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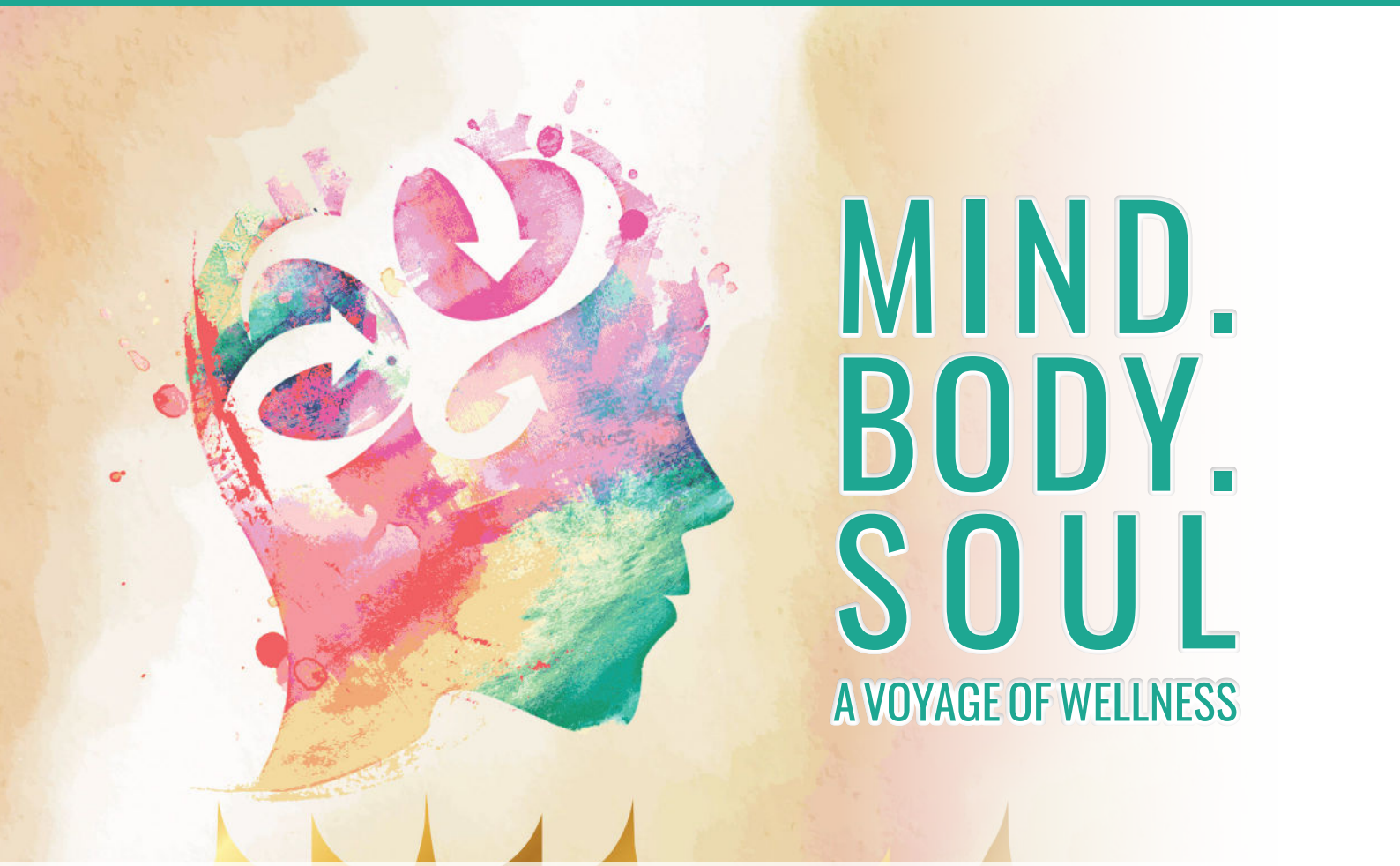

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About MFP

The ***Malaysian Family Physician*** (MFP) is the official journal of the Academy of Family Physicians of Malaysia (AFPM). It is jointly published by the Family Medicine Specialist Association (FMSA) of Malaysia. The MFP is published three times a year. It also started an Online First section in January 2021, where accepted articles are published online ahead of the issue.

Goal: The MFP is an international journal that disseminates quality knowledge and clinical evidence relevant to primary care. The journal acts as the voice of family physicians, researchers and other members of the primary care team on clinical practice issues.

