

Cómo escribir los resultados en un artículo científico

María Valencia

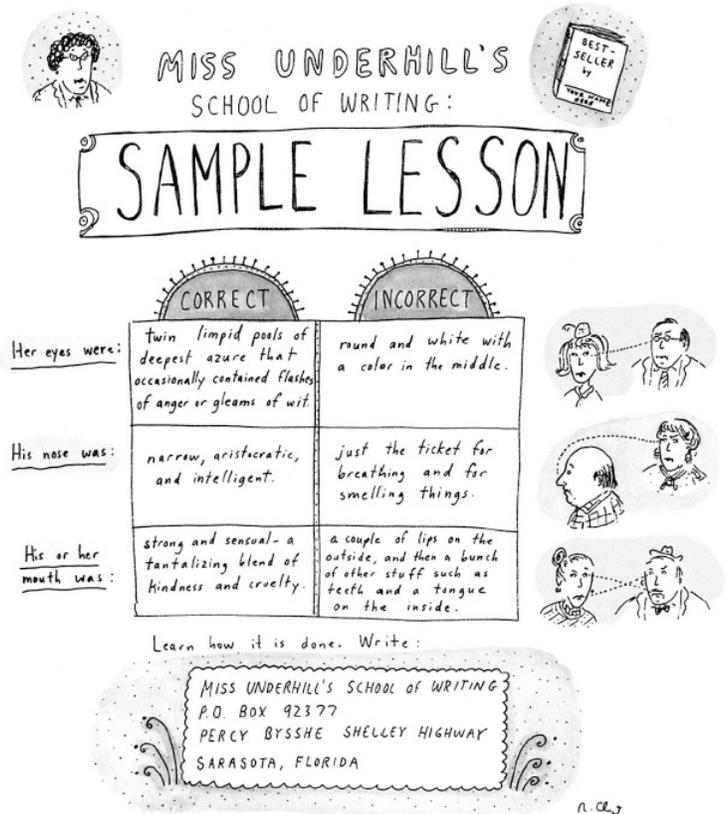
HU Fundación Jiménez Díaz

Madrid



Resultados

- ¿Qué?
- ¿Cuándo?
- ¿Cómo?



MISS UNDERHILL'S
SCHOOL OF WRITING:

SAMPLE LESSON

	CORRECT	INCORRECT
Her eyes were:	twin limpid pools of deepest azure that occasionally contained flashes of anger or gleams of wit.	round and white with a color in the middle.
His nose was:	narrow, aristocratic, and intelligent.	just the ticket for breathing and for smelling things.
His or her mouth was:	strong and sensual - a tantalizing blend of kindness and cruelty.	a couple of lips on the outside, and then a bunch of other stuff such as teeth and a tongue on the inside.

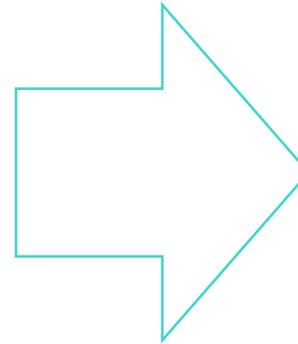
Learn how it is done. Write:

MISS UNDERHILL'S SCHOOL OF WRITING
P.O. BOX 92377
PERCY BYSSHE SHELLEY HIGHWAY
SARASOTA, FLORIDA

Resultados: ¿Qué?



- ✓ Datos objetivos sin interpretación
- ✓ Tablas, Diagramas y Figuras

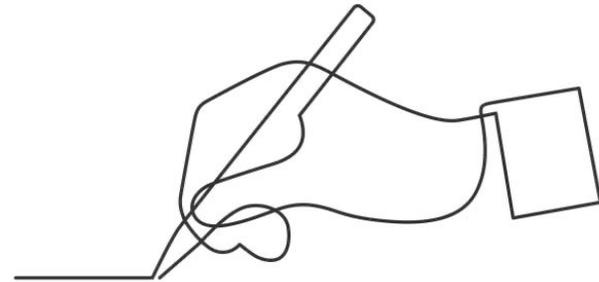


Permite al lector
obtener conclusión
antes de la discusión

Resultados: ¿Cuándo?



