GUIDE FOR AUTHORS

INTRODUCTION

Actas Dermo-Sifiliográficas is the official publication of the Spanish Academy of Dermatology and Venereology (AEDV). Founded by Juan de Azúa in 1909, it is the longest-standing monthly Spanish medical journal. The journal is dedicated to articles on scientific research and continuing education with subjects related to medical-surgical dermatology and venereology. The journal is published in Spanish in its printed version and in Spanish and English in its on-line edition.

We suggest that articles by Spanish authors should comply with the general criteria of Law 14/2007, from 3rd July, for biomedical research (BOE n 159), which protects the rights of individuals who are subjects of research. Clinical assays should be registered with public databases prior to their initiation and patient recruitment, and only after approval of the institutional or regional Clinical Research Ethics Committee. The authors should provide the archive number and database where the assay is registered. For all clinical assays that initiate patient recruitment as of 1 January 2017, registration in public databases will be mandatory. Assays with patient recruitment prior to this date may still be submitted to the Journal for evaluation.

Types of article

Originals. This section includes original works of clinical and basic research. The recommended designs are experimental studies (clinical trials), analytic observational (case-control and cohorts) or descriptive ones (cross-sectional). To elaborate the clinical trials, must follow the CONSORT standards, available under http://www.stard-statement.org/ the STARD initiative for diagnostic tests, available under http://www.stard-statement.org/ and for observational studies the STROBE guidelines available under http://www.strobe-statement.org/.

For single-centre studies, it is recommended that the number of signatories not exceed 6. More authors maybe considered for multicentre studies. In any case, each author’s contribution to the manuscript must be specified. The maximum word count is 2500 words (excluding the title page, abstract, references, tables and figure legends). Up to 30 references, 6 figures and 6 tables will be accepted. These requirements may only be changed in exceptional situations and with prior permission from the Editor. For online publishing only, it is recommended that the authors submit all tables, figures and methodology that are not essential for understanding the study but that are useful for replicating the study or for a more thorough reading of it. The manuscript should be structured into sections.

Images in Dermatology. To be considered for publication, images must be high quality originals that reflect the clinical characteristics of dermatological diseases or the results of additional tests in dermatology and have significant teaching value (either due to their
uniqueness or visual impact), which must be noted in the accompanying text. The image presented must be unique, although it may be composed of up to 2 photographies and shall be accompanied by a legend no longer than 200 words, with no associated references or abstract. The title should be brief (no more than 10 words), and it is recommended that no more than 3 authors be included. The images will be published on hardcopy or in electronic format at the discretion of the Journal’s Editorial Committee.

**Brief Communications.** This section is for papers with short patient series or long series that validate the results of other papers, as well as brief research papers. In the case of a study, the paper must follow the recommendations on style and design of the original articles. It should include an unstructured abstract of a maximum 150 words and keywords. The maximum text length must be 1,500 words (excluding title page, abstract, references, tables and figure captions). Up to 2 figures and/or tables and a maximum of 20 references will be accepted. The manuscript must be structured to include the following main headings: a) abstract (summary of most relevant findings); b) text with sequential sections: introduction, clinical cases/patients and method, results, discussion, and c) references. This section will appear in the electronic version of *Actas Dermo-Sifiliográficas*.

**Cases for diagnosis.** These manuscripts should include original clinical cases that have not been published previously in another journal. One to 3 authors will be allowed. Do not include an abstract. Key words are required. These manuscripts should include:

1. A *first part (case presentation)* with up to 200 words that can fit on a single printed page. This part should contain the following: a) the case history; b) physical examination; c) histopathology (that describes the histologic findings but does not give conclusive information about the diagnosis); d) complementary tests; e) figures of best possible quality, in color (maximum 3): these may be clinical, histologic, dermatoscopic,... with no figure captions (their meaning should be described in the text).

2. *Second part (diagnosis and comments).* Up to 450 words, excluding references, in order to be fitted in one printed page. This part should include: a) the diagnosis; b) course and treatment (of the patient presented); c) comments (on the reference disease, the case presented, and the differential diagnosis); d) references (up to 6 references).

