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Importancia de la publicación de artículos científicos en medicina. Tipos de artículos científicos (original, revisión, reporte de caso). Normas STROBE / CONSORT / CARE

"El estudiante identifica las principales características de los tipos de artículos científicos y los principios básicos de las normas STROBE, CONSORT y CARE, resaltando la importancia de la publicación de artículos científicos en medicina como parte de su formación como profesional."

Importancia de publicación
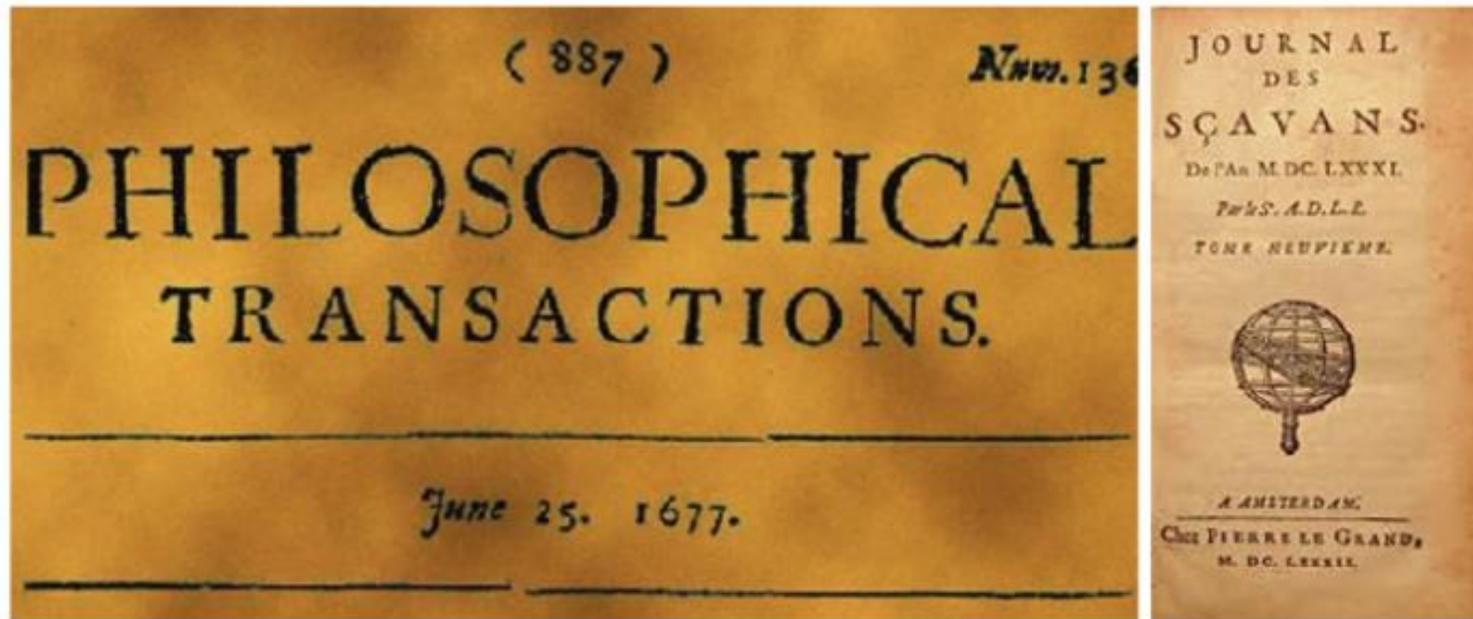
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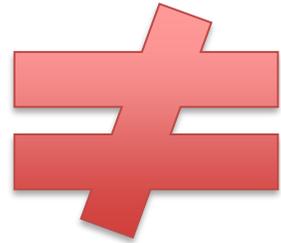
Publicar a toda costa

Medicina Académica

Docencia	Investigación	Servicio

Capacidad del sistema de salud y del personal de salud de investigar, descubrir, evaluar, innovar, enseñar, aprender y mejorar.

Imagen de la portada de la primera revista médica

1660; Francia; Journal de Scavans y Philosophical Transactions of the Royal Society of London.
Henry Oldenburg (Secretario, editor): Correspondencia entre la Sociedad y la Comunidad científica.

