



# The College of Otorhinolaryngologists & Head and Neck Surgeons of Sri Lanka (CORLHNS)

ENT Department, National Hospital of Sri Lanka, Regent Street, Colombo 10.  
Phone: +94 114 933764 E mail: [entsrilanka@gmail.com](mailto:entsrilanka@gmail.com) web: [www.entsrilanka.org](http://www.entsrilanka.org)

## Ceylon Journal of Otolaryngology

### Instructions for Authors

*Ceylon Journal of Otolaryngology Surgery (CJLO)* is the official journal of the College of Otorhinolaryngologists and head and neck surgeons of Sri Lanka. The journal invites reports of clinical, operative & experimental work, as well as important contributions related to ENT, Otorhinolaryngology and related sub disciplines including laryngology, rhinology, otology, Head and neck surgery, neurotology, aesthetic surgery, oncology.

### Editorial Procedure

Submission of manuscripts directly to the *CJLO* website (<https://cjo.sljol.info/>) will result in quicker and more efficient processing as well as enable the author to get regular updates on the status of his/hers manuscript progress. All authors are kindly requested to register with the above site to enable personalized correspondence.

Alternatively, authors can email their manuscripts to the college but this route will take considerably longer.

([entsrilanka@gmail.com](mailto:entsrilanka@gmail.com))

Further correspondence should be addressed to

Co-Editors

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## **Review process:**

Peer reviews are carried out online through the SLJOL network, with full confidentiality and the decision is communicated to authors within eight to twelve weeks, depending upon the response from the reviewer. If the manuscript is rejected, it will be archived to answer any queries that may follow.

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Manuscripts are considered with the understanding that they have not been published previously and are not under consideration by another journal. The author should alert the editor if the work includes subjects about which a previous report has been published.

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All submitted Manuscripts should be tested for plagiarism with a score of ideally less than 20%. They can be checked through the PGIM website below which utilizes a 'Turn it in' subscription.

<https://pgim.cmb.ac.lk/index.php/similarity-check/>

Submitted manuscripts will also be checked using 'Ithenticate' software by the editorial team.

## **Proofs, Reprints, Colour Prints and Online Availability**

The corresponding author of the accepted article shall be provided with the printers' proofs. Corrections on the proof should be restricted to printers' errors only and no substantial additions/deletions should be made. Reprints may be ordered from the Publishers on payment. A short text of about 150 words depicting the condition is needed.

The publication, if accepted, will be available online through the CJOL website (<https://cjo.sljol.info/>) and will be allocated an unique DOI through the system.



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## Categories of Articles

### 1. Original Articles

Should report original research relevant to clinical surgery. Each manuscript should be accompanied with a structured abstract divided into aims, material and methods (which should include design, setting, subjects, methods), results and conclusion in not more than 250 words. Four to five key words to facilitate indexing should be provided along with the abstract. The text should be divided in sections of introduction, methods, results and discussion. Key messages should be provided at the end of the manuscript. The length should be 2500-3500 words with not more than 6 tables and 3 figures.

### 2. Review Articles

Containing systematic and critical assessments of literature are also published. The length should be 2000-3000 words (excluding tables, figures, and references).

### 3. Case Reports

These should consist of clinical cases highlighting uncommon conditions or presentations. Single case reports should provide information regarding new or unusual aspects of aetiology, diagnosis or management which adds to the existing knowledge. The text should be up to 1000 words and divided into sections - abstract (150 - 250 words), introduction, case report and discussion. Number of tables/figures (black and white photographs only) should be limited to 2 and up to 10 most recent references.

### 4. 'How I do it'

Articles submitted to this section should contain the authors description of how he does certain procedures, preferably with illustrations to support his stance. The text should be limited to 1000 words and divided into sections. New instruments or novel inventions can also be added into this category.

### 5. Letters to the Editor

Commentary upon a recent article in CJLO are welcome within 6 months of the article's publication. At the Editorial Boards' discretion, the letter may be sent to the authors and both letter and reply may be published together. Letters may also relate to other topics of interest to paediatric surgeons, and/or useful clinical observations. Letters should be up to 500 words, contain no more than one Figure/Table and 5 most recent references. The text need not be divided into sections.



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Any significant event that occurred during the calendar year can be highlighted here. The segment should not be more than 250 words and may contain a maximum of 2 pictures.

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Manuscript requirements should be in accordance with "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Ann Intern Med 1997; 126: 36-47.). Manuscripts not fulfilling the technical requirements shall be returned to the authors without initiating the peer-review process.