- ✓ Al principio
- ✓ En el orden que toca



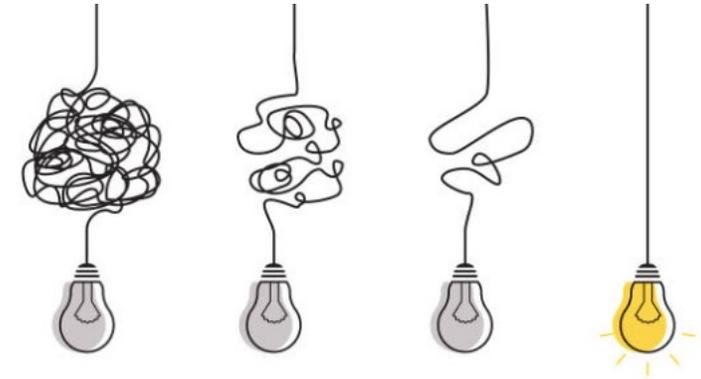
Resultados: ¿Cómo?

- ✓ Pasado
- ✓ Mismo orden que M&M
- ✓ No duplicar información
- ✓ Uso de material complementario
- ✓ Media, DE, intervalo confianza y significación estadística

Resultados: ¿Cómo?

✓ Orden:

1. Tamaño muestral, datos demográficos
2. Análisis de pérdidas
3. Datos relacionados con hipótesis principal



Resultados



◦ **Results:** Provide a detailed report on the data obtained during the study. All measurements should be presented in metric values. Results of many reconstructive procedures, such as total joint arthroplasty, should be based on at least a 2-year follow-up of each patient. An average of two years of follow-up is generally not sufficient. If the follow-up is shorter, provide a strong scientific justification for why the focus on shorter follow-up is clinically relevant.



- ✓ Datos detallados obtenidos en nuestro estudio
- ✓ Datos numéricos
- ✓ Seguimiento de al menos 2 años

Resultados



Results

- Should be brief and concise showing only the results. Do not interpret your results, simply describe what you have found
- Organise them in the same logical order and structure as previously reported in material and methods
- No referencing is allowed
- Do not duplicate results in text and figures, tables or graphs
- When writing the results of a cadaveric study authors should provide pictures showing the results to the reader. Pictures should have the necessary quality so the results can be easily appreciated



✓ Conciso y sin interpretaciones

✓ Mismo orden que M&M

✓ Estudios en cadáveres: fotos

Resultados



STROBE

Strengthening the reporting of observational studies in epidemiology



Results

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time <i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure <i>Cross-sectional study</i> —Report numbers of outcome events or summary measures
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses

Resumen



Reviewer #1:

1. Title

There is a typo here and throughout the manuscript. Please do a thorough proofread.

2. Abstract

-L21: A reference is not needed here.

-L23: Does this mean include the zero/no defect measurements in 14 patients?

3. Introduction

-L55: Latarjet is not really a low complication rate procedure compared to arthroscopic stabilization, for instance. Please see prior literature on nerve alerts (Warner et al.), loose hardware, nerve palsies, and graft non-union. At minimum, I suggest softening the statement and including some of these references.

-L59: We have direct visualization during open Latarjet also, so I suggest removing this as a benefit.

4. Methods

-L92-96: This is a bit redundant, as you already said you excluded posterior and MDI.

-L117: Were measurements taken multiple times for reliability? Was there only one observer?

-L130: Were post-op CTs done at 2 years post-op?

-L149: Figure 3 discusses graft height in the image and description, not angulation. A figure on angulation would be helpful, as I can't visualize your description.

-L155: Where did 15% come from? According to Tokish, the subcritical defect is lower.

-Mention what was done with the bony Bankart pieces in your patients. Was there a threshold for acute bony Bankart repair?

5. Results

They are OK.

5. Results
They are OK.

De camino a la discusión...



