

*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 centres that have been published in regional or international journals. This also includes works published as part of collaboration with centres outside of Brunei Darussalam. These works include review articles, original articles and case reports published between 15<sup>th</sup> April 2012 to 14<sup>th</sup> June 2012. (Some publications have been published or indexed at a later date than publication).*

### **Contrast-response functions of the multifocal steady-state VEP (MSV).**

Abdullah SN, Vaegan, Boon MY, Maddess T.  
Clin Neurophysiol. 2012 Mar 21. [Epub ahead of print]

**OBJECTIVES:** To measure contrast-response functions (CRFs) for 9 visual field (VF) regions and non-linear interactions between regions using a multifocal steady-state VEP (MSV).

**METHODS:** Ten normal adults were tested (51.7±16.9yr, 5 females). Stimuli resembling those of the Frequency Doubling Technology (FDT) perimeter were presented in 9 VF regions simultaneously, which were modulated at incommensurate temporal frequencies (mean 19.7Hz). Responses were recorded to 11 contrasts from 3% to 89%, using 8 scalp electrodes. Two repeats of a 20s duration stimulus were averaged for each contrast.

**RESULTS:** The CRFs were log-linear except for a depression near 7% contrast ( $p=0.0008$ ), which was prominent in the central VF. The effects of VF region, stimulus frequency and recording electrode were significant (all  $p<0.016$ ). Significant responses at frequencies corresponding to interactions between VF regions also appeared. Electrodes that were best for the interactions and second harmonic responses differed, suggesting different cortical sources.

**CONCLUSIONS:** Despite short recording durations the saturating CRFs meant that significant responses could be measured to low contrasts, and be distinguished from nonlinear interactions.

**SIGNIFICANCE:** Recording MSVs to low contrast FDT-like stimuli might be useful for quantifying damage by glaucoma and other visual disorders.

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### **The prevalence of recognized contributors to secondary osteoporosis in South East Asian men and post-menopausal women. Are Z score diagnostic thresholds useful predictors of their presence?**

Yung CK, Chong SF, Chandran M  
Arch Osteoporosis Epub: 2012, DOI: 10.1007/s11657-012-0078-z

**Summary:** The prevalence of secondary contributors to osteoporosis in our population of SE Asian patients is high. Though various low thresholds Z score values have been proposed as suggestive of a high likelihood of secondary osteoporosis, they appear to have only limited discriminatory value in identifying a secondary cause.

**Introduction :** Many patients with osteoporosis have significant secondary contributors towards their bone loss. The sensitivity and diagnostic utility of using Z score thresholds to screen for secondary osteoporosis have not yet been convincingly demonstrated nor has there been any previous attempt to estimate the prevalence of secondary osteoporosis in South East Asia. We aimed to study the prevalence of commonly recognized contributors and to determine the discriminatory ability of Z score thresholds in screening for them in Singaporean men and post-menopausal women with osteoporosis.

**Method:** Three hundred thirty-two consecutive patients seen at the osteoporosis clinic of the largest hospital in Singapore were evaluated. The frequencies of the different contributors were determined and sensitivities, specificities, and positive and negative predictive values (PPV and NPV) of pre-specified Z score cut-off values calculated.

**Results:** Vitamin D deficiency was present in 18.5% of the patients, hyperthyroidism in 10.11%, primary hyperparathyroidism in 1%, secondary

hyperparathyroidism in 6%, hypercalciuria in 21.63%, glucocorticoid use in 8.43%, and hypogonadism in 9.4% of males. A Z score value of  $<-1$  had a sensitivity of 71.7% and NPV of 66.2% in identifying the presence of a secondary contributor in post-menopausal women. The sensitivity and NPV of a similar threshold in men was 59.1 and 40%, respectively. ROC curves used to investigate various Z score diagnostic thresholds for sensitivity and specificity showed that they provided poor predictive value for the presence of secondary osteoporosis.

**Conclusion:** Secondary contributors are common in our patients with osteoporosis. Z score diagnostic thresholds have only limited value in discriminating between primary and secondary osteoporosis.

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### **A new flexible laryngeal mask airway introducer**

Kulkarni AH, Simon BP, Jose JK.

Indian J Anaesth. 2012 Jan;56(1):94-5. No abstract available.

