

From: **Larkin, Megan**

Date: Thu, Aug 21, 2025 at 6:08 AM

Subject: RE: RESPONSE REQUIRED: Concern over Medicine article MD-D-24-15083R1

To: Ashraf Basalilah

Please find below our detailed justification for the retraction of 6 articles for which you were the corresponding author:

- *Asymptomatic young male with ectopia cordis interna: A rare case report*

Unquestionable evidence that images were taken from a 3rd party website and presented as representing the patient described in the case.

- Relevant section of the COPE Retraction Guidelines, “Editors should consider retracting a publication if...Copyright has been infringed” and “clear evidence that the findings are unreliable, ...as a result of...falsification.”
- Your explanation via communication with us and publicly (<https://retractionwatch.com/2025/08/15/tin-man-syndrome-case-plagiarized-from-hoax-sleuths-say/>) that the images are “similar” and “have a resemblance” and are “entirely coincidental” strains credulity and undermines your standing with the journal. The images are in fact the same, as attested to by multiple experts, both those contacted by Retraction Watch and our own internal investigation. There is no question that images submitted to the journal were taken from *Radiopaedia.org*.

As a matter of course, any retraction for issues of research integrity will result in an examination of works previously submitted and published by the corresponding author:

- *Acquired methemoglobinemia induced by dapsone in a 16-year-old female: A case report from Iraq—A case report*
- *Kokeshi phenomenon and coronary perforation with rotational atherectomy while treating heavily calcified coronary artery disease: A case report*
- *Severe headache as a key symptom in bilateral idiopathic adrenal hyperplasia-induced primary hyperaldosteronism: A case report*
- *Congenital aortic arch abnormality in tetralogy of Fallot: A rare case report*
- *Small cell lung cancer progressing into fatal ascending motor and sensory polyneuropathy despite dramatic response to chemotherapy: A case report*

In the listed works, we uncovered an unusual pattern of authorship and acknowledgements, which strongly suggest that the authorship as submitted (and the subsequent declarations) constitute a form of academic misconduct. The following points indicate that either the

authorship has been falsified, or that the contributions of authors have been grossly exaggerated.

- Though *Medicine* does not have explicit limits on the number of authors on a case report, in each case the number of individuals and the number of institutions represented would be considered outside the typical authorship for a clinical case of a single patient.
 - There are a total of 39 coauthors from 14 different institutions and 5 different countries (India, Ireland, United Kingdom, United States, and Iraq) and none of them appear at the same hospital or even country as the corresponding author (Hadhramaut Hospital in Yemen)
 - None of the published case reports disclose the hospital where the case originated.
- Author Contributions (via CRediT Contribution Role Taxonomy) are considered article metadata, and it is incumbent on the corresponding author to assign author contributions accurately. Failure to do so undermines the public representation of authorship contributions and constitutes academic misconduct. In all cases submitted, there are objectively falsely claimed contributions – primarily roles credited in a case report in which none of those roles would apply:
 - Funding Acquisition credited where no Funding Support is acknowledged.
 - Methodology credited in cases with no research methodology.
 - Data curation credited in cases with no related data collection.
 - Formal Analysis credited in a single clinical case where no “statistical, mathematical, computational, or other formal techniques” were used “to analyze or synthesize study data.”
 - Project Administration credited in a case report with no associated research projects.
 - Software credited in a case with no reported software analysis.
- The journal also has several concerns that while not enough on their own to justify retraction, taken with the allegations above, present a pattern of submission and authorship that raises serious questions about the validity of the content as submitted.
 - Authors generally lack public records and contact information that confirm their stated institutional affiliations.
 - Listed affiliations are in some cases outdated.
 - The corresponding author’s information as submitted to the submission system is incomplete; selected classifications do not match the stated area of expertise.

As a result of this investigation, we have concluded that we can no longer support the validity of the content submitted by the corresponding author, and the articles will be retracted.

Accompanying notices of the “ectopia cordis interna” case as well as an example of the notice used in the other 5 cases have been attached for your reference.

If you wish to submit a response, we will take it under consideration; however, please be advised that we are under no obligation to publish the response, and we consider this case closed.

Megan Larkin

Senior Publisher

Health Learning, Research & Practice