Surgical Section

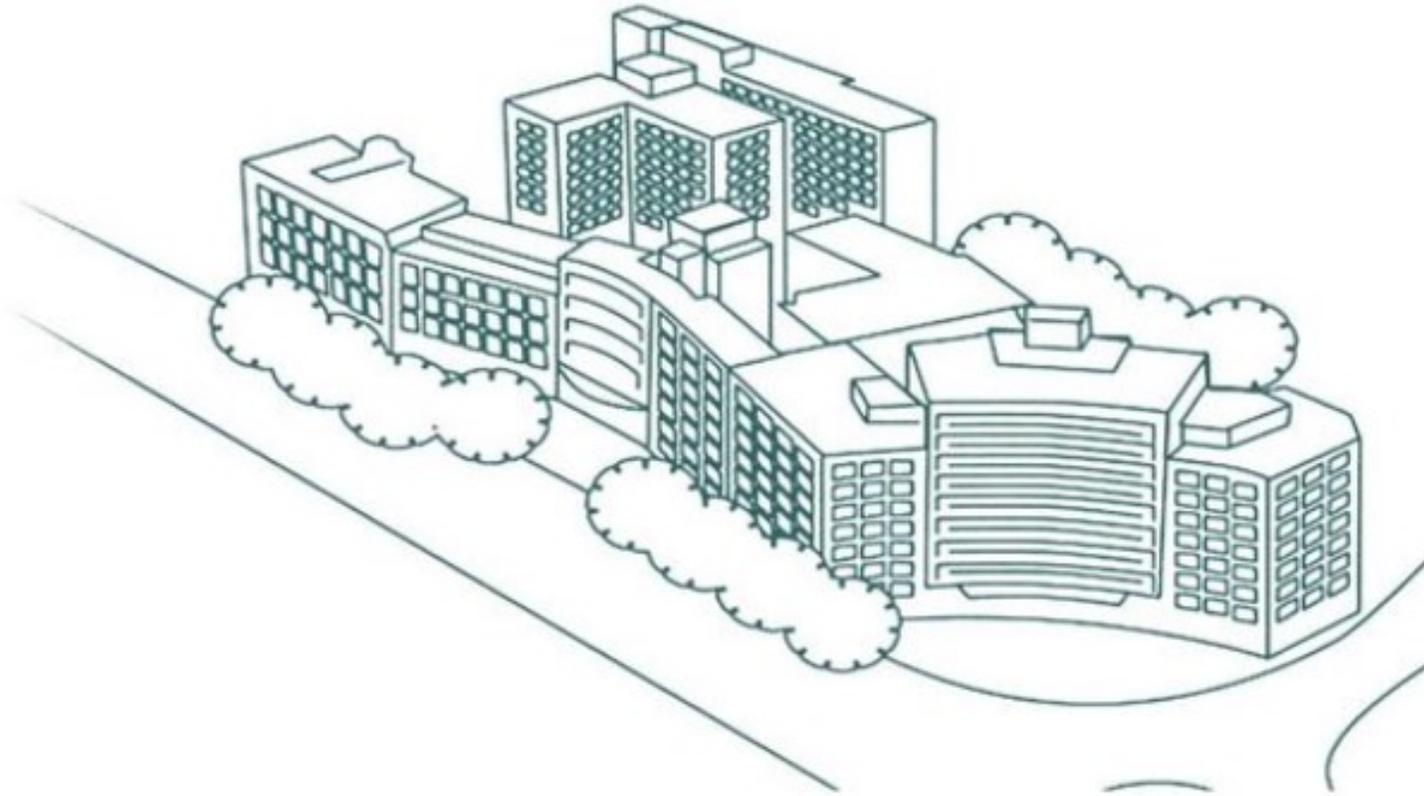
The Treatment of Claw-foot.

By ROBERT JONES, F.R.C.S.Ed.

Mr. DOUGLAS DREW asked whether, in an advanced case—one which would be suitable for excising the heads of the metatarsal bones—it was necessary to divide the tendons, both flexor and extensor, before doing excision of the heads of the metatarsal bones. He thought that would be unnecessary, as the shortening of the foot by removing the heads of the metatarsal bones would relax the tendons.

Mr. MCADAM ECCLES considered that cases such as Mr. Jones had described were the bugbear of the orthopædic surgeon. They were exceedingly difficult to treat, and one almost gave them up in despair. What Mr. Jones had said was very helpful. He asked if Mr. Jones found any difficulty in the healing of these cases; in many of those at an advanced stage the skin became atrophic, particularly over the parts which had been greatly stretched, and sometimes, in his experience, sloughing occurred, although the parts had been kept thoroughly aseptic.

Mr. ROBERT JONES, in reply, said that in the earliest stage there was seldom any definite history of poliomyelitis. The foot was in a position of “rectangular contraction,” and the child unable to lift his toes off the ground and to walk on his heels. The treatment consists in stretching, or if necessary



Gracias