Stevan Mijomanović*

Faculty of Medicine
University of Belgrade, Serbia
stevan.mijomanovic@med.bg.ac.rs

Irena Aleksić-Hajduković

Faculty of Dental Medicine
University of Belgrade, Serbia
irena.aleksic@stomf.bg.ac.rs

Danka Sinadinović

Faculty of Medicine
University of Belgrade, Serbia
danka.sinadinovic@med.bg.ac.rs

CASE REPORTS IN DENTAL MEDICINE: A GENRE ANALYSIS

Abstract

129

This paper aims to explore the communicative purposes and move structure of Case Reports in Dental Medicine (CRDMs) and to determine the similarities and differences between them and Medical Case Reports (MCRs). The corpus for this study consisted of 20 CRDMs published in the following peer-reviewed journals: *Clinical Case Reports* and *Case Reports in Dentistry* in the period between 2016 and 2019. The structural move analysis method developed by Swales (1981, 1990, 2004) was applied to identify the moves and steps in Case Presentation sections, as well as the communicative purposes of whole CRDMs. The *Lancsbox 4.5.* concordance tool was used to explore the concepts of NOVELTY and RARITY associated with the communicative purposes of MCRs to investigate whether they are associated with CRDMs as well. The correlation between the text length and the communicative purposes of CRDMs is also examined. This study contributes to genre research by providing a detailed analysis of the communicative purposes of CRDMs and by presenting the findings of the structural move analysis of their Case Presentation sections.

Key words

communicative purpose, case report in dental medicine, English for Dental Purposes, genre analysis, structural move analysis.

* Corresponding address: Stevan Mijomanović, University of Belgrade, Faculty of Medicine, Dr Subotića 8, 11000 Belgrade, Serbia.

1. INTRODUCTION

Medical Case Reports (MCRs) can be described as one of the oldest forms of medical writing, dating back to Ancient Egypt (1600 B.C.) (Dib, Kidd, & Saltman, 2008). However, nowadays, in comparison with other types of research papers, MCRs are considered to be the least prestigious. Their inferior status can be explained by the fact that they offer a rather low level of scientific evidence (Gopikrishna, 2010: 266; Helán, 2011: 77; Neely, Karni, & Nussenbaum, 2008: 261) and that they are narrow in scope, containing no representative samples and lacking generalizability (Helán, 2012: 60-61).

In the field of genre research, research articles (RA) in the medical field have been studied from different perspectives (Nwogu, 1997; Salager-Meyer, 1994; Skelton, 1994). For example, Skelton (1994) analysed 50 original medical research papers using the structural move analysis. The research resulted in a template for academic medical writing. Considerable research has also been conducted to identify a number of linguistic traits of MCRs (Murawska, 2010; Salager-Meyer, 1994; Salager-Meyer & Defives, 1998; Taavitsainen & Pahta, 2000; Żelazowska-Sobczyk & Zabielska, 2016; etc.). Murawska (2014: 108) states that apart from getting familiarized with terminology and genres in ESP classes, one of the main goals of teaching medical genres is also for the students to learn how to refer to patients, i.e. subjects or objects (writing about patients vs. body parts or illnesses). Therefore, because they highlight clinical and non-clinical information (e.g. histories, comorbidities, physician's reasoning, etc.), MCRs also have a pedagogical role (Helán, 2011: 58, 77), providing an opportunity for novice writers to engage in scholarly writing and to hone their structuring, revision and other relevant skills (Salager-Meyer, 2012: 38). Furthermore, MCRs promote the development of medical science, contribute to education, and help in quality assurance, e.g. in preventing an unfavourable outcome or repeating the same mistake (Vandenbroucke, 1999: 159-160). However, a scarce number of studies have so far focused on Case Reports in Dental Medicine (CRDMs) (see e.g. Crosthwaite & Cheung, 2019).

Therefore, the aim of the paper is to establish the possible similarities or differences between CRDMs and MCRs. More precisely, the aim of the present study is to identify the communicative purposes of CRDMs and the correlation between their text length and communicative purposes. Furthermore, the concepts of NOVELTY and RARITY and their association with CRDMs are investigated. Finally, the present study looks into the move structure of Case Presentation sections in CRDMs in order to compare it to the move structure of MCRs.

In accordance with the aims of the study, the research questions are as follows:

1. What are the communicative purposes of CRDMs and to what extent are they similar to those of MCRs?

2. Is there a correlation between the text length of CRDMs and their communicative purposes?
3. To what extent is the move structure of Case Presentation sections in CRDMs similar to the move structure of Case Presentation sections in MCRs?

After the Introduction, the paper is structured as follows: in section 2 we discuss the impact of MCRs on education, practice, and science based on the previous research in the field. Section 3 deals with our methodological approach to analysing CRDMs, while Section 4 is dedicated to the results and discussion from the aspect of communicative purposes, text length, and moves. Finally, section 5 provides conclusions on our findings comparing them to what is already known about MCRs.

2. THE IMPACT OF MEDICAL CASE REPORTS ON EDUCATION, PRACTICE AND SCIENCE

In order to better understand the position of CRDMs, we first need to understand the position of case reports in the field of healthcare. For this purpose, we give an overview of the impact and importance of MCRs as the exemplar of case report genre in healthcare.

131

A Medical Case Report can be defined as a description of a pathological condition in a patient, covering its onset, development, and treatment (Helán, 2012: 57). Murad, Sultan, Haffer, and Bazerbachi (2018: 60) see a case report as a recount of the clinical course of a single person, which may include exposures, symptoms, signs, interventions, and outcomes.

Despite their poor status in the field of scientific writing, MCRs may have a substantial impact in medicine. Moore (2007: 175) provides an example of an MCR describing rare side effects that resulted in the permanent withdrawal of a particular drug from the market. It is believed that a well-documented MCR can draw the attention of other physicians to an unexpected event or an important side effect and thus predetermine further treatments (Greenhalgh, 2001: 53-54). According to Greenhalgh (2001: 53-54) and Helán (2011: 77), MCRs are specific for several other reasons – they present an excellent way of analysing comorbidities, patients' histories and doctors' reasoning, and they also rely on qualitative research, which means that a particular disease or event in the chosen patient is explored in detail. In addition, MCRs are considered to be good educational tools, as they are clear and reader-friendly, containing no statistical data, which means that physicians can easily relate to the narrative (Helán, 2012: 60). Reading MCRs, physicians are provided with an opportunity to think critically about the topic and gain fresh knowledge (Green & Johnson, 2006: 73). It is also believed that MCRs result in better patient care by expanding physicians' knowledge on certain important topics (Cohen, 2006: 1888). Lysanets,

Morokhovets, and Bieliaieva (2017: 2) consider case reports to be an effective tool for training future doctors as they provide novice physicians with an opportunity to publish reports of cases from their practice (Helán, 2011: 77). Helán (2011: 82-83) reports that MCRs are useful for the teaching of medical writing and that the analysis of MCRs is easy to include at the tertiary level. Moore (2007: 176) considers MCRs to have unique pedagogic qualities as they enable physicians to adopt an inductive form of reasoning by using facts and examples and through forming rules and principles.

