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# Brunei International Medical Journal (BIMJ) Official Publication of The Ministry of Health and Universiti Brunei Darussalam

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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.

### Instruction to authors

#### Manuscript submissions

All manuscripts should be sent to the Managing Editor, BIMJ, Ministry of Health, Brunei Darussalam; e-mail: editor-in-chief@bimjonline.com. Subsequent correspondence between the BIMJ and authors will, as far as possible via should be conducted via email quoting the reference number.

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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 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.

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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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#### **Acknowledgements**

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**Abdur Rahman RUBEL, Babu Ivan MANI, Vui Heng CHONG.**



**Figure 1**

A 58-year-old lady presented with dizziness, dysuria and loss of appetite for one week, but without fever. This was associated with chronic vague right flank discomfort and weight loss. Physical examination revealed mild pallor and a ballotable mildly tender right flank mass. Laboratory examination revealed infective pathology. Ultrasound scan of the abdomen showed multiple thick-walled cystic structures and computed tomography scan (Figure 1) showed an enlarged kidney with typical changes. There was also a non-obstructive stone in the lower calyceal system, gallstones, mild ascites and retrocaval and aortocaval lymphadenopathy. She was started on a prolonged course of antibiotics.

**What is the diagnosis?**

1. What is the sign seen on CT scan called?
2. What is the diagnosis?

**Answer:** refer to [page 16](#)

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**DISCLOSURE:** There is no conflict of interest and consent has been obtained for the use of this image.