

This section of the journal serves to highlight the works and researches done by local doctors or doctors either in Brunei Darussalam or in collaborations with other centers that have been published in regional or international journals. This also includes works published as part of collaboration with centers outside of Brunei Darussalam. These works include review articles, original articles and case reports published between 1st June to 31st December 2010. (Some publications have been published or indexed at a later date than publication).

A rare case of abnormal uterine bleeding caused by cavernous hemangioma: a case report.

Benjamin MA, Yaakub HR, Telesinghe P, Kafeel G. J Med Case Reports. 2010 May 17;4:136.

ABSTRACT: INTRODUCTION: Cavernous hemangiomas of the uterus are extremely rare, benign lesions. A survey of the current literature identified fewer than 50 cases of hemangioma of the uterus. **CASE PRESENTATION:** We report a case of cavernous hemangioma of the uterus in a 27-year-old Malay, para 1 woman who presented at our hospital with torrential vaginal bleeding having been transferred by land ambulance from a district hospital 30 minutes away. 11 weeks previously she had an urgent cesarean section at our hospital. She had to undergo a hysterectomy to control her bleeding after other measures were unsuccessful. A histopathological report confirmed a diffuse ramifying hemangioma of the cervix and uterus with left hematosalpinx. **CONCLUSION:** Most ramifying hemangioma lesions are asymptomatic and are found incidentally, but sometimes they may cause abnormal vaginal bleeding and hence should be included in the differential diagnosis of patients with vaginal bleeding. Hysterectomy is the primary mode of treatment in most symptomatic cases.

Correspondence: Benjamin MA. Department of Obstetrics and Gynecology, RIPAS Hospital, Bandar Seri Begawan, Brunei. mridulaben@yahoo.com.

Article is available free from <http://www.jmedicalcasereports.com/content/4/1/136> (Journal website).

Tuberculous aorto-duodenal fistula: a rare cause of upper gastrointestinal bleeding.

Chong VH, Telisinghe PU, Chong CF. Singapore Med J 2010 May; 51(5):e85-8.

Aorto-enteric fistulas are rare and are associated with significant mortality. Infective causes usually occur within the setting of post-graft repair. Aorto-enteric fistula secondary to tuberculosis is extremely rare despite the high prevalence of this infection. Unfortunately, the diagnosis is often not suspected until surgery or at post-mortem. We report a case of an elderly Malay man presenting with massive gastrointestinal bleeding secondary to a tuberculous aorto-duodenal fistula in association with a saccular abdominal aortic aneurysm. This was successfully managed with an aortobifemoral graft repair and standard anti-tuberculous treatment for six months. A literature review of this rare condition is presented.

Correspondence: Chong CF, Department of Surgery, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam.

Article is available free from <http://www.cancerimmunity.org/v10p3/091214.htm> (Journal Website).

Granulomatous mastitis: Presentation, treatment and outcome in 43 patients.

Kok KY, Telisinghe PU. Surgeon 2010; 8:197-201. Epub 2010 Mar 6.

BACKGROUND: Granulomatous mastitis is a rare benign breast condition commonly affecting women of child-bearing age. It is characterised histopathologically by the presence granuloma and microabscess formation. It is frequently mistaken for inflammatory breast carcinoma both clinically and mammographically. The aim of this study was to retrospectively review the clinical presentation, radiological investigation, histopathological features, treatment and outcome of granulomatous mastitis of women presenting to Ripas Hospital between October 1997 and June 2009. **RESULTS:** Forty-three patients with a mean age of 34 years presented with a diagnosis of granulomatous mastitis. All patients presented with a palpable breast lump; 24 (56%) patients also experienced pain in the lump and 3 (7%) patients also had associated nipple discharge on presentation. The role of radiological imaging is found to be limited in differentiating GM from other inflammatory and malignant conditions of the breast. Forty (93%) patients underwent a surgical procedure as the main treatment; in the form of excision or incision and drainage of the breast lesions. Mean follow-up was 15 (range 1-80) months with recurrence in 10 (23%) patients. **CONCLUSION:** Granulomatous mastitis presents clinically with a palpable breast lump. The diagnosis is often only made histopathologically after surgical excision or core biopsy. Complete surgical excision or incision and drainage of the lesion are the main treatment modalities. Treatment with corticosteroids and immunosuppression remains controversial and there is tendency for this condition to recur after treatment.