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### **The relationship between urban environment and the inflammatory bowel diseases: a systematic review and meta-analysis.**

Soon IS, Molodecky NA, Rabi DM, Ghali WA, Barkema HW, Kaplan GG. BMC Gastroenterol. 2012 May 24;12(1):51.

**BACKGROUND:** The objective of this study was to conduct a systematic review with meta-analysis of studies assessing the association between living in an urban environment and the development of the Crohn's disease (CD) or ulcerative colitis (UC).

**METHODS:** A systematic literature search of MEDLINE (1950-Oct. 2009) and EMBASE (1980-Oct. 2009) was conducted to identify studies investigating the relationship between urban environment and IBD. Cohort and case-control studies were

analyzed using incidence rate ratio (IRR) or odds ratio (OR) with 95% confidence intervals (CIs), respectively. Stratified and sensitivity analyses were performed to explore heterogeneity between studies and assess effects of study quality.

**RESULTS:** The search strategy retrieved 6940 unique citations and 40 studies were selected for inclusion. Of these, 25 investigated the relationship between urban environment and UC and 30 investigated this relationship with CD. Included in our analysis were 7 case-control UC studies, 9 case-control CD studies, 18 cohort UC studies and 21 cohort CD studies. Based on a random effects model, the pooled IRRs for urban compared to rural environment for UC and CD studies were 1.17 (1.03, 1.32) and 1.42 (1.26, 1.60), respectively. These associations persisted across multiple stratified and sensitivity analyses exploring clinical and study quality factors. Heterogeneity was observed in the cohort studies for both UC and CD, whereas statistically significant heterogeneity was not observed for the case-control studies.

**CONCLUSIONS:** A positive association between urban environment and both CD and UC was found. Heterogeneity may be explained by differences in study design and quality factors.

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### **Postoperative complications following colectomy for ulcerative colitis in children.**

Soon IS, Wrobel I, Debruyne JC, Sauve R, Sigalet DL, Kaplan BS, Proulx MC, Kaplan GG. J Pediatr Gastroenterol Nutr. 2012 Jun;54(6):763-8.

**BACKGROUND AND AIMS:** Colectomy rates for ulcerative colitis (UC) and data on postcolectomy complications in children are limited. Thus, we assessed colectomy rates, early postcolectomy complications, and clinical predictors in children with UC undergoing a colectomy.

**METHODS:** Children (18 years old or older) with UC who underwent colectomy from 1983 to 2009 were identified (n=30). All of the medical charts were reviewed. The diagnostic accuracy of International Classification of Diseases codes for UC and colectomy were validated. The primary outcome was

postoperative complications defined as Clavien-Dindo classification grade II or higher. The yearly incidence of colectomies for pediatric UC was calculated and temporal trends were evaluated.

**RESULTS:** The sensitivity and positive predictive value of UC and colectomy International Classification of Diseases codes were 96% and 100%, respectively. The median ages at UC diagnosis and colectomy were 10.9 and 12.1 years, respectively. All of the children had pancolitis and 63% underwent emergent colectomy. Postoperatively, 33% experienced at least 1 complication. Patients with emergent colectomy were more likely to have a postoperative complication compared with patients with elective colectomy (90% vs 50%;  $P=0.03$ ). For emergent colectomy, postoperative complications were associated with a disease flare of  $\geq 2$  weeks before admission (60% vs 0%;  $P=0.03$ ) and  $>2$  weeks from admission to colectomy (78% vs 22%;  $P=0.04$ ). The average annual rate of pediatric colectomy was 0.059/100,000 person-years and stable from 1983 to 2009 ( $P>0.05$ ).

**CONCLUSIONS:** Colectomy UC was uncommon and rates have remained stable. Postcolectomy complications were common, especially in patients undergoing emergent colectomy. Optimizing timing of colectomy may reduce postoperative complications.

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### **Increasing incidence and prevalence of the inflammatory bowel diseases with time, based on systematic review.**

Molodecky NA, Soon IS, Rabi DM, Ghali WA, Ferris M, Chernoff G, Benchimol EI, Panaccione R, Ghosh S, Barkema HW, Kaplan GG. *Gastroenterology*. 2012 Jan;142(1):46-54.e42; quiz e30. Epub 2011 Oct 14.

**BACKGROUND & AIMS:** We conducted a systematic review to determine changes in the worldwide incidence and prevalence of ulcerative colitis (UC) and Crohn's disease (CD) in different regions and with time.

