**Case report**

**Title in English** [≤50 words]

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**Running title:** [≤10 English words]

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**Author contributions** [If a single author, write “All the work was done by the author.” without the following format.]

Conceptualization:

Data curation:

Formal analysis:

Funding acquisition:

Investigation:

Methodology:

Project administration:

Resources:

Software:

Supervision:

Validation:

Visualization:

Writing-original draft:

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All authors read and approved the final manuscript.

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**Abstract** [unstructured abstracts ≤200 words]

**Key words:** [5-10 Medical Subject Headings (http://www.nlm.nih.gov/mesh/MBrowser.html) joined by semicolons]

Example of Key words

Abdominal Pain; Adolescent; Gastric Dilatation; Laparotomy; Stomach Volvulus; Upper Gastrointestinal Tract

[The main body of the manuscript goes here: Introduction-Case-Discussion, ≤1,500 words, 20 references, and 4 tables or figures]

**Introduction**

**Case**

**Discussion**

**References** [≤20 references]

Examples of references…

**Journal article**

1. Porcaro F, Mattioli G, Romano C. Pediatric gastric volvulus: diagnostic and clinical approach. Case Rep Gastroenterol 2013;7:63-8.

**An article published electronically ahead of the print version**

2. Bellini T, Piccotti E. A potential impact of the donning and doffing policy on emergency department length of stay during the coronavirus disease 2019 pandemic. Pediatr Emerg Med J 2021 Apr 19 [Epub]. <https://doi.org/10.22470/pemj.2021.00227>

**An article written in Korean language**

3. Koh CY. A case of mesentero-axial gastric volvulus presenting as recurrent vomiting of a children. J Korean Soc Emerg Med 2015;26:95-98. Korean.

**Figure legends** [Each figure must include a legend, listed in numerical order at the end of your manuscript. Do not include figure legends in the figures or embed figures here. Upload figures as separate files]

Examples of figure legends…

**Fig. 1.** Plain radiographs showing a gastric distension (supine, A) and air-fluid level (upright, B).

**Fig. 2.** Computed tomography scans (axial, A; coronal, B) showing a gastric distension without signs of ischemia, mass or inflammatory focus.