Correspondence: Kok KY. Department of Surgery, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam.

Cancer epidemiology and control in peninsular and island South-East Asia - past, present and future.

Moore MA, Manan AA, Chow KY, Cornain SF, Devi CR, Triningsih FX, Laudico A, Mapua CA, Mirasol-Lumague MR, Noorwati S, Nyunt K, Othman NH, Shah SA, Sinuraya ES, Yip CH, Sobue T. Asian Pac J Cancer Prev. 2010;11 Suppl 2:81-98.

Malaysia, Brunei, Singapore, Indonesia, East Timor and the Philippines constitute peninsular and island South-East Asia. For reasons of largely shared ethnicity, with Chinese elements added to the basic Austromalaysian populations, as well as geographical contiguity, they can be usefully grouped together for studies of chronic disease prevalence and underlying risk factors. The fact of problems are shared in common, particularly regarding increasing cancer rates, underlines the necessity for a coordinated approach to research and development of control measures. To provide a knowledge base, the present review of available data for cancer registration, epidemiology and control was conducted. The most prevalent cancer site in males is the lung, followed by the liver, colon or the prostate in the majority of cases, while breast and cervical cancers predominate in most female populations. However, there are interesting differences among the racial groups, particularly regarding the stomach. General tendencies for increase in adenocarcinomas but decrease in squamous cell carcinomas and gastric cancer, point to change in environmental influence over time. Variation in risk factors depends to some extent on the level of economic development but overall the countries of the region face similar challenges in achieving effective cancer control. A major task is persuading the general populace of the efficacy of early detection and clinical treatment.

Correspondence: UICC Asian Regional Office for Cancer Control. apocpcontrol@yahoo.com (Article available from http://www.apocp.org/cancer_download/Volume11_supplement2/h%20SE%20PI%2081-98.pdf).

An unusual findings in a body recovered from the sea.

Colombage SM, Telisinghe PU. J Forensic Leg Med. 2010; 17:289-90.

Post-mortem injuries caused by terrestrial and aquatic animals are commonly encountered in forensic practice. We present a case where an autopsy of a body recovered from the sea showed post-mortem injuries and numerous crustaceans in the heart and lungs. They have gained access to these organs via oro-nasal route and subsequent penetration through mediastinal soft tissues and migration down the trachea.

Correspondence: Colombage SM. Department of Pathology, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam.

Pancreatic involvement in melioidosis.

Chong VH, Lim KS, Sharif F. JOP 2010 Jul 5;11(4):365-8.

CONTEXT: Melioidosis is endemic to tropical regions and, despite the common occurrence of intra-abdominal abscesses, pancreatic involvement in melioidosis has not previously been reported. **OBJECTIVE:** We report our experience with pancreatic melioidosis. **PATIENTS:** All 65 patients treated for melioidosis who had computed tomography (CT) scans were identified from prospective databases and were retrospectively reviewed. **MAIN OUTCOME MEASURES:** A detailed review of cases with pancreas involvement was carried out. **RESULTS:** There were four cases (three males and one female; median age 29.5 years, range: 25-48 years) with pancreatic melioidosis, giving a prevalence of 6.2%. All had predisposing conditions (two had poorly controlled diabetes mellitus and two had thalassemia) for melioidosis. Fever (100%), anorexia (100%), weight loss (100%), rigor (75%) and abdominal pain (75%) were the most common symptoms at presentation and the median duration of symptoms before presentation was six weeks (range: 2-8 weeks). All pancreatic abscesses were detected on CT scan. Multiple foci involvement was common (3 to 6 sites): blood (4 patients), liver (3 patients), psoas muscle (2 patients), spleen (2 patients), infected ascites (2 patients) and lung (1 patient). Pancreatic involvement ranged from multi-focal micro-abscesses to focal large abscesses and involved all parts of the pancreas (body 100%, head 75% and tail 50%). Associated pancreatic findings included splenic vein thrombosis, peripancreatic inflammation and peripancreatic fat streaking. All the pancreatic abscesses were resolved with antibiotics without requiring pancreatic abscess drainage (including one patient who died from disseminated melioidosis). **CONCLUSION:** Pancreatic involvement typically occurs as part of multi-organ involvement and commonly manifests as multifoci micro-abscesses. Associated pancreatic abnormalities were also common. All responded to treatment without requiring drainage.