Scope: The MFP publishes:

i. Research – Original Articles and Reviews
ii. Education – Case Reports/Clinical Practice Guidelines/Test Your Knowledge. We only encourage case reports that have the following features:
    1. Novel aspects
    2. Important learning points
    3. Relevant to family practice
iii. Invited debate, commentary, discussion, letters, online, comment, and editorial on topics relevant to primary care.
iv. A Moment in the Life of a Family Physician – We encourage submission of a short narrative to share perspectives, voice, views and opinions about a family physician's experience that has affected their practice or life.
    Read our Information for Authors section to learn more about these article types.

Strength: MFP is the only primary care research journal in Malaysia and one of very few in the region. It is open access and fully online. The journal is indexed in Scopus and has a strong editorial team and an established pool of readers with increasing recognition both locally and internationally.

Circulation: The journal is freely available online.

Publisher: Academy of Family Physicians of Malaysia

All correspondence should be addressed to:

Professor Dr. Ping Yein Lee
Editor-in-Chief
Malaysian Family Physician
ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA
Akademi Kedoktoran Keluarga Malaysia
Unit 1.5, Level 1, Hive 4, Taman Teknologi Mranti
Lebuhraya Puchong – Sg Besi, Bukit Jalil, 57000 Kuala Lumpur
Tel : 603 – 8993 9176 / 9177
Fax : 603 – 8993 9187
Email: editor_mfp@afpm.org.my
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Publication Ethics

Ethics: Evidence of ethics approval and informed consent should be included in the manuscript for studies involving animal experiments or human participants.

Competing interests: MFP requires authors to declare all conflicts of interest in relation to their work. All submitted manuscripts must include a 'competing interests' section at the end of the manuscript (before references) listing all competing interests.

Ethical Guidelines for Authors

Authorship credit should be based only on:

1. Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.
4. Agreement to be accountable for all aspects of the work ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Open Access Policy: Upon acceptance, all articles in the Malaysian Family Physician are immediately and permanently free for everyone to read and download.

Editorial Board

Information for Authors

The Malaysian Family Physician welcomes articles on all aspects of family medicine in the form of original research papers, review articles, CPG review, case reports, test your knowledge and letters to the editor. The journal also publishes invited debate, commentary, discussion, letters, comment, A Moment in the Life of a Family Physician and editorials on topics relevant to primary care.

Articles are accepted for publication on condition that they are contributed solely to the Malaysian Family Physician. Neither the Editorial Board nor the Publisher accepts responsibility for the views and statements of authors expressed in their contributions. All papers will be subjected to peer review. The Editorial Board further reserves the right to edit and reject papers. Authors are advised to adhere closely to the instructions given below to avoid delays in publication.

All manuscripts must be submitted through the Open Journal System (OJS).

SUBMISSION REQUIREMENTS

1. The author must declare that the manuscript has not been previously published, nor is it being considered for publication in another journal concurrently.
2. **The Main Manuscript** should be submitted in electronic form only and in **Microsoft Word**.
   - The manuscript **contains all the sub-headings required** for the article type (refer below).
   - The manuscript uses a **single-spaced, 12-point font and uses italics rather than underlining** (except URL addresses).
   - **All figures, tables and illustrations are placed at the appropriate sections in the manuscript file** rather than at the end of the manuscript or submitted separately.
   - Use left-aligned paragraph formatting rather than full justification.
   - Follow the instructions in Ensuring a Blind Review (refer below).
   - Follow the referencing style provided in the References section below.
   - Provide URLs for references where available.
   - Where available, URLs for the references have been provided.
3. The **Title Page** must be uploaded separately from the main manuscript file in Microsoft Word. Please refer to the required sub-headings in the Title Page section below.
4. A **Cover Letter** must be signed by the corresponding author on behalf of all authors. This letter must include this statement "this manuscript is my (our) own work, it is not under consideration by another journal, and this material has not been previously published."
5. All authors must sign the **Declaration Form** and submit it together with the manuscript and cover letter. Please download the form here.
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8. The editorial team uses the Plagiarism Detector software to screen submitted manuscripts for plagiarism. If the originality score is below 80% with clear evidence of plagiarism, we will follow COPE guidelines and the manuscript will not be considered for publication.

