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 centres that have been published in regional or international journals. This also includes works published as part of collaboration with centres outside of Brunei Darussalam. These works include review articles, original articles and case reports published between 16th August to 15th December 2011. (Some publications have been published or indexed at a later date than publication).

Cytomegalovirus colitis in immunocompetent patients.
Momin N, Telisinghe PU, Chong VH.

Cytomegalovirus (CMV) infection can present with severe manifestations that are associated with significant morbidity and mortality, especially in immunocompromised patients. CMV infections in immunocompetent patients are usually transient and do not exhibit many symptoms. However, in some patients, the manifestations can be severe. We report CMV colitis in two immunocompetent patients; one in a young man who was critically ill with septicemia and significant non-bloody diarrhoea that responded to specific CMV treatment, and another in an elderly woman who presented with nonspecific abdominal pain and fever that resolved without specific CMV treatment.

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Article is available free from http://smj.sma.org.sg/5209/5209cr2.pdf (Journal website).

Pneumoperitoneum due to splenic abscess rupture
Bickle I, Javed S. Abdominal Imaging. Case 9350.
10.1594/EURORAD/CASE.9350

This 56-year-old male known diabetic patient presented with lethargy, a low grade fever and left hypochondrial pain of 2 weeks duration. On examination his abdomen was a little distended and he had a temperature of 37.5C. Plain abdominal radiograph, ultrasound and CT were subsequently performed.

Correspondence: Ian Bickle, Department of Radiology, and Department of Medicine, RIPAS Hospital, Brunei Darussalam. Article available from EURORAD website at http://www.eurorad.org/case.php?id=9350

Massive lower gastrointestinal bleeding secondary to colonic mucormycosis
Jalihal A, Kafeel G, Chong VH.

Lower gastrointestinal bleeding is usually due to haemorrhoids, diverticular disease, or colorectal cancer. Infective causes of gastrointestinal bleeding are rare. A 70-year-old lady was admitted with septic shock secondary to community acquired pneumonia. She later developed massive lower gastrointestinal bleeding secondary to colonic mucormycosis. Her condition deteriorated rapidly and she died of septicemia. Mucormycosis of the colon is extremely rare and is still associated with a high mortality.

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Article is available free from http://smj.sma.org.sg/5209/5209cr2.pdf (Journal website).

Angiodysplasia of the gallbladder
Kok KY, Telisinghe PU.

INTRODUCTION: Angiodysplasia is a term used to describe distinct mucosal vascular ectasias found mainly in the gastrointestinal tract. Angiodysplasia of the gallbladder is exceedingly rare. PRESENTATION OF CASE: We encountered a patient who presented with biliary colic and subsequently underwent an elective laparoscopic cholecystectomy. The angiodysplasia of the gallbladder was found
DISCUSSION: Review of the literature showed only one other reported case of angiodysplasia of the gallbladder. The condition may be found incidentally after histopathological examination of the gallbladder removed for gallstone; or it may present with haemobilia. CONCLUSION: We presented an extremely rare case of angiodysplasia of the gallbladder, which was found incidentally after histopathological examination of the gallbladder removed for gallstone. Angiodysplasia of the gallbladder has the potential to bleed. Laparoscopic cholecystectomy is effective in providing a definitive cure.

Correspondence: Kenneth KOK. Department of Surgery, RIPAS Hospital, Bandar Seri Begawan, Brunei. kooky@brunet.bn. Article is available free from PubMed Central at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3215263/?tool=pubmed

Renal cell carcinoma presenting with a bone metastasis


This 56 year-old female was referred with vague knee pain to her GP for which an outpatient radiograph was performed. Two months later with increasing pain, full length tibia/fibula films were performed. The patient had no other complaints and no other significant medical or surgical history.

Correspondence: Ian Bickle, Department of Radiology and Department of Medicine, RIPAS Hospital, Brunei Darussalam. Article available from EURORAD website at http://www.eurorad.org/case.php?id=9533

Nasopharyngeal carcinoma presenting as a dual territory stroke: The hyperdense artery sign


Correspondence: Ian Bickle, Department of Radiology, RIPAS Hospital, Brunei Darussalam. E mail: Article available from journal website at http://www.psohns.org/index.php?option=com_content&view=article&id=103&Itemid=50

Larval development of Aedes aegypti and Aedes albopictus in peri-urban brackish water and its implications for transmission of arboviral diseases.


