patient(s) must be provided, if relevant	50	30	60	1	2
	6f	The dental history of the patient(s) must be provided, if relevant	50	44	88	6	12
	6g	The family history of the patient if associated with the primary complaint must be provided, if relevant	1	1	100	0	0
	6h	The psychosocial history of the patient if associated with the primary complaint must be provided, if relevant	8	8	100	0	0
	6i	Genetic information, including details of relevant comorbidities and past interventions and their outcomes must be provided when possible, if relevant	1	1	100	0	0
	6j	Extra-oral findings must be provided, if relevant	50	11	22	3	6
	6k	General intra-oral findings must be provided when relevant, e.g., carious lesions, restorations, periodontal condition, and soft tissues	49	27	55.1	21	42.9

TABLE 2 (Continued)

Section/topic	Item number	PRIE 2020 checklist item	Applicable items	Fulfilled criteria (1/1)	Fulfilled score (%)	Partially fulfilled criteria (0.5/1)	Partially fulfilled score (%)
	6l	Important/relevant dates and times (in the text, or a table or figure) must be provided in chronological order	50	7	14	41	82
	6m	The diagnostic methods and the results for the specific tooth/teeth (e.g., pulp sensibility test, tenderness, mobility, periodontal probing depths, laboratory investigations, imaging techniques, or other special tests) must be provided	50	33	66	15	30
	6n	The diagnostic challenges, if any, must be provided	7	6	85.7	1	14.3
	6o	The diagnostic reasoning including other possible diagnoses that were considered must be provided	50	44	88	2	4
	6p	The active treatment (s) or intervention(s) performed, if any, must be provided	47	47	100	0	0
	6q	Any modifications to the proposed treatment(s) or intervention(s), if necessary, must be provided	7	7	100	0	0
	6r	The assessment method(s) used to determine the clinician-assessed and patient-assessed treatment outcomes and their results must be provided	48	40	83.3	7	14.6
	6s	Adverse and unanticipated events or consequences, if any, must be provided	7	7	100	0	0
Discussion	7a	The specific treatment(s) and intervention(s) (if any) must be discussed with reference to the relevant literature	48	41	85.4	5	10.4
	7b	The strengths of the case report and its importance must be discussed with reference to the relevant literature	50	11	22	4	8
	7c	The limitations of the case report must be discussed	50	3	6	2	4
	7d	The rationale for the conclusion(s) must be discussed	50	41	82	7	14
Patient perspective	8a	Feedback from the patient on the treatment and the care they received should be provided, if relevant	50	13	26	1	2
Conclusion	9a	Explicit conclusion(s), i.e., the main "take-away" lessons must be provided	50	44	88	5	10
	9b	Implications for clinical practice or future research must be provided	50	6	12	38	76
Funding details	10a	Sources of funding and other support (such as supply of instruments, equipment) as well as the role of funders must be acknowledged and described	50	21	42	0	0
Conflict of interest	11a	An explicit statement on conflicts of interest must be provided	50	36	72	0	0
Quality of images	12a	Details of the equipment, software and settings used to acquire the image(s) must be described in the text or legend	50	0	0	2	4
	12b	The reason why the image(s) was acquired and the rationale for its inclusion in the manuscript must be provided in the text	50	21	42	27	54

(Continues)

TABLE 2 (Continued)

Section/topic	Item number	PRICE 2020 checklist item	Applicable items	Fulfilled criteria (1/1)	Fulfilled score (%)	Partially fulfilled criteria (0.5/1)	Partially fulfilled score (%)
	12c	The circumstances (conditions) under which the image(s) were viewed and evaluated by the authors must be provided in the text	50	1	2	0	0
	12d	The resolution and any magnification of the image(s) or any modifications/enhancements (e.g., adjustments for brightness, colour balance, or magnification, image smoothing, and staining) that were carried out must be described in the text or legend	50	0	0	1	2
	12e	Patient(s) identifiers (names, patient numbers) must be removed to ensure they are anonymised	50	50	100	0	0
	12f	An interpretation of the findings (meaning and implications) from the image (s) must be provided in the text	50	36	72	14	28
	12g	The legend associated with each image must describe clearly what the subject is and what specific feature(s) it illustrates. Legends associated with images of patients must describe the age, gender and ethnicity of the person, if relevant	50	3	6	44	88
	12h	Markers/labels must be used to identify the key information in the image(s) and be defined in the legend or as a footnote	50	6	12	4	8
	12i	The legend of each image must include an explanation whether it is pretreatment, intratreatment or post-treatment and, if relevant, how images over time were standardized	50	4	8	44	88

overview of the most significant characteristics of the submitted case(s).⁷⁰

Thirty-six percent of the case reports mentioned adequate details of how informed consent was obtained. Authors must include a declaration stating the patient gave their informed, valid consent for the treatment and, ideally, for the reporting of the case.⁷⁰ In only 14% of the reports were the pertinent dates and times of the case presented in chronological order. A brief, chronological timeline of relevant events in the patient's history must be provided to allow readers to understand the core elements of the case(s) such as the diagnostic methods, assessments, treatment, and follow-ups.⁷⁰