According to Lysanets et al. (2017: 2) MCRs have instructive and educational functions with two principal aims – to describe an unknown condition and to warn other physicians [of possible complications or negative outcomes]. Other authors (Helán, 2011: 82; Huston & Squires, 1996: 43; Vandenbroucke, 1999: 159-160), especially Green and Johnson (2006: 74), distinguish presenting *unusual*, *unknown*, *original*, *puzzling*, or *unique* disorders, aetiologies, and differential diagnoses as reasons for publishing MCRs. Therefore, lexis such as *novel*, *new*, *rare*, etc. is described as an argumentative and persuasive rhetorical device used to make a point and increase the case report's publishability (Helán, 2012: 60).

3. METHODOLOGY

The corpus for this study consisted of 20 CRDMs published in the peer-reviewed journals *Clinical Case Reports* (for the purposes of this article labelled as CCR-1 to CCR-10) and *Case Reports in Dentistry* (CRD-1 to CRD-10) in the period between 2016 and 2019. The total word count in the corpus was 34,654.

First, all the CRDMs were investigated in terms of their communicative purpose by analysing the whole text of each CRDM. The qualitative analysis of communicative purposes relied on the insights from previous research: the reasons for submitting MCRs for publication that Green and Johnson (2006: 74) identified, and on Kunt-Akbaş's (2013) findings on the communicative purposes of MCRs. Each text was read carefully by each author and communicative purposes were identified. After analysing the corpus individually, the authors analysed the texts together and agreed on the communicative purposes presented in this paper. In the process, some of the identified communicative purposes were agreed upon, while others were expanded, reduced or eliminated.

This paper is qualitative in its methodological approach to the study of data, as these are texts which are interpreted by the researchers in context. For the guidance of the reader, we have followed common practice in giving an indication of the frequency of communicative purposes, but this is not intended to amount to a statement of statistical rigour. Finally, the results were compared to those obtained for MCRs (Kunt-Akbaş, 2013).

For the second part of the analysis of communicative purposes we used the *LancsBox 4.5* software (Brezina, McEnery, & Wattam, 2015; Brezina, Timperley, &

McEnery, 2018), used for analysing corpora and language data. It was developed at Lancaster University and is freely available for non-commercial use (http://corpora.lancs.ac.uk/lancsbox/index.php). In order to better outline the distinctive communicative purposes of CRDMs, we also investigated to what extent *novelty*, *uncommonness*, *rarity*, *uniqueness*, and the *unusual* (Helán, 2011, 2012; Lysanets et al., 2017), all characteristic of MCRs, are present in the CRDMs we examined. Therefore, the *LancsBox 4.5* concordance tool was used to find and elucidate the four nouns (*novelty*, *rarity, uncommonness*, and *uniqueness*) and seven adjectives (*first*, *new*, *novel*, *rare*, *uncommon*, *unique*, *unusual*) in CRDMs that reflect the notions of NOVELTY and RARITY, which in the literature have been perceived as characteristic of MCRs while underpinning their communicative purposes. This analysis was performed to determine to what extent the concepts of NOVELTY and RARITY are associated with CRDMs and to investigate whether CRDMs overlap with MCRs in this respect.

Third, the relation between text length and the communicative purposes of CRDMs was analysed. The text length was calculated by using the Word count option. The following sections were included in this analysis: Title, Abstract/Key Clinical Message, Introduction/Background, Case Presentation, Discussion, Conclusion, Consent. These sections were chosen because they allow us to compare their length to the length of MCRs, reported in previous research (Helán, 2012; Kunt-Akbaş, 2013).

Finally, the Case Presentation sections of CRDMs were examined for move structure using structural move analysis introduced by Swales (1981, 1990, 2004). This section was chosen because it does not exist in medical research articles and for its specificity – for example, it typically focuses on one patient, specifying the details of the case (patient's history, symptoms, follow up, etc.). We performed a qualitative text analysis where each author coded each section of Case Presentation sections. After the initial coding, the authors then compared their results and agreed on the final move structure. In the process, some moves were expanded or reduced. Additionally, some steps were added and others merged. Our analysis relied on the insights from the research conducted on MCRs, specifically Helán (2012) and Kunt-Akbaş (2013), as we also wanted to investigate the similarities and differences of MCRs and CRDMs regarding their rhetorical move structure.

The following section is devoted to the findings of the study related to the communicative purposes, text length, and structural moves of the CRDMs.

133

4. RESULTS AND DISCUSSION

4.1. Communicative purposes

For Swales (1990: 58) communicative purpose is one of the key criteria for genres because it is recognised by expert members of discourse communities. Furthermore, communicative purposes link communicative events that make up a genre. Bhatia (1993: 13) agrees with Swales and says that communicative purposes are the primary determinants of a genre and also adds that they shape its inner structure. Askehave (1999) however discusses the problem of not having a clear definition of communicative purpose and questions its position in Genre Analysis as the primary means of classifying texts. According to Biber and Conrad (2009: 46-47), not only can communicative purposes change during the communicative event, but some texts can be viewed as hybrids as they possess a combination of communicative purposes. While it is useful to identify the dominant communicative purpose in a text, they conclude that researchers should keep in mind that most texts are, in fact, hybrids.

Even though a clear definition of communicative purpose does not exist, in our paper we understand it as the rationale behind publishing a case report in the field of healthcare, i.e. what the authors want to communicate to their peers and the wider scientific community. This rationale is expressed through six communicative purposes that we have identified in our corpus. The results are presented in Table 1.

