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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 review 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 the 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. The 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 literature and data sources on clinical topics, emphasising factors such as cause, diagnosis, prognosis,

therapy, or prevention. Reviews should be made relevant to our local setting and preferably supported by local data. The text should not exceed 3000 words and references not more than 40.

Special Reports

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

Audits

Audits of relevant topics generally follow the same format as the 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 the particular aim of broadening knowledge or serving as revision materials. Papers will usually be invited but well-written papers on relevant topics may be accepted. The text should not exceed 1500 words and should include not more than 15 figures illustrations and references should not be more than 15.

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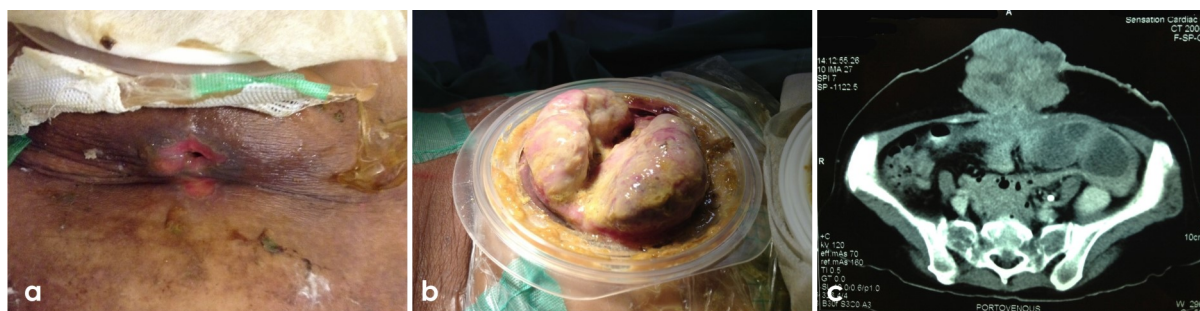


Figure 1

A 57-year-old Para 2+1 underwent optimal cytoreductive surgery for serous adenocarcinoma of the left ovary (FIGO Stage 1C). She completed six cycles of adjuvant chemotherapy. Assessment after completion of adjuvant chemotherapy, based on Response Evaluation Criteria in Solid Tumours (RECIST) criteria, showed stable disease with CA125 levels below 14 units/mL. She experienced a disease-free interval of 13 months. Unfortunately, during a routine follow-up, she complained of faecal content discharge from a sinus at the site of the previous laparotomy scar (Figure 1a). Over the course of one month, the sinus enlarged, revealing a protruding smooth exophytic mass at the lateral margin, resembling a surgical stoma (Figure 1b). Subsequently, she developed abdominal distension, with CA125 increased from 9 U/ml to 61.2 U/ml within 3 months. A CT scan is shown in Figure 1c.

What is the diagnosis?

Answer: refer to [page 70](#)

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