

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# شناخت نشریات و نحوه مکاتبه با آنها (Online Submission)

کلاس آموزشی کد دار برای  
کارشناسان نشریات، مراکز تحقیقاتی و کتابداران دانشگاه علوم پزشکی مشهد  
۱۹ و ۲۲ تیرماه – کتابخانه مرکزی دانشگاه

دانش را با نوشتن پایبند کنید

# انواع مجلات



# Article Paper Manuscript

# انواع مقالات



# Editorial

همه مجلات ندارند

همه شماره ها هم ندارند

**Review و Invited** است

معمولاً **Hot topic** است

اغلب بدون **Abstract** است

حجم کمتر دارد و **Structural** نیست

ارزش؟



# Review Article

1. معمولاً **Invited** است.
2. یا با اطلاع به **Editor** باید بفرستیم .
3. قبول میکنند (با **First Screening**).
4. **Abstract** دارند ولی **Non structural** است.

# Review Article انواع

- 1. Narrative Review**
- 2. Systematic Review**
- 3. Meta-Analysis**

# Narrative Review

- معمولاً با **Introduction** شروع و با **Conclusion** ختم میشوند و **Method & Material** و **Result** و **Discussion** ندارند.
- تعداد **Reference** آنها زیاد دارند.
- معمولاً زیاد **Cite** میشوند.
- معمولاً تعدادی از **Reference**ها مربوط به نویسنده است.

# **Systematic Review**

## **Meta-Analysis**

# Original Article (Scientific Article)

- **IMRAD Format**

• در عین حال متفاوتند.

# محدودیتها

• **Abstract** بین ۲۵۰-۳۵۰ کلمه

• ۷-۸ تصویر

• ۳۰۰۰ کلمه

• **Reference** حداکثر ۳۵-۴۰

Format: Abstract Send to **See 1 citation found using an alternative search:**

Eur Arch Paediatr Dent. 2015 Apr;16(2):173-9. doi: 10.1007/s40368-014-0152-x. Epub 2014 Dec 19.

**Comparison of the effects of cognitive behavioural therapy and inhalation sedation on child dental anxiety.**

Kebriaee F<sup>1</sup>, Sarraf Shirazi A, Fani K, Moharreri F, Soltanifar A, Khaksar Y, Mazhari F.

**+ Author information****Abstract**

**AIM:** To compare the effectiveness of inhalation sedation with nitrous oxide/oxygen (N<sub>2</sub>O/O<sub>2</sub>) and cognitive behavioural therapy (CBT) in reducing dental anxiety in preschool children.

**STUDY DESIGN:** Randomised controlled clinical trial.

**METHODS:** This study was conducted on 45 preschoolers with moderate to severe dental anxiety (determined by the Children's Fear Survey Schedule Dental Subscale), who required pulp

## Abstract

**AIM:** To compare the effectiveness of inhalation sedation with nitrous oxide/oxygen (N<sub>2</sub>O/O<sub>2</sub>) and cognitive behavioural therapy (CBT) in reducing dental anxiety in preschool children.

**STUDY DESIGN:** Randomised controlled clinical trial.

**METHODS:** This study was conducted on 45 preschoolers with moderate to severe dental anxiety (determined by the Children's Fear Survey Schedule Dental Subscale), who required pulp treatment of at least one primary mandibular molar. Baseline anxiety and cooperation levels were determined using Venham Clinical Anxiety and Cooperation Scales (VCAS and VCCS) and Venham Picture Test (VPT) at the first dental visit (dental prophylaxis and fluoride treatment). Before the second dental visit (pulp treatment), the children were randomly assigned to one of three groups--1: control, 2: N(2)O/O(2) and 3: CBT. In group 1, the usual behaviour management techniques were used, in group 2, nitrous oxide/oxygen gas was used and in group 3 unrelated play, Benson's breathing and positive self-talk and modelling were used. Anxiety and cooperation levels were determined at three periods: injection, rubber dam placement and the application of a high-speed handpiece with VCAS and VCCS and VPT. Finally, anxiety and cooperation differences between the two dental visits were compared within the three groups.