**Case and Research Letters.** This Section is for publication of brief reports on studies or clinical cases. From 1 to 4 authors. The text can be up to 800 words. No abstract. Include key words. Up to 3 figures and/or tables. Up to 10 references.

**Letters to the editor.** This Section is for publishing critical opinions, agreements, praise or any other type of observation regarding articles published in the journal. This section can also be used for suggestions, criticism, or comments about any formal aspect or content of the issue of *Actas Dermo-Sifiliográficas*. From 1 to 4 authors are allowed. Do not include abstract. Include key words. The maximum length of text allowed is 800 words with up to 3 figures and/or tables and up to 10 references.

**Opinion article.** It includes the opinion of the author on a subject of his/her specialty, giving his/her personal thoughts on it, with the possibility of referring to related publications. One or two authors can be included. Do not include a abstract. Include key words. It is not generally divided into sections. References may be included. It may have an extension of 1250-2500 words not counting the references.

**Review.** Reviews update a topic of dermatological importance, reviewing it in depth based on updated quality scientific evidence. From 1 to 3 authors The length shall not exceed 3,500 words (excluding the title page, abstract, references, tables and figure legends) and a
maximum of 100 references. Includes an unstructured abstract (maximum 150 words) and keywords. The reviews will be conducted at the express request of the Journal’s Editorial Committee or by a previous request from the author to the director (directoractas@aedv.es) and will be subjected to a peer review. As part of the Continuing Medical Education program the authors will be requested to prepare 4 multiple-choice questions, whose standards of preparation will be detailed along with the request. Reviews that include recommendations on procedures and/or preventive, diagnostic and/or therapeutic techniques shall include the level of evidence and degree of recommendation following the SIGN, Oxford or NICE classification systems. As well as general reviews, the journal Actas Dermo-Sifiliográficas publishes reviews on issues related to clinical practice, controversies and developments, with the following standards for authors.

**Practical dermatology.** A review article on a topic with an eminently practical approach. Avoid an extensively long development of the work, orienting the subject towards recommendations for the daily clinical practice. Include from 1 to 3 authors. Length up to 2500 words (excluding the title page, abstract, references, tables, and figure captions). Include a non-structured (up to 150 words) and include key words. Use of figures, graphics, tables, or algorithms is recommended to facilitate the understanding of the topic. These articles are commissioned expressly by the Editor-in-Chief or by prior request of the author to the Editor (directoractas@aedv.es) and will be subjected to peer review and as part of the Continuing Medical Education program the authors will be requested to prepare 4 multiple-choice questions, whose standards of preparation will be detailed along with the request. The level of evidence of the recommendations as described for general reviews will be included.

**Controversies in dermatology.** These are review articles on a topic that has some controversial aspects. The author should give some personal criteria and cover the different positions found in the literature. Include from 1 to 3 authors. Maximum length should be up to 3.700 words (excluding the title page, abstract, references, tables, and figure captions). Include a non-structured abstract (up to 150 words) and key words. Use of figures or tables is recommended if they facilitate the understanding of the topic. These articles are commissioned expressly by the Editor-in-Chief or by prior request of the author to the Editor (directoractas@aedv.es) and will be subjected to peer review. As part of the Continuing Medical Education program the authors will be requested to prepare 4 multiple-choice questions, whose standards of preparation will be detailed along with the request.

**Novelties in Dermatology.** These are articles in which a subject of great current interest is reviewed and briefly commented on. Include from 1 to 3 authors. Maximum length should be up to 2.500 words (excluding the title page, abstract, references, tables, and figure captions). Include a non-structured abstract (maximum 150 words) and key words. These articles are commissioned expressly by the Editor-in-Chief or by prior request of the author to the Editor (directoractas@aedv.es) and will be subjected to peer review. As part of the Continuing Medical Education program the authors will be requested to prepare 4 multiple-choice questions, whose standards of preparation will be detailed along with the request.

**Consensus statements.** These articles cover the content of consensus statements, recommendations, and therapeutic or diagnostic guidelines drafted by a working group or a scientific society. Include a non structured abstract (up to 150 words) and key words.

