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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.

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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.

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

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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.

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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.

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Acknowledgements

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Roland POH, WHL YAP, Ketan PANDE.



A 52-year-old male presented with swelling over the front of his right arm. The onset was after an acute episode of pain in the arm while playing badminton about 1 month prior. This was associated with hearing a popping sound and bruising over the arm which settled in about 2 weeks. There was good strength of the biceps with no limitation of function. Active flexion of right elbow (Fig.1) revealed the swelling (arrow) compared to normal left side (Fig. 2) (Both images taken from behind the patient).

What is the clinical sign called?

What does it suggest?

Answer: refer to page 124

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(Refer to page 123)

ANSWER: POPEYE SIGN OF RUPTURE OF LONG HEAD OF BICEPS.

The incidence of biceps tendon rupture is <1 /100,000 and is more common in men.¹ It usually occurs with sudden eccentric loading of the biceps with arm in flexion and supination.² The risk factors include old age, preexisting shoulder condition, strenuous overhead activities or overuse and use of steroid and statins.^{2,3} The long head of biceps is involved in 95% of the cases while distal rupture is seen in 5%.³

The initial presentation is with pain and swelling while in the chronic case it is painless with some tenderness in the bicipital groove. Usually there is no loss of function as the short head of biceps is intact.^{2,3}

On clinical examination there is distal displacement of the biceps belly on contrac-

tion resulting in a swelling similar to contracted biceps seen in the pictures of the popular cartoon character Popeye. Hence the name 'Popeye sign' (Figure 3).^{2,3}

Imaging studies like ultrasound and MRI may be needed to confirm the diagnosis and determine the extent and location of the tear.³

The treatment of proximal rupture of biceps is usually conservative with rest and analgesics. Surgery may be indicated for cosmetic reasons and in high demand patients like athletes.³

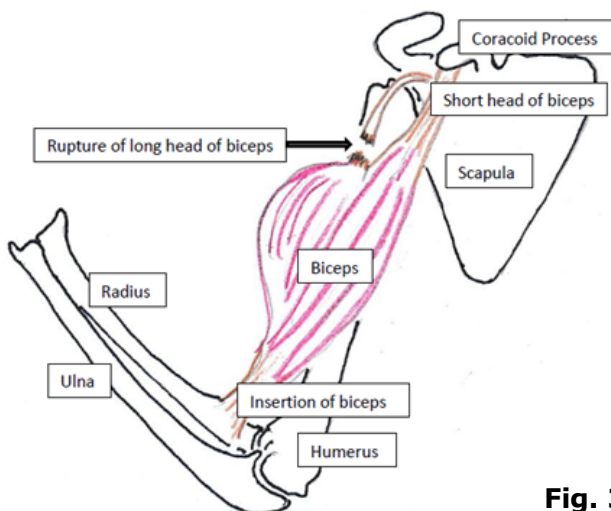


Fig. 3



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