



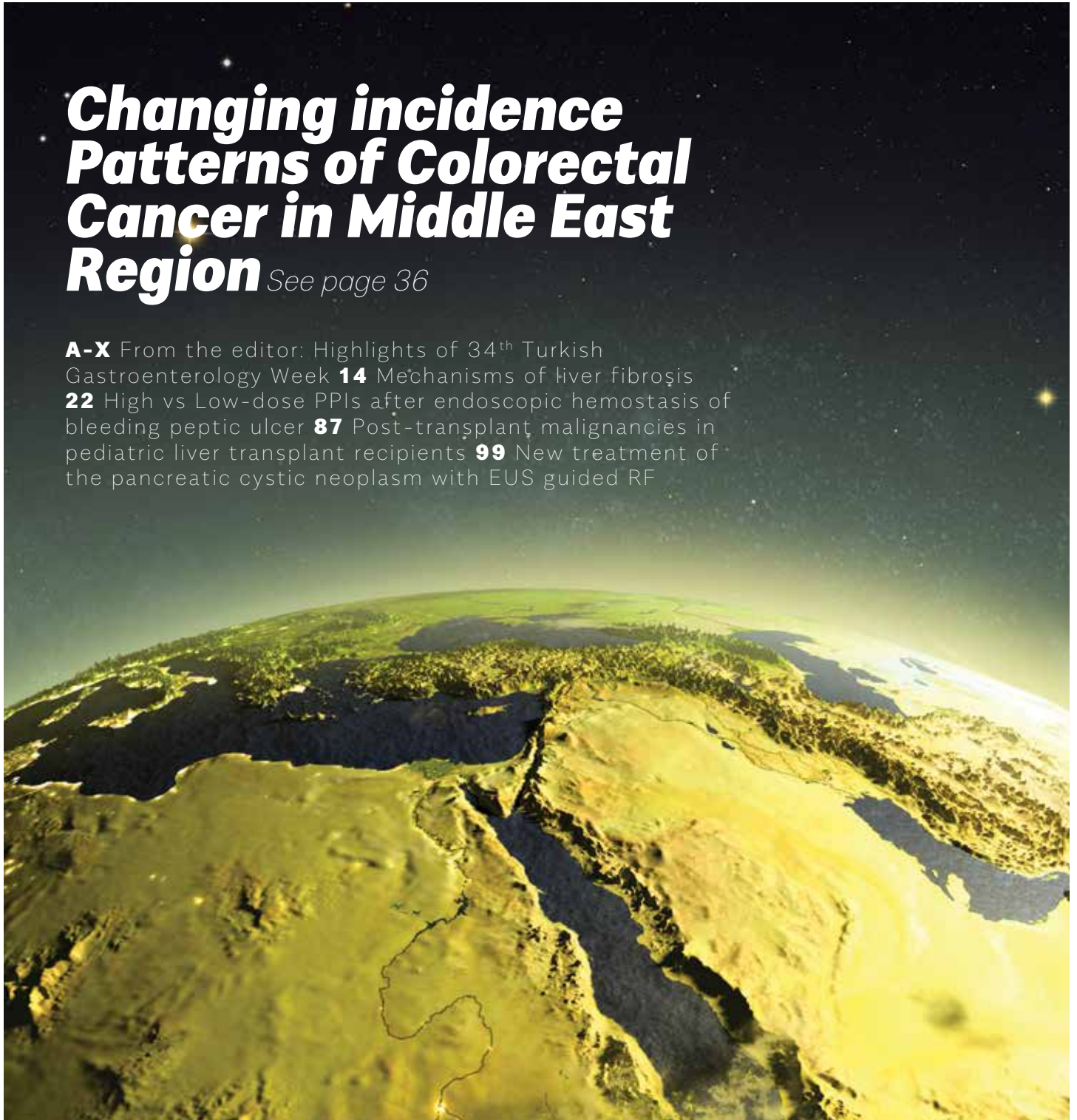
TURKISH JOURNAL OF

Gastroenterology

OFFICIAL JOURNAL OF THE TURKISH SOCIETY OF GASTROENTEROLOGY

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Aims and Scope

Turkish Journal of Gastroenterology (*Turk J Gastroenterol*) is the double-blind peer-reviewed, open access, international publication organ of the Turkish Society of Gastroenterology. The journal is a bimonthly publication, published on January, March, May, July, September, November and its publication language is English.

Turkish Journal of Gastroenterology aims to publish international at the highest clinical and scientific level on original issues of gastroenterology and hepatology. The journal publishes original papers, review articles, case reports and letters to the editor on clinical and experimental gastroenterology and hepatology.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Turkish Journal of Gastroenterology is indexed in Science Citation Index Expanded, PubMed/MEDLINE and TUBITAK ULAKBIM TR Index.