**METHODS:** We performed a systematic literature search of MEDLINE (1950-2010; 8103 citations)

and EMBASE (1980-2010; 4975 citations) to identify studies that were population based, included data that could be used to calculate incidence and prevalence, and reported separate data on UC and/or CD in full manuscripts ( $n = 260$ ). We evaluated data from 167 studies from Europe (1930-2008), 52 studies from Asia and the Middle East (1950-2008), and 27 studies from North America (1920-2004). Maps were used to present worldwide differences in the incidence and prevalence of inflammatory bowel diseases (IBDs); time trends were determined using joinpoint regression.

**RESULTS:** The highest annual incidence of UC was 24.3 per 100,000 person-years in Europe, 6.3 per 100,000 person-years in Asia and the Middle East, and 19.2 per 100,000 person-years in North America. The highest annual incidence of CD was 12.7 per 100,000 person-years in Europe, 5.0 person-years in Asia and the Middle East, and 20.2 per 100,000 person-years in North America. The highest reported prevalence values for IBD were in Europe (UC, 505 per 100,000 persons; CD, 322 per 100,000 persons) and North America (UC, 249 per 100,000 persons; CD, 319 per 100,000 persons). In time-trend analyses, 75% of CD studies and 60% of UC studies had an increasing incidence of statistical significance ( $P < .05$ ).

**CONCLUSIONS:** Although there are few epidemiologic data from developing countries, the incidence and prevalence of IBD are increasing with time and in different regions around the world, indicating its emergence as a global disease.

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### **Gastroduodenal intusseption as a first manifestations of gastric gastrointestinal stromal tumor.**

Basir N, Yaakub AB, Kafeel G, Telisingle PU, Tan KK, Sharif F, Chong VH. *Turk J Gastroenterol*. 2012; 23 (2): 185-6.

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Article is freely available from the journal website at <http://www.turkgastro.org/pdf/1067.pdf>

## **Physician home visits by palliative medicine fellow.**

Ang SK, LeGrand SB, Walsh D, Davis MP, Lagman RL

[Am J Hosp Palliat Care.](#) 2012 Mar;29(2):112-5

**BACKGROUND:** Physician home visits (HVs) are an important model of care for the terminally ill. Hospice and palliative medicine (HPM) fellows make a minimum of 25 HVs.

**OBJECTIVE:** To describe HPM fellow hospice HVs in an academic palliative medicine practice.

**METHODS:** Retrospective chart review of HVs conducted by 1 HPM fellow.

**RESULTS:** Twenty-five HVs were made to 21 hospice patients. Nineteen had advanced cancer. Indications for visits were symptom management (22) and education (21). On average 2.8 symptoms ( $\pm$  SD 1) were addressed on each visit, usually pain. Medications were reviewed at every visit.

**CONCLUSIONS:** HVs are an important part for patient care and fellow education, which provided an opportunity for medication revision and symptom education.

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## **Prevention and management of accidental foreign body ingestion and aspiration in orthodontic practice.**

Umesan UK, Chua KL, Balakrishnan P. *Ther Clin Risk Manag.* 2012;8:245-52.

Among the myriad emergencies that could arise in the dental clinical setting there are a few that occur occasionally despite being entirely preventable. Ingestion or aspiration of dental materials, appli-

ances, or instruments comprises this category. Regardless of incidence, foreign body ingestion or aspiration episodes are recognized as potential complications in the specialty of orthodontics. Despite their infrequent occurrence, the morbidity from a single incident and the amount of specialty medical care that may be needed to manage such incidents is too high to ignore. There is also the associated risk of malpractice litigation given the fact that these incidents are preventable. At present, no clear guidelines exist regarding prevention of this emergency in practice. This article attempts to review relevant literature and aims to formulate certain recommendations based on best available evidence to minimize the incidence of such events, while also suggesting guidelines toward making their management more effective. A flow chart outlining management options and strategies to aid the clinician in the event of such an emergency is also presented.

**Correspondence:** Uday K Umesan, National Dental Centre, Bandar Seri Begawan, Brunei Darussalam. (Article is free from the journal website at <http://www.dovepress.com/prevention-and-management-of-accidental-foreign-body-ingestion-and-asp-peer-reviewed-article-TCRM>)

## **Cerebral abscess with rupture into the ventricles due to chronic otitis media**

Bickle I, Mohamed D.

*Philipp J Otolaryngol Heal and Neck Surg* 2012; 27 (1):35-37.

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