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The Brunei International Medical Journal (BIMJ) is a six monthly peer reviewed official publication of the Ministry of Health under the auspices of the Clinical Research Unit, Ministry of Health, Brunei Darussalam.

The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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Ethical considerations will be taken into account in the assessment of papers that have experimental investigations of human or animal subjects. Authors should state clearly in the Materials and Methods section of the manuscript that institutional review board has approved the project. Those investigators without such review boards should ensure that the principles outlined in the Declaration of Helsinki have been followed.

Manuscript categories

Original articles

These include controlled trials, interventional studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, and large-scale epidemiological studies. Manuscript should include the following; introduction, materials and methods, results and conclusion. The objective should be stated clearly in the introduction. The text should not exceed 2500 words and references not more than 30.

Review articles

These are, in general, invited papers, but unsolicited reviews, if of good quality, may be considered. Reviews are systematic critical assessments of

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This section usually consist of invited reports that have significant impact on healthcare practice and usually cover disease outbreaks, management guidelines or policy statement paper.

Audits

Audits of relevant topics generally follow the same format as original article and the text should not exceed 1,500 words and references not more than 20.

Case reports

Case reports should highlight interesting rare cases or provide good learning points. The text should not exceed 1000 words; the number of tables, figures, or both should not be more than two, and references should not be more than 15.

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This section includes papers (i.e. how to interpret ECG or chest radiography) with particular aim of broadening knowledge or serve as revision materials. Papers will usually be invited but well written paper on relevant topics may be accepted. The text should not exceed 1500 words and should include not more than 15 figures illustration and references should not be more than 15.

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Manuscripts submitted to the BIMJ should meet the following criteria: the content is original; the writing is clear; the study methods are appropriate; the data are valid; the conclusions are reasonable and supported by the data; the information is important; and the topic has general medical interest. Manuscripts will be accepted only if both their contents and style meet the standards required by the BIMJ.

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Amit Kumar C JAIN, Apoorva HC



Figure 1

A 43 year old male patient presented to the Emergency Department with a history of swelling of the scrotum along with pain and redness since 2-3 days duration. He had noticed the swelling after experiencing severe itchiness in his scrotum which later developed into a small pustule the following day. He also gave history of fever. General examination showed a pulse rate of 111bpm, BP of 160/90mmHg and a temperature 101⁰F. He was hypertensive though not a known diabetic until detected at our hospital. Local examination on admission showed the whole scrotum to be swollen with erythema and tenderness. The penis was also swollen. Next day morning evaluation revealed presence of necrosis of scrotal skin (Figure 1) along with ascending redness in both groin and there was severe tenderness. Patient was subjected to a radical debridement under anaesthesia.

What is the diagnosis?

Answer: refer to page [125](#)

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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient for use of these images.