Marta MM. A brief history of the evolution of the medical research article. Clujul Med. 2015;88(4):567–70.

¿Por qué es importante publicar?

Diseminación e impacto: Beneficio social

Contribución al conocimiento y su potencial de crear cambios positivos

Presión por publicar (personal, institucional, entre otros), reconocimiento personal

Baja calidad de artículos

Conductas inadecuadas en investigación

Prácticas predatorias de publicación

DORA (Declaration on Research Assessment)

Reduce la necesidad de apuntar a revistas de "alto impacto" y se enfoca en el impacto del estudio

Investigación en salud

Problemas de salud

Causas

Soluciones

Implementación

Evaluación

World Health Organization . Research for resolving public health challenges. Geneva: WHO; 2002. [12 de octubre de 2025]. Geneva: WHO; 2002 [citado el 12 de octubre de 2025]; disponible en: https://www.who.int/health-topics/research#tab=tab_1.

Investigación científica

Pilar fundamental para la construcción del conocimiento

Traducción: avances en investigación y beneficios tangibles para pacientes o la comunidad
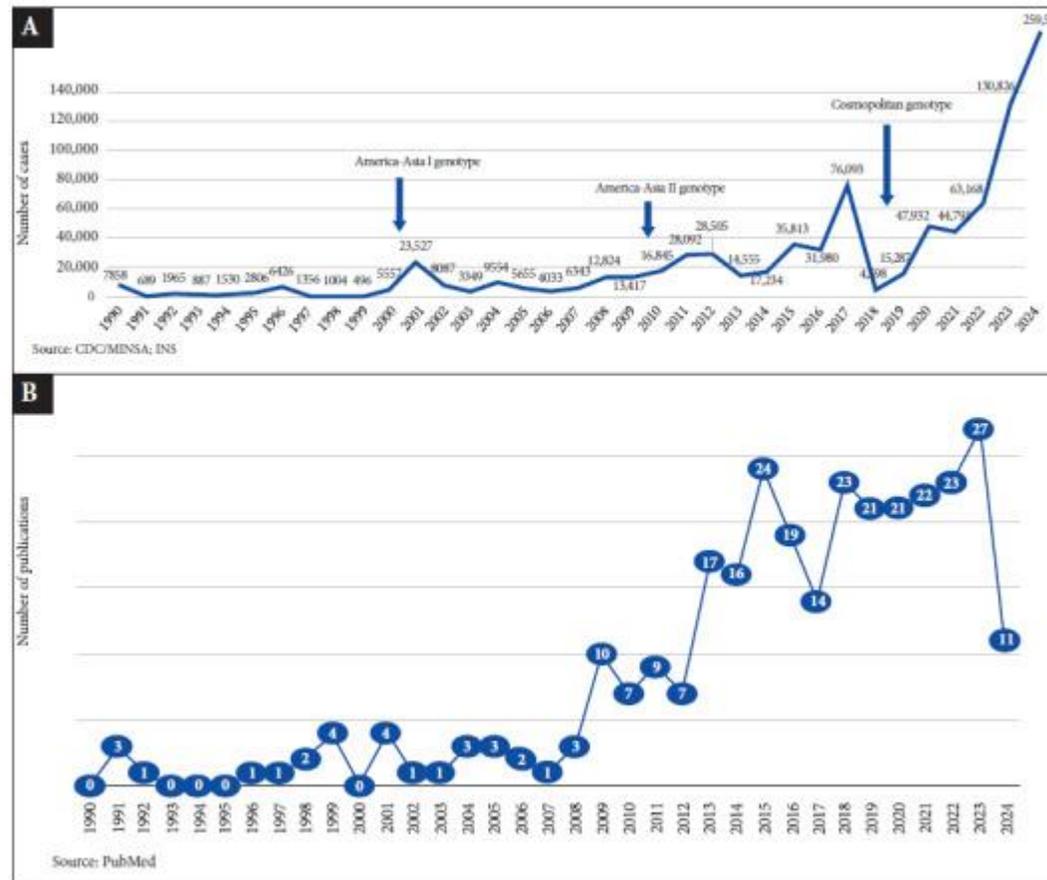
Retraso entre descubrimientos en laboratorio y su aplicación en campo (condiciones técnicas, financieras, regulatorias, etc.)

