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| **ABSTRACT TITLE** |
|  |
| **AUTHORS** *Underline corresponding author and place \* immediately after presenter* |
|  |
| **INSTITUTION(S)** *Hospital, Town/City* |
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| **CORRESPONDENCE EMAIL ADDRESS** |
|  |
| **INTRODUCTION** |
|  |
| **MATERIALS & METHODS** *omit if case report* |
|  |
| **RESULTS** *or case report* |
|  |
| **CONCLUSION** |
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