Processing and publication are free of charge with the journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system, which is available at www.turkjgastroenterol.org. The journal guidelines, technical information, and the required forms are available on the journal's web page.

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Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

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- 2 *Drafting the work or revising it critically for important intellectual content; AND*
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The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (*updated in December 2016 - <http://www.icmje.org/icmje-recommendations.pdf>*). Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and meta-analysis, ARRIVE guidelines for experimental animal studies, and TREND guidelines for non-randomized public behavior.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at www.turkjgastroenterol.org. Manuscripts submitted via any other medium will not be evaluated.

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Title page: A separate title page should be submitted with all submissions and this page should include:



- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, and highest academic degree(s) of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract

An English abstract should be submitted with all submissions except for Letters to the Editor. Submitting a Turkish abstract is not compulsory for international authors. The abstract of Original Articles should be structured with subheadings (*Background/Aims, Materials and Methods, Results, and Conclusion*). Please check Table 1 below for word count specifications.

Table 1. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	250 (Structured)	30	6	7 or total of 15 images
Review Article	5000	250	50	6	10 or total of 20 images
Case Report	1000	200	15	No tables	10 or total of 20 images
Letter to the Editor	500	No abstract	5	No tables	No media
Diagnostic Challenge	1200	No abstract	5	No tables	7 or total of 15 images

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text

of original articles should be structured with Introduction, Materials and Methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

Editorial Comments

Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles

Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Case Reports

There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, and Discussion subheadings. Please check Table 1 for the limitations for Case Reports.

Letters to the Editor

This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on

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Turkish Journal of Gastroenterology encourages authors to submit their striking clinical images that may challenge and inform readers and contribute to their education. This type of submissions should present the image as an "unknown" and should encourage the readers to interpret and diagnose the image. The answer will be presented on a separate page of the issue so the main text or the title should not reveal the answer. The case should be described in the first part; the answer should discuss the image findings and the diagnosis. The article should not be longer than 1200 words.

Quick look to guidelines

These manuscripts are summaries of published guidelines. Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The guideline that is being summarized must be properly cited within the manuscript.

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (*even if they are defined within the main text*). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (*in TIFF or JPEG format*) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted

separately through the submission system. Images should not be labeled (*a, b, c, etc.*) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (*minimum dimensions: 100×100 mm*). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (*including the state if in USA*), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (*General Electric, Milwaukee, WI, USA*)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text. Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

While citing publications, preference should be given to the latest, most up-to-date publications. If an ahead-of-print publication is cited, the DOI number should be provided. Authors are responsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples.

Journal Article

Rankovic A, Rancic N, Jovanovic M, et al. Impact of imaging diagnostics on the budget - Are we spending too much? *Vojnosanit Pregl* 2013; 70: 709-11.



Book Section

Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. Infectious Diseases. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a Single Author

Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

Editor(s) as Author

Huizing EH, de Groot JAM, editors. Functional reconstructive nasal surgery. Stuttgart-New York: Thieme; 2003.

Conference Proceedings

Bengissson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report

Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

Thesis

Yılmaz B. Ankara Üniversitesindeki Öğrencilerin Beslenme Durumları, Fiziksel Aktiviteleri ve Beden Kitle İndeksleri Kan Lipidleri Arasındaki İlişkiler. H.Ü. Sağlık Bilimleri Enstitüsü, Doktora Tezi. 2007.

Manuscripts Accepted for Publication, Not Published Yet

Slots J. The microflora of black stain on human primary teeth. Scand J Dent Res. 1974.

Epub Ahead of Print Articles

Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. Diagn Interv Radiol. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

Manuscripts Published in Electronic Format

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

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When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (*each reviewer's comment, followed by the author's reply and line numbers where the changes have been made*) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

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Tarkan Karakan

From the Editor

Dear Colleagues:

As we nearing 2018, on behalf of the editorial board of the Turkish Journal of Gastroenterology, we wish you a happy new year 2018 and hope that the new year brings more peace, wealth, happiness, and more scientific developments. We are also expecting more qualified submissions to the Turkish Journal of Gastroenterology. Besides, the cover page and the article pages of the journal are re-designed for the first volume of the new year. We hope you to enjoy it.

The Turkish National Gastroenterology Week was held on December 1–6, 2017, in Antalya. Highly scientific activities were conducted. The Congress and Course Scientific secretaries, Prof. Dr. Dinç Dinçer and Prof. Dr. Fulya Günşar, respectively, wrote the highlights of the 34th Turkish National Gastroenterology Week for the Turkish Journal of Gastroenterology. They are mentioned below.