**STATISTICS:** Chi square, ANOVA and Kruskal-Wallis and Mann-Whitney U tests were used.

**RESULTS:** N(2)O/O(2) and CBT significantly resulted in lower anxiety and higher cooperation in the second visit (at all three periods) compared to the control, although there was no significant difference between these two treatment methods.

**CONCLUSION:** Both test methods were effective in reducing dental anxiety in preschoolers. Considering the adverse effects and necessity of equipment and trained personnel when using nitrous oxide and oxygen inhalation sedation, cognitive behavioural therapy is preferable because of its better applicability.



# Evaluation of the effect of using electrosurgery in pulpectomy of deciduous teeth on succedaneous teeth: an animal study.

Sahebalam R<sup>1</sup>, Sarraf A<sup>1</sup>, Abdollahi M<sup>2</sup>, Jafarzadeh H<sup>3</sup>, Rajati H<sup>4</sup>, Patil S<sup>5</sup>.

## + Author information

### Abstract

**OBJECTIVES:** The aim of this study was to determine the probable side effects of electrosurgery in pulpectomy of deciduous teeth on succedaneous teeth in dogs.

**MATERIALS AND METHODS:** In this animal study, all maxillary and mandibular teeth at one side of five puppies' mouths were treated employing electrosurgical pulpectomy and were then compared with those of the other side treated using the conventional method. The electrosurgical dental electrode was placed in canals to the point of working length for the experimental group. After pulpectomy, the canals were filled with zinc oxide eugenol paste and the access cavity was restored with amalgam. The dogs remained under care until their successor teeth erupted and clinical examination was performed.

**RESULTS:** The teeth treated employing electrosurgical pulpectomy presented natural appearance with no observable defects including enamel hypoplasia, diffuse opacities of enamel, demarcated opacities, and enamel discoloration.

**CONCLUSION:** Electrosurgical pulpectomy can be considered as an option for pulpectomy of deciduous teeth.

## Adhesive systems under fissure sealants: yes or no?: A systematic review and meta-analysis.

Bagherian A, Sarraf Shirazi A, Sadeghi R.

### Abstract

**BACKGROUND:** The authors of this systematic review and meta-analysis had 2 aims: to evaluate fissure sealant retention with and without the use of an adhesive system and to compare fissure sealant retention using etch-and-rinse adhesive systems versus self-etching adhesive systems.

**TYPES OF STUDIES REVIEWED:** The authors conducted a literature search (all articles published through November 1, 2015) to identify studies for inclusion in this systematic review. They assessed the quality of the evidence provided using the modified Jadad scale and performed meta-analyses using a random-effects model.

**RESULTS:** The authors considered 12 studies that met the inclusion criteria for the systematic review. In addition, they used 5 of 9 studies related to the first part of the study and 3 of 4 studies related to the second part of the study that met the inclusion criteria for meta-analysis. In the analysis of the first part of the systematic review, the authors found that adhesive systems had a significant positive effect on fissure sealant retention (odds ratio, 3.294; 95% confidence interval, 1.292-8.401;  $P = .013$ ). In the analysis of the second part of the systematic review, the authors found that etch-and-rinse adhesives were superior to self-etching adhesives in the fissure sealant procedure (odds ratio, 14.569; 95% confidence interval, 2.616-81.131;  $P = .002$ ).

**CONCLUSIONS AND PRACTICAL IMPLICATIONS:** The use of adhesive systems beneath fissure sealants can increase the retention of fissure sealants. If a resin-based adhesive system is used with fissure sealants, etch-and-rinse systems are preferable.

