

NEUROSURGICAL ENCYCLOPEDIA- ENCYCLOPEDIA NEUROCHIRURGICA
INSTRUCTIONS FOR AUTHORS
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L'Encyclopédie Neurochirurgicale - Encyclopedia Neurochirurgica for the bilingual version of the encyclopedia - aims at assembling knowledge necessary for the practice of neurosurgery, making it available to neurosurgeons and neurosurgeons to be, medical students, paramedical staff and patients.

This encyclopedia is a collective effort of the entire neurosurgery community.

Edited medical knowledge in the encyclopedia is published in accordance to evidenced based medicine (EBM) models. Every item of its content is supported by a published reference whose relevance and strength is determined in accordance with a scale or score agreed upon by the scientific committee of the encyclopedia (see level of scientific relevance of publications)

Level Of Scientific Evidence From Literature	Grade of recommendations
Level 1	A
Well-designed Randomized Controlled Clinical Trials	Established Scientific Evidence (High Degree Of Clinical Certainty)
Meta-analysis of Randomized Clinical Trials	
Level 2	B
Less Well designed Randomized Clinical Trials	Presumptive Scientific Evidence (Moderate degree of scientific certainty)
Non-randomized clinical trials	
Cohort studies	
Level 3	C
Non-controlled comparative studies	Weak Scientific Evidence (Uncertain clinical certainty)
Level 4	
Biased Comparative Studies	
Retrospective studies	
Case series	
Descriptive Epidemiologic Studies (Cross-sectional, longitudinal)	

The Encyclopedia is in line with the activities of the College of Neurosurgery and the chapters within are the property of the College of Neurosurgery. The chapters presented partially or wholly must not have been submitted for publication nor published in another journal/review. No part of the encyclopedia, which is a collective effort is to be posted online without prior validation by several experts neurosurgeons (scientific and ethical validation) as in the label of the Health On the Net Foundation (HON) recommended by the High Authority for Health .

TOPICS

Pathology
Surgical procedure
Best practice guidelines
Patient Information

INFORMATION

The chapters should be written in French and / or English.

Manuscripts are reviewed by the editorial committee and then submitted to expert reviewers.

The decision of acceptance of a manuscript shall require within 8 to 10 weeks after a round of reviewing and corrections.

The manuscript should be typed with double spacing, font size 12 using a “Times” font face. Pages should be numbered starting from the title page.

The manuscript should be signed by the author who should assume responsibility of the content. He must furthermore certify that all persons mentioned participated in writing the text, and have read and agreed on the mentioning their names in the article.

Manuscripts should be sent by email to: Frederic DAUGER <frederic@dauger.fr>

Text

The text should be clear, precise and concise. The length of the article excluding tables, photographs and references should not exceed 30 pages.

The title page should contain the surname and the complete name of each author, their current institutional affiliation, full address, telephone, and the e-mail address of the author to whom correspondence should be addressed.

Abstract

The abstract must be clear, precise and concise, and should not contain more than 250 words.

Key words: 3-6 words in a line below the abstract and in alphabetical order. Use terms from the index medicus: Medical Subject Headings (MeSH).

Abbreviations should be minimized and be explained at their first appearance in the text.

Anatomical terms should be consistent with the norms of international nomenclature.

A chapter should follow a specific plan. Certain parts may have already been written in a previous chapter due to similarity to other publications included in the Encyclopedia thus overlapping. In the latter, the author is notified as soon as (s)he is proposed to write the chapter. Therefore (s)he shall not claim full authorship of the chapter. Conversely, if part of the text of the author is reused in a different chapter, the author will be cited in the list of chapter's authors.

Pathology

The chapter should stick to the following scheme as much as possible. (Parts deemed not applicable may be disregarded):

- Abstract and keywords

- Article
 - I. Definition
 - II. History
 - III. Natural history
 - IV. Epidemiology
 - V. Pathophysiological principles of the pathological process
 - VI. Diagnosis
 1. Clinical features
 2. Imaging findings
 3. Elements of functional exploration
 4. Elements of Pathology
 5. Other elements that could lead to the diagnosis
 6. Characterization of the diagnosis :scores and scales (indicating the refereed journals)
 - VII. Treatment
 1. Medical treatment:
 - principles
 - results
 - complications (side effects)
 2. Surgical Treatments: list without in-depth surgical precision: they are the subject of separate chapters that can be referred to via hyperlink. It should therefore be limited to:
 - principles
 - results
 - complications (side effects)
- Bibliography
- Patient Information (Short text for the general public and the patient, max of one page)

