

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> December 2014 to 14<sup>th</sup> April 2015. (Some publications have been published or indexed at a later date after publication ahead of print).

### Overexpression of EGFR protein in Bruneian lung cancer patients.

Han YH, Abdul Hamid MR, Telisinghe PU, Haji Hussin JB, Mabruk M.  
Asian Pac J Cancer Prev. 2015;16(1):233-7.

#### ABSTRACT

**BACKGROUND:** Lung cancer is the leading cause of cancer death in Brunei Darussalam, accounting for almost 20% of the total. The epidermal growth factor receptor (EGFR) is a member of the erbB family of tyrosine kinase receptor proteins, which includes c-erbB2 (HER2/neu), erb-B3, and erb-B4. EGFR overexpression is found in a third of all epithelial cancers, often associated with a poor prognosis.

**MATERIALS AND METHODS:** Protein expression of EGFR in 27 cases of lung cancer tissue samples and 9 cases of normal lung tissue samples was evaluated using an immunohistochemical approach.

**RESULTS:** The results demonstrated significant increase and overexpression of EGFR in Bruneian lung cancer tissue samples in comparison to normal lung tissue. However, there was no significant relationship between clinicopathologic variables (age and sex) of patients and EGFR protein expression.

**CONCLUSIONS:** EGFR is overexpressed in Bruneian lung cancer patient tissue samples in comparison to normal lung tissue samples. This may indicate that EGFR protein over expression plays an important role in the genesis of this type of cancer in Brunei Darussalam.

**Correspondence:** Prof M Mabruk. PAPRSP Institute of Health Sciences, University of Brunei Darussalam, Gadong, Brunei Darussalam  
E mail: mohamed.mabruk@ubd.edu.bn  
or mohamed.mabruk@gmail.com.

### Stigma among workers attending a hospital specialist diabetes clinic. Stigma among workers attending a hospital specialist diabetes clinic.

Lee SM, Lim LC, Koh D.

Occup Med (Lond). 2015 Jan;65(1):67-71.

**BACKGROUND:** Stigma among sufferers of chronic diseases such as obesity, human immunodeficiency virus disease and mental health disorders has been studied. This study addresses stigma affecting workers with diabetes.

**AIMS:** To investigate diabetes-related stigma and associated factors in a group of workers receiving care in a Singapore diabetes outpatient clinic.

**METHODS:** Type 2 diabetes mellitus (T2DM) patients receiving subsidized care and holding full-time employment were consecutively recruited over 9 months. A questionnaire was individually administered by an interviewer.

**RESULTS:** One hundred and twenty-five participants were recruited. Fifteen, who reported experiencing stigma, had higher median hospitalizations compared with the rest of the study group (2 (interquartile range (IQR) 0-6) versus 0 (0-1.75),  $P < 0.05$ ). They were more likely to report that their diabetes affected work (8 (53%) versus 25 (23%),  $P < 0.05$ ); having heard others experience diabetes-related stigma (9 (60%) versus 33 (30%),  $P < 0.05$ ) and that employment prospects were affected (6 (40%) versus 18 (16%),  $P < 0.05$ ), as well as having higher HbA1c (9.5% versus 8.5%,  $P > 0.05$ ). Fifty-three per cent (66) of respondents reported that work affected their diabetes. There was no significant difference between the stigma and non-stigma groups in age (mean 50 years), body mass index (BMI; mean 28kg/m<sup>2</sup>), diabetes duration (12 years) and insulin use.

**CONCLUSIONS:** Twelve percentage of employed T2DM outpatients reported experiencing stigma because of diabetes. This was associated with frequency of hospitalization (a surrogate for poorer health) and poorer diabetes control. Strategies to reduce stigma include optimizing diabetes control, patient support and educating employers to improve understanding of diabetes and its work implications.

**Correspondence:** Prof David Koh. Saw Swee Hock School of Public Health, National University of Singapore, S119077 Singapore, PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam Jalan Tungku Link, Gadong, BE 1410, Brunei Darussalam.

Note: Work done in oversea centre.

### **Extrahepatic biliary cystadenoma: a rare cause of biliary obstruction.**

Metussin A, Telisinghe P, Kok K, Chong V.  
Oman Med J. 2015 Jan;30(1):66-8.

#### **ABSTRACT**

Biliary cystadenoma is a rare tumor of the biliary tree and a rare cause of obstructive jaundice. Most are intrahepatic, and pure extrahepatic biliary cystadenoma is less common. Cases are more common in women. Unless suspected, diagnosis of extrahepatic biliary cystadenoma is often delayed. Here, we report the case of a young woman with extrahepatic biliary cystadenoma who presented at Raja Isteri Pengiran Anak Saleha Hospital with obstructive jaundice initially thought to be due to a large biliary stone based on the endoscopic cholangiogram image. She was successfully managed with resection of the cystadenoma.

**Correspondence:** Chong VH. Department of Medicine, RIPAS Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam. E mail: chongvuih@yahoo.co.uk

### **Ectopic Inferior Vena Cava Thrombus Secondary to a Tubo-Ovarian Abscess.**

Koh KS, Abdullah NA, Chong VH.  
Med J Malaysia. 2014 Dec;69(6):293-295.

