This section of the journal serves to highlight the works and researches done by local doctors or doctors either in Brunei Darussalam or in collaborations with other centers that have been published in regional or international journals. This also includes works published as part of collaboration with centers outside of Brunei Darussalam. These works include review articles, original articles and case reports published between 15th December 2010 to 15th April 2011. (Some publications have been published or indexed at a later date than publication).

Possible impact of rising sea levels on vector-borne infectious diseases.

BACKGROUND: Vector-borne infectious diseases are a significant cause of human and animal mortality and morbidity. Modeling studies predict that changes in climate that accompany global warming will alter the transmission risk of many vector-borne infectious diseases in different parts of the world. Global warming will also raise sea levels, which will lead to an increase in saline and brackish water bodies in coastal areas. The potential impact of rising sea levels, as opposed to climate change, on the prevalence of vector-borne infectious diseases has hitherto been unrecognised.

PRESENTATION OF THE HYPOTHESIS: Mosquito species possessing salinity-tolerant larvae and pupae, and capable of transmitting arboviruses and parasites are found in many parts of the world. An expansion of brackish and saline water bodies in coastal areas, associated with rising sea levels, can increase densities of salinity-tolerant vector mosquitoes and lead to the adaptation of freshwater vectors to breed in brackish and saline waters. The breeding of non-mosquito vectors may also be influenced by salinity changes in coastal habitats. Higher vector densities can increase transmission of vector-borne infectious diseases in coastal localities, which can then spread to other areas.

TESTING THE HYPOTHESIS: The demonstration of increases in vector populations and disease prevalence that is related to an expansion of brackish/saline water bodies in coastal areas will provide the necessary supportive evidence. However the implementation of specific vector and disease control measures to counter the threat will confound the expected findings.

IMPLICATIONS OF THE HYPOTHESIS: Rising sea levels can act synergistically with climate change and then interact in a complex manner with other environmental and socio-economic factors to generate a greater potential for the transmission of vector-borne infectious diseases. The resulting health impacts are likely to be particularly significant in resource-poor countries in the tropics and semi-tropics. Some measures to meet this threat are outlined.

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Autoimmune hepatitis: a report of two cases.

In regions where chronic hepatitis B infections are still endemic, autoimmune hepatitis (AIH) is considered rare, and it is even rarer in the paediatric population. AIH in the paediatric population is categorised into type 1 and 2, which are differentiated by their autoantibody profiles. We present two cases of paediatric type 1 AIH. Two girls aged 11 and 15 years were referred to our hospital with chronic liver disease, one of whom had uncomplicated disease. Both patients were started on prednisolone. The patient with advanced liver disease died from complications due to infections that included the pandemic novel influenza A H1N1, while the other patient responded to treatment. These two cases serve to highlight the importance of considering AIH in any paediatric patient presenting with features of chronic liver disease, as the response to treatment is good.

Correspondence: Chong VH. Gastroenterology and Hepatology Unit, Raja Isteri Pengiran Anak Saleha Hospital,
Autoimmune thyroiditis and delayed onset psoriasis in association with combination therapy for chronic hepatitis C infection.

In regions where chronic hepatitis B infections are still endemic, autoimmune hepatitis (AIH) is considered rare, and it is even rarer in the paediatric population. AIH in the paediatric population is categorised into type 1 and 2, which are differentiated by their autoantibody profiles. We present two cases of paediatric type 1 AIH. Two girls aged 11 and 15 years were referred to our hospital with chronic liver disease, one of whom had decompensated disease. Both patients were started on prednisolone. The patient with advanced liver disease died from complications due to infections that included the pandemic novel influenza A H1N1, while the other patient responded to treatment. These two cases serve to highlight the importance of considering AIH in any paediatric patient presenting with features of chronic liver disease, as the response to treatment is good.

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Tuberculous appendix: a review of clinical presentations and outcomes.

Introduction: Tuberculous appendix is surprisingly rare, even in countries where this infection is common. We report our experience with tuberculous appendix over a 15-year period. Methods: A search for cases of tuberculous appendix was conducted from January 1995 to December 2009 on the databases of the National Tuberculosis Centre and the Departments of Pathology and Surgery of Raja Isteri Pengiran Anak Saleha Hospital. Results: There were five cases of tuberculous appendix, giving a cumulative incidence of 0.08 percent of all appendectomies (n is 6,593), 0.2 percent of tuberculosis (TB) cases (n is 2,876) and 8.6 percent of abdominal TB (n is 58). Three patients were male and two were female, with a median age of 27 (range 25-48) years. Four patients presented with symptoms of acute appendicitis and one with an appendiceal mass following treatment for acute gastroenteritis. Only one patient had constitutional symptoms. Four patients had appendectomies (one laparoscopic and three open) within the same admission and one had interval appendectomy. Operative findings included perforated appendix (n is 1), appendiceal mass (n is 1) and acute appendicitis (n is 3). In all cases, the diagnoses were made only after review of the histology. None of the patients had pulmonary TB. Delay in initiating anti-TB treatment in one patient resulted in the development of an ileocutaneous fistula following appendectomy. This was resolved by excision, followed by anti-TB treatment. Conclusion: Tuberculous appendix can present as acute appendicitis, and the diagnosis is often made after surgery. Any delay in treatment can lead to significant complications.

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Meliodosis.
Bickle I, Chong VH. Abdominal Imaging. Case 9076. 10.1594/EURORAD/CASE.9076

This 38-years-old man was admitted with a one month history of fatigue, variable fever, polyuria and polydipsia. He had lost 7 kilograms in weight. No past medical history or prescribed medications. With the exception of several erythematous papules in the epigastric region examination was unremarkable.

Authors: Department of Radiology, and Department of Medicine, RIPAS Hospital, Brunei Darussalam Article available from EURORAD website at http://www.eurorad.org/case.php?id=9076
Venous sinus thrombosis with cerebral oedema.
10.1594/EURORAD/CASE.9076
doi 10.1594/EURORAD/CASE.8522

This 33 year old previously fit and well female attended the Accident and Emergency (A&E) department twice within a 24 hours period, on both occasions complaining of headache.

On the second attendance she was accompanied by her concerned parents who informed staff it was unusual for her to complain.

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