**ORIGINAL ARTICLE**

**Title of research article**

**Abstract**

**Background/Aims:** The abstract should be within 250 words. Use neither bibliographic references nor references to figures or tables in the Abstract. **Methods: . Results: . Conclusions:**

**Key Words:** Inflammatory bowel disease; Ischemia; Thromboembolism

A list of keywords (3–5 words) should be provided below the abstract. Each key word should start with a capitalized letter, and be separated by a semi colon. Use of terms from the medical subject headings (MeSH) list of Index Medicus is recommend.

**INTRODUCTION**

Provide a context or background for the study, which must be explicitly related to the aims of the study. The introduction should not contain either results or conclusions.

References must be numbered consecutively as a superscript in the order in which they are first mentioned in the text.1 Kim et al.2,3 insisted…; however, Park et al.4-6 showed opposing research results.

**METHODS**

Describe the plan of research, characteristics of subjects, and the length and methods of observation in as much details as possible. Statistical methods used should be outlined.

**1. IRB/IACUC Approval**

All articles using clinical samples or data and those involving animals must include information on the IRB/IACUC approval or waiver and informed consent. An example is shown below. “We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (IRB No. OO). Written informed consent was obtained / Informed consent was waived.”

**2. Description of Participants**

Ensure the correct use of the terms “sex” (when reporting biological factors) and “gender” (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example, in only one sex, authors should justify why, except in obvious cases (e.g., ovarian cancer). Authors should define how they determined race or ethnicity and justify their relevance.

**RESULTS**

Results should be presented in logical sequence in the text. Tables and illustrations and repetitive presentation of the same data in different forms should be avoided. The results should not include material appropriate to the discussion. All data in the text must be presented consistently. Figures and tables used in the main body must be indicated as “Fig.” and “Table.” For example, “Magnetic resonance imaging of the brain revealed… (Figs 1-3).

**DISCUSSION**

Discussion should explain results in relation to any hypotheses advanced in the introduction. This may include an evaluation of the methodology and of the relationship of new information to the existing corpus of knowledge in that field. Emphasize the new and important aspects of the study and the conclusions that follow from them in the context of the aim of the study.

**REFERENCES**

1. Wiffen PJ, Derry S, Moore RA, et al. Buprenorphine for neuropathic pain in adults. Cochrane Database Syst Rev 2015;9:CD011603.

2. Kim TO, Han YK, Yi JM. Hypermethylated promoters of tumor suppressor genes were identified in Crohn's disease patients. Intest Res 2020 Feb 7 [Epub ahead of print]. https://doi.org/10.5217/ir.2019.00087.

3. Day RA. How to write and publish a scientific paper. 3rd ed. Phoenix: Oryx, 1988.

4. Costa M, Furness JB, Llewellyn-Smith IF. Histo-chemistry of the enteric nervous system. In: Johnson LR, ed. Physiology of the gastrointestinal tract. Volume 1. 2nd ed. New York: Raven, 1987:1-40.

5. Understanding cancer pain - What is cancer pain? Cancer-Pain Web site. http://www.cancer-pain.org/understanding/whatis.html. Updated July 26, 2012. Accessed May 16, 2015.

Table 1. A brief, specific, descriptive title

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Characteristic | Treated groupa | | Total | *P*-value |
| Placebo | BF |
| No. | 117 (100.0) | 119 (100.0) | 236 (100.0) |  |
| Age (yr) | 41.0±12.6 | 40.4±11.7 | 40.7±12.1 | 0.702 (T) |
| Male sex | 63 (53.8) | 57 (47.9) | 120 (50.8) | 0.366 (F) |
| Body weight (kg) | 61.53±11.53 | 58.47±11.61 | 59.99±11.64 | 0.043 (T)b |
| Current smoker | 9 (7.7) | 5 (4.2) | 14 (5.9) | 0.283 (F) |
| Duration of disease (yr) |  |  |  | 0.087 (F) |
| <5 | 75 (64.1) | 63 (52.9) | 138 (58.5) |  |
| ≥5 | 42 (35.9) | 56 (47.1) | 98 (41.5) |  |
| Clinical course |  |  |  | 0.503 (F) |
| First attack | 9 (7.7) | 13 (10.9) | 22 (9.3) |  |
| Relapsing & remitting | 108 (92.3) | 106 (89.1) | 214 (90.7) |  |
| Extent of past lesions |  |  |  | 0.597 (F) |
| Proctitis | 45 (38.5) | 50 (42.0) | 95 (40.3) |  |
| Others | 72 (61.5) | 69 (58.0) | 141 (59.7) |  |
| Modified Mayo DAI | 6.1±1.4 | 5.9±1.3 | 6.0±1.4 | 0.413 (T) |

Values are presented as mean±SD or number (%). (general note)

aTwice/day. (notes on specific parts)

b*P*<0.05.

BF, budesonide 2-mg foam; DAI, disease activity index; T, *t*-test; F, Fisher exact test. (abbreviation)  
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