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Indian Journal of Postgraduate Dermatology

*Short Communication*

# Images for publication – ten tips

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Received : 29 October 2022
Accepted : 07 December 2022
Published : 07 February 2023

**DOI**
10.25259/IJPGD_22_2022

**Quick Response Code:**

## ABSTRACT

The manuscript covers the most common errors seen in images submitted for publication and suggests some tips to avoid these errors.

**Keywords:** Images, Clinical photography, Publication

In the context of publications in dermatology, a low-quality image might alone lead to the rejection of an otherwise well written manuscript. While images can be improved to an extent with editing, taking a good image initially is the most important thing. Furthermore, always take multiple images to ensure that you have at least a few good ones, and also archive and back-up your images systematically for easy retrieval and to prevent loss of images.[1,2]

Given below are some ten tips to avoid common issues with images which might lead to a rejection of your manuscript.

1. Resolution – The use of the highest resolution your camera offers while taking images. Any image can be converted to a particular pixel per inch (ppi) format, but the key issue is to ensure that at the resolution and size prescribed by the journal, there is no significant pixilation (for example, a common instruction is to submit images with a resolution of not <300 ppi, with no significant pixilation at a width of 5 inches) [Figures 1 and 2].
2. Focus – The area of interest must be sharply focused. Using a tripod/flash will help to prevent blur in images. The use of auto-focus if you are not familiar with manual focus settings. For smart phones, the use of the focus ring [Figures 3 and 4].
3. Lighting – The lighting should be optimum. Ideally, the use of good ambient lighting and a tripod to stabilize the camera. For close-up lesions and mucosal lesions, the use of ring flashes/dual flashes. Otherwise, practically, it is easiest to take images with the flash on, provided that the flash is not too strong or too close which might washout the lesion. The flash/tripod also prevents blurring of the image, which is another common error seen in submitted images. The use of flash diffusers to prevent harsh reflections, especially for hair and nail imaging [Figures 3 and 4].
4. Background – The use of a uniform, non-reflective background, which gives good contrast with the area of interest. Make sure that there are no background distractors (and also other distractors, like jewellery). There are a number of software and online resources available nowadays to correct backgrounds, but again it is best to get the image right while taking the photograph itself. Shoot with a gap between the subject and the background to avoid harsh shadows in the background [Figures 3 and 4].

**Figure 1:** Minimal loss of resolution even on cropping of image as the original image was taken in high resolution.

**Figure 2:** Pixilation on cropping as the initial image was taken on lower resolution.

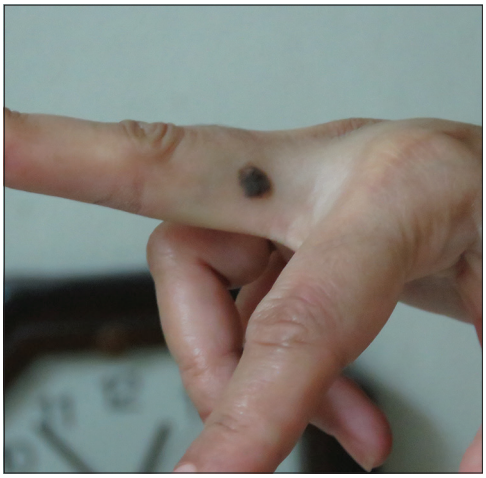

**Figure 3:** Multiple issues with image including – background distractors, poor light, camera not stabilised – leading to blur, empty/waste space around the area of interest.

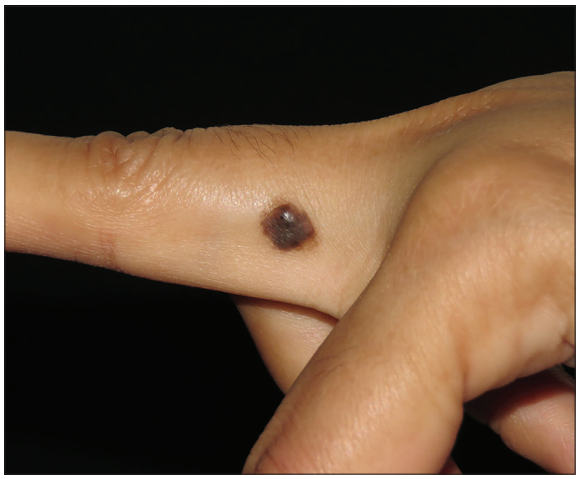

**Figure 4:** No background distractors, camera stabilised and flash kept on to get a sharp image, minimal waste space around the area of interest.

