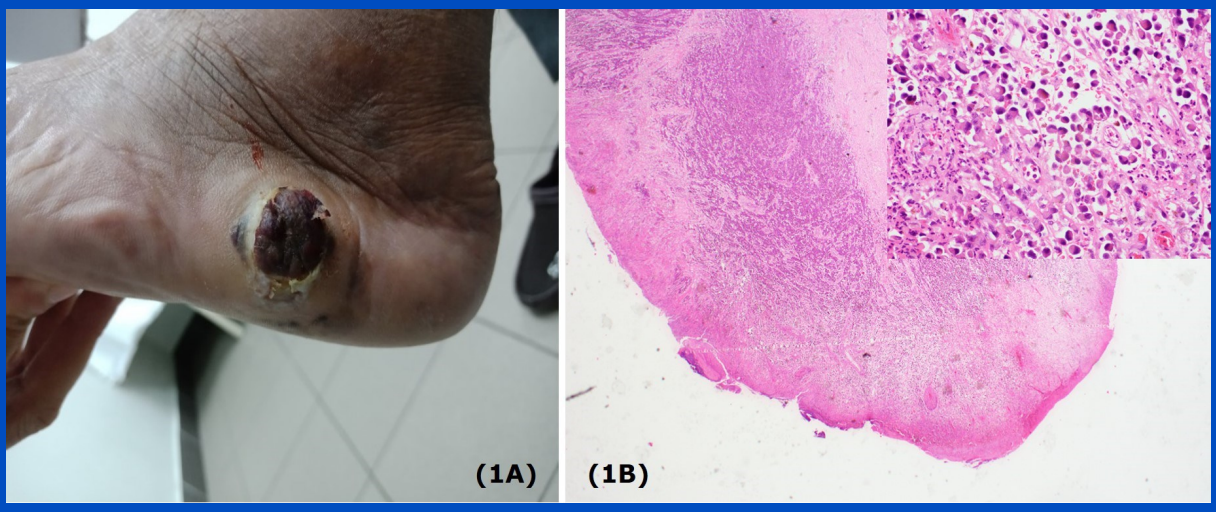
OFFICIAL PUBLICATION OF
THE MINISTRY OF HEALTH
AND
UNIVERSITI BRUNEI DARUSSALAM

Brunei International Medical Journal

Volume 17

4 March 2021 (20 Rejab 1442H)



Brunei Int Med J. *2021;17:15-16*

ISSN 1560 5876 Print
ISSN 2079 3146 Online

Online version of the journal is available at www.bimjonline.com

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

ISSN 1560-5876 Print
ISSN 2079-3146 Online

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.

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.

Conditions

Submission of an article for consideration for publication implies the transfer of the copyright from the authors to the BIMJ upon acceptance. The final decision of acceptance rests with the Editor-in-Chief. All accepted papers become the permanent property of the BIMJ and may not be published elsewhere without written permission from the BIMJ.

Ethics

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.

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. 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 pertaining to 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 consist of invited reports that have significant impact on healthcare practice and usually cover disease outbreaks, management guidelines or policy statement paper.

Audits

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.

Education section

This section includes papers (i.e. how to interpret ECG or chest radiography) with particular aim of broadening knowledge or serve as revision materials. Papers will usually be invited but well written paper on relevant topics may be accepted. The text should not exceed 1500 words and should include not more than 15 figures illustration and references should not be more than 15.

Images of interest

These are papers presenting unique clinical encounters that are illustrated by photographs, radiographs, or other figures. Image of interest should include a brief description of the case and discussion with educational aspects. Alternatively, a mini quiz can be presented and answers will be posted in a different section of the publication. A maximum of

three relevant references should be included. Only images of high quality (at least 300dpi) will be acceptable.

Technical innovations
This section include papers looking at novel or new techniques that have been developed or introduced to the local setting. The text should not exceed 1000 words and should include not more than 10 figures illustration and references should not be more than 10.

Letters to the Editor
Letters discussing a recent article published in the BIMJ are welcome and should be sent to the Editorial Office by e-mail. The text should not exceed 250 words; have no more than one figure or table, and five references.