Correspondence: VH Chong. Gastroenterology and Hepatology Unit, Department of Medicine, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan, Brunei Darussalam. chongvuih@yahoo.co.uk (Article available from <http://www.joplink.net/> Journal website).

An indolent diffuse infiltrating gastric carcinoma

Chong VH, Telisinghe PU, Yapp SK. 2010 Jul;51(7):e126-8.

Gastric cancer is a common gastrointestinal cancer and is an important cause of cancer mortality. Unfortunately, it is often diagnosed late due to delayed presentation. We report the case of a 48-year-old man who was diagnosed with diffuse infiltrating gastric adenocarcinoma and who had initially declined surgery. The patient presented again the following year, and the repeat evaluations showed similar findings. Despite this, the patient continued to decline interventions. Six years later, as his symptoms increased, the patient finally underwent surgery. Histology revealed a diffuse infiltrating stage T3 tumour, with significant desmoplastic reaction and negative lymphadenopathies. Seven years after the surgery, the patient remained well and recurrence-free. This case highlights that some cancers have an indolent course, and even with significant delay, curative interventions can still be performed.

Correspondence: VH Chong. Department of Medicine, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan, BA 1710, Brunei Darussalam. chongvuih@yahoo.co.uk
Article is freely available from <http://smj.sma.org.sg/5107/5107cr4.pdf> (Journal website).

Pulmonary Scopulariopsis in a chronic smoker.

Satyavani M, Viswanathan R, Harun NS, Mathew L. Singapore Med J. 2010 Aug;51(8):e137-9.

A 70-year-old male smoker, with a three-month status of post-balloon angioplasty for ischaemic heart disease, presented with a one-week history of fever, haemoptysis and chest discomfort on coughing. The patient did not report any loss of weight or appetite. On examination, he was febrile. Pulmonary function tests revealed obstructive airway disease. High resolution computed tomography of the lungs revealed fibrosis with bronchiectasis in both the upper lobes, and a spiculating subpleural mass in the posterior aspect of the right lung apex. Subsequent bronchoalveolar lavage (BAL) culture yielded the Scopulariopsis species. Our patient was treated with a four-week course of amphotericin B, followed by itraconazole. At the 24-month follow-up, the patient was asymptomatic. Subsequent BAL cultures revealed no fungal growths, and radiological studies showed a regression in the lesion.

Correspondence: Viswanathan R. Department of Laboratory Services, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan, BA 1710 Brunei Darussalam. ruvishy@rediffmail.com

Article is available freely from <http://smj.sma.org.sg/5108/5108cr2.pdf> (Journal website).

Elevated serum CA 19-9 in association with Hashimoto thyroiditis.

Jamaludin AZ, Metassan MM, Zainal-Abidin Z, Chong VH. Singapore Med J. 2010 Aug;51(8):e143-5.

Tumour markers are widely used in clinical practice. Elevated tumour markers can be observed in both malignant and benign conditions. Therefore, it is important for clinicians to be aware of the association of tumour markers with various disorders so that unnecessary investigations can be avoided without missing the malignant disorders. A 58-year-old woman who presented with weight loss and elevated carbohydrate antigen 19-9 (CA19-9) was referred to our hospital for evaluation and was subsequently diagnosed with Hashimoto thyroiditis. Investigations for underlying malignancy were negative. The CA19-9 level normalised subsequently, with restoration of the euthyroid state.

Correspondence: Jamaludin AZ. Department of Medicine, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan, BA 1710, Brunei Darussalam. azf@hotmail.com

Article is freely available from <http://smj.sma.org.sg/5108/5108cr4.pdf> (Journal website).

Vascular Reactivity and Flow Characteristics of Radial Artery and Long Saphenous Vein Coronary Bypass Grafts. A 5-Year Follow-Up.