Surgical Procedure

The chapter should stick to the following scheme as much as possible. (Parts deemed not applicable may be disregarded):

- Abstract and keywords
- Article
 - I. definition
 - II. History: description of the principles and subsequent developments
 - III. Indication (s): list without in-depth precision: pathologies are discussed in separate chapters that can be referred to via a hyperlink.
 - IV. Required conditions for an indication (clinical, imaging ...)
 - V. surgical procedure
 1. Materials, equipment, medical devices
 2. Patient preparation
 3. Description of the procedure specifying variants, pitfalls and potential problems
 4. Criteria to ensure the effective execution of the procedure (clinical, imaging)
 - VI. Postoperative follow-up
 1. Postoperative monitoring
 2. possible complications
 3. Elements of immediate and remote monitoring of the procedure
 4. Results of the procedure
- Bibliography
- Patient Information (Short text for the general public and the patient, max of one page)

Anatomy

Limit the description of anatomical structures to those necessary for the understanding of the surgical procedure, clinical features and imaging.

A few general tips for writing

Comply with the French typographical Code (double spacing before punctuation, foreign words in italics ...)

Be careful not to abuse the use of uppercase letters [we write: World Health Organization (WHO)]

Enhance the capitals

Use French quotation marks
Leave numbers in numeric form to facilitate legibility
Use the international metric system

Tables

Tables should be presented in a separate sheet and numbered according to the order of appearance in the text. Each table requires a title and a short caption. Abbreviations are not allowed. All measurements should be provided using the metric system (SI) and written in brackets throughout the text. Each table should contain all the items necessary for understanding without the need to refer to the text.

Figures and photographs

The figures and photographs must be of excellent quality and presented in a JPEG, RAW, TIFF High Resolution format. All figures should be numbered in the order of appearance in the document. Figures must be accompanied by a title and a brief caption typed in double spacing. The captions should provide sufficient information to enable their interpretation without referring to the text.

For photographs of people which could be recognized, written consent must be obtained.
PATIENTS' IDENTITY MUST BE CLEARED.

Permission is required for the reproduction of all figures and tables having been published before. The author must also indicate the copyright of his photos and figures, especially those already published.

The photos, figures and tables should all be referred in the text.

Video

The videos for the encyclopedia should be in High Definition (HD, minimum 720 * 576 px, unlimited resolution). They should not exceed 5 to 7 minutes without being completely restrictive.

Several video clips can accompany an article but should be numbered and referenced in the text.

Each video should be accompanied by a title, date of realization, the name of the producer and an exhaustive description to aid in the understanding, dissemination and indexing.

Audio commentaries, highlighting of chapters and schematic superimpositions which can enhance the didactic nature of the video are encouraged but should be in compliance of the copyright.

Background music is not allowed.

A multimedia library- www.neurochirurgie.tv aids the downloading your video from your computer (several hundred megabytes or at your discretion for really large files). It is also a bank of images and movies. An access code is provided upon request.

Videos exceeding 600 megabytes (MB) should be sent on digital supports (USB stick, DVD) to: Frederick Dager, 17 rue Marx Dormoy 87000 Limoges (frederic@dauger.fr)

Imaging should be imperatively anonymised to prevent patient recognition except on provision of a written consent engaging author's responsibility.

References

References should be typed, with double spacing.

The list of authors should be arranged in alphabetical order.

In the text, the number of the references should be specified in brackets in arabic numerals.

References of a article should include all the authors, complete title of the article and the journal name

abbreviated according to Index Medicus.

When transcribing references, no spaces are included before or following the punctuation marks of numerical style.

Beyond 6 authors, only the first six should be cited followed by "et al. "

Article

Galibert P, Deramond H, Rosat P, Le Gars D. Preliminary results of the treatment of spinal angiomas by percutaneous acrylic vertebroplasty. *Neurochirurgie* 1987;33(2):166-8.

Book

Yasargil MG. *Microneurosurgery*. Stuttgart: Georg Thieme; 1984.

Book Chapter

Pasquier F, Jacob B. How to evaluate cognitive dysfunction in patients with vascular dementia ? In: Leys D, Scheltens Ph (eds). *Vascular dementia*. Dordrecht: ICG Publications; 1994:47-53.