

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 15th April 2015 to 14th August 2015. (Some publications have been published or indexed at a later date after publication ahead of print).

Autoimmune hepatitis in adult and pediatric patients: Is there any difference?

Chong VH, Jalihal A, Telisinghe PU.
Indian J Gastroenterol. 2015 May;34(3):264-5.
doi: 10.1007/s12664-015-0564-5.

NO ABSTRACT.

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Poor knowledge of colorectal cancer in Brunei Darussalam.

Chong VH, Lim AG, Baharudin HN, Tan J, Chong CF.
Asian Pac J Cancer Prev. 2015;16(9):3927-3.

ABSTRACT

BACKGROUND: Colorectal cancer (CRC) is the most common gastrointestinal cancer and the incidence is increasing in many developing countries. While it can be detected early and even prevented through screening and removal of premalignant lesions, there are barriers to screening which include low level of knowledge and awareness of CRC. This study assessed the level of knowledge of CRC in Brunei Darussalam.

MATERIALS AND METHODS: A total of 431 (262 male and 161 female) subjects participated in this questionnaire study. Subjects were scored on their knowledge of signs/symptoms (maximum 10 correct answers) and known risk factors for CRC (maximum 10 correct answers) and were categorised into poor (0-2), moderate (3-4) and satisfactory (5-10). Comparisons were made between the various patient factors.

RESULTS: Overall, 54.1% could not name any CRC signs/symptoms or associated risk factors. Most were not aware of any screening modalities. The overall scores for CRC signs/symptoms and risk factors were 1.3 ± 1.39 (range 0-6) and 0.6 ± 1.05

(range 0-5) respectively. Overall, the breakdown of scores was: poor (78.1%), moderate (20.3%) and satisfactory (6.2%) for signs/symptoms and poor (93.2%), moderate (6.2%) and satisfactory (0.7%) for risk factors. Higher level of education, female gender and non-Malay race were associated with higher scores for both signs/symptoms and knowledge of screening modality; however the overall scores were low.

CONCLUSIONS: Our study showed that the general knowledge of CRC in Brunei Darussalam is poor. Being female, with higher levels of education and non-Malay race were associated with higher scores, but they were still generally poor. More needs to be done to increase the public knowledge and awareness of CRC.

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Esophageal Cancer in Brunei Darussalam over a three Decade Period: an Epidemiologic Study of Trends and Differences between Genders and Racial Groups.

Chong VH, Telisinghe PU, Chong CF.
Asian Pac J Cancer Prev. 2015;16(9):4123-6.

ABSTRACT

BACKGROUND: Carcinoma of the esophagus is associated with significant morbidity and mortality. The most common subtype is squamous cell carcinoma (SCC). In the past three decades, the incidence of SCC has been reported to be decreasing whereas esophageal adenocarcinoma (AC) is increasing. This study assessed the trend of esophageal cancer in Brunei Darussalam over a three decades period.

MATERIALS AND METHODS: The National Cancer registry was searched for esophageal cancers from 1986 to 2012. Data on age, gender, racial groups

(Malays, Chinese, Indigenous and foreign nationals) and histology type were collected. The rate (ASR) and Age Specific Incidence rate (ASIR) were calculated.

RESULTS: The predominant tumor type was SCC which accounted for 89% of all esophageal cancer. The gender ratio was 2.25: 1 (male: female) and the mean age at diagnosis was 66.9±12.9 years, significantly younger for esophageal AC (57.2±16.0) compared to SCC (68.1±12.0, $p < 0.05$), and among the foreign nationals ($p < 0.05$ for trend). The proportions of SCC among all esophageal cancers in the various racial groups were: Malays (87.8%), Chinese (100%), Indigenous (100%) and foreign nationals (20%). None of the Chinese and Indigenous groups were diagnosed with esophageal AC. The overall ASR for esophageal cancer was 2.1/100,000; 2.0/100,000 for SCC with a declining trend and 0.17/100,000 for esophageal AC, without any trend observed. Among the two major racial groups; the Chinese has higher ASR (3.42/100,000) compared to the Malays (ASR 0.95/100,000).