Carolyn M. Webb, Neil E. Moat, Chee F. Chong, Peter Collins. Circulation 2010;122(9):861-7

BACKGROUND: - Radial artery (RA) aortocoronary bypass grafts anastomosed to a branch of the circumflex coronary artery have significantly better patency rates than saphenous vein (SV) grafts at 5 years, but the physiological characteristics and mechanisms involved are not clearly defined. We compared RA and SV graft vasomotor and flow responses to endothelium-dependent and -independent stimuli 5 years after surgery in a subgroup of patients enrolled in the Radial artery versus Saphenous Vein Patency (RSVP) trial. **Methods and Results-**Twenty-seven patients were included in the study (RA, n=15; SV, n=12). Graft blood flow was calculated from flow velocity, measured by intracoronary Doppler, and luminal diameter, measured by quantitative coronary angiography, before and after intragraft infusions of adenosine, acetylcholine, and isosorbide dinitrate. At rest, RA luminal diameters were significantly smaller than SV luminal diameters ($P=0.029$), blood flow velocity was greater in RA than SV ($P=0.008$), and volume blood flows were similar. RA but not SV dilated in response to adenosine and isosorbide dinitrate (all $P<0.05$, RA versus SV, percent change from baseline), and there were no significant differences in the diameter responses to acetylcholine. Volume blood flow responses to adenosine, acetylcholine, and isosorbide dinitrate were comparable. **Conclusions-**Five years after surgery, RA coronary bypass conduits grafted to a single coronary territory demonstrated preserved flow-mediated vasodilatation, whereas SV grafts did not. Our results may provide insight into the more favorable patency of RA grafts over SV grafts. Clinical Trial Registration-<http://www.clinicaltrials.gov>. Unique identifier: NCT00139399.

Correspondence: Carolyn M. Web, Department of Cardiac Medicine, National Heart and Lung Institute, Imperial College London, and Department of Cardiology, Royal Brompton and Harefield National Health Service Trust, London, UK.

Notes: Collaboration with center outside of Brunei Darussalam.

Hepatobiliary tuberculosis.

Chong VH, Lim KS. Singapore Med J 2010;51(9):744-51.

Tuberculosis (TB) infection is still common today and remains an important cause of morbidity and mortality. Abdominal TB is one of the most prevalent forms of extrapulmonary manifestations, and collectively refers to gastrointestinal, splenic, pancreatic, hepatobiliary and abdominal lymphadenopathy involvement. The manifestation can be nonspecific, and mimics many conditions, including malignancies. Biliary involvement is extremely rare. It can directly involve or be a result of external compressions or extension from adjacent organs. Strictures can be simple or multiple and isolated or complex. Radiologically, it is difficult to exclude cholangiocarcinoma. Hepatic involvement is more common and is categorised as the miliary or isolated local type. Both can be further sub-divided into nodular or diffuse forms. The manifestations range from abscesses and tuberculomas to hepatic calcifications. Calcifications range from small isolated specks to gross calcification with or without hepatic atrophy. The diagnosis of hepatobiliary TB (HBTB) can be difficult. Ultrasonography and computed tomography are the main radiological investigations. Endoscopic retrograde cholangiography is important in the management of biliary TB. It is often important to look for the involvement of other organs and consider the coexistence of other pathologies such as malignancies. This pictorial essay reviews some of the HBTB infections that have been encountered in our tertiary referral centre.

Correspondence: Chong VH, Gastroenterology Unit, Department of Medicine, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan, BA 1710, Brunei Darussalam. chongvuih@yahoo.co.uk.

Article is freely available from <http://smj.sma.org.sg/5109/5109pe1.pdf> (Journal website).

Development and validation of a new Prescription Quality Index.

Hassan NB, Ismail HC, Naing L, Conroy RM, Abdul Rahman AR. Br J Clin Pharmacol. 2010 Oct;70(4):500-13.

AIMS: The aims were to develop and validate a new Prescription Quality Index (PQI) for the measurement of prescription quality in chronic diseases.

METHODS: The PQI were developed and validated based on three separate surveys and one pilot study. Criteria were developed based on literature search, discussions and brainstorming sessions. Validity of the criteria was examined using modified Delphi method. Pre-testing was performed on 30 patients suffering from chronic diseases. The modified version was then subjected to reviews by pharmacists and clinicians in two separate surveys. The rater-based PQI with 22 criteria was then piloted in 120 patients with chronic illnesses. Results were analysed using SPSS version 12.0.1

RESULTS: Exploratory principal components analysis revealed multiple factors contributing to prescription quality. Cronbach's α for the entire 22 criteria was 0.60. The average intra-rater and inter-rater reliability showed good to moderate stability (intraclass correlation coefficient 0.76 and 0.52, respectively). The PQI was significantly and negatively correlated with age (correlation coefficient -0.34, $P < 0.001$), number of drugs in prescriptions (correlation coefficient -0.51, $P < 0.001$) and number of chronic diseases/conditions (correlation coefficient -0.35, $P < 0.001$).