#### 1. The submission should be split in to 2 files

##### 1.1. The 'cover file'

###### 1.1.1. Should contain

- 1.1.1.1. The author(s) names, (Please indicate lead author)
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E.g. Cover file – Cholesteatoma audit.docx

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- 1.2.1.1. **Title page** (Refer page 7 and 8 of this document)
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#### 2. The submission should conform to the below standards

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- 2.2. Page size - standard A4 size, with 2.5 cm margins.
- 2.3. Language - UK English throughout.
- 2.4. Use at least 11-point font size (Times New Roman).
- 2.5. Pages should be numbered consecutively.



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- 2.6. Units of measure: Conventional units and the metric system is preferred for the expression of length, area, mass and volume.
- 2.7. Images / photographs
  - 2.7.1. should be numbered and titled within framework of the manuscript
  - 2.7.2. Images should be at least 300 dpi
  - 2.7.3. Line art should be 600 – 1000 dpi
- 2.8. Use non-proprietary names of drugs, devices and other products.
- 2.9. The structure of the manuscript should conform under the above-mentioned categories of articles.

## **Important clarifications**

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The Authors will retain the Copyright. The Journal will publish accepted articles on a CC-BI license. (This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation)

### **Authorship:**

All persons designated as authors should qualify for the authorship based on substantial contributions to

- i) Concept and design, or acquisition of data, or analysis and interpretation of data
- ii) Drafting the article or revising it critically for important intellectual content
- iii) Final approval of the version to be published.

All persons who contributed to the work but do not satisfy all the conditions for authorship should be named in the acknowledgements.

The corresponding author shall act as guarantor of the paper and he/she should take the responsibility for the integrity of the work as a whole, from its inception to published article.

### **Competing or Conflict of Interest:**

If competing interest exists, the author(s) must disclose them while submitting the manuscript. Competing interest could include financial relationships with industry, personal relationships, academic competition, intellectual passion, a fee for speaking, fee for organizing educational activities, funds for research, funds for a member of the staff or consultation fees from an organization that may in any way gain or lose financially from the results of the study, review, editorial or letter.

### **Key words:**

Authors should provide 3-5 key words for indexing. We currently recommend the use of terms from MeSH (Medical Subject Headings) (<https://www.ncbi.nlm.nih.gov/mesh>)



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## References.

### General rules

1. The style should be in accordance with the Vancouver style.
2. References should be numbered using Arabic numerals in box parentheses in superscript. (e.g. <sup>[1]</sup>) in the order of appearance in the text, tables, and legends.
3. References to papers accepted but not yet published should be designated as "in press".
4. List all authors when six or less. When seven or more, list only first six and add et al.
5. References should include DOI (Digital Objective Identifier) in URL Format whenever possible
6. Avoid The use of abstracts, unpublished observations and personal communications

### Tip –

1. For easy / automatic online referencing kindly visit the following link and follow the instructions (<http://www.citethisforme.com/vancouver>)
2. Alternatively, you can install referencing apps like Mendeley in to Microsoft word and specify the referencing style for auto generation. (**This is a better option**) (Link - <https://www.mendeley.com>)

### Example

Lakshan, M.T.D., (2017). Simple software solution for portfolio management for medical consultants. Ceylon Journal of Otolaryngology. 5(1), pp.1–3. DOI: <http://doi.org/10.4038/cjo.v5i1.5233>

## Tables.

A brief but self-explanatory title for each table should be provided. Footnotes should be used for all abbreviations and symbols that are used in each table.

## Figures and Illustrations.

All figures and illustrations should be of good quality. Letters, numbers, and symbols in photographs should be clearly marked. If photographs of human subjects are used, the identity should be appropriately concealed. Figures should be numbered consecutively (Arabic numerals) according to the order of citation. These should be of high quality. A brief but self-explanatory title for each illustration / figure should be provided.

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The legends for illustrations should be typed with Arabic numerals corresponding to the illustrations. Symbols, arrows, numbers, or letters used to identify parts of the illustrations should be identified and explained clearly in the legend. The internal scale and method of staining in photomicrographs should be clearly mentioned.





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## **Units of Measurement.**

Measurements of length, height, weight, and volume should be reported in metric units, i.e. meter(m), gram(g), or litre(L) or their decimal multiples. Millilitre or decilitre should be expressed as mL or dL and not ml/dl. Temperatures should be given in degrees Celsius. Blood pressures should be given in millimetres of mercury (mm Hg).

All haematological and clinical chemistry measurements should be reported in the conventional system or in terms of the International System of Units (SI) Abbreviations and Symbols should be avoided in the title and abstract. Only standard abbreviations should be used. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. Year, month, day, hour, minute and second should be abbreviated as yr, mo, d, h, min, and s respectively.