Investigación translacional

(A) Casos de dengue. (B) Publicaciones de dengue en revistas Q1, Q2 y otras. Perú, periodo 1990 al 2024

Cabezas C. Scientific research and publications in health: aimed at the value of knowledge and solution-based approaches solucionática. Rev Peru Med Exp Salud Publica. 2024 Oct 21;41(3):236-238. doi: 10.17843/rpmesp.2024.413.14277.

Conceptos importantes al momento de escribir un artículo

Ser preciso, conciso y claro

Antes de escribir: tener claridad en qué se va a exponer

Redactar frases cortas y claras (artículo debe ser entendido por personas no expertas).

No escribir la introducción y discusión más larga de lo necesario.

Revisión de pares antes de publicación.

Revista objetivo: ser ambiciosos pero realista

Tipos de artículos científicos

Artículo original

- Este es el tipo de artículo más importante.
- Proporciona nueva información basada en investigación original.
- Deben tener la siguiente estructura: IMRAD- título, resumen, palabras clave, introducción, materiales y métodos, resultados, discusión, y referencias bibliográficas.

Reporte de Caso

- Descripción de un solo caso con características únicas.
- Observación no reportada previamente de una enfermedad reconocida, el uso único de imágenes o pruebas diagnósticas para revelar una enfermedad, una condición clínica no reportada previamente, un tratamiento no reportado previamente en una enfermedad reconocida, o una complicación no reportada previamente de un procedimiento.

Revisión

- Análisis detallado de desarrollos recientes sobre un tema específico.
- Resalta puntos importantes que han sido reportados previamente en la literatura.
- No introduce nueva información y no incluye la opinión del autor o experiencia personal.

Peh WC, Ng KH. Basic structure and types of scientific papers. Singapore Med J. 2008 Jul;49(7):522-5. PMID: 18695858.

STROBE

STROBE: iniciativa internacional de colaboración de epidemiólogos, metodólogos, estadísticos, investigadores y editores de revistas involucrados en la realización y difusión de estudios observacionales, con el objetivo común de fortalecer la presentación de informes de estudios observacionales en epidemiología .

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up
		Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls
		Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed
		Case-control study—For matched studies, give matching criteria and the number of controls per case
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why

Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding
		(b) Describe any methods used to examine subgroups and interactions
		(c) Explain how missing data were addressed
		(d) *Cohort study*—If applicable, explain how loss to follow-up was addressed
		Case-control study—If applicable, explain how matching of cases and controls was addressed
		Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy
		(g) Describe any sensitivity analyses

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) *Cohort study*—Summarise follow-up time (eg, average and total amount)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time
		Case-control study—Report numbers in each exposure category, or summary measures of exposure
		Cross-sectional study—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

Discussion

Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results

Other information

Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

CONSORT

CONSORT: iniciativa internacional de colaboración para el desarrollo de una lista-guía de los puntos que se consideran críticos y que deben ser incluidos en todo informe o comunicación de un ensayo clínico, y un diagrama para ilustrar el flujo de participantes durante el ensayo.

Cobos-Carbo A. Ensayos clínicos aleatorizados (CONSORT). Medicina Clinica. 2005;125(1): 21-7. Disponible en: https://www.elsevier.es/es-revista-medicina-clinica-2-articulo-ensayos-clinicos-aleatorizados-consort-13083727