# Rapid Communication

## Short Communication

### Brief Report

### Short Report

- چهارچوب **Original Article** اما کوتاهتر
- **Limit** زیاد دارد
- **Abstract** ۱۵۰ کلمه
- ۱۵۰۰ کلمه کل مقاله
- ۳ شکل و جدول
- **Reference** ۱۵

سریعتر چاپ میشود.

(بخصوص مقالات پایان نامه دستیاران)

**Acceptance** سریع میگیرند

داوران کمتر و در دسترس تر

ارزش؟

# Case Report

- گزارش موارد نادر.
- محدودیت مکان مجلات.
- معمولاً **Abstract** ندارند یا بسیار کوتاه.
- حداکثر ۷۵۰ کلمه (بیشتر **Case Series**).
- معمولاً ۲ تصویر و ۱۰ **reference** بیشتر ندارند.

# Letter to editor

## Correspondence

- نظرات سایرین به مقالات شماره های قبل (رد یا قبول)
- داوری نمیشوند
- با تشخیص **Editor** چاپ میشوند
- نظر نویسندہ نیز چاپ میشوند
- **Index** میشوند
- در بعضی موارد میتوانند **Case** یا **Brief** باشند

Format: Abstract ▾

Send to ▾

**See 1 citation found by title matching your search:**Braz Dent J. 2010;21(5):463-6.**A rare case of multiple talon cusps in three siblings.**Sarraf-Shirazi A<sup>1</sup>, Rezaiefar M, Forghani M.**+ Author information****Abstract**

Talon cusp is an uncommon anomaly, whose etiology may be disturbances in the morphodifferentiation stage. Dens in dente is also a rare anomaly that is challenging in clinic as it may cause pulp necrosis or periapical lesions due to the communication with the oral cavity. This article reports multiple talon cusps on permanent maxillary and mandibular incisors and molars in 3 siblings. A 9-year-old boy presented with structures like nodules, shaped as cylindrical cones with a sharp point or a raindrop with deep developmental fissures on the palatal aspect of the maxillary central incisors, lingual aspect of the mandibular central incisors and labial aspect of both mandibular first molars. The buccal surface of the maxillary right central incisor was also affected. Some of them exhibited dens in dente. His 15-year-old sister had prominent talon cusps on the palatal surface of maxillary central incisors and buccal surface of the mandibular first molars and mandibular left second molar. His 7-year-old brother had only one trace talon on the maxillary left central incisor. No syndrome was identified in the patients. In conclusion, genetic inheritance may be a causative factor in talon cusp.

Full

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Sav



Sim

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m: [CTalon  
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cuspRev  
prim



## Letter to the Editor

### **Clinical evaluation of composite and compomer restorations in primary teeth: 24-month results [F.M. Pascon, K.R. Kantovitz, A.S. Caldo-Teixeira, A.F. Borges, T.N. Silva, R.M. Puppin-Rontani, F. Garcia-Godoy, *J. Dent.* 34 (2006) 381–388]**

We read with great interest the study of Pascon et al.<sup>1</sup> that provides welcome and relevant information on restorative treatment. The study is of interest because "there have been no consistent guidelines developed in the pediatric dental literature for either cavity design or adhesive material selection" as mentioned by the authors and furthermore, randomized clinical trials for evidence based efficacy of a restorative treatment are greatly needed.<sup>2</sup> However, based on our clinical experience and after a detailed reading of the published study, we noticed some inaccuracies that our group would like to draw attention in order to offer some productive comments to the authors and readers.

First of all, the number of class I and class II restorations for Dyract AP cited in the Abstract is different from the Materials and Methods. The authors should split off the number of class I and class II restorations at the end of the study in order to present a better comprehend of the results. Second, the number of restorations at the end of study cannot be realistically sixty restorations. The number of restorations examined at 12, 18 and 24-month recall examinations were the same at 6-month recall (Table 3 in the article) and this information does not compare with the results. Based on the method used to evaluate restorations (Tables 4, 5, 6, 7 and 8 in the article), the perceptual of Alfa and Bravo scores decreased

means 23% of restorations received Charlie score and it was incorrect to consider the same number of restorations (twenty two) at each evaluation period. In addition, it is incorrect to believe the non-attendance for examination of some patients as the single reason for dropouts. Furthermore, there is incoherence between restorations data at each recall examinations, presented in Table 3. With such information, it is impossible to comprehend the others tables, which are why we suppose these study conclusions are not supported by the results presented.

