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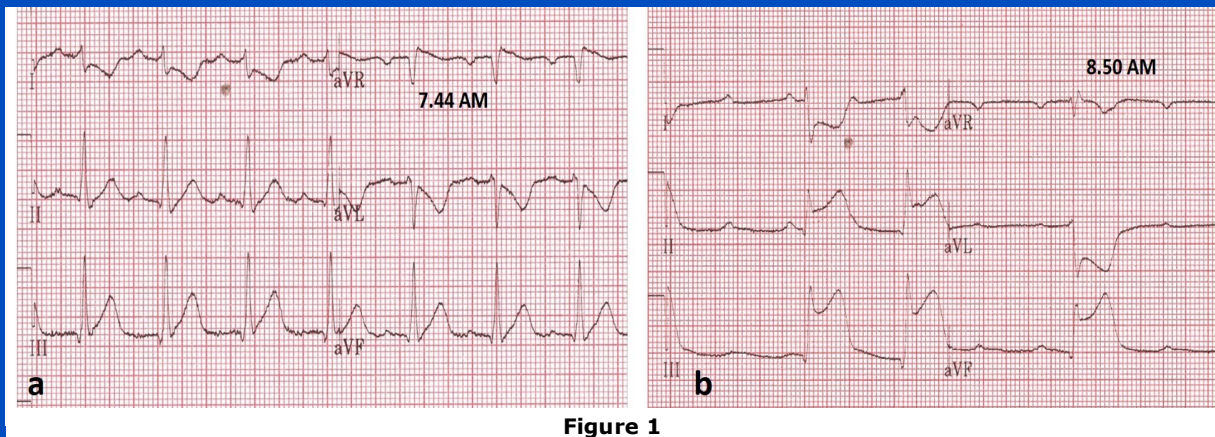


Figure 1

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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.

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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Acknowledgements

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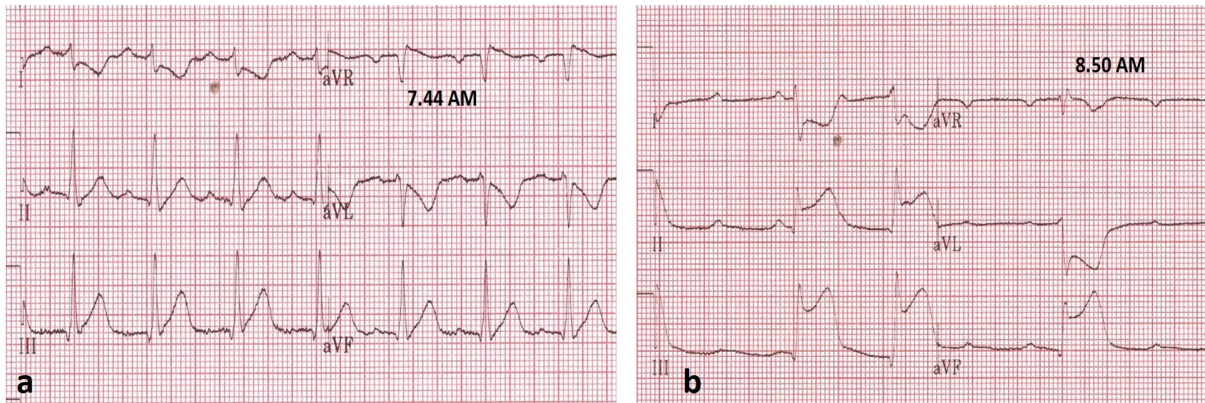


Figure 1

A 53-year-old man with past medical history of hypertension and anterior myocardial infarction 7 years ago, presented to Accident & Emergency Department, Suri Suri Begawan Hospital in Kuala Belait, with chest discomfort after 3 rounds of his daily jog. He has had percutaneous coronary intervention performed for his Left anterior descending artery previously and was on Bisoprolol 5 mg, Aspirin and Atorvastatin 20 mg. On arrival to A&E Department, his chest discomfort has resolved and the first electrocardiograph performed at 7.44 AM is shown in Figure 1a. Blood investigations were also performed and while waiting for the results, he developed another episode of severe chest pain. ECG performed at this time is shown in Figure 1b.

What is the diagnosis? (Pick the right multiple choice)

- acute anterior ischemia
- acute evolving anterior Myocardial infarction
- acute evolving inferior myocardial infarction
- Pericarditis

Answer: refer to page 35

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DISCLOSURE: There is no conflict of interest.