The communicative purpose *Presenting a treatment method* refers to new, inadequately examined or innovative methods and techniques that have been applied in treating particular conditions. Similarly, the communicative purpose *Elaborating the diagnosis* refers to some novel approaches to the process of diagnosing a rare condition, offering new solutions in making diagnoses in some more common cases or complementing the presentation of a method or technique in treating patients. For example, the entire CRD-6 case report is dedicated to the communicative purpose of *Elaborating the diagnosis* – it explains the inadequacy of conventional radiography in the case of a specific lesion and it discusses the magnetic resonance imaging (MRI) and ultrasonography (US) findings in that particular case. As expected, the communicative purpose *Describing the patient outcome* is always combined with *Presenting a treatment method* as it involves discussing the effects of a certain treatment to the patients' condition or the progress of a disease. In our study, *Describing a rare condition* is the communicative purpose which includes uncommon malignancies, rare syndromes or highly specific abnormalities and conditions that have been detected in very few cases. *Presenting a rare complication* is described in one CRDM (CCR-9) and it refers to a potentially life-threatening complication of sinusitis. Finally, the communicative purpose *Reporting the first case* refers to something that has not been reported before. For example, in CRD-5 a rare benign cystic tumour had never been found in the oral cavity before, so

134

this was the first time ever the condition was presented, whereas in CCR-7 Borrelia burgdorferi infection was marked for the first time as a potential aetiological factor in unilateral trigeminal motor neuropathy.

	PRESENTING A RARE COMPLICATION	DESCRIBING A RARE CONDITION	PRESENTING A TREATMENT METHOD	ELABORATING THE DIAGNOSIS	DESCRIBING THE PATIENT OUTCOME	REPORTING THE FIRST CASE
CRD-1			✓	✓	✓	
CRD-2			✓		✓	
CRD-3			✓		✓	
CRD-4		✓		✓		
CRD-5		✓	✓	✓		✓
CRD-6				✓		
CRD-7		✓		✓		
CRD-8			✓		✓	
CRD-9		✓		✓		
CRD-10			✓	✓		
CCR-1			✓		✓	
CCR-2			✓		✓	
CCR-3			✓		✓	
CCR-4			✓		✓	
CCR-5			✓		✓	
CCR-6		✓	✓			
CCR-7		✓		✓		✓
CCR-8			✓		✓	
CCR-9	✓			✓		
CCR-10			✓		✓	

Table 1. Communicative purposes of CRDMs

Presenting a treatment method was the most common communicative purpose that was found in 70% of all the examined CRDMs. It was followed by the communicative purpose *Describing the patient outcome* (the effect a particular treatment had produced in the patient who was followed over a period of time) with 55%, and *Elaborating the diagnosis* with 45%. The communicative purpose *Describing a rare condition* was present in six CRDMs (30%), whereas *Presenting a rare complication* was identified in one CRDM, combined with *Elaborating the diagnosis*. Finally, the communicative purpose *Reporting the first case* was identified in two CRDMs (10%).

The most common communicative purpose in our corpus, *Presenting a treatment method*, was also found to be the most frequent in the case of MCRs, as

reported by Kunt-Akbaş (2013), but in her results the communicative purpose *To introduce/suggest a treatment/management method* was present in 35% of all the examined MCRs. Furthermore, she found the communicative purpose *To help diagnosis* to be equally represented in MCRs (35%), while in our corpus *Elaborating the diagnosis* was the third most common communicative purpose (45%). Additionally, in her research, the communicative purpose referring to patient outcome was identified as *To warn other physicians about rare patient outcomes* and was found in 20% of MCRs. The communicative purpose *Describing the patient outcome* that we identified is not the same as the one Kunt-Akbaş reported, since in our corpus there was only one CRDM which reported a rare outcome. Moreover, this outcome was successful, therefore, this CRDM does not warn other physicians about a rare patient outcome. The communicative purpose *Describing the patient outcome* was always combined with *Presenting a treatment method*, which informs us that CRDMs are focused on procedures. Additionally, in Kunt-Akbaş's (2013) study there was one MCR whose communicative purpose was *To report a rare side effect*. This communicative purpose was not found in our corpus.

When it comes to the concepts of NOVELTY and RARITY associated with MCRs, our results indicate that these concepts are also associated with CRDMs to a certain extent as they are present in 12 out of 20 CRDMs (Table 2).

CONCEPT	WORD TYPE	LEXICAL EXPRESSION	TOTAL NUMBER OF OCCURRENCES	FREQUENCY OF LEXICAL EXPRESSION DENOTING CONCEPT	NO. OF CASE REPORTS WITH CONCEPT
RARITY					
	Adjective	*rare* *uncommon* *unusual* *unique*	27 11 1 /	27 (100%) 11 (100%) 1 (100%) /	10 4 1 /
	Noun	*rarity* *uncommonness* *uniqueness*	2 / /	2 (100%) / /	2 / /
NOVELTY					
	Adjective	*first* *new* *novel*	59 25 4	2 (3.39%) 5 (20%) 4 (100%)	2 2 1
	Noun	*novelty*	/	/	/

Table 2. Concepts of NOVELTY and RARITY in CRDMs

The concept RARITY (examples 1, 2, 3, 4, and 5) is denoted by the adjectives *rare*, *uncommon* and *unusual*, as well as by the noun *rarity*.

(1) Intraoral Sebaceous Carcinoma: Case Report of a *Rare* Tumor Emphasizing the Histopathological Differential Diagnosis (CRD-4, Title)

(2) We emphasize the need to generate awareness about this *rare* entity occurring at *unusual* sites to expedite the patient's survival. (CRD-4, Conclusion)

(3) Since subdural empyema is such a *rare* complication to sinusitis and in this case odontogenic, it can be difficult to diagnose because of a low index of suspicion. (CCR-9, Introduction)

(4) ...which is not coincident with the present case of a 30-year-old adult, denoting the *rarity* of this lesion. (CRD-9, Discussion)

(5) Nasolabial cysts are *uncommon* nonodontogenic lesions that occur in the nasal alar region. (CRD-4, Abstract)

The concept NOVELTY is denoted by the adjective *first*, which appeared in two CRDMs (CRD-5, CRD-7) to refer to a new case, whereas in other CRDMs *first* was used as an adverbial or in different adjectival senses (e.g. first cousin, first surgery (out of two or more), first maxillary molar, first described [...] in 1968, etc.). NOVELTY was also denoted by the adjectives *new* and *novel* to refer to a new case or a new method. Similar to *first*, the adjective *new* was used in different adjectival senses (e.g. new bone formation, new dentures, a new CT scan, etc.).

137

(6) To the best of the authors' knowledge, this could be the *first* case in literature reporting the clinical and histological features of an AH affecting the oral mucosa. (CRD-5, Introduction)

(7) This is the *first* time that a potential Borrelia burgdorferi infection underlying UTMN symptoms is reported. (CCR-7, Discussion)

(8) The purpose of this article is to present a *new* case of erupted peripheral odontoma of the maxilla in a 30-year-old patient and to review and discuss the characteristics of the cases of PO in the craniofacial region described in the literature. (CRD-9, Introduction)

(9) Maxillary molar healing after treatment of an uninstrumented canal with a *novel* root canal procedure: a case report (CCR-8, Title)

The nouns *novelty*, *uncommonness* and *uniqueness* did not appear in our corpus, nor did the adjective *unique*.