**History and humanities in dermatology.** These are review articles on the history or humanities related to dermatology and venereology. A maximum length up to 1500 without abstract. We admit 3 figures/tables and 10 references. These articles are commissioned expressly by the Editor-in-Chief or by prior request of the author to the Editor
Practical Dermoscopy. This Section is dedicated to the publication of clinical-dermatoscopic cases. Includes clinical cases whose clinical diagnosis is difficult and in which dermoscopy provides the diagnostic key. Include from 1 to 3 authors. Do not include an abstract. The practical dermoscopy should include: 1. Case presentation: include a two clinical imaging study, brief descriptive text without giving the diagnostic. 2. Dermoscopic images presentation: two dermoscopic images should be accompanied by the question “What is the diagnosis?”. 3. Comment: should be no longer than 400 words, excluding the references. Includes dermatoscopic feature description emphasizing the differential diagnosis keys. References: no more than 6.

Videos of Surgical Procedures in Dermatology. Will focus on the use of innovative surgical techniques and modifications to existing ones for the resolution of clinical cases as well as the use of known surgical techniques to solve clinical complex cases. Include from 1 to 4 authors. Extension up to 800 words (excluding title page, references, tables and figure captions). Do not include an abstract. Include key-words. Figures and tables (maximum 3 figures and/or tables) should be embedded in the video stream. References (no more than 5) at the end of the manuscript and video stream. The manuscript should be structured into the following sections: introduction, surgical technique description, indications/contraindications, complications, conclusions and references. The link to the video will be placed at the foot of the manuscript. Video lasts up to 10 minutes. Surgical video will show complete surgery procedure from baseline to final outcome. It is recommended to include video footage or images of final postsurgical outcomes medium- to long term. To improve the understanding of the procedure described, short and clear commentaries (audio or subtitles) should be incorporated into the video file. Submit videos according to the following acceptable file formats: .mov, .wmv, .mpg, .mpeg, .mp4 or .avi, and maximum file size of 50 MB. Verify that the videos are viewable in QuickTime® or Windows Media Player®. Editorial board of Actas Dermo-Sifiliográficas reserves the right to edit videos according to editorial line the journal. Accepted videos will be posted for viewing via streaming on http://ees.elsevier.com/ad, and its manuscript will be published in the print version of the journal.

Forum. This section, which includes two manuscripts in each issue, is aimed at collecting short bibliographic reviews written by Dermatology Medical-Surgical and Venereology resident physicians who are aspiring academics to the Spanish Academy of Dermatology and Venereology (AEDV). These reviews will be assigned after contact is made with their representatives in the AEDV Board of Directors. Each review will cover a subject considered to be of maximum interest and current, based on 2 to 4 fundamental bibliographic references. It can include a maximum of 3 authors (all of them resident physicians in dermatology). The manuscript title must include the prefix “RF-“ followed by the review subject. Do not include a summary. Include key words. Maximum length of the text permitted is 500 words. In exceptional cases, a maximum of 1 figure and/or table will be accepted. The bibliography should include 3–4 references, from PubMed indexed journals in relation with the subject of the original article commented. The articles of this section will be written on request of the section coordinators.

Supplements. The aim of the supplements is to provide more detailed information on a monographic subject. The supplements will have a Coordinator and different authors who will collaborate in drafting the corresponding articles. These articles will be reviewed in the same way as regular articles. These articles are commissioned expressly by the Editor-in-Chief or by prior request of the coordinator to the Editor (directoractas@aedv.es). Funding is required for the publication of these supplements. They must follow the same publication guidelines as
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BEFORE YOU BEGIN

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Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author:
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Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

**Registration of clinical trials**

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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It is important that the file be saved in the native format of the word processor used. The text...
should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Article structure**

**Subdivision - unnumbered sections**
Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

**Introduction**
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

**Material and methods**
Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

**Results**
Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

**Conclusions**
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

**Appendices**
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.
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- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

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**Structured abstract**

A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The headings will consist of: «Introduction and Objectives», «Patients or Materials and Methods», «Results» y «Conclusions».

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Immediately after the abstract, provide a maximum of 6 keywords, using British spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

**Abbreviations**
Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

**Acknowledgements**
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

**Formatting of funding sources**
List funding sources in this standard way to facilitate compliance to funder's requirements:

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