Section/topic	No	CONSORT 2025 checklist item description
Title and abstract		
Title and structured abstract	1a	Identification as a randomized trial
	1b	Structured summary of the trial design, methods, results, and conclusions
Open science		
Trial registration	2	Name of trial registry, identifying number (with URL) and date of registration
Protocol and statistical analysis plan	3	Where the trial protocol and statistical analysis plan can be accessed
Data sharing	4	Where and how the individual de-identified participant data (including data dictionary), statistical code and any other materials can be accessed
Funding and conflicts of interest	5a	Sources of funding and other support (eg, supply of drugs), and role of funders in the design, conduct, analysis and reporting of the trial
	5b	Financial and other conflicts of interest of the manuscript authors
Introduction		
Background and rationale	6	Scientific background and rationale
Objectives	7	Specific objectives related to benefits and harms
Methods		
Patient and public involvement	8	Details of patient or public involvement in the design, conduct and reporting of the trial
Trial design	9	Description of trial design including type of trial (eg, parallel group, crossover), allocation ratio, and framework (eg, superiority, equivalence, non-inferiority, exploratory)
Changes to trial protocol	10	Important changes to the trial after it commenced including any outcomes or analyses that were not prespecified, with reason
Trial setting	11	Settings (eg, community, hospital) and locations (eg, countries, sites) where the trial was conducted
Eligibility criteria	12a	Eligibility criteria for participants
	12b	If applicable, eligibility criteria for sites and for individuals delivering the interventions (eg, surgeons, physiotherapists)
Intervention and comparator	13	Intervention and comparator with sufficient details to allow replication. If relevant, where additional materials describing the intervention and comparator (eg, intervention manual) can be accessed

Hopewell S, Chan AW, Collins GS, Hróbjartsson A, Moher D, Schulz KF, et al. CONSORT 2025 Statement: updated guideline for reporting randomised trials. BMJ. 2025; 388:e081123.
https://dx.doi.org/10.1136/bmj-2024-081123

Outcomes	14	Prespecified primary and secondary outcomes, including the specific measurement variable (eg, systolic blood pressure), analysis metric (eg, change from baseline, final value, time to event), method of aggregation (eg, median, proportion), and time point for each outcome
Harms	15	How harms were defined and assessed (eg, systematically, non-systematically)
Sample size	16a	How sample size was determined, including all assumptions supporting the sample size calculation
	16b	Explanation of any interim analyses and stopping guidelines
Randomization:		
Sequence generation	17a	Who generated the random allocation sequence and the method used
	17b	Type of randomization and details of any restriction (eg, stratification, blocking and block size)
Allocation concealment mechanism	18	Mechanism used to implement the random allocation sequence (eg, central computer/telephone; sequentially numbered, opaque, sealed containers), describing any steps to conceal the sequence until interventions were assigned
Implementation	19	Whether the personnel who enrolled and those who assigned participants to the interventions had access to the random allocation sequence
Blinding	20a	Who was blinded after assignment to interventions (eg, participants, care providers, outcome assessors, data analysts)
	20b	If blinded, how blinding was achieved and description of the similarity of interventions
Statistical methods	21a	Statistical methods used to compare groups for primary and secondary outcomes, including harms
	21b	Definition of who is included in each analysis (eg, all randomised participants), and in which group
	21c	How missing data were handled in the analysis
	21d	Methods for any additional analyses (eg, subgroup and sensitivity analyses), distinguishing prespecified from post hoc
Results		
Participant flow, including flow diagram	22a	For each group, the numbers of participants who were randomly assigned, received intended intervention, and were analysed for the primary outcome
	22b	For each group, losses and exclusions after randomisation, together with reasons
Recruitment	23a	Dates defining the periods of recruitment and follow-up for outcomes of benefits and harms
	23b	If relevant, why the trial ended or was stopped
Intervention and comparator delivery	24a	Intervention and comparator as they were actually administered (eg, where appropriate, who delivered the intervention/comparator, how participants adhered, whether they were delivered as intended (fidelity))
	24b	Concomitant care received during the trial for each group

Hopewell S, Chan AW, Collins GS, Hróbjartsson A, Moher D, Schulz KF, et al. CONSORT 2025 Statement: updated guideline for reporting randomised trials. BMJ. 2025; 388:e081123.
https://dx.doi.org/10.1136/bmj-2024-081123

Baseline data	25	A table showing baseline demographic and clinical characteristics for each group
Numbers analysed, outcomes and estimation	26	For each primary and secondary outcome, by group: • the number of participants included in the analysis • the number of participants with available data at the outcome time point • result for each group, and the estimated effect size and its precision (such as 95% confidence interval) • for binary outcomes, presentation of both absolute and relative effect size
Harms	27	All harms or unintended events in each group
Ancillary analyses	28	Any other analyses performed, including subgroup and sensitivity analyses, distinguishing pre-specified from post hoc
Discussion		
Interpretation	29	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence
Limitations	30	Trial limitations, addressing sources of potential bias, imprecision, generalisability, and, if relevant, multiplicity of analyses