The "strengths" and "limitations" were adequately mentioned in 22% and 6% of the case reports, respectively. Section 4 of the manuscript should evaluate the strengths of the report and summarize its implications on day-to-day clinical practice.⁷⁰ A concise summary of any limitations of the case report will assist clinicians in reducing or eliminating similar problems in the management of their own patients.⁷⁰

Undoubtedly, both biomedical researchers and clinicians consider that illustrations, photographs, and radiographs are important sources of information as they provide visual evidence to support

the text that is presented.^{71,72} Due to the importance of images, the PRICE 2020 checklist has nine items directly related to the use of images in order to enhance the overall quality of the reporting.^{7,70} All 50 case reports included images but very few met the PRICE 2020 guidelines and several only partially fulfilled the criteria.

In this study, the case reports from Europe had higher scores followed by Asia and South America. However, due to a smaller number of samples, three continents (Africa, North America, and Oceania) were excluded from the statistical analysis. Most of the included case reports ($n=11$) originated from Brazil and India. Tewari et al.¹¹ determined that 63 reports from Brazil were published in *Dental Traumatology* between 2002 and 2011 and 19 reports between 2011 and 2021. Liu et al.⁷³ described that among the top 10 countries in the world, Brazil ranked first with 480 reports related to traumatic dental injuries.

Journals with IFs were associated with higher quality scores than journals without an IF. This is likely due to the more stringent and rigorous review processes that such journals employ.⁷⁴ Saha et al.⁷⁵ concluded that the IF may be a reasonable indicator of the quality of general medical journals. Ahmed Ali et al.⁷⁶ concluded that clinical trials published in journals with a higher IF were associated with

TABLE 3 Scores of case reports assessed by the PRICE 2020 guidelines.

S No.	First author	Points	Eligible points (47-NA)	Score %
1	Garla ¹⁴	24.5	40	61.25
2	Lee ¹⁵	28.5	40	71.25
3	Cunha ¹⁶	24	40	60.00
4	Bajaj ¹⁷	20.5	40	51.25
5	Bušić ¹⁸	34	43	79.07
6	Battepati ¹⁹	20.5	41	50.00
7	Ashkenazi ²⁰	29.5	44	67.05
8	Mendoza-Mendoza ²¹	26.5	42	63.10
9	Yadav ²²	25	40	62.50
10	Nagata ²³	25	40	62.50
11	Mese ²⁴	26.5	40	66.25
12	Dias ²⁵	22.5	40	56.25
13	Djema ²⁶	28	42	66.67
14	Kukuła ²⁷	28.5	41	69.51
15	Rafiee ²⁸	30.5	40	76.25
16	Costa ²⁹	25.5	41	62.20
17	Bäumer ³⁰	29	41	70.73
18	Jepsen ³¹	26.5	42	63.10
19	Machado ³²	23	40	57.50
20	Mittal ³³	15	41	36.59
21	Chandna ³⁴	24	41	58.54
22	Küçükekenci ³⁵	30	40	75.00
23	Dede ³⁶	24.5	40	61.25
24	Yadav ³⁷	27.5	40	68.75
25	Rothom ³⁸	28	41	68.29
26	Kim ³⁹	26	40	65.00
27	Anitua ⁴⁰	26	40	65.00
28	Tonini ⁴¹	25	40	62.50
29	Bendoraitiene ⁴²	29.5	42	70.24
30	Westphalen ⁴³	20	40	50.00
31	Lima ⁴⁴	23	40	57.50
32	Martos ⁴⁵	26	40	65.00
33	Moura ⁴⁶	23	40	57.50
34	Soares Ditzel ⁴⁷	21	40	52.50
35	Kanimozhi ⁴⁸	27.5	40	68.75
36	Lara ⁴⁹	29.5	41	71.95
37	Rajan ⁵⁰	25	40	62.50
38	Mourad ⁵¹	26	40	65.00
39	Enshaei ⁵²	23	39	58.97
40	Pandey ⁵³	25	41	60.98
41	Costa ⁵⁴	24.5	43	56.98
42	Campbell ⁵⁵	27.5	42	65.48
43	Wang ⁵⁶	27	40	67.50
44	Noirit ⁵⁷	25.5	41	62.20