From the examples we can see that the words referring to the concepts of NOVELTY and RARITY typically appear in the Title, Abstract, Introduction and Discussion sections. This shows us that CRDMs tend to indicate a gap in clinical literature as they focus on NOVELTY and RARITY by foregrounding it in the sections mentioned above.

In brief, even though the findings concerning the concepts of NOVELTY and RARITY are not conclusive due to the limited size of our corpus, they do, however, provide evidence suggesting that CRDMs are associated with these concepts and are, therefore, similar to MCRs in this respect.

Having identified the communicative purposes of CRDMs, in the following section we explore how they correlate with the text length of CRDMs.

4.2. Text length and communicative purposes

Generally speaking, brevity and conciseness are crucial for MCRs and they are considered the main characteristics of the genre (Lysanets et al., 2017: 2; Vandenbroucke, 1999: 162). Therefore, we examined the length of CRDMs in order to investigate if this principle applies to them as well. This is confirmed by the fact that the longest CRDM in our corpus is 2,700 words long, whereas the shortest one is only 1,090 words long.

We wanted to compare the length of CRDMs to that of MCRs and, therefore, we contrasted our findings with those obtained by Kunt-Akbaş (2013) for the whole case reports, excluding Titles. From the total number of words in our corpus we removed Titles in order to make the word count comparable to Kunt-Akbaş's data as Titles were not included in her study. Furthermore, since the Case Presentation and Discussion sections are the longest in MCRs and their length was also calculated by Helán (2012), we compared the average length of these sections in CRDMs from our corpus to those in MCRs. We used Kunt-Akbaş's corpus data (26,987 words) to calculate the average number of words per MCR (1,349.35) as the average length was not stated in this study. Our results show that the average length of CRDMs is 1,718.60 words, which is to say that CRDMs contain approximately 20% more words than MCRs. Helán (2012: 116, 146) found the average length of the Case Presentation and Discussion sections to be 426.18 and 456.48 words respectively, while the averages we calculated from Kunt-Akbaş's data are 448.05 and 523.1 words. On the other hand, in CRDMs, the average lengths of the Case Presentation and Discussion sections are 623 and 664.5 words, respectively. It can be noticed that both Case Presentation and Discussion sections in CRDMs are longer than the same sections in MCRs, around 30% in Case Presentation section and 20-30% in Discussion sections.

Finally, the length of the CRDMs typically depends on their communicative purpose. The total of 2,700 words makes CRD-8 the longest CRDM in the corpus. It combines the communicative purposes of *Presenting a treatment method* and *Describing the patient outcome*. Its length can be accounted for by the fact that it describes the use of a novel grafting material and a new approach, including a 2-year follow-up period. There are four more CRDMs in the corpus whose length exceeds 2,000 words and their communicative purposes always include *Presenting a treatment method* (i.e. periodontal surgery, a new concept of digital workflow,

dental implant placement, xenograft grafting) in combination with either *Describing the patient outcome* (i.e. covering a one-year follow-up period) or *Elaborating the diagnosis* (which is usually described as complex). We might conclude that the CRDMs which combine the communicative purposes of *Presenting a treatment method* and/or *Elaborating the diagnosis/Describing the patient outcome* are the longest and exceed 2,000 words. However, an exception to this rule has been noticed – one of the shortest CRDMs in our corpus (CRD-3), which contains only 1,224 words, also has the communicative purposes *Presenting a treatment method* (i.e. the treatment of gingival recessions through a multidisciplinary approach) and *Describing the patient outcome* (covering a six-year follow-up period). Due to the identified communicative purposes and the length of the follow-up, we would expect a longer case report that would match the conclusions mentioned above.

The shortest CRDM in the corpus is CRD-9, which contains only 1,090 words. It has the communicative purposes *Describing a rare condition* of peripheral odontoma and *Elaborating the diagnosis* based on histopathological examination. Similarly, the second shortest CRDM is CRD-7 (1,193 words), which also describes a rare condition (i.e. Morquio syndrome) and is followed by the diagnosis. There are three more CRDMs in our corpus which have the communicative purpose *Describing a rare condition* – one of them (CRD-4) combines two communicative purposes (*Describing a rare condition* and *Elaborating the diagnosis*), whereas the remaining two (CCR-6 and CCR-7) have the communicative purposes *Describing a rare condition* and *Describing the patient outcome*. Therefore, we may conclude that short CRDMs (just over 1,000 words) and relatively short CRDMs (below 1,800 words) describe rare conditions and elaborate on diagnoses or describe patient outcomes.

4.3. Moves

Swales (1981) studied 48 Introduction sections in research articles from various scientific fields and found that they have a specific structure expressed in a series of *moves* and *steps*. Later on, he expanded on his work and developed the Creating a Research Space (CARS) model that consists of three moves and describes the rhetorical structure of research article introductions. Swales (2004: 228-9) defined a move as a "discoursal or rhetorical unit that performs a coherent communicative function in a written or spoken discourse". Bhatia (1993: 30) also points out that each move has its own communicative purpose that is "subservient to the overall communicative purpose of the genre". According to Biber, Connor, and Upton (2007: 24), the primary purpose of steps is to support the purpose of moves.

Helán (2011, 2012) applied structural move analysis to analyse the corpus of 40 MCRs. He based his analysis on Swalesian (1990, 2004) model and Hoey's (2001) problem-solution pattern and identified 13 moves in MCRs. Relevant to our

present discussion are the four moves he identified in the Case Presentation section (i.e. *Presenting a problem*, *Investigating the problem*, *Addressing the problem* and *Evaluating the outcome*). Kunt-Akbaş (2013) used structural move analysis to analyse only the Case Presentation section of MCRs. She identified five moves – (1) *Introducing the case* (three steps – Description of the case (age, sex and, if relevant, ethnic origin) and the cause of presentation/referral (patient complaint/s); Case history (past events that the patient experienced and that have significance in terms of the patient's current condition and past treatments/operations/ interventions); and Condition of the case upon presentation/referral (relevant signs and symptoms)), (2) *Describing the diagnosis* (two steps – Relevant tests/analyses conducted to reveal the patient's condition or help the diagnosis/treatment/Signs found in the examinations conducted, and Diagnosis (which may be provisional or definitive)), (3) *Explaining the treatment* (seven steps – Treatment/intervention/operation administered to the patient, Patient's response to treatment, Further tests/analyses/examinations, Complications, Further tests/analyses/examinations, Referral of the patient to a different unit/department/centre, and Adjustments to diagnosis or treatment), (4) *Indicating the patient outcome* (two steps – Outcome of the patient and Follow-up of the patient) and (5) *Commenting on the case* (one step – Final comment)*. Of the 15 steps, only three are reported as obligatory (Description of the case, Relevant tests/analyses conducted to reveal the patient's condition or help the diagnosis/treatment/Signs found in the examinations conducted, and Diagnosis) whereas the remaining 12 are optional.

