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The Medical Journal of Malaysia (MJM) welcomes articles of interest on all aspects of medicine in the form of original papers, review articles, short communications, continuing medical education, case reports, commentaries and letter to Editor. Articles are accepted for publication on condition that they are contributed solely to The Medical Journal of Malaysia.

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- 3
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Case Reports:

Papers on case reports (one to five cases) must follow these rules: Case reports should not exceed 2,000 words; with a maximum of two (2) tables; three (3) photographs; and up to ten (10) references. It shall consist of a Summary and the Main Text. The summary should be limited to 250 words and provided immediately after the title page. Having a unique lesson in the diagnosis, pathology or management of the case is more valuable than mere finding of a rare entity. Being able to report the outcome and length of survival of a rare problem is more valuable than merely describing what treatment was rendered at the time of diagnosis. There should be no more than seven (7) authors.

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Identify precisely all drugs and chemicals used, including generic name(s), dosage(s) and route(s) of administration. Do not use patients' names, initials or hospital numbers. Include numbers of observation and the statistical significance of the findings when appropriate

When appropriate, particularly in the case of clinical trials, state clearly that the experimental design has received the approval of the relevant ethical committee.

Present your results in logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the tables or illustrations, or both: emphasise or summarise only important observations in the text.

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Emphasise the new and important aspects of the study and conclusions that follow from them. Do not repeat in detail data given in the Results section. Include in the Discussion the implications of the findings and their limitations and relate the observations to other relevant studies.

Conclusion:

Link the conclusions with the goals of the study but avoid ungualified statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgements:

Acknowledgements of general support, grants, technical assistance, etc., should be indicated. Authors are responsible for obtaining the consent of those being acknowledged.

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Example references Journals:

Standard Journal Article Rampal L and Liew BS. Coronavirus disease (COVID-19) pandemic. Med J Malaysia 2020; 75(2): 95-7

Rampal L, Liew BS, Choolani M, Ganasegeran K, Pramanick A, Vallibhakara SA, et al. Battling COVID-19 pandemic waves in six South-East Asian countries: A real-time consensus review. Med J Malaysia 2020; 75(6): 613-25.

NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. Lancet 2021; 11; 398(10304): 957-80.

Books and Other Monographs:

Personal Author(s)

Goodman NW, Edwards MB. 2014. Medical Writing: A Prescription for Clarity. 4 th Edition. Cambridge University Press.

Chapter in Book

McFarland D. Holland IC. Distress, adjustments, and anxiety disorders. In: Watson M. Kissane D, Editors. Management of clinical depression and anxiety. Oxford University Press: 2017: 1-22.

Corporate Author

World Health Organization, Geneva. 2019. WHO Study Group on Tobacco Product Regulation. Report on the scientific basis of tobacco product regulation: seventh report of a WHO study group. WHO Technical Report Series, No. 1015.

NCD Risk Factor Collaboration (NCD-RisC). Rising rural body-mass index is the main driver of the global obesity epidemic in adults. Nature 2019; 569: 260-64.

World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 85, April 14, 2020. [cited April 2020] Accessed from: https://www.who.int/docs/defaultsource/ coronaviruse/situationreports/20200414-sitrep-85-covid-19.

Online articles

Webpage: Webpage are referenced with their URL and access date, and as much other information as is available. Cited date is important as webpage can be updated and URLs change. The "cited" should contain the month and year accessed.

Ministry of Health Malaysia. Press Release: Status of preparedness and response by the ministry of health in and event of outbreak of Ebola in Malaysia 2014 [cited Dec 2014]. Available http://www.moh.gov.my/english.php/database_stores/store_ from: view_page/21/437.

Other Articles: Newspaper Article

Panirchellvum V. 'No outdoor activities if weather too hot'. the Sun. 2016; March 18: 9(col. 1-3).

Magazine Article

Rampal L.World No Tobacco Day 2021 -Tobacco Control in Malaysia. Berita MMA. 2021; May: 21-22.