Hopewell S, Chan AW, Collins GS, Hróbjartsson A, Moher D, Schulz KF, et al. CONSORT 2025 Statement: updated guideline for reporting randomised trials. BMJ. 2025; 388:e081123.
https://dx.doi.org/10.1136/bmj-2024-081123

CARE – REPORTE DE CASO

CARE Checklist of information to include when writing a case report

Topic	Item	Checklist item description
Title	1	The diagnosis or intervention of primary focus followed by the words "case report" . . . .
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" . . .
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature? . . . .
	3b	Main symptoms and/or important clinical findings . . . .
	3c	The main diagnoses, therapeutic interventions, and outcomes . . . .
	3d	Conclusion—What is the main "take-away" lesson(s) from this case? . . . .
Introduction	4	One or two paragraphs summarizing why this case is unique (**may include references**) . . . .
Patient Information	5a	De-identified patient specific information. . . . .
	5b	Primary concerns and symptoms of the patient. . . . .
	5c	Medical, family, and psycho-social history including relevant genetic information . . . .
	5d	Relevant past interventions with outcomes . . . .
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings. . . . .
Timeline	7	Historical and current information from this episode of care organized as a timeline . . . .
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys). . . . .
	8b	Diagnostic challenges (such as access to testing, financial, or cultural) . . . .
	8c	Diagnosis (including other diagnoses considered) . . . .
	8d	Prognosis (such as staging in oncology) where applicable . . . .
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) . . . .
	9b	Administration of therapeutic intervention (such as dosage, strength, duration) . . . .
	9c	Changes in therapeutic intervention (with rationale) . . . .
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available) . . . .
	10b	Important follow-up diagnostic and other test results . . . .
	10c	Intervention adherence and tolerability (How was this assessed?) . . . .
	10d	Adverse and unanticipated events . . . .
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report . . . .
	11b	Discussion of the relevant medical literature **with references**. . . . .
	11c	The scientific rationale for any conclusions (including assessment of possible causes) . . . .
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion . . . .
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received . . . .
Informed Consent	13	Did the patient give informed consent? Please provide if requested . . . .

CONCLUSIONES

1. Publicar artículos científicos es crucial para avanzar el conocimiento médico y mejorar la atención al paciente a través de la difusión de los resultados de la investigación.

2. Se debe poner un fuerte énfasis en producir artículos de alta calidad en lugar de priorizar la publicación a cualquier costo.

3. Comprender los diferentes tipos de artículos científicos (investigación original, revisiones, reportes de casos) permite a los investigadores seleccionar el formato apropiado para sus hallazgos.

4. Adherirse a las guías de reporte como STROBE, CONSORT y CARE es esencial para asegurar la transparencia, el rigor y la reproducibilidad de la investigación médica.

5. La medicina académica valora la investigación, y esto es parte de hacer el sistema de salud mejor para todos.

BIBLIOGRAFÍA

1.
Nombre del libro o estudio: . A brief history of the evolution of the medical research article.
Autor: Marta MM.
Año: 2015

2.
Nombre del libro o estudio: Research for resolving public health challenges
Autor: OMS
Año: 2002

3.
Nombre del libro o estudio: Scientific research and publications in health: aimed at the value of knowledge and solution-based approaches solucionática.
Autor: César Cabezas
Año: 2024

4.
Nombre del libro o estudio:Basic structure and types of scientific papers.
Autor: Peh WC, Ng KH
Año: 2008

5.
Nombre del libro o estudio: STROBE
Autor: von Elm E, et.al.
Año: 2007

6.
Nombre del libro o estudio:CONSORT 2025 Statement: updated guideline for reporting randomised trials.
Autor: Hopewell S, et.al.
Año: 2025

7.
Nombre del libro o estudio: CARE guidelines for case reports: explanation and elaboration document.
Autor: Riley DS, et.al.
Año: 2017

¡GRACIAS!