## **Abbreviations**

We request the author to follow the APA (American Psychological Association, 2009) Style in Academic writing with regard to Abbreviations and Acronyms. (Kindly refer the following link <https://academiccoachingandwriting.org/academic-writing/academic-writing-blog/iv-using-apa-style-in-academic-writing-abbreviations-and-acronyms> )

## **The Title page layout**

Kindly visit our website to review how our articles are presented. (<https://cjo.sljol.info/> )

Should contain the following

1. The title of the article (in Bold, Left indented)
2. Surname and Initials (Or Preferably Full Name/s with surname) of each author numbered accordingly with ORCID identifier – (If you don't have an orchid ID please apply for it online here <https://orcid.org/>)
3. Designation, name of department(s) followed by institution(s) and Country of each contributing author numbered accordingly
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  - a. Source(s) of support viz. grants, equipment, drugs or all of these
  - b. Declaration on competing interests
9. Correspondence – Name and email address of the lead author



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## **Research Article Body layout**

### **Introduction.**

The introduction must clearly state the background which resulted in the study and the questions which the authors have tried to answer. A brief review of the relevant literature may be necessary. Cite only those references that are essential to justify the proposed study.

### **Material and Methods.**

The methods section should describe the design of the study (e.g. method of randomization), how it was carried out (e.g. inclusion/exclusion criteria, ethical considerations, accurate details of materials used, exact drug dosage and form of treatment etc.) and data analysis (e.g. statistical analysis etc.). For standard procedures, appropriate references are sufficient, but if standard methods are modified these should be clearly brought out; provide complete details of any new methods or apparatus used (manufacturer's name and address in parentheses).

### **Results.**

This section should include only relevant and representative data. Major findings should be presented clearly and concisely. Text, tables, and illustrations should be used to complement each other avoiding unnecessary repetition. The tables should be cited in the text but typed on separate sheets. Negative results should also be mentioned.

### **Discussion.**

Discussion should be approximately one third of the total length of the manuscript and include a summary of the major findings, comparison with similar studies, limitations of methods and implications of these findings in future research. Conclusions should be linked to the goals of the study. Unqualified statements and conclusions not completely supported by the data should be avoided.

### **Key Messages.**

The key messages should be self-explanatory, not contain any abbreviation, and should be relevant to the manuscript.






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ORCID identifier

**Research article**

The title of the article (in Bold, Left indented) → **Knowledge on Leishmaniasis among Health Care Workers in an Endemic Area**

Surname and Initials (Or Preferably Full Name/s with surname) → Hema Swarnalatha Weerakoon<sup>1</sup>, Ranthilaka Rasika Ranawaka<sup>2</sup>, Weesing Mudianselage Palitha Bandara<sup>1</sup>, Padmasiri Herath<sup>1</sup>, Yatigam Pitiyage Janith Niwanthaka Warnasekara<sup>3</sup> 

Name of department followed by institution and Country of each contributing author numbered accordingly → <sup>1</sup>Office of the Provincial Director of Health Services, Anuradhapura, Sri Lanka  
<sup>2</sup>Base Hospital Homagama, Sri Lanka  
<sup>3</sup>Department of Community Medicine, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

**Abstract**

**Background**  
Anuradhapura has one of the highest incidences of Leishmaniasis in Sri Lanka. Our aim was to assess the knowledge on Leishmaniasis among health care workers except medical officers in Anuradhapura in order to identify the gaps in the health system for improvement of knowledge among health staff.

**Methods**  
A descriptive cross sectional study was carried out among healthcare workers (excluding medical officers) working in all Medical Officer of Health areas of the Regional Director of the Health Services division, Anuradhapura. Data were collected through a structured self-administered questionnaire from June 2013 to January 2014. Questionnaire consisted of questions related to the knowledge on symptoms and signs of the disease, treatment, prevention and control.

**Results**  
Altogether, 212 males and 588 females participated. Of them, 97.1% (n=776) had heard about the disease before; 89.4% (n=715) knew that this is a parasitic disease and the mode of transmission was known to 97.8% (n=782). Commonly affected body parts and at risk groups were known to 95.2% (n=761) and 55.2% (n=441) respondents, respectively. Around 90% (720) were aware of the role of dogs as reservoirs. Early diagnosis and treatment was mentioned as the main control measure by 77.8% (n=622) of the participants.

**Conclusion**  
Majority of healthcare workers had adequate knowledge about the disease. They can play an important role in case suspicion and referral to the relevant authority, prevention and help for timely treatment of Leishmaniasis.

**Key words** → **Keywords:** Leishmaniasis; Healthcare worker; Awareness; Sri Lanka

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**Disclaimers** → **Funding:** None  
**Competing interests:** None

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Cite this article as: Weerakoon HS, Ranawaka RR, Palitha Bandara WM, Herath P, Warnasekara YPJN. Knowledge on Leishmaniasis among health care workers in an endemic area. *Anuradhapura Medical Journal* 2016; 10: 6-10.  
DOI: <http://dx.doi.org/10.4038/amj.v10i1.7597>

Pic 1: – Sample layout of a title page of a typical research article