CONCLUSIONS: The PQI is a promising new instrument for measuring prescription quality. It has been shown that the PQI is a valid, reliable and responsive tool to measure quality of prescription in chronic diseases.

Correspondence: Department of Pharmacology, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian 16150, Kelantan, Malaysia. norul@kb.usm.my (Collaboration paper).

Heterotopic gastric mucosal patch of the esophagus is associated with higher prevalence of laryngopharyngeal reflux symptoms.

Chong VH, Jalihal A. Eur Arch Otorhinolaryngol. 2010 Nov;267(11):1793-9.

Laryngopharyngeal reflux (LPR) is common in clinical practice. Heterotopic gastric mucosal patch of the proximal esophagus (HGMP) is reported to cause LPR symptoms. This study assessed the prevalence of LPR symptoms and correlation with the size of HGMP. Four hundred and sixty-two patients undergoing endoscopy were carefully questioned regarding LPR symptoms experienced in the previous 12 weeks. The size of the HGMP was assessed and documented during endoscopy. Clinicopathological classifications were assigned (types I-V) accordingly. HGMP [median one patch (range 1-3), median size 15 mm [3-35] was detected in 26 (19 HGM type I and 7 HGM type II) patients giving a prevalence of 5.6%. Among the indications, there were significantly more LPR symptoms as referral indications among patients with HGMP. There were no significant differences in the endoscopic findings. On specific enquiries, significantly more HGMP patients had experienced any LPR symptoms (73.1 vs. 25.9%, $p < 0.001$) specifically chronic cough ($p = 0.002$), throat discomfort/hoarseness ($p < 0.001$), globus sensation ($p = 0.004$), regurgitation ($p < 0.001$). HGMP patients also had more heartburn ($p = 0.001$). Larger HGMP (≥ 15 mm) was only associated with more chronic cough ($p = 0.022$). In conclusion, patients with HGMP have significantly more LPR symptoms. However, most were mild and detected through specific enquiries. Interestingly, the size of HGMP did not significantly affect the prevalence of LPR symptoms.

Correspondence: Chong VH, Gastroenterology Unit, Department of Medicine, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, Bandar Seri Begawan, BA 1710, Brunei Darussalam, email: chongvuih@yahoo.co.uk.

Rare complications of pyogenic liver abscess.

Chong V H, Zainal-Abidin Z, Hassan H, Chong C F. Singapore Med J 2010; 51(10): e169-e172

Pyogenic liver abscess (PLA) is still associated with significant morbidity and mortality. With advances in imaging, most cases are now diagnosed early and effectively treated. However, complications, although considered rare, may still occur. We report three cases of PLA that were associated with rare and significant complications. Two patients had an abscess rupture that resulted in pyopericardium in one patient and sub-diaphragmatic abscess in the other. Another patient with *Klebsiella pneumoniae* PLA had bilateral endophthalmitis that resulted in blindness. Death secondary to overwhelming sepsis occurred in the patient with *Escherichia coli*-related pyopericardium. Delay in diagnosis contributed to the complications in two of the patients.

Correspondence: Chong VH, Gastroenterology Unit, Department of Medicine, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, Bandar Seri Begawan, BA 1710, Brunei Darussalam, email: chongvuih@yahoo.co.uk.
Article is freely available from <http://smj.sma.org.sg/5110/5110cr2.pdf> (Journal website).

Triple synchronous gastrointestinal malignancies: a rare occurrence.

Chong V H, Idros A, Telisinghe P U. Singapore Med J 2010; 51(10): e176-e178.

Gastrointestinal cancer is common, and is a significant cause of morbidity and mortality. The synchronous occurrence of two different malignancies is not uncommon, but that of more than two malignancies is extremely rare. Such occurrences often pose diagnostic and therapeutic challenges. We report the case of an elderly man who was previously treated for gastric cancer 13 years ago, and who was later diagnosed with synchronous triple gastrointestinal malignancies consisting of hepatocellular carcinoma, a gastric collision tumour with adenocarcinoma and a large B cell lymphoma. The patient's condition progressed rapidly, and he died four weeks after the diagnosis.

Correspondence: Chong VH, Gastroenterology Unit, Department of Medicine, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, Bandar Seri Begawan, BA 1710, Brunei Darussalam, email: chongvuih@yahoo.co.uk.
Article is freely available from <http://smj.sma.org.sg/5110/5110cr4.pdf> (Journal website).