Aedes aegypti (Linnaeus) and Aedes albopictus Skuse mosquitoes transmit serious human arboviral diseases including yellow fever, dengue and chikungunya in many tropical and sub-tropical countries. Females of the two species have adapted to undergo preimaginal development in natural or artificial collections of freshwater near human habitats and feed on human blood. While there is an effective vaccine against yellow fever, the control of dengue and chikungunya is mainly dependent on reducing freshwater preimaginal development habitats of the two vectors. We show here that Ae. aegypti and Ae. albopictus lay eggs and their larvae survive to emerge as adults in brackish water (water with <0.5 ppt or parts per thousand, 0.5-30 ppt and >30 ppt salt are termed fresh, brackish and saline respectively). Brackish water with salinity of 2 to 15 ppt in discarded plastic and glass containers, abandoned fishing boats and unused wells in coastal peri-urban environment were found to contain Ae. aegypti and Ae. albopictus larvae. Relatively high incidence of dengue in Jaffna city, Sri Lanka was observed in the vicinity of brackish water habitats containing Ae. aegypti larvae. These observations raise the possibility that brackish water-adapted Ae. aegypti and Ae. albopictus may play a hitherto unrecognized role in transmitting dengue, chikungunya and yellow fever in coastal urban areas. National and international health authorities therefore need to take the findings into consideration and extend their vector control efforts, which are presently focused on urban freshwater habitats, to include brackish water larval development habitats.

Correspondence: R Ramasamy. Institute of Health Sciences, Universiti Brunei Darussalam, Gadong, Brunei Darussalam. E mail: ranjan.ramasamy@ubd.edu.bn (Article if freely available from the journal website at http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0001369).
Differences in patients profiles of abdominal and pulmonary tuberculosis: a comparative study
Chong VH

Objectives: Tuberculosis remains a common infection and is often associated with non-specific constitutional symptoms or laboratory investigations regardless of site of manifestations. This study compares the profiles of abdominal tuberculosis (ATB) and pulmonary tuberculosis (PTB). Methods: Patients with ATB (n=34, male-21, mean age 43.3 ± 16.0 years) diagnosed over a nine year period were identified from the National Tuberculosis registry and respectively reviewed. Comparisons were made with patients treated for PTB (n=163). Results: The most commonly affected sites were the ileocecal regions, peritoneum and hepatobiliary system. Common clinical presentations were abdominal pain (61.8%), anorexia (44.1%), weight loss (55.9%), fever (41.1%) and abdominal distension (29.4%). Four patients had concomitant active PTB. Compared to PTB, patients with ATB had significantly lower serum haemoglobin (11.6 ± 2.4 vs. 12.6 ± 2.0 gm/dL, p=0.036) and higher rate of adverse events of antituberculous treatment (50% vs. 15.4%, p<0.001). There were no difference in prevalence of constitutional symptoms (fever, weight loss and anorexia), platelet level, albumin, total protein and erythrocyte sedimentation rate. Importantly, there was no difference in the treatment response. More patients with ATB and concomitant active PTB had reported weight loss (100% vs. 36.7%, p=0.017). Conclusion: There are differences in the profiles of ATB and PTB. Awareness of such differences can help to improve the understanding and management of this infection.

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BOOK CHAPTER
Gastrointestinal Endoscopy.

Chapter 10: Heterotopic gastric mucosal patch of the proximal esophagus.
Chong VH

This chapter discusses the pathogenesis, the endoscopic features, clinical symptoms and the management of heterotopic gastric mucosal patch of the esophagus or the Cervical inlet patch (HGMP/CIP), an entity that is still under-recognised and is frequently missed during upper gastrointestinal endoscopy examinations.


Erratum

Education Report: Postgraduate assessments in Brunei Darussalam.
Jackson Chee Seng TAN, Siti Nur Ashikin PENIRAN TENGAH, Kim Khee TAN, Alice Moi Ling YONG, Elizabeth Siew Foon CHONG

There is no table available as indicated in page 233 of the article.