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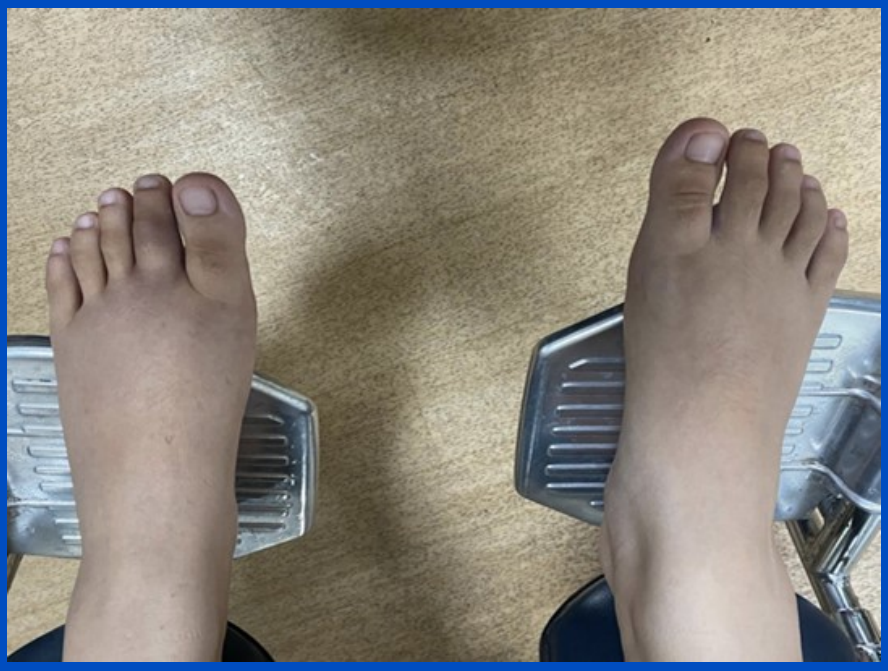

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Aim and Scope of Brunei International Medical Journal

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.

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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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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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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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All authors must meet the following criteria: to have participated sufficiently in the work to take public responsibility for the content; to have made substantial contributions to the conception and design, and the analysis and interpretation of the data (where applicable); to have made substantial contributions to the writing or revision of the manuscript; and to have reviewed the final version of the submitted manuscript and approved it for publication. Authors will be asked to certify that their contribution represents valid work and that neither the manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere, except as described in an attachment. If requested, authors shall provide the data on which the manuscript is based for examination by the editors or their assignees.

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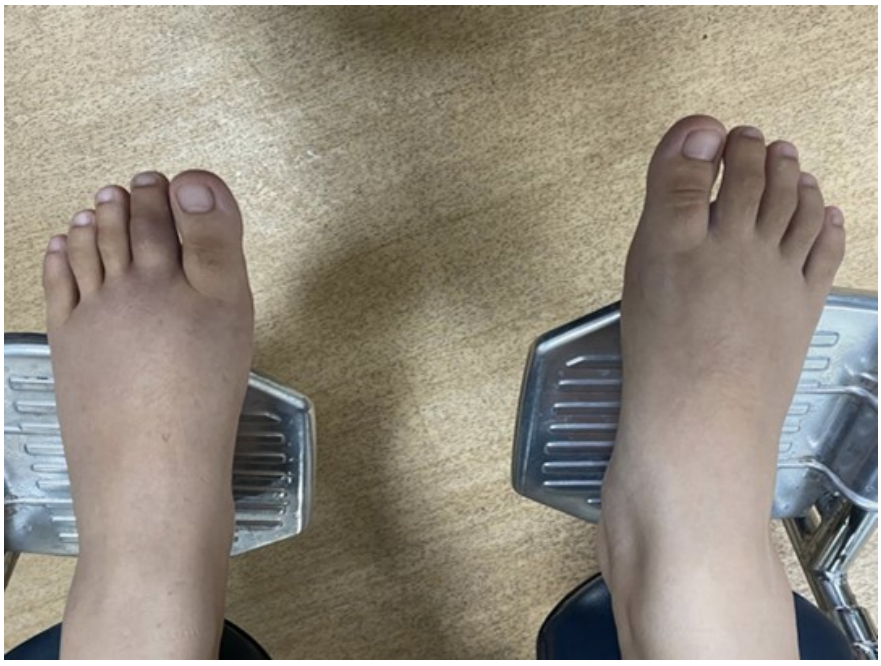

Figure 1

An 18-year-old female presented to the Emergency department with pain and swelling of the left second toe (Figure 1) and the right knee. Radiograph of the left foot and right knee was unremarkable. She was admitted under the care of Orthopaedic team. On questioning on the ward round the next day, she reported having a scaly rash over the back of her head.

What is the diagnosis?

Answer*: refer to page 121*

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

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(*Refer to page 120*)

ANSWER: DACTYLITIS (SAUSAGE DIGIT) IN PSORIATIC ARTHRITIS (PSA)

The patient was referred to and investigated by the Rheumatologist. Inflammatory markers and most of the serological tests were negative except Anti-nuclear Antibodies (ANA). A diagnosis of PsA was made and she was started on Methotrexate and folic acid. She was also referred to the Dermatologists for the management of scalp lesion characterized by red scaly thickened patches (plaques) (Figure 2).

Dactylitis is a hallmark of PsA, resulting from inflammation of the joints, tendons and soft tissue. It presents as 'sausage digit' and is seen on upto 49% of PsA patients.[1] It may also be seen in gout, tuberculosis, sickle cell disease, sarcoidosis and flexor sheath infection.[2]

In the acute form, dactylitis can present as warm, tender, erythematous digit while in the chronic form it may be asymptomatic with a swollen digit. It is often the presenting feature of PsA and is associated with erosive form of disease.[2]

Radiograph is normal in the stage of dactylitis. Imaging studies like ultrasound and MRI can reveal the involvement of parts like tenosynovitis, enthesitis, synovitis, osteitis and soft tissue swelling.[2]

Various treatments proposed for dactylitis include nonsteroidal anti-inflammatories, local corticosteroid injections, conventional disease modifying agents as well as biologics.[1,3]

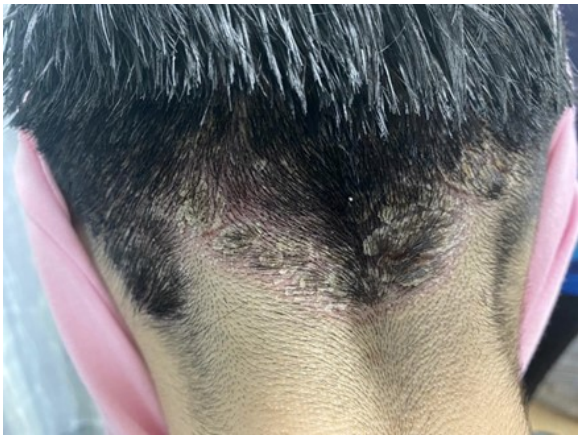

Figure 2: Red rash with dry red scaly thickened patches (plaques) on the posterior scaop at the hair line. (Click to enlarge).

CONFLICT OF INTEREST

The author(s) declared no conflict of interest in this work.

CONSENT

Consent has been obtained from patient and hospital authority to publish this article.

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