#### REFERENCES

1. Pascon FM, Kantovitz KR, Caldo-Teixeira AS, Borges AF, Silva TN, Puppin-Rontani RM, et al. Clinical evaluation of composite and compomer restorations in primary teeth: 24-month results. *Journal of Dentistry* 2006;34:381–8.
2. Hickel R, Roulet JF, Bayne S, Heintze SD, Mjor IA, Peters M, et al. Recommendations for conducting controlled clinical studies of dental restorative materials. *Clinic Oral Investigation* 2007;11:5–33.
3. Ryge G. Clinical criteria. *International Dental Journal* 1980;30:347–58.

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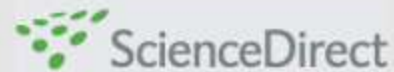
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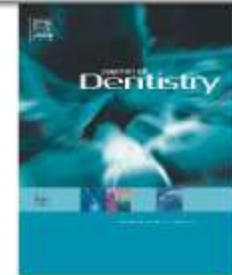




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## Reply to the Letter to the Editor

**Re: 'Clinical evaluation of composite and compomer restorations in primary teeth: 24-month results' [F.M. Pascon, K.R. Kantovitz, A.S. Caldo-Teixeira, A.F. Borges, T.N. Silva, R.M. Puppini-Rontani, F. Garcia-Godoy, *J. Dent.* 34 (2006) 381-388]**

*Dear Editor,*

The authors revised the information as the number of class I and II restorations for Dyract AP cited in the Abstract and Materials and Methods sections. Actually, there was a type-written mistake in Materials and Methods section, but the Abstract was correct. Then, the correct numbers of class I and II restorations are 14 and 8, respectively.

Unfortunately, there is no possibility to split the numbers of Class I and II restorations as suggested by the authors. It could be explained by the way that the results were recorded.

In fact, the Alfa and Bravo scores decreased during the recalls. The restorations classified as Charlie score were replaced or repaired and excluded of the sample. Thus, at 12, 18 and 24 months evaluations, there were some restorations that were not re-evaluated. In spite of information added in this letter, the conclusions are supported by the results.

Fernanda Miori Pascon  
Kamila Rosamília Kantovitz  
Angela Scarparo Caldo-Teixeira  
Ana Flávia Sanches Borges  
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Regina Maria Puppini-Rontani\*  
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**قوانین ارتقاء.....**

## میزان امتیازات و نحوه امتیازدهی

### - مقالات

امتیازات مقالات چاپ شده با توجه به اعتبار علمی مقاله و مجله به شرح ذیل است:

\*- مقاله تحقیقی اصیل (Original) در مجلاتی که در نمایه های بین المللی معتبر ایندکس می شوند: از ۰/۵ تا ۷ امتیاز مطابق جدول شماره ۶ در پیوست آئین نامه .

\*گزارش موارد نادر، Case report ، (یک تا ۲ بیمار) از ۰/۲۵ تا ۲ امتیاز و گزارش Case series (سه تا هفت بیمار) از ۰/۵ تا ۳ امتیاز بسته به نوع مجله.

\*- مقالات مروری با داشتن حداقل ۳ مقاله از نویسندگان در نمایه های بین المللی معتبر در منابع مقاله مروری، از ۲ تا ۷ امتیاز تا حداکثر ۱۰ امتیاز، در غیر اینصورت (نبودن ۳ مقاله از نویسندگان در منابع) از ۰/۵ تا ۲ امتیاز و حداکثر تا ۴ امتیاز.