Primary biliary cirrhosis in Brunei Darussalam.

Chong VH, Telisinghe PU, Jalihal A. Hepatobiliary Pancreat Dis Int 2010; 9 (6): 622-628 .

BACKGROUND: Primary biliary cirrhosis (PBC) is an uncommon autoimmune cholestatic disease that predominantly affects women. Certain human leukocyte antigens (HLAs) have been reported to be associated with susceptibility for PBC. We describe the profiles of PBC in Brunei Darussalam.

METHODS: All patients with PBC (n=10) were identified from our prospective databases. The HLA profiles (n=9, PBC) were compared to controls (n=65) and patients with autoimmune hepatitis (n=13, AIH).

RESULTS: All patients were women with a median age of 51 years (27-83) at diagnosis. The prevalence rate of the disease was 25.6/million-population and the estimated incidence rate varied from 0 to 10.3/million-population per year. Chinese (41.15/million) and the indigenous (42.74/million) groups had higher prevalence rates compared to Malays (22.62/million). The prevalence among female population was 54.6/million-population. All patients were referred for abnormal liver profiles. Five patients had symptoms at presentations: jaundice (20%), fatigue (20%), arthralgia (30%) and pruritus (20%). Serum anti-mitochondrial antibody was positive in 80% of the patients. Overlap with AIH was seen in 30%. Liver biopsies (n=8) showed stage I (n=2), II (n=4) and III (n=2) fibrosis. There were no significant differences in the HLA profiles between PBC and AIH. Compared to the controls, PBC patients had significantly more HLA class I alleles specifically B7 (P=0.003), Cw7 (P=0.002) and Cw12 (P=0.007) but not the class II alleles. At a median follow-up of 23.5 months (2 to 108), all patients were alive without evidence of disease progression.

CONCLUSIONS: PBC is also a predominant female disorder in our local setting and most had mild disease. The HLA profiles of our patients were different to what have been reported.

Correspondence: Chong VH, Gastroenterology Unit, Department of Medicine, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, Bandar Seri Begawan, BA 1710, Brunei Darussalam, email: chongvuih@yahoo.co.uk.

Article is freely available from <http://www.hbpdint.com/text.asp?id=1422> (Journal website).

Nurses' practice of blood transfusion in the United Arab Emirates: an observational studies.

Hijji B, Parahoo K, Hossain MM, Barr O, Murray S. J Clin Nurs. 2010 Dec;19(23-24):3347-3357.

Aims. The aim of this study was to document nurses' practice of red blood cells transfusion. **Background.** In the United Arab Emirates hospitals, nurses are responsible for the administration of blood transfusions. The safety and effectiveness of the transfusion process is dependent, among others, on the knowledge and skills of nurses who perform the procedure. Poor practice may result in avoidable complications that may threaten patients' safety. Published work indicated that nurses' practice varied across contexts and highlighted that patients received suboptimal care and incorrect transfusion that culminated in death or morbidity. In the United Arab Emirates, publications related to nurses' practice of blood transfusion are lacking. **Design.** Descriptive. **Methods.** Data were collected by means of non-participant structured observation. Data collection was undertaken in two general public hospitals in the Emirate of Abu Dhabi, United Arab Emirates. A random sample of 50 nurses from both hospitals was selected. Each nurse was observed once, from 10 minutes prior to blood collection until 15 minutes after initiating a transfusion. **Results.** Forty-nine nurses (98%) were observed. The maximum obtained score was 13 points of a possible score of 21, and 75% of nurses scored below the 50% level. Practice deficiencies included improper patient identification, suboptimal vital signs documentation and invalid methods of blood warming. **Conclusions.** Patients in both hospitals were at risk of receiving incorrect blood, suffering unobserved transfusion reaction and acquiring bacterial infection. Relevance to clinical practice. This study revealed inadequate practices that nurses and hospitals should strive to change to provide a safer and more effective care that would, hopefully, minimise the risks and maximise the benefits of blood transfusion. These findings also have implications for clinical supervision and nurse education.

Correspondence: Not available

Note: Mohammad M Hossain, Pengiran Anak Puteri Rashidah Sa'adatul Bolkih (PAPRSB) Institute of Health Sciences, Universiti Brunei Darussalam (UBD), Brunei Darussalam (Collaboration Paper).