Tables:

All tables and figures should have a concise title and should not occupy more than one printed page. The title should concisely and clearly explain the content of the table or figure. They should be numbered consecutively with Roman numerals (e.g Table I) and figures with Arabic numerals (e.g. Figure 1), and placed after the sections of the manuscript which they reflect, particularly the results which they describe on separate pages. Cite tables in the text in consecutive order. Indicate table footnotes with lower-case letters in superscript font. Place the information for the footnote beneath the body of the table. If a table will be submitted as a separate document, the filename should contain the surname of the first author and match its label in the manuscript (e.g., SMITH Table 1).Vertical lines should not be used when constructing the tables. All tables and figures should also be sent in electronic format on submission of the manuscript as supplementary files through the journal management platform. Clinical Photographs should conceal the subject's identity. Tables and flow-charts should be submitted as Microsoft Word documents. Images should be submitted as separate JPEG files (minimum resolution of 300 dpi).

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A multidisciplinary approach on managing Haemophilia A patient: A case report

S Vinoshinee, Kar Koong Carol Lim

Department of Obstetrics & Gynaecology, Ampang Hospital, Selangor, Malaysia

ABSTRACT

Introduction: Hemophilia is an inherited disorder and is caused by the deficiency of clotting factors in the blood. Both Hemophilia A and B are inherited via an X-linked recessive pattern, therefore Haemophiliac carrier mothers have a 50% chance of having affected males and a 50% chance of having carrier females. **Case Description:** We describe the case of a 32-year-old, female Haemophilia carrier in her first pregnancy. With strong family history of Haemophilia A in the wife's family with her father, paternal uncles and maternal cousins affected, the couple was well informed, empowered and determined to seek prenatal diagnosis for their fetus. We performed focus genome examination for genetic mutation testing to identify pathogenic gene in this patient. This then allowed prenatal diagnosis for Haemophilia A to be carried out with amniocentesis and results showed that the male fetus did not carry the gene mutation. Pregnancy was monitored as per protocol and a healthy baby boy was delivered. **Discussion:** Recent advancement in genome testing has helped to diagnose the fetus free of genetic mutation and was reassuring to the parents. Prenatal diagnosis has enabled parents to make informed decision and prepared them mentally as well as to what to expect. The importance of multidisciplinary approach including ethics consultation cannot be stressed enough as there was concern regarding quality of life should the fetus be Haemophilia A, with possible issue of possible termination of pregnancy. We believed this was a first prenatal diagnosis for Haemophilia A in a fetus in Malaysia.

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A-040
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Post-menopausal lady with huge symptomatic uterine leiomyoma: A case report

Vindu Nirumal Kumar¹, Soe Lwin², Sim Wee Wee¹, Tin Moe Nwe³

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ABSTRACT

Introduction: Uterine leiomyoma is the most common benign gynaecological condition that arises from the overgrowth of smooth muscle and connective tissue in the uterus. It is estimated to be present in 20-40 % of women over the age of 30. The prevalence increases during the reproductive age and decreases after menopause. **Case Description:** We describe a case of a 51-year-old nulliparous, who attained menopause three years prior to presentation. She presented with progressive distension of the abdomen associated with weight loss of 11 kg in a year. The Computed Tomography of Thorax, Abdomen, and Pelvis reported as the uterus and both ovaries are not visualized and large ill-defined heterogeneous enhancing mass with cystic regions noted within the central abdomen measuring 23.2 x 30.0 x 26.7 cm (AP x W x H) suggesting a mass of ovarian origin. The ultrasound-guided biopsy and histopathological examination of the mass confirmed benign leiomyoma. Total abdominal hysterectomy and bilateral salphingo-oophorectomy was done. The histological report of the post-operative specimen confirmed the diagnosis of uterine leiomyoma. **Discussion:** The exact cause of uterine leiomyoma is not clearly understood. It is estrogendependent and associated with low parity, obesity, family history of a first-degree relative and reproductive age. In this case, the patient is nulliparous but not obese and in a state of menopause. Therefore, the huge symptomatic uterine leiomyoma is a rare occurrence after menopause. The size of the mass at presentation posed a diagnostic dilemma because of the possibility of intra-abdominal malignancy.