Highlights of the 34th Turkish National Gastroenterology Week

The Turkish National Gastroenterology Week, which was organized by the Turkish Gastroenterology Society (Turkish Journal of Gastroenterology), was held on December 1-6, 2017, in Antalya. Also post-graduate course took place on 2nd and 3rd of December. During the Congress, in which approximately 900 people enrolled, endoscopic interventions were performed live from the Antalya Training and Research Hospital in parallel during the combined days, ultrasonography course, endoscopy course, joint meeting of internal diseases and gastroenterology, congress of gastroenterology nurses and technicians, basic life support, and motility course for nurses and technicians have also been realized in parallel sessions. Twelve of the 191 speakers of our Congress came from foreign countries and 25 participants from foreign countries participated in the Congress; 71 oral presentations, 349 e-posters and 12 video presentations took place. Seventy-nine companies attended with the stand, and nine satellite symposia were held. Topics such as the

endoscopic treatment of obesity, treatment of achalasia by POEM, ERCP, and endoscopic submucosal resection of gastrointestinal tumors were at sessions and also took place in the broadcast live demonstration. The other topics discussed by experts were recent developments in gastroesophageal reflux disease, inflammatory bowel disease, food allergies, microbiota, functional digestive system diseases, colon cancer, fatty liver, viral hepatitis, cirrhosis, liver cancer, and liver transplantation. For the first time in Turkey, endoscopic sleeve gastropasty was performed live by Reem z. Sharaiha which was watched by the participants. Other topics that were attractive among the participants were new diagnostic tests in functional esophageal diseases, therapeutic modulation of gut microbiota, and new endoscopic treatments in GERD. We would like to thank all those who contributed to the Congress. We received very positive feedback from the participants after the Congress in terms of both scientific and social programs held and we hope that the next year's Congress will be even better.

Highlights of the Courses of the 34th Turkish National Gastroenterology Week

Two courses were held on the first day of the Congress. The title of the first course was "Diseases in which the diagnosis and treatments are controversial." The first topic was the treatment of dyspepsia with *Helicobacter pylori* eradication therapy. *H. pylori* eradication therapy has been recommended for dyspeptic patients according to many guidelines. It was mentioned that resistance to antibiotics is very important; therefore, the decision for performing *H. pylori* eradication therapy had to be individualized according to the presence of symptoms or risk factors. Another controversial topic was the follow-up of patients with atrophic gastritis and intestinal metaplasia where endoscopic surveillance in these patients every three years was recommended. In this topic, ASGE's recommendation of suggesting endoscopic surveillance in patients with a family history of gastric cancer and high risk of ethnicity was highlighted. The other attractive topic was the treatment and follow-up of neuroendocrine



tumors (NETs). It was mentioned the most common type of NETs was type 1, that gastrin levels were high in type 1 and type 2 NETs, and that the worst prognosis was in type 3 NETs. Endoscopic surveillance was recommended once a year in type 1 NETs, and gastric antral resection was suggested as the surgical option for multiple, recurrent tumors larger than >2 cm in type 1 NETs.

The other topic was anticoagulation in cirrhotic patients, which was recommended prophylactic anticoagulant treatments with low molecular weight heparin for the risk of portal vein thrombosis in cirrhotic patients, particularly in the transplant waiting list, after hepatic resections and splenic embolization. The title of the second course was "What is new in 2017." There were also famous international scientists as speakers for that course. The treatment and management of patients with primary biliary cholangitis and primary sclerosing cholangitis in 2017 were summarized according to the EASL Clinical Practice Guidelines. New developments in functional gastrointestinal and inflammatory bowel and pancreatic diseases were discussed at a highly scientific level. Recent literature on endoscopic ultrasound was emphasized. The importance of the magnetic compression anastomosis technique was mentioned

for difficult cases during ERCP. On Sunday, there were four mini-courses on inflammatory bowel diseases, acid peptic diseases, viral hepatitis B and C, and functional gastrointestinal diseases. They were very much interested. The new treatments of chronic hepatitis B on the horizon were summarized. The importance of microbiota was emphasized in inflammatory bowel disease and irritable bowel syndrome. The gray zone in inflammatory bowel diseases was revealed, and it was remarked that new studies are needed for individualized treatments based on new biomarkers. The course of experimental animal studies, which was very useful for young investigators, was held on Sunday afternoon. These courses attracted a lot of attention by the participants. As part of the organization committee, we are proud and happy to have arranged these useful courses. We would like to thank all speakers, chairmen, and participants of the courses.

Sincerely,

Dinç Dinçer
Fulya Günşar

Scientific Secretary of the Congress Scientific Secretary of Courses

Acknowledgement of Reviewers

Dear readers,

Our reviewers perform very important and precious role in the evaluation of the scientific articles, make valuable contributions to the increasing quality and the rising at an international level of the Turkish Journal of Gastroenterology. Editorial Board would like to thank all the reviewers that are listed below for their support in Turkish Journal of Gastroenterology in 2017.

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