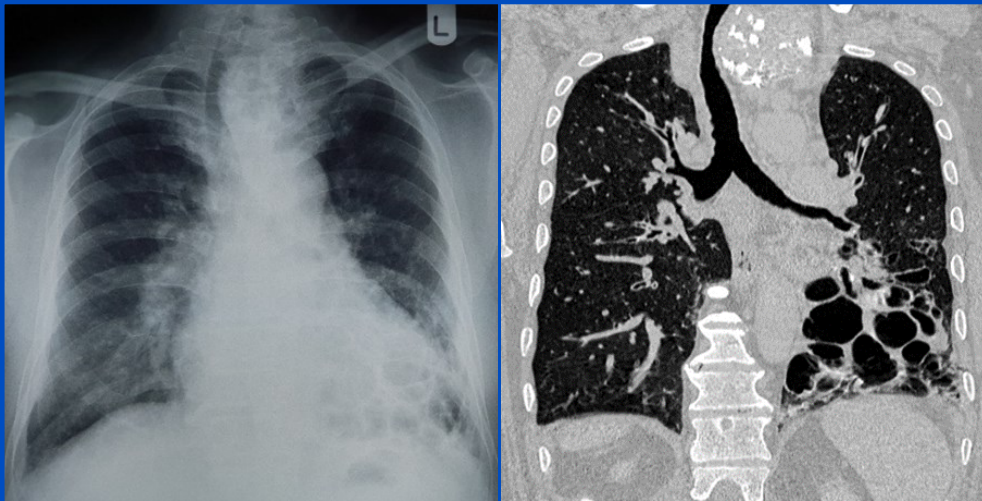


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Ethical considerations will be taken into account in the assessment of papers that have experimental investigations of human or animal subjects. Authors should state clearly in the Materials and Methods section of the manuscript that institutional 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.

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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.

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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.

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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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These are papers presenting unique clinical encounters that are illustrated by photographs, radiographs, or other figures. Image of interest should include a brief description of the case and discussion with educational aspects. Alternatively, a mini quiz can be presented and answers will be posted in a different section of the publication. A maximum of

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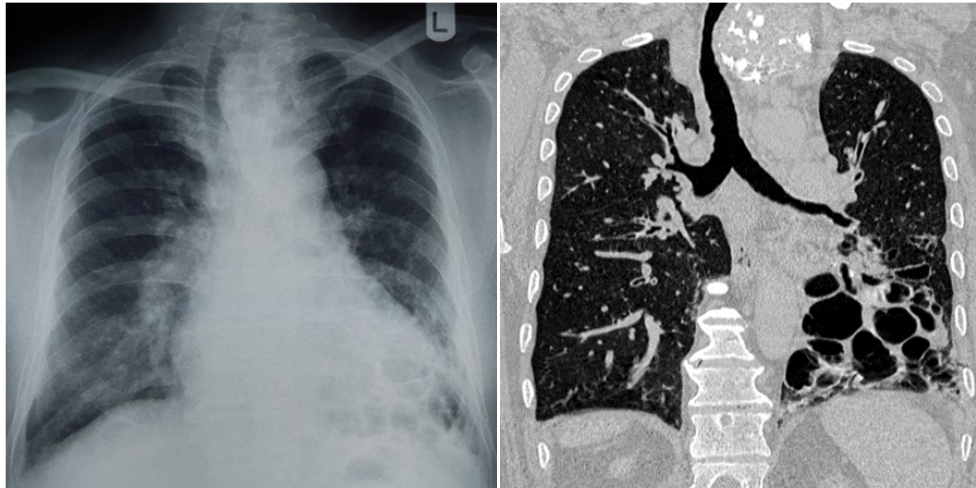
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Abdur Rahman RUBEL, Waqas Ahmed CHAUHDARY, Aieman BASHIR, Zar Ni SOE, Nasir JAVED, Babu Ivan MANI, May Thu HLA AYE, Kian Chai LIM, Vui Heng CHONG



A 68-year-old man, ex-smoker of 15 years presented with worsening of dyspnoea, hoarseness and cough productive of greenish sputum that was worst in the past one week. His medical history included hypertension, diabetes mellitus, bronchial asthma and a neck swelling diagnosed two years previously for which he declined any surgical intervention. Examination revealed mild respiratory distress, neck swelling and coarse inspiratory crackles both lower zones, left more than right. Imaging (chest radiography and computed tomography scan) are shown as above (Figures). Previous chest radiography at diagnosis of the neck swelling did not show any chronic pulmonary changes.

What are the diagnoses?

Answer: refer to page [23](#)

Correspondence author: Dr Abdur Rahman RUBEL. Department of Medicine, Pengiran Muda Makhota Pengiran Haji Al-Mutadee Billah (PMMPHAMB) Hospital, Jalan Sungai Basong, Tutong, Brunei Darussalam. Email: mdarubel130@gmail.com

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