Criteria for manuscripts
Manuscripts submitted to the BIMJ should meet the following criteria: the content is original; the writing is clear; the study methods are appropriate; the data are valid; the conclusions are reasonable and supported by the data; the information is important; and the topic has general medical interest. Manuscripts will be accepted only if both their contents and style meet the standards required by the BIMJ.

Authorship information
Designate one corresponding author and provide a complete address, telephone and fax numbers, and e-mail address. The number of authors of each paper should not be more than twelve; a greater number requires justification. Authors may add a publishable footnote explaining order of authorship.

Group authorship
If authorship is attributed to a group (either solely or in addition to one or more individual authors), all members of the group must meet the full criteria and requirements for authorship described in the following paragraphs. One or more authors may take responsibility 'for' a group, in which case the other group members are not authors, but may be listed in an acknowledgement.

Authorship requirement
When the BIMJ accepts a paper for publication, authors will be asked to sign statements on (1) financial disclosure, (2) conflict of interest and (3) copyright transfer. The correspondence author may sign on behalf of co-authors.

Authorship criteria and responsibility
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.

Financial disclosure or conflict of interest
Any affiliation with or involvement in any organisation or entity with a direct financial interest in the subject matter or materials discussed in the manuscript should be disclosed in an attachment. Any financial or material support should be identified in the manuscript.

Copyright transfer
In consideration of the action of the BIMJ in reviewing and editing a submission, the author/s will transfer, assign, or otherwise convey all copyright ownership to the Clinical Research Unit, RIPAS Hospital, Ministry of Health in the event that such work is published by the BIMJ.

Acknowledgements
Only persons who have made substantial contributions but who do not fulfill the authorship criteria should be acknowledged.

Accepted manuscripts
Authors will be informed of acceptances and accepted manuscripts will be sent for copyediting. During copyediting, there may be some changes made to accommodate the style of journal format. Attempts will be made to ensure that the overall meaning of the texts are not altered. Authors will be informed by email of the estimated time of publication. Authors may be requested to provide raw data, especially those presented in graph such as bar charts or figures so that presentations can be constructed following the format and style of the journal. Proofs will be sent to authors to check for any mistakes made during copyediting. Authors are usually given 72 hours to return the proof. No response will be taken as no further corrections required. Corrections should be kept to a minimum. Otherwise, it may cause delay in publication.

Offprint
Contributors will not be given any offprint of their published articles. Contributors can obtain an electronic reprint from the journal website.

Shazana NOR, Lee Shi LOO, Koo Guan CHAN, Pemasari Upali TELISINGHE, Chee Fui CHONG, Vui Heng CHONG.