#### **ABSTRACT**

Inferior vena cava (IVC) thrombosis typically arises distally from a thrombophlebitic extension in the pelvis or the lower extremities. It may also occur from propagation of an ovarian vein thrombosis as a result of gynaecological disorders such as pelvic inflammatory disease, endometritis or from pelvic surgeries. In this report, we present an interesting case of a tubo-ovarian abscess with an ectopic IVC thrombus. The approach to management in such cases is also highlighted.

**Correspondence:** Koh Kai Shing. Department of Surgery, RIPAS Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam. E mail: kaishing.koh@uqconnect.edu.au

### **Rectal bleeding from seeds impaction.**

Metussin A, Mohamad MZ, Chong VH.  
Turk J Gastroenterol. 2014 Dec;25(Suppl 1):S270-S271.

#### **NO ABSTRACT**

**Correspondence:** Chong VH. Department of Medicine, RIPAS Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam. E mail: chongvuih@yahoo.co.uk

### **Urogenital Melioidosis: A Review of Clinical Presentations, Characteristic and Outcomes.**

Chong VH, Sharif F, Bickle I.  
Med J Malaysia. 2014 Dec;69(6):257-260.

#### **ABSTRACT**

**INTRODUCTION:** Melioidosis is endemic to the tropical regions, in particular Thailand and Northern Australia. Any organ can be affected by melioidosis. Involvement of the urogenital system is common in Northern Australia, but is less common in other regions. This study assesses the characteristics of melioidosis affecting the urogenital system treated in a tertiary referral centre in Brunei Darussalam.

**MATERIAL AND METHODS:** All patients treated for melioidosis of the urogenital system were identified and retrospectively reviewed.

**RESULTS:** There were 9 patients with 11 episodes of urogenital infections treated over 13 years. The median age at diagnosis was 38 years old (range 29 - 63) with men predominantly affected. The major risk factor was underlying diabetes mellitus (n=9), including three patients diagnosed at the time of diagnosis of melioidosis. The median glycosylated haemoglobin (HbA1c) was 12.8% (range 6.4 to 16.6%). One patient's risk factor was only moderate alcohol consumption. Common symptoms included; fever, lethargy, rigor and anorexia. Dysuria was reported by two patients. The median duration of symptoms before presentation was 7 days (range 2 to 21 days) and the median number of sites involved were 3 (range of 2 to 6). Urogenital involvement included prostate (n=6), kidney (n=8), seminal vesicles (n=1) and testis (n=1). Radiological imaging showed that large prostate abscesses (>4.5cm) were common, and in some patients, the kidney abscess had the 'honeycomb' previously described as typical for melioidosis liver abscess. All patients were successfully treated for

melioidosis and at a median follow up of 34 months (range 1 - 97), there was one death from complications of diabetes mellitus.

**CONCLUSION:** Urogenital melioidosis only accounted for a small proportion of all melioidosis involvement, with prostate and kidney most commonly affected. Concomitant involvement of other sites were common. The major risk factor was poorly controlled diabetes mellitus.

**Correspondence:** Chong VH. Department of Medicine, RIPAS Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam. E mail: chongvuih@yahoo.co.uk

### A proposal for a CT driven classification of left colon acute diverticulitis.

Sartelli M, Moore FA, Ansaloni L, Di Saverio S, Coccolini F, Griffiths EA, Coimbra R, Agresta F, Sakakushiev B, Ordoñez CA, Abu-Zidan FM, Karamarkovic A, Augustin G, Costa Navarro D, Ulrych J, Demetrashevili Z, Melo RB, Marwah S, Zachariah SK, Wani I, Shelat VG, Kim JI, McFarlane M, Pintar T, Rems M, Bala M, Ben-Ishay O, Gomes CA, Faro MP, Pereira GA Jr, Catani M, Baiocchi G, Bini R, Anania G, Negoï I, Kecbaja Z, Omari AH, Cui Y, Kenig J, Sato N, Vereczkei A, Skrovina M, Das K, Bellanova G, Di Carlo I, Segovia Lohse HA, Kong V, Kok KY, Massalou D, Smirnov D, Gachabayov M, Gkiokas G, Marinis A, Spyropoulos C, Nikolopoulos I, Bouliaris K, Tepp J, Lohsiriwat V, Çolak E, Isik A, Rios-Cruz D, Soto R, Abbas A, Tranà C, Caproli E, Soldatenkova D, Corcione F, Piazza D, Catena F.

World J Emerg Surg. 2015 Feb 19;10:3. doi: 10.1186/1749-7922-10-3. eCollection 2015. Review.

#### ABSTRACT

Computed tomography (CT) imaging is the most appropriate diagnostic tool to confirm suspected left colonic diverticulitis. However, the utility of CT imaging goes beyond accurate diagnosis of diverticulitis; the grade of severity on CT imaging may drive treatment planning of patients presenting with acute diverticulitis. The appropriate management of left colon acute diverticulitis remains still debated because of the vast spectrum of clinical presentations and different approaches to treatment proposed. The authors present a new simple classification system based on both CT scan results driving decisions making management of acute diverticulitis that may be universally accepted for day to day practice.

