**Manuscript’s title in English**

Title in Portugues (only for Brazilian native speakers authors)

**Abstract:**

A single paragraph of about 250 words maximum. Abstracts should give a pertinent overview of the study. We strongly encourage authors to use the following style of structured abstracts, with headings: **Background**: Is a brief section that explains the context of the research. It usually highlights the problem being studied. **Objective**: Place the question addressed in a broad context and highlight the purpose of the study; **Case report**: briefly describe the treatments applied, main symptoms, main diagnoses, therapeutic interventions. **Results**: summarize the article’s main findings/outcomes. **Conclusions**: indicate the main conclusions or interpretations. The abstract should be an objective representation of the article and it must not contain results that are not presented and substantiated in the main text and should not exaggerate the main conclusions

**Resumo:**

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**Keywords:** Xxxxxxx; Xxxxxxx; Xxxxxxx; Xxxxxxx; Xxxxxxx. (5 terms from the Medical Subject Headings list, in alphabetical order).

**Palavras-chave:** Xxxxxxx; Xxxxxxx; Xxxxxxx; Xxxxxxx; Xxxxxxx. (The translated 5 terms in Portuguese only for Brazilian native speakers authors).

**Introduction**

In a dental case report introduction, authors should briefly present the clinical context and explain the significance of the condition or presentation. It should highlight why the case is unique or noteworthy within the field of dentistry, such as its rarity, complexity, or unexpected outcome [1]. The introduction should mention relevant background information and summarize current knowledge or gaps in the literature. It must also clarify the purpose of sharing the case and its potential implications for dental practice or education [2,3]. Clear, concise writing is essential to engage readers and set the stage for the case discussion.

**Case report**

The Case Report section should provide a clear and chronological description of the patient’s clinical presentation, including relevant demographic details, chief complaints, and medical or dental history. It must outline the diagnostic process, highlighting any challenges or differential diagnoses considered. The therapeutic interventions should be described in detail, including rationale, procedures, and any modifications made. Follow-up outcomes, both clinical and patient-reported, should be included to demonstrate the effectiveness or limitations of the treatment. All information should be presented transparently and objectively, in accordance with the CARE guidelines [4].



Figure 1 **-** This is a figure. Schemes follow the same formatting and should be numbered with roman numbers. (for case reports the imagem quality is essential, with at least 300dpi and minimum of 1200 pixels.

**Results**

The Results section of a dental case report should clearly present the clinical outcomes following the intervention, including both objective findings and patient-reported experiences. It must detail any changes in symptoms, diagnostic test results, and follow-up evaluations that demonstrate the effectiveness or limitations of the treatment. Adherence to the CARE guidelines requires transparent reporting of any adverse events or unexpected developments. The results should be organized chronologically and supported by relevant data, such as images or measurements. This section must avoid interpretation and focus strictly on factual observations.

**Discussion**

The Discussion section of a dental case report should interpret the clinical findings in the context of existing literature, emphasizing the case’s uniqueness and relevance. Authors should address the strengths and limitations of their diagnostic and therapeutic approach and compare outcomes with similar cases or established guidelines. It’s important to explain the rationale behind clinical decisions and highlight any unexpected challenges or insights. The section should also reflect on the broader implications for dental practice or future research. According to CARE guidelines, the discussion must be transparent, evidence-based, and focused on key takeaways. [1-4].

**Conclusion**

The Conclusion section of a dental case report should succinctly summarize the key clinical insights gained from the case, emphasizing its relevance to dental practice. It must reflect on how the case contributes to existing knowledge, reinforces or challenges current approaches, and offers practical takeaways for clinicians. Authors should avoid overgeneralization and ensure that conclusions are supported by the case details. According to CARE guidelines, the conclusion should be clear, evidence-informed, and highlight the value of reporting such cases. It may also suggest directions for future research or clinical consideration.

**Acknowledgments**

In the Acknowledgement section, authors must include individuals and organizations that have made substantive contributions to the research or the manuscript. An exception is where funding was provided, which should be included in Funding Sources. Please refer to the Guidelines issued by the ICMJE to determine non-author contributors that should be included in the Acknowledgement section.

**Funding**

Authors must give full details about the funding of any research relevant to their study, including sponsor names and explanations of the roles of these sources in the preparation of data or the manuscript. If no funding has been provided for the research, please include the following sentence: “This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.”

**Conflict of Interest**

Authors are required to disclose any possible conflicts of interest. All forms of support and financial involvement (e.g. employment, consultancies, honoraria, stock ownership and options, expert testimony, grants or patents received or pending, royalties) which took place in the previous three years should be listed, regardless of their potential relevance to the paper. Also the nonfinancial relationships (personal, political, or professional) that may potentially influence the writing of the manuscript should be declared. If there is no conflict of interest, please state: “The authors have no conflicts of interest to declare.”

**Regulatory Statement**

This study was conducted in accordance with all the provisions of the local human subjects oversight committee guidelines and policies of: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX. This study protocol was reviewed and approved by [committee name and affiliation], approval number [XXX]. If ethics approval was not required, or if the study has been granted an exemption from requiring ethics approval, this should also be stated, including the name of the ethics committee who made that decision. **In addition, written free and informed consent was obtained from all participants prior to inclusion in the study, ensuring that they were fully aware of the nature, objectives, procedures, risks, and benefits involved.**

**References** (Vancouver referencing, numerically cited):

1. de Carvalho Ramos N, Augusto MG, Alves LM, Kleverlaan CJ, Dal Piva AM. Wear of dental ceramics. Brazilian Dental Science. 2023 Jan 1;26(1).
2. De Andrade GS, Kalman L, Giudice RL, Adolfi D, Feilzer AJ, Tribst JP. Biomechanics of implant-supported restorations. Brazilian Dental Science. 2023 Jan 1;26(1).
3. da Silva TM, de Faria Petrucelli N, de Mendonça RP, da Silva Júnior JP, Campos TM, de Paiva Gonçalves SE. Impact of photoinitiator quality on chemical-mechanical properties of dental adhesives under different light intensities. Brazilian Dental Science. 2023 Jan 1;26(1).
4. da Silva Tricoly T, Ferreira CL, da Silva Lima VC, de Marco AC, Caneppele TM, Jardini MA. Is the use of Lactobacillus reuteri probiotic efficient as adjunctive therapy in the treatment of periodontitis? A systematic review. Brazilian Dental Science. 2023 Feb 24;26(1).

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