\*مقالات متا آنالیز در صورت چاپ در مجلات بین المللی معتبر با داشتن حداقل یک مقاله نمایه برداری شده در نمایه های بین المللی معتبر از نویسندگان در منابع مقاله، از ۰/۵ تا ۴ امتیاز حداکثر ۸ امتیاز و در غیر اینصورت (عدم وجود هر کدام از شرایط فوق) از ۰/۵ تا ۱/۵ امتیاز و حداکثر ۳ امتیاز .

\*- نامه به سردبیر، Short Communication, Commentaries و Editorial بسته به نظر هیئت ممیزه از ۰/۲۵ تا یک مجلات داخلی و

۰/۵ تا ۲ مجلات بین‌المللی، حداکثر ۲ امتیاز.\*

**تبصره ۱-** برای مقالات اصیل و موارد نادر در مجلاتی که دارای Impact factor (IF) بالاتر از یک می‌باشند هیات ممیزه می‌تواند با توجه به کیفیت مقاله، به ازاء هر یک نمره IF ، ۰/۵ امتیاز تا سقف ۲ امتیاز به مجموع امتیاز مقاله اضافه نماید. در مورد نامه به سردبیر، Short Communication, Commentaries و Editorial با توجه به کیفیت مطالب به ازای هر (IF) ۰/۲۵ امتیاز و حداکثر تا سقف یک امتیاز اضافه با نظر هیئت ممیزه قابل افزایش است.

**تبصره ۲-** جهت مقالات علمی (مرتبط با رشته) در مجلاتی که علمی - پژوهشی نمی‌باشند (مانند مجلات دانشجویی) از صفر تا ۱ امتیاز (بسته به نظر هیات ممیزه) حداکثر تا ۲ امتیاز.

**تبصره ۳-** اگر چند مقاله یا اثر دارای محتوای یکسان ولی ظاهر متفاوت باشد فقط به یکی از آنها امتیاز تعلق می‌گیرد.

**تبصره ۴-** اعتبار علمی و رتبه مجلات داخلی توسط کمیسیون تعیین اعتبار مجلات پزشکی در معاونت تحقیقات و فناوری وزارت بهداشت، درمان و آموزش پزشکی تعیین می‌گردد.

نحوه محاسبه و توزیع امتیاز برای فعالیتهای پژوهشی و آموزشی مشترک

ستون (۱)	ستون (۲)		ستون (۳)
تعداد همکاران	سهام هر یک از همکاران از امتیاز مربوطه		مجموع ضرایب
	اول	بقیه همکاران	
۱	۱۰۰٪	_____	
۲	۹۰٪	۶۰٪	۱۵۰٪
۳	۸۰٪	۵۰٪	۱۸۰٪
۴	۷۰٪	۴۰٪	۱۹۰٪
۵	۶۰٪	۳۰٪	۱۸۰٪
۶ و بالاتر	۵۰٪	≤ ۲۵٪	۱۷۵٪

سقف امتیازدهی مقالات تحقیقی اصیل (Original) در مجلات ( مصوب علمی پژوهشی) پزشکی بر حسب نمایه‌های بین‌المللی و امتیاز بندی وزارت بهداشت ، درمان و آموزش پزشکی

سقف امتیاز	امتیاز مجلات علمی پژوهشی که در نمایه‌های بین‌المللی ذیل ثبت می‌شوند
تا هفت امتیاز	نمایه‌های نوع یک ISI Web Of Science (ISI), Medline (Pub med)
تا سه و نیم امتیاز	نمایه‌های نوع دو BIOSIS , Chemical Abstracts, Current Contents, EMBASE, Scopus
تا سه امتیاز	سایر نمایه‌های بین‌المللی
تا دو امتیاز	در صورتیکه مجله در هیچ نمایه‌ای ثبت نشود

# Indexing

مجلات داخلی ...