In our study, a move analysis has been conducted only on the Case Presentation section as this section is unique to MCRs and CRDMs, i.e. it is non-existent in research articles in the medical field. We applied a structural move analysis method developed by Swales (1981, 1990, 2004) while also relying on the results obtained by Helán (2012) and Kunt-Akbaş (2013) for medical case reports. When it comes to the naming or labelling of moves and steps, we have opted for a combination of the labels used by these two authors, altering and adding to them where necessary.

In our analysis of the move structure of the Case Presentation section of CRDMs we have identified four moves[1] and sixteen steps (Table 3). Only four steps are deemed obligatory as they are represented in almost all CRDMs. These steps are (1) *Providing a case/patient description*, (2) *Reporting the detailed clinical examination and findings*, (3) *Specifying the treatment*, and (4) *Elucidating the outcome/final diagnosis*. The other twelve steps are optional. However, Moves 3 and 4, *Explaining the treatmen*t and *Evaluating the outcome*, do not exist in CRD-7,

---

[1] A curious finding was present in two CRDMs, where the Case Presentation sections started with the move Providing Consent. However, we did not consider this move a typical part of the Case Presentation section as it is normally presented as a separate section in CRDMs, if they have it at all (typically following the section Conclusion).

and in CRD-4 the step *Specifying the treatment* is missing. As these omissions occur rarely in our corpus, we decided to take a slightly less strict approach to the interpretation of the results and conclude that all four moves are obligatory.

MOVE	NAME OF THE MOVE	STEPS
Move 1	*Presenting the case*	**Step 1** (obligatory): *Providing a case/patient description*
		Step 2 (optional): *Presenting case history*
		Step 3 (optional): *Elaborating on the condition of the patient (signs & symptoms)*
Move 2	*Presenting the investigation & diagnosis*	**Step 1** (obligatory): *Reporting the detailed clinical examination and findings*
		Step 2 (optional): *Evaluating the tests and test results*
		Step 3 (optional): *Providing (preliminary) diagnosis*
		Step 4 (optional): *Elucidating the treatment (plan)*
Move 3	*Explaining the treatment*	**Step 1** (obligatory): *Specifying the treatment*
		Step 2 (optional): *Reporting the response to treatment*
		Step 3 (optional): *Introducing further tests/procedures*
		Step 4 (optional): *Reporting complications*
		Step 5 (optional): *Introducing additional tests/procedures*
Move 4	*Evaluating the outcome*	**Step 1** (optional): *Reporting adjustment to diagnosis/treatment*
		Step 2 (obligatory): *Elucidating the outcome/final diagnosis*
		Step 3 (optional): *Presenting the follow-up*
		Step 4 (optional): *Commenting on the case/Making a referral*

Table 3. Move analysis of the Case Presentation section in CRDMs

As is the case in MCRs (Helán, 2012: 122), Move 1 (Table 4) in CRDMs introduces the patient by *Providing a case/patient description* (Step 1 – obligatory),

141

all the necessary clinical information, including demographic data, and by *Presenting case history* (Step 2 – optional). Sometimes the condition or the state of the patient is included by *Elaborating on the condition of the patient (signs & symptoms)* (Step 3 – optional). Helán (2012: 122) explains the presentation of this type of factual information as possibly useful for future statistical analyses. Step 2 is present in eleven CRDMs and Step 3 is present in six CRDMs.

MOVE 1	TEXTUAL REALISATION
Step 1 (obligatory): *Providing a case/patient description*	The patient is a 57-year-old highly educated man, ethnical Armenian, who was born in Uzbekistan and lived childhood in Tadzikistan. Before moving to Finland 17 years ago, he has spent time in the Soviet Union and Greece.
Step 2 (optional): *Presenting case history*	He is a nonsmoker and no traumas or accidents in face area have been reported. He has gone through several operations including acute gastric ulcer surgery, tonsillectomy, uvulectomy, and septoplasty. He has never detached ticks from his skin or noticed erythema migrans, although he often spends time outdoors and has potentially been exposed to ticks. Patient has been diagnosed with hypercholesterolemia, premature ventricular beats, and benign prostatic hyperplasia and is being treated with bisoprolol and tamsulosin. Left thyroid block was resected due to microcarcinoma and goiter (2008). He has experienced mild cognitive dysfunction leading to a neurological consultation 1 year earlier, but no specific diagnosis was made. The patient sought medical assistance for slowly worsening right sided masticatory pain in action, combined with left-sided masticatory weakness for at least 5 years.
Step 3 (optional): *Elaborating on the condition of the patient (signs & symptoms)*	Visually patient's face was severely asymmetric (Fig. 1).

Table 4. Example of Move 1 in CRDMs (CCR-7)

142

Move 2 (Table 5) is established through a detailed illustration of the clinical examination/evaluation and the relevant findings (Step 1 – obligatory), followed by the stipulation of any tests performed and of test results (Step 2 – optional), presentation of the diagnosis or often just the preliminary diagnosis (Step 3 – optional), and finally the treatment or treatment plan is elucidated (Step 4 – optional). Step 1 (*Reporting the detailed clinical examination and findings*) is obligatory, i.e. present in all Case Presentation sections, whereas the other steps are frequent. More precisely, Step 2 (*Evaluating the tests and test results*) is present in fifteen CRDMs, while Step 3 (*Providing (preliminary) diagnosis*) and Step 4 (*Elucidating the treatment (plan)*) are present in fourteen CRDMs.

According to Helán (2012: 124), Move 2 is where authors of MCRs decide to use images and graphics that serve the purpose of illustrating the clinical picture and typically include tests that have a visual record and photographs of the patient

or the affected area. However, in CRDMs, we have found that figures/images were present in all moves. Additionally, all CRDMs in our corpus included images, on average 6.8 figures (often consisting of multiple images). Finally, tables are extremely rare in Case Presentation sections and appear only in two CRDMs (CRD-4 and CCR-1).