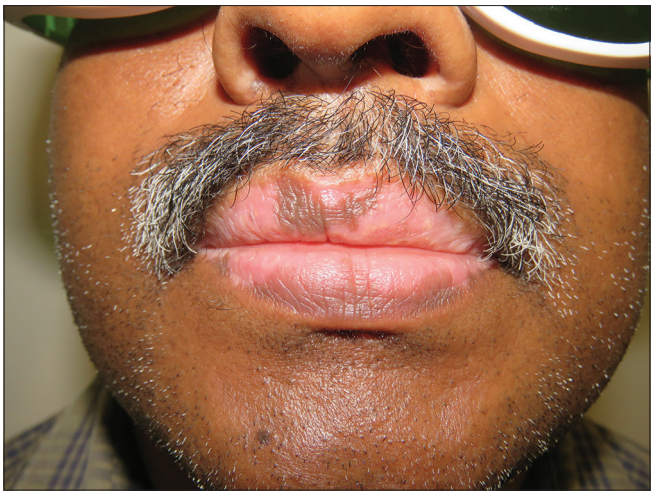

**Figure 5:** Without zoom, note the distorted effect.

**Figure 6:** Same lesion as in figure 5 with camera backed off and zoomed in.

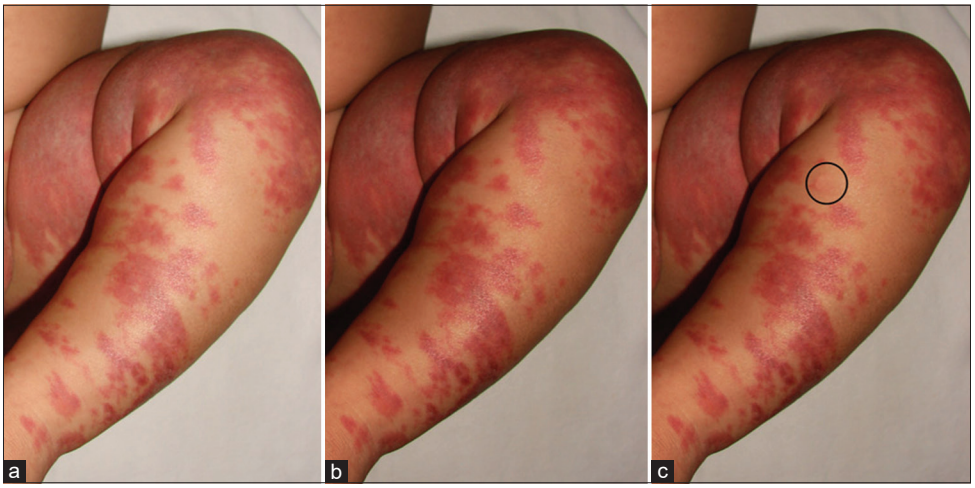


**Figure 7:** (a) Original image, (b) acceptable editing (exposure correction) and (c) Unacceptable/ unethical editing, where pixels have been manipulated to give a false impression (black circle).

5. Distortion – Especially for facial images. The key is to go back and zoom in to take images rather than bring the camera too close [Figures 5 and 6].
6. Standardisation of pre- and post-images – Pre-post standardisation should cover all aspects – lighting, patient and camera positioning, background, zoom and other camera parameters. Use standardisation frames, or markers for patient positioning.
7. Framing – Fill the frame with the lesion of interest, without leaving too much empty/waste space. At the same time include anatomical landmarks in the image to give a sense of position. For generalised lesions take close-up images for showing lesional morphology and zoomed out images to give sense of distribution. Shoot with the camera perpendicular to the lesion to avoid abnormal angles and shadows [Figures 3 and 4].
8. Edits – Editing can improve the image quality, as long as there is no intentional tampering with pixels to alter the message that the picture intends to convey. Usual edits which help to improve image quality are – cropping, rotation, background correction, resolution correction and minimal enhancement of exposure/brightness, contrast and saturation [Figure 7].
9. Read the instructions for images in the journal instructions section in detail and follow them (especially with respect to image resolution and size).
10. Take consent! Blacking out identifying features is not sufficient so ensure that you take a proper prior informed consent.

### Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

## REFERENCES

1. Kaliyadan F. Image quality for publication. Indian J Dermatol Venereol Leprol 2016;82:367-70.
2. Kaliyadan F. Image manipulation and image plagiarism-what's fine and what's not? Indian J Dermatol Venereol Leprol 2017;83:519-21.

**How to cite this article:** Kaliyadan F. Images for Publication – Ten tips. Indian J Postgrad Dermatol 2023;1:32-4.