



TURKISH JOURNAL OF

# Gastroenterology

OFFICIAL JOURNAL OF THE TURKISH SOCIETY OF GASTROENTEROLOGY

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105/9 34394 Mecidiyeköy, Şişli,  
İstanbul-Turkey  
Phone: +90 212 217 17 00  
Fax: +90 212 217 22 92  
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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 published monthly 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, 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](http://doaj.org/bestpractice)).

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

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Address: Mustafa Kemal Mahallesi, 2126 Sokak, Kolbay İş Merkezi, C blok, No.: 6-9, Çankaya, Ankara, TURKEY  
Phone: +90 312 284 15 11  
Fax: +90 312 284 80 75  
E-mail: [dernek@tgd.org.tr](mailto:dernek@tgd.org.tr)

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Address: Büyükdere Cad., 105/9 34394 Mecidiyeköy, Şişli, İstanbul, TURKEY  
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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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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
Letter to the Editor	1000	No abstract	5	No tables	2 or total of 4 images
Diagnostic Challenge	1200	No abstract	5	No tables	7 or total of 15 images

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### 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).

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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.

### Letters to the Editor

This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative and rare cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be





unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

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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.

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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.

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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**

McCracken Jenna Mae. Mechanisms and consequences of neutrophil apoptosis inhibition by Francisella tularensis. University of Iowa, PhD (Doctor of Philosophy) thesis, 2017.

### **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>.

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*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.

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Editor in Chief: Prof. Murat Törüner

Address: Mustafa Kemal Mahallesi, 2126 Sokak, Kolbay İş Merkezi, C blok, No.: 6-9, Çankaya, Ankara, TURKEY

Phone: +90 312 284 15 11

Fax: +90 312 284 80 75

E-mail: [dernek@tgd.org.tr](mailto:dernek@tgd.org.tr)

Publisher: AVES

Address: Büyükdere Cad., 105/9 34394

Mecidiyeköy, Şişli, İstanbul, TURKEY

Phone: +90 212 217 17 00

Fax: +90 212 217 22 92

E-mail: [info@avesyayincilik.com](mailto:info@avesyayincilik.com)

Web page: [avesyayincilik.com](http://avesyayincilik.com)





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