MOVE 2	TEXTUAL REALISATION
Step 1 (obligatory): *Reporting the detailed clinical examination and findings*	The clinical examination revealed the presence of one isolated periodontal pocket (measuring 13 mm) in correspondence of the palatal aspect of 1.2, in the presence of one enamel alteration (PRG) (Figure 1). Mild pain was associated with percussion of 1.2, and the element was vital, without any caries. Full-mouth clinical evaluation excluded the presence of generalized periodontitis. Adjacent sites did not show the presence of any pathological periodontal pocket, with probing depth less than 4 mm in all sites.
Step 2 (optional): *Evaluating the tests and test results*	Radiographic examination showed a deep intrabony defect distal to 1.2 (Figure 2).
Step 3 (optional): *Providing (preliminary) diagnosis*	Differential diagnosis reasonably excluded the presence of a vertical root fracture (VRF) since the tooth was vital and no history of trauma was reported.
Step 4 (optional): *Elucidating the treatment (plan)*	The treatment option was to elevate a palatal flap to allow the debridement of the pocket, to remove physically the etiologic factor (the PRG) maintaining tooth vitality, and to stimulate periodontal regeneration by using enamel matrix derivative (EMD).

Table 5. Example of Move 2 in CRDMs (CRD-1)

Move 3 picks up where Step 4 in Move 2 left off and aims to explain the treatment in detail, patient's response to treatment, any additional tests or procedures needed, and possible complications. Helán (2012: 127) noticed that this move had a tendency of recurring in some MCRs. We have also found this to be true (Table 6). As mentioned above, Step 1 (*Specifying the treatment*) is considered to be an obligatory step as it appears in almost all CRDMs (except in CRD-7, where the entire Move 3 is missing, and in CRD-4). Step 2 (*Reporting the response to treatment*) and Step 3 (*Introducing further tests/procedures*) are relatively common and appear in nine and twelve CRDMs, respectively. Finally, Step 4 (*Reporting complications*) and Step 5 (*Evaluating additional tests/procedures*) are extremely rare and each is represented twice in the corpus.

143

MOVE 3	TEXTUAL REALISATION
Step 1 (obligatory): *Specifying the treatment*	On the same day he was transferred to our department where left functional endoscopic sinus surgery was performed. Large amounts of pus were evacuated from the left ethmoidal, frontal, and maxillary sinuses, and only a limited volume was present in and removed from the periorbita. Simultaneously two teeth (10, 14) were extracted due to apical periodontitis with pus under pressure. The patient was given a dose of antibiotics, cefuroxime (1500 mg) and metronidazole (500 mg), following surgery and 6h postoperatively.
Step 2 (optional): *Reporting the response to treatment*	On hospital day 2, the patient experienced a growing headache and shivering. His Glasgow Coma Scale (GCS) score was 11–12.
Step 3 (optional): *Introducing further tests/procedures*	An acute CT scan of the cerebrum was performed and a subdural accumulation visualized on the left side along with midline shift (Fig. 2). Under general anesthesia a burr hole surgery (BHS) was performed, and large amounts of pus were emptied under high pressure, and an external ventricular drain (EVD) was placed in the anterior horn of the right lateral ventricle by neurosurgeons.
Step 4 (optional): *Reporting complications*	Postoperatively the patient was aphasic and could only answer questions with one-syllable words. On hospital day 3, a control CT still showed subdural empyema along with swelling of the left hemisphere, bleeding in the left frontal lobe, and perifocal edema (Fig. 3).
Step 5 (optional): *Introducing additional tests/procedures*	The patient underwent BHS again to remove the subdural empyema. In addition to the BHS, 5–10 mL pus was drained from the extracranial abscess in relation to the left eye. Subsequently a sinuscopy was performed revealing an edematous mucosa and large amounts of coagulated blood, which were removed.

144

Table 6. Example of a recurrent Move 3 in CRDMs (CCR-9)

The last move in the Case Presentation section in CRDMs, Move 4, deals with the evaluation of the outcome and can be established through four steps (Table 7). The only obligatory step is Step 2 (*Elucidating the outcome/final diagnosis*), where the outcome or final diagnosis is explained (CRD-7 being the only exception in our corpus). Step 1 (*Reporting adjustment to diagnosis/treatment*) and Step 4 (*Commenting on the case/Making a referral*) are rather rare, with Step 1 being present in four and Step 4 in five Case Presentation sections. Finally, Step 3 (*Presenting the follow-up*) is a relatively common step as it appears in thirteen Case Presentation sections.

We have seen that the Case Presentation section of CRDMs consists of four moves that are present in all CRDMs in our corpus, with the exception of CRD-7. The distribution of steps is slightly more varied compared to the distribution of moves. Additionally, we have found that moves or steps can be indicated by the use of headings such as Treatment, Outcomes, Follow-up (e.g. CCR-8). Furthermore, the order of the steps can sometimes change, but this is rare (e.g. Step 2: *Elucidating the outcome/final diagnosis* before Step 1: *Reporting adjustment to diagnosis/treatment* in Move 4).

MOVE 4	TEXTUAL REALISATION
Step 1 (optional): *Reporting adjustment to diagnosis/treatment*	The patient was then prescribed levofloxacin 500 mg once daily for 7 days and instructed to maintaining irrigation of the maxillary sinus with chlorhexidine (0.12%) and saline solution (0.9%).
Step 2 (obligatory): *Elucidating the outcome/final diagnosis*	Following this second intervention, the fistula resolved within 4 weeks without apparent displacement of the bone grafts and without purulent secretions from the maxillary sinus.
Step 3 (optional): *Presenting the follow-up*	Nine months after fistula closure, a new CT scan was performed to verify hard tissue healing, in which satisfactory bone neoformation was observed in the operated region.
Step 4 (optional): *Commenting on the case/Making a referral*	It is important to highlight that success was herein radiographically defined by the integration of the Bio-Oss®☐ graft to the surrounding tissues as well as the bone bridge formed at the site that the fistula used to occupy. Figures 6–8 demonstrate bone regeneration at the affected site 9 months after the second surgery.