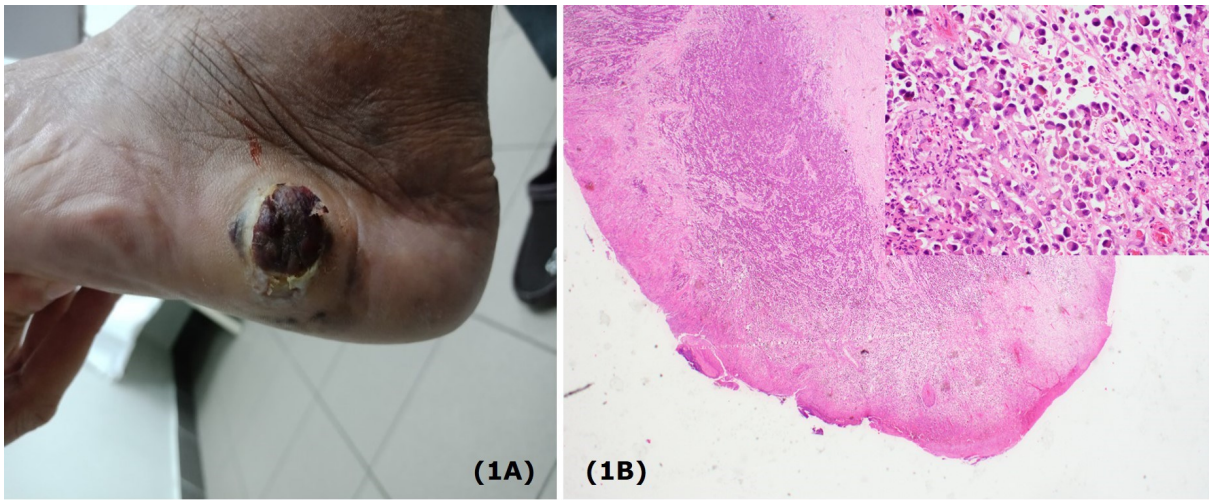


Figure 1

An 82-year-old man was referred to the Plastic Reconstructive Surgery clinic with a lesion on his left foot which he first noticed three years previously. The lesion had progressively grown, but intermittently bled and decompressed. It was associated with occasional itchiness and weepiness. On examination, there was a pigmented cauliflower like lesion (2cm x 2.5cm) on the lateral aspect of his foot (Figure 1A). A punch biopsy was taken and the histopathological slide is shown in Figure 1B.

What is the diagnosis?

Answer*: refer to page 16*

Correspondence author: Shazana NOR, Department of Plastic and Reconstructive Surgery, Raja Isteri Pengiran Anak Saleha Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam.
E mail: shazana.nor@moh.gov.bn

DISCLOSURE: There is no conflict of interest and consent has been obtained from the patient for use of these images.

Brunei Int Med J.*2021;17:15-16 Published on 4 March 2021; 20 Rejab 1442*

(Refer to page 15)

ANSWER: PRIMARY RHABDOID MELANOMA (NODULAR SUBTYPE) OF THE FOOT.

Figure 1A: a pigmented cauliflower like lesion (2cm x 2.5cm) on the lateral aspect of his foot.
Figure 1B: Elevated nodular lesion in the dermis and subcutaneous tissue (insert: sheets of polygonal cells with pink cytoplasm peripherally placed nuclei with some cells showing intracytoplasmic inclusions).

The punch biopsy revealed a diagnosis of melanoma (nodular subtype). A computed tomography scan staging did not show lymphadenopathy of disease dissemination. He underwent a wide local excision and the wound defect was covered with split-thickness skin graft. Histology confirmed it to be a nodular subtype melanoma with rhabdoid features (Figure 1B; insert showing sheets of polygonal cells with pink cytoplasm peripherally placed nuclei and some cell showing intracytoplasmic inclusions), a rare form of melanoma. The final diagnosis of primary rhabdoid melanoma (nodular subtype) staged $pT_4bN_0M_0$.

Melanoma is the most dangerous type of skin cancer. It is important to recognise warning signs of melanoma ('**ABCDE**' mnemonic): it tends to be **A**symmetrical, has an irregular **B**order, often with multiple **C**olours, usually larger in **D**iameter, and tends to **E**volve over time (i.e. change in colour or size). There are several histological subtypes of melanoma; melanoma in-situ, superficial spreading, nodular, lentigo maligna, acral lentiginous and malignant melanoma. Nodular melanoma is the second most common subtype and commonly occurs in the 40-60 years age-group, and twice as common in men. It is often clinically described as a uniform blue-black or blue-red nodule and is known to have rapid vertical growth. Asians have shown to have the thickest tumour for nodular melanoma.[1] Rhabdoid variant of melanoma is rare and is more aggressive.[2] Wide local excision is the definitive treatment for primary melanoma.[3] Chemotherapy is less effective and adjuvant immunotherapy is often reserved for patients with high-risk features.[4] Regular surveillance post-operatively is important as there is still a high risk for regional or distant relapses.

REFERENCES

1: Wang Y, Zhao Y, Ma S. Racial differences in six major subtypes of melanoma: descriptive epidemiology. BMC Cancer. 2016; 16:691.
2: Chung BY, Ahn IS, Cho SI, et al. Primary malignant rhabdoid melanoma. Ann Dermatol. 2011; 23(Suppl 2):S155-9.
3: Tsao H, Atkins M, Sober A. Management of cutaneous melanoma. N Engl J Med. 2004; 351:998-1012.
4: Davar D, Tarhini A, Kirkwood J. Adjuvant therapy for melanoma. Cancer J. 2012; 18:192-202.