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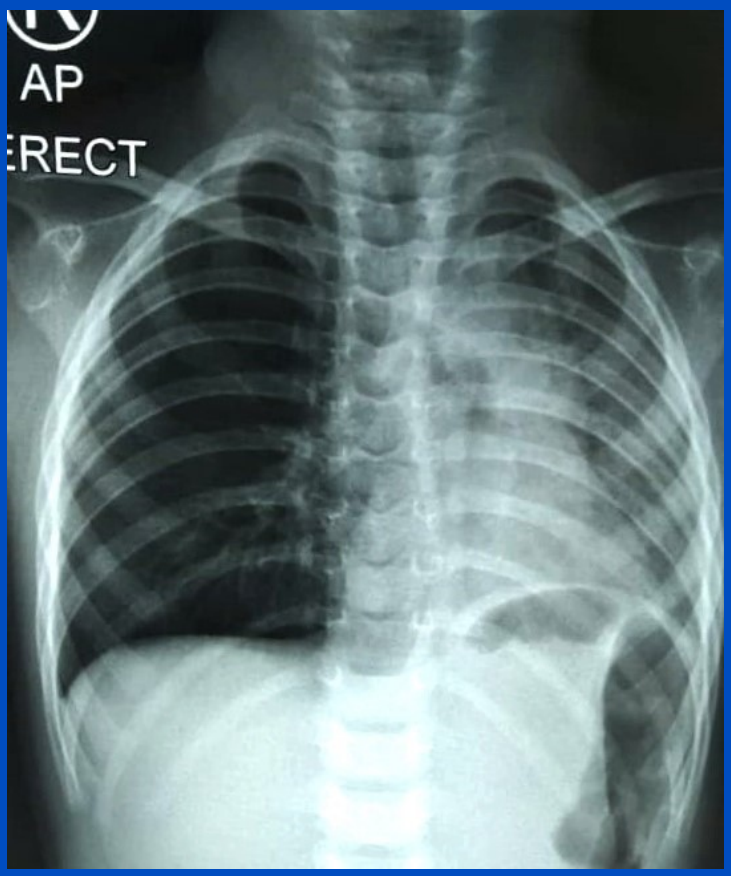

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Aim and Scope of Brunei International Medical Journal

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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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 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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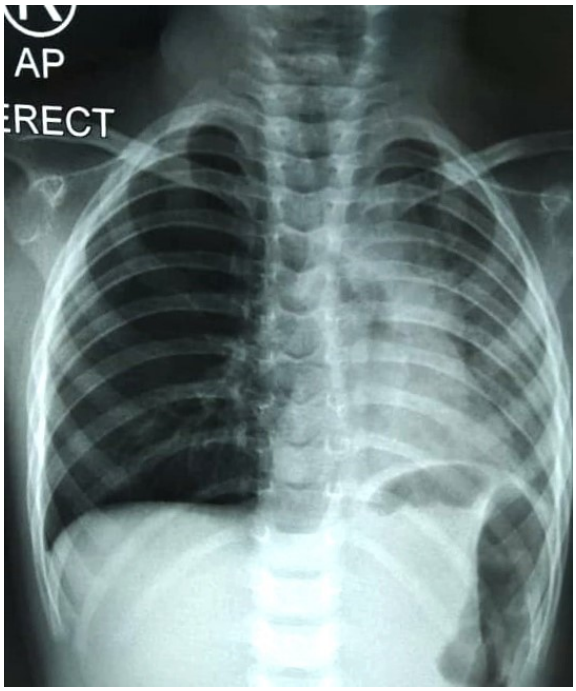

Figure 1

A previously healthy 2-year-old girl presented with a 2-month history of intermittent noisy breathing which began following an episode of fall while eating 'rempeyek' a traditional Malaysian cracker which contains nuts. The child was brought to the nearest emergency department. Chest radiograph was unremarkable, and child was found well and sent home. Parents noticed the child has intermittent wheezing sound. Following her persistent noisy breathing, she was referred to the Paediatric Otorhinolaryngology team. Upon examination, soft expiratory stridor was audible. Lung auscultation demonstrated reduced air entry over the right lung. Chest radiograph was requested (Figure 1).

What is the diagnosis?

Answer*: refer to page 180*

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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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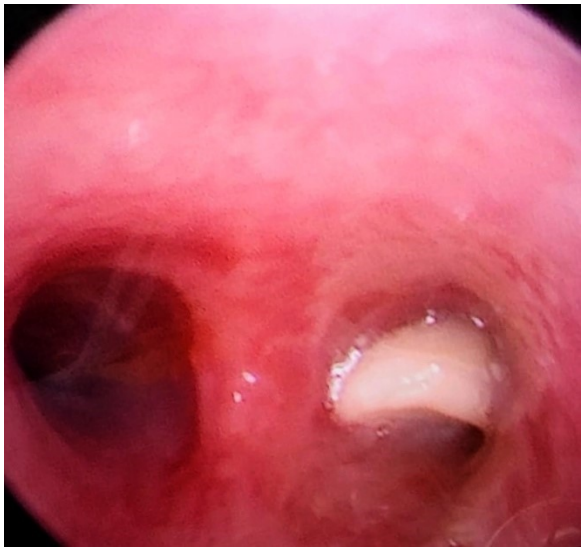
(Refer to page 179)

ANSWER: FOREIGN BODY (PEANUT) LODGED IN RIGHT MAIN BRONCHUS

Computed tomography of the chest confirmed the presence of a foreign body in the right bronchus. The child was brought to the operating theatre for Direct laryngoscopy and bronchoscopy. Intraoperatively, a whitish foreign body was occluding the entire right main bronchus (Figure 2). The foreign body (inhaled peanut), was removed in total using optical forceps and repeated bronchoscopy performed showed no residual with intact mucosa over the tracheal and bronchial mucosa. The child was observed one day post-surgery and was subsequently discharged home with a one-week appointment.



Paediatric airway foreign body is not an uncommon entity in day-to-day medical practice, especially in children below three years of age.[1] It is an airway emergency that needs to be dealt with and managed thoroughly. Traditionally, a child with a foreign body in the airway presents acute onset symptoms such as repeated coughs, choking, expiratory stridor, cyanosis, and even death. The symptoms also depend mainly on the size of the objects and the location where the foreign body lodges.[1,2]

Computed tomography is useful in detecting the presence and location of foreign body and the entire status of lungs can be outlined such as the presence of reactionary granulation tissue ensuing long-standing foreign body, hyperinflation of the affected lung which occurs due to the ball-valve effect: air becomes trapped due to permissible inhalation but restricted expiration results in hyperinflation of the affected side.[2,3]

Wheezing or expiratory stridor in a child, in the absence of fever, barking cough, and long-standing symptoms, rules out croup which is common in children aged between 1-5.[4] Paediatric pneumonia is another differential, as clinical presentations may be similar[5] though the incidence has decreased dramatically with extensive vaccination. COVID-19 has become a global pandemic whereby children have been equally afflicted as adults, and has to be ruled out.

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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