Table 7. Example of Move 4 in CRDMs (CRD-8)

Our results of the structural move analysis are very similar to the results found in MCRs. When it comes to the number of moves, our results match Helán's (2012). As Helán (2012) focused only on moves in his study, we can compare our results regarding steps only to Kunt-Akbaş's (2013). She found MCRs to have fifteen steps, whereas we found CRDMs to have sixteen steps. However, Kunt-Akbaş's (2013) fifth move (*Commenting on the case*), was labelled in our corpus as the last step (*Commenting on the case/Making a referral*) in the move *Evaluating the outcome*. This decision was based on the communicative purpose of this step in which either the significance of the outcome is commented on or a referral, based on the outcome, is made. Furthermore, a step Kunt-Akbaş identified in MCRs (*Referral of the patient to a different unit/department/centre*) does not exist in our corpus. In MCRs, this step is found in Move 3 (*Explaining the treatment*), whereas the step we identified (*Commenting on the case/Making a referral*) in CRDMs is the final step of the final move (*Evaluating the outcome*). Thus, these two steps are very different. Additionally, the two steps found in CRDMs *Reporting the detailed clinical examination and findings* and *Evaluating the tests and test results* have been classified as one step in MCRs (Kunt-Akbaş, 2013). However, in our corpus, we found that these two steps are clearly separate and easily distinguishable. Finally, there are only three obligatory steps in MCRs, whereas according to our findings there are four in CRDMs. While the three obligatory steps in both MCRs and CRDMs are the same, the step *Specifying the treatment*, or *Treatment/intervention/operation administered to the patient* in Kunt-Akbaş's (2013) terminology is optional in MCRs.

5. CONCLUSION

The purpose of this study was to analyse the communicative purposes of Case Reports in Dental Medicine (CRDMs) and the move structure of their Case Presentation sections in order to compare our findings with what is already known about Medical Case Reports (MCRs). The qualitative and quantitative analyses have provided us with the answers to our three research questions.

First, we have identified six communicative purposes of CRDMs: (1) *Presenting a rare complication*, (2) *Describing a rare condition*, (3) *Presenting a treatment method*, (4) *Elaborating the diagnosis*, (5) *Describing the patient outcome*, and (6) *Reporting the first case*. Furthermore, *Presenting a treatment method* has been identified as the most common communicative purpose in CRDMs, which is in accordance with the findings on MCRs. The main difference between MCRs and CRDMs is that the communicative purpose *Reporting a rare side effect* is not present in CRDMs. Moreover, the communicative purposes that refer to patient outcomes are different. In MCRs they serve a purpose of warning physicians about a rare case, while in CRDMs the predominant purpose is to report on the procedural aspects (treatment/methods) of the cases they describe. The findings also demonstrate that CRDMs are significant in that they point out a rare case or a novel treatment method, thereby contributing to the scientific and clinical literature.

When it comes to the text length, CRDMs have proved to be longer than MCRs. A correlation between the text length of CRDMs and their communicative purposes has been found. The longest CRDMs, which exceed 2,000 words, combine the communicative purpose *Presenting a treatment method* with either *Describing the patient outcome* or *Elaborating the diagnosis*. On the other hand, the shortest CRDMs that barely exceed 1,000 words have the communicative purpose *Describing a rare condition*, which is followed by *Elaborating the diagnosis* or *Describing the patient outcome*. The CRDMs that have the communicative purpose *Presenting a treatment method* tend to be the longest as they elaborate on the treatment in specific detail, often providing a chronological recount of events, which is not found in the shortest CRDMs.

The move analysis has identified four obligatory moves in Case Presentation sections in CRDMs – Move 1 (*Presenting the case*), Move 2 (*Presenting the investigation & diagnosis*), Move 3 (*Explaining the treatment*), and Move 4 (*Evaluating the outcome*). Additionally, four obligatory steps (1. *Providing a case/patient description*, 2. *Reporting the detailed clinical examination and findings*, 3. *Specifying the treatment*, and 4. *Elucidating the outcome/final diagnosis*) and twelve optional steps (*Presenting case history, Elaborating on the condition of the patient (signs & symptoms), Evaluating the tests and test results, Providing (preliminary) diagnosis, Elucidating the treatment (plan), Reporting the response to treatment, Introducing further tests/procedures, Reporting complications, Introducing additional tests/procedures, Reporting adjustment to diagnosis/treatment, Presenting the follow-up, Commenting on the case/Making a referral*) were identified. Compared

146

to Helán's (2012) results, the move structure of MCRs and CRDMs is the same. However, compared to Kunt-Akbaş's (2013) findings our results are slightly different. Kunt-Akbaş (2013) found MCRs to have fifteen steps, three of which are obligatory, and five moves. In CRDMs we found four moves and sixteen steps, four of which are obligatory. However, Kunt-Akbaş's (2013) fifth move (*Commenting on the case*) was labelled as the final step (*Commenting on the case/Making a referral*) of the last move in CRDMs. This decision was made on the basis of the communicative purpose of this step that is subservient to the communicative purpose of the last move (*Evaluating the outcome*) in the Case Presentation section of CRDMs. Additionally, the two steps found in CRDMs *Reporting the detailed clinical examination and findings* and *Evaluating the tests and test results* have been classified as one step in MCRs (Kunt-Akbaş, 2013). Moreover, in CRDMs figures/images were present in all moves of the Case Presentation section, whereas in MCRs they are predominantly found in Move 2 (Helán, 2012: 124). Therefore, this evidence suggests that the rhetorical structure of CRDMs to a high extent overlaps with the rhetorical structure of MCRs.

Finally, these findings can help ESP/EAP teachers within English for Dentistry courses to teach and guide students when it comes to writing CRDMs, developing reading skills, and preparing effective oral presentations by helping them decide on the relevance and sequence of information in terms of structuring diagnostic thought.

References

Askehave, I. (1999). Communicative purpose as genre determinant. *HERMES – Journal of Language and Communication in Business*, *12*(23), 13-23. https://doi.org/10.7146/hjlcb.v12i23.25545

Bhatia, V. K. (1993). *Analyzing genre: Language use in professional settings*. London: Longman.

Biber, D., & Conrad, S. (2009). *Register, genre, and style.* Cambridge/New York: Cambridge University Press.

Biber, D., Connor U., & Upton, T. A. (2007). *Discourse on the move: Using corpus analysis to describe discourse structure.* Amsterdam/Philadelphia: John Benjamins Publishing Company.

Brezina, V., McEnery, T., & Wattam, S. (2015). Collocations in context: A new perspective on collocation networks. *International Journal of Corpus Linguistics*, *20*(2), 139-173. https://doi.org/10.1075/ijcl.20.2.01bre

Brezina, V., Timperley, M., & McEnery, T. (2018). #LancsBox v. 4.x [Computer software]. Retrieved from http://corpora.lancs.ac.uk/lancsbox

Cohen, H. (2006). How to write a patient case report. *American Journal of Health-System Pharmacy*, *63*, 1888-1892. https://doi.org/10.2146/ajhp060182

Crosthwaite, P., & Cheung, L. (2019). *Learning the language of dentistry: Disciplinary corpora in the teaching of English for specific academic purposes*. Amsterdam/Philadelphia: John Benjamins Publishing Company.