NOTE: Collaboration between Kok KY with external centres Text is freely available from journal website at <http://www.wjes.org/content/1749-7922/10/3>

### Early experience with attain stability, an activefixation LV lead: virtues and pitfalls.

Johar S, Luqman N.

Pacing Clin Electrophysiol. 2015 Mar;38(3):297-301.

#### ABSTRACT

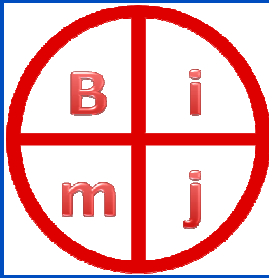
**Background:** Appropriate left ventricle (LV) lead placement is integral to successful cardiac resynchronization therapy (CRT). Lead dislodgement and phrenic nerve stimulation (PNS) are major obstacles. A recent trial of an active fixation LV lead (Attain Stability 20066, Medtronic Inc., Tilburg, the Netherlands) has shown promising results. We share our initial experience with this novel active fixation LV lead.

**METHODS:** A Medtronic active fixation lead 20066 was used in eight consecutive patients for CRT. An optimal site was chosen and recommended maneuvers were applied for lead fixation. Push and pull maneuvers were used to test stability.

**RESULTS:** There were two initial dislodgements after which we used a transvalvular insertion (TVI) tool that was used in the hemostatic valve during rotation of the lead so that the torque was easily transmitted to the tip. It also allowed better tactile feedback during push-pull tests. There were no further dislodgements in the subsequent six patients. However, in one patient the lead could not be unscrewed due to the tip getting wedged at a distal smaller vein. Repositioning of the LV lead was done in three patients due to PNS or pacing issues. The median time for LV lead placement was 16.5 minutes (interquartile range 9-25 minutes).

**CONCLUSION:** The Medtronic Attain Stability 20066 active fixation LV lead can potentially be implanted at any pacing site avoiding PNS and providing better stability. The learning curve is short and additional tricks can be learnt to improve success. Use of TVI while the lead is rotated is beneficial.

**Correspondence:** Sofian JOHAR. Department of Cardiology, RIPAS Hospital, Bandar Seri Begawan, Brunei Darussalam; Cardiac Center, Gleneagles Jerudong Park Medical Center, Bandar Seri Begawan, Brunei Darussalam. E mail: sofianjohar@hormail.com

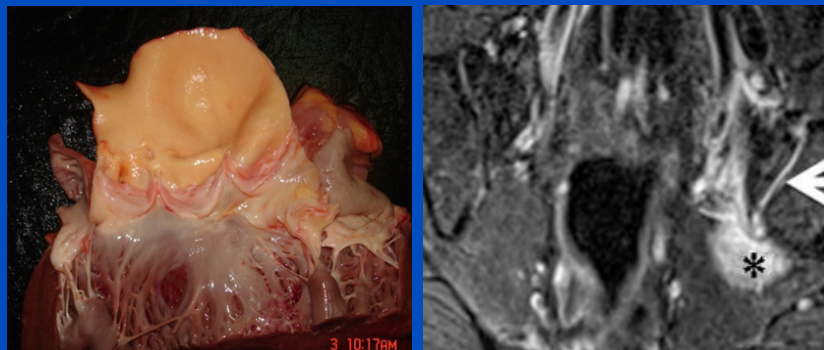
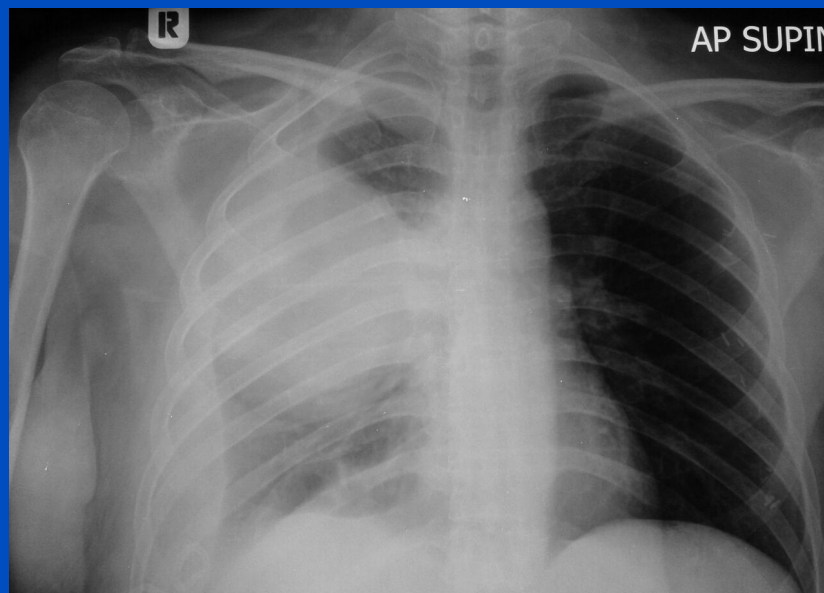


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