TABLE 3 (Continued)

S No.	First author	Points	Eligible points (47-NA)	Score %
45	Revathy ⁵⁸	23.5	36	65.28
46	Manchanda ⁵⁹	23	36	63.89
47	Salek ⁶⁰	22.5	40	56.25
48	Canceill ⁶¹	32.5	44	73.86
49	Walia ⁶²	28	41	68.29
50	Asgary ⁶³	28	40	70.00

higher methodological quality than trials published in journals with a lower IF. Using the PRIRATE 2020 checklist, Nagendrababu et al.⁷⁴ assessed randomized clinical trials in endodontics and concluded that journals with IFs published higher quality trials than journals without an IF.

There was no significant difference in the scores between journals that adhered to the CARE guidelines and those that did not. A likely reason for this could be that few IF journals adhere to the CARE guidelines. Moreover, there was no difference between the publication time periods, suggesting that the quality of reporting had not improved over time. However, publications were limited to only five years (2015 to 2019) in this study, which could potentially mask a difference.

Two independent reviewers were involved in the selection and assessment of the included case reports. In order to provide a comprehensive overview, all case reports published in the field of dental traumatology, regardless of the journal (e.g., specialty versus non-specialty, IF versus non-IF journal) were identified. This decreased the risk of both sample selection bias and reviewer bias. A potential limitation of this study is that only one database was used to conduct the search. In addition, only English language case reports published between 2015 and 2019 were considered, with the requirement that all case reports had to have been submitted to the journal before the release of the PRICE 2020 guidelines. In the future, a similar study will be conducted to assess the influence of the PRICE 2020 guidelines on the quality of case reports published after the introduction of these criteria.

5 | CONCLUSION

Several items of the PRICE 2020 guidelines were either not reported or incompletely reported in case reports published about dental traumatology. Adherence to the PRICE 2020 guidelines has the potential to assist authors in planning and producing high-quality case reports, as well as to guide referees and journal editors when assessing manuscripts for publication. Due to the standardization of expectations through the PRICE 2020 guidelines, journal editors should consider endorsing the PRICE 2020 guidelines for case reports in endodontics and related disciplines.

TABLE 4 Relationship between scores of the included case reports and characteristics of the papers.

Characteristics	Groups	Frequency (n)	Mean \pm standard deviation	Statistical test and p value
Continents ^{1,3}	Africa	1	-	ANOVA $F=6.11$ $p=.005$
	Asia ⁴	19	62.5 \pm 8.93 ^a	
	Europe ⁴	13	67.9 \pm 5.16 ^b	
	North America	2	-	
	Oceania	1	-	
	South America ⁴	11	58 \pm 4.36 ^a	
	Turkey	3	-	
Year ²	2015–2017	33	62.95 \pm 8.40	Student's $t=-0.519$ $p=.606$
	2018–2019	17	64.13 \pm 5.78	
Journal Adhered to CARE guidelines ²	No	35	62.67 \pm 7.89	Student's $t=-0.970$ $p=.337$
	Yes	15	64.94 \pm 6.74	
Impact Factor journals ¹	No	22	60.74 \pm 9.24	Student's $t=-2.115$ $p=.042$
	Yes	28	65.41 \pm 5.25	

¹Different alphabetical superscripts indicate significant difference between the continent categories.

²No significant difference.

³Due to a smaller number of samples—Africa, North America, and Oceania were excluded from the statistical analysis. Turkey lies within Europe and Asia and was, therefore, excluded from the analysis.

⁴Post hoc Tukey's test: No significant difference between Asia and Europe ($p=.092$); Asia and South America ($p=.214$). Significant difference present between Europe and South America ($p=.004$).

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ORCID

Venkateshbabu Nagendrababu  <https://orcid.org/0000-0003-3783-3156>

Yuli Berlin-Broner  <https://orcid.org/0000-0003-1992-8194>

Vellore Kannan Gopinath  <https://orcid.org/0000-0002-8456-641X>

Naresh Yedthare Shetty  <https://orcid.org/0000-0003-1130-0802>

Henry F. Duncan  <https://orcid.org/0000-0001-8690-2379>

Paul V. Abbott  <https://orcid.org/0000-0001-5727-4211>

Paul M. H. Dummer  <https://orcid.org/0000-0002-0726-7467>

Liran Levin  <https://orcid.org/0000-0002-8123-7936>

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