Dib, E. G., Kidd, M. R., & Saltman, D. C. (2008). Case reports and the fight against cancer. *Journal of Medical Case Reports*, *2*. https://doi.org/10.1186/1752-1947-2-39

Gopikrishna, V. (2010). A report on case reports. *Journal of Conservative Dentistry*, *13*(4), 265-271. https://doi.org/10.4103/0972-0707.73375

Green, B. N., & Johnson, C. D. (2006). How to write a case report for publication. *Journal of Chiropractic Medicine*, *5*, 72-82. https://doi.org/10.1016/S0899-3467(07)60137-2

Greenhalgh, T. (2001). *How to read a paper: The basics of evidence-based medicine*. London: BMJ Books.

Helán, R. (2011). Helping medical students write: Genre analysis of medical case reports. In E. Kaščáková, & M. Zvirinsky (Eds.), *FORLANG Cudzie jazyky v akademickom prostredi* [*FORLANG Foreign languages in an academic environment*] (pp. 75-85). Košice: Technical University of Košice.

Helán, R. (2012). *Analysis of published medical case reports: Genre-based study* (Unpublished doctoral dissertation). Masaryk University, Brno, Czech Republic.

Hoey, M. (2001). *Textual interaction: An introduction to written discourse analysis*. London: Routledge.

Huston, P., & Squires, B. P. (1996). Case reports: Information for authors and peer reviewers. *Canadian Medical Association Journal*, *154*(1), 43-44.

Kunt-Akbaş, S. (2013). *A genre analysis of medical case reports*. Unpublished manuscript. Institute of Social Sciences, Department of English Linguistics, Hacettepe University, Ankara, Turkey.

Lysanets, Y., Morokhovets, H., & Bieliaieva, O. (2017). Stylistic features of case reports as a genre of medical discourse. *Journal of Medical Case Reports*, *11*. https://doi.org/10.1186/s13256-017-1247-x

Moore, P. A. (2007). A case for the lowly case report. *Anesthesia Progress*, *54*(4), 175-177. https://doi.org/10.2344/0003-3006(2007)54[175:ACFTLC]2.0.CO;2

Murad, M. H., Sultan, S., Haffar, S., & Bazerbachi, F. (2018). Methodological quality and synthesis of case series and case reports. *BMJ Evidence-Based Medicine*, *23*(2), 60-63. http://dx.doi.org/10.1136/bmjebm-2017-110853

Murawska, M. (2010). Impersonality in medical case reports. In R. Lorés-Sanz, P. Mur-Dueñas, & E. Lafuente-Millán (Eds.), *Constructing interpersonality: Multiple perspectives on written academic genres* (pp. 311-325)*. Newcastle upon Tyne: Cambridge Scholars Publishing.

Murawska, M. (2014). Interactive case reports: A case in point. In H. Lankiewicz, & E. Wąsikiewicz-Firlej (Eds.), *Languaging experiences: Learning and teaching revisited* (pp. 95-115). Newcastle upon Tyne: Cambridge Scholars Publishing.

Neely, J. G., Karni, R. J., & Nussenbaum, B. (2008). Practical guide to understanding the value of case reports. *Otolaryngology-Head and Neck Surgery*, *138*(3), 261-264. https://doi.org/10.1016%2Fj.otohns.2007.12.014

Nwogu, K. N. (1997). The medical research paper: Structure and functions. *English for Specific Purposes*, *16*(2), 119-138. https://doi.org/10.1016/S0889-4906(97)85388-4

Salager-Meyer, F. (1994). Hedges and textual communicative function in medical English written discourse. *English for Specific Purposes*, *13*(2), 149-170. https://doi.org/10.1016/0889-4906(94)90013-2

Salager-Meyer, F. (2012). Viewpoints: The importance of medical case reports. *European Science Editing*, *38*(2), 38-29.

Salager-Meyer, F., & Defives, G. (1998). From the gentleman's courtesy to the expert's caution: A diachronic analysis of hedges in academic writing (1810-1995). In I. Fortanet, S. Posteguillo, C. Palmer, & J. F. Coll (Eds.), *Genre studies in English for academic purposes* (pp. 133-171). Castellon, Spain: Universitat Jaume I.

Skelton, J. (1994). Analysis of the structure of original research papers: An aid to writing original papers for publication. *British Journal of General Practice*, *44*(387), 455-459.

Swales, J. M. (1981). *Aspects of article introductions*. Birmingham, UK: University of Aston.

Swales, J. M. (1990). *Genre analysis: English in academic and research settings*. Cambridge: Cambridge University Press.

Swales, J. M. (2004). *Research genres: Explorations and applications*. Cambridge: Cambridge University Press.

Taavitsainen, I., & Pahta, P. (2000). Conventions of professional writing: The medical case report in a historical perspective. *Journal of English Linguistics*, *28*(1), 60-76. https://doi.org/10.1177%2F00754240022004875

Vandenbroucke, J. P. (1999). Case reports in an evidence-based world. *Journal of the Royal Society of Medicine*, *92*(4), 159-163. https://dx.doi.org/10.1177%2F014107689909200401

Żelazowska-Sobczyk, M., & Zabielska, M. (2016). Case reporting as a macro-genre and its metadiscoursal aspects: A review of the literature. *Language and Literary Studies of Warsaw*, *6*, 77-107.

STEVAN MIJOMANOVIĆ is a teaching assistant at the Faculty of Medicine, University of Belgrade, Serbia. He works at the intersection of language, healthcare, and education. His main interests are doctor-patient communication, Computer Mediated Communication (CMC), applied linguistics and cognitive linguistics.

IRENA ALEKSIĆ-HAJDUKOVIĆ, PhD is an Assistant Professor at the Faculty of Dental Medicine, University of Belgrade, Serbia, where she teaches English for Medical and Dental Purposes. Her fields of interest also include Multimodal Discourse Analysis (MDA), Multimodal Pedagogy, and use of software for multimodal annotation and transcription for linguistic research.

DANKA SINADINOVIĆ, PhD is an Assistant Professor in English for Medical Purposes at the Faculty of Medicine, University of Belgrade, Serbia. Her research mainly focuses on institutional talk within healthcare, doctor-patient communication, and linguistic analysis of medical discourse.

149