CONCLUSIONS: SCC is the predominant tumor type of esophageal cancer in Brunei Darussalam and more common among the Chinese. There was a declining trend in the incidence of SCC but not for esophageal AC.

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Recurrent Kimura Disease of the Inner Canthus With No Lymphadenopathy.

Francis IL, Ramalingam M, Ali NA, Telisinghe PU. *Ophthal Plast Reconstr Surg.* 2015 May 27. [Epub ahead of print]

ABSTRACT

The Kimura disease is a benign rare inflammatory condition of the soft tissue, especially of the head and neck region presenting as painless nodule with or without lymphadenopathy. This condition with unknown etiology is seen mainly in Asian males, in their thirties. The authors' present a 39-year-old man with the Kimura disease in the inner canthus of his OS and no lymphadenopathy. The subcutaneous nodule was excised, and on histopathological study it was confirmed as the Kimura disease. He presented with a larger recurrence after 1 year. It was fixed to the underlying bone. Excision biopsy

proved it to be the Kimura disease. To the authors' knowledge, this is the first report of the Kimura disease affecting ocular structures. The Kimura disease, although a rare condition, should be considered in the differential diagnosis of the primary and recurrent masses arising from the inner canthus of the eye.

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Factoids and critical care.

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Natl Med J India. 2014 Sep-Oct;27(5):249-50.

NO ABSTRACT.

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Narrow-band imaging and white-light endoscopy with optical magnification in the diagnosis of dysplasia in Barrett's esophagus: results of the Asia-Pacific Barrett's Consortium.

Singh R, Jayanna M, Wong J, Lim LG, Zhang J, Lv J, Liu D, Lee YC, Han ML, Tseng PH, Namasivayam V, Banerjee R, Uedo N, Chan WK, Ho SH, Chen SY, Bhatia S, Funasaka K, Ando T, Wu J, Lesmana C, Tam W, Wang WL, Chang CY, Jung HY, Jung KW, Bestari MB, Yao K, Chong VH, Sharma P, Ho KY. *Endosc Int Open.* 2015 Feb;3(1):E14-8. doi: 10.1055/s-0034-1377610. Epub 2014 Sep 26.

ABSTRACT

OBJECTIVE: The advent and utility of new endoscopic imaging modalities for predicting the histology of Barrett's esophagus (BE) in real time with high accuracy appear promising and could potentially obviate the need to perform random biopsies where guidelines are poorly adhered to. We embarked on evaluating the performance characteristics of white-light endoscopy with magnification (WLE-z), narrow-band imaging with magnification (NBI-z) and a combination of both modalities.

DESIGN: This was a prospective online study with 28 endoscopists from 11 countries (Asia-Pacific region) participating as assessors. In total, 35 patients with BE were assessed using 150 slides from

WLE-z and NBI-z randomly arranged using a simple classification with corresponding histology. The overall Accuracy (Acc), Sensitivity (Sn), Specificity (Sp), Positive Predictive Value (PPV), and Negative Predictive Value (NPV) of WLE-z, NBI-z and a combination of both were calculated.

RESULTS: The overall Acc for WLE-z and NBI-z images was 87.1% and 88.7%, respectively. When images from the two modalities were placed side by side, the Acc increased to 90.3%. The Sn, Sp, PPV, and NPV of WLE-z were 48%, 92%, 45%, and 93% while with NBI-z, these improved to 89%, 89%, 56%, and 98%, respectively. When both imaging modalities were viewed together, they improved

CONCLUSION: The high NPV (99%) when both WLE-z and NBI-z were used simultaneously indicates that areas with regular appearance that are diagnosed with confidence can effectively be left alone and not biopsied when performed at a skilled resourced center. This approach could potentially lead to a paradigm shift of how patients with BE are assessed.

NOTE: Chong VH. Department of Ophthalmology, RIPAS Hospital, Bandar Seri Begawan BA 1710, Brunei Darussalam; Collaboration work with other centres.