TITLE PAGE

For all types of manuscript, please include all the sub-headings below in the Title Page (you can use this template):

- **Article Type:** Original Research / Review / CPG Review / Case Report / Test Your Knowledge / Letter To Editor
- **Title:** Please state the title in detail to include the study design, particularly for original research.
- **Author(s):** The full names, professional qualifications and institutions of all authors.
- **Shortened name of author(s):** should be written in the style of surname or preferred name followed by initials, e.g. Abdullah KS, Rajakumar MK, Tan WJ, for future indexing.
- **Corresponding Author:** Corresponding author's mailing address, designation, institution and contact details (email, telephone and fax numbers)

MAIN MANUSCRIPT

For every article submitted, please follow the requirements according to the type of article.

Original Research (Including Clinical Audit Article)

The original research (including clinical audit) should be conducted in the primary care setting on a topic of relevance to family practice. Both qualitative and quantitative studies are welcome. The length should **not exceed 3000 words with a maximum of 5 tables or figures and 30 references**. Please include the following sub-headings in the manuscript:

1. **Title:** State the title based on PICO, including study design.
2. **Abstract:** Structured abstract (Introduction, Methods, Results and Conclusion) of no more than 250 words.
3. **Keywords:** 3-5 keywords, preferably MeSH terms.
4. **Introduction:** Clearly state the purpose of the article with strictly pertinent references. Do not review the subject extensively.
5. **Methods:** Describe the study in sufficient detail to allow others to replicate the results. Provide references to established methods, including statistical methods; provide references and brief descriptions of methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. When mentioning drugs, generic names are preferred (proprietary names can be provided in brackets). Do not use patients' names or hospital numbers. Include numbers of observation and the statistical significance of the findings. When appropriate, state clearly that the research project has received the approval of the relevant ethical committee. For an RCT article, please include the trial registration number) and follow the CONSORT checklist. Other study designs must also follow a reporting checklist, which can be found at https://www.equator-network.org/.
6. **Results:** Present your results in logical sequence in the text, tables and figures. Tables and figures may be left at the respective location within the text. These should be numbered using Arabic numerals only. Table style should be "Simple" (as in Microsoft Word). Do not repeat table or figure data in the text.
7. **Discussion:** Emphasise the new and important aspects of the study and conclusions that follow from them. Do not repeat data given in the Results section. The discussion should state the implications of the findings and their limitations and relate the observations to the other relevant studies. Link the conclusions with the aims of the study but avoid unqualified statements and conclusions not completely supported by your data. Recommendations, when appropriate, may be included.
8. **Acknowledgements:** Acknowledge the people who have contributed significantly to the study (but do not qualify for authorship).
9. **Author contributions:** Describe the contributions of every authors in the study.
10. **Ethical Approval:** Please state if the study was approved; if so, by which institution and the approval ID.
11. **Conflicts of interest:** All authors must declare any conflicts of interest.
12. **Funding:** Please state if the study was funded; if so, by which institution and the funding ID.
13. **Data sharing statement:** Please describe your data sharing plan. State if your raw data is uploaded in publicly available databases, shared via controlled access repositories or only available upon request.
14. **How does this paper make a difference in general practice?:** This section should be written in bullet points (up to five points) and must not exceed 100 words.
15. **References:** Refer to the References section below for more details.

Review

All types of review articles, including narrative review, scoping reviews and systematic reviews are accepted for publication in MFP. A comprehensive review of the literature with a synthesis of practical information for practising doctors is expected. For a systematic review, the PRISMA checklist (https://www.equator-network.org/reporting-guidelines/prisma/) must be followed. For a scoping review, the PRISMA-ScR checklist (https://www.equator-network.org/reporting-guidelines/prisma-scr/) should be followed. The length should **not exceed 4000 words with a maximum of 5 tables or figures and 40 references**. Please include the following sub-headings in the manuscript:

1. **Title:** Include the topic and type of review in the title.
2. **Abstract:** Structured abstract (Introduction, Methods, Results and Conclusion) of no more than 250 words.
3. **Keywords:** 3-5 keywords, preferably MeSH terms.
4. **Introduction:** Describe the topic and objective of the review.
5. **Methods:** All types of review articles (including narrative review) must report the search strategy, database and keywords used to obtain the literature. The PRISMA and PRISMA-ScR checklists should be followed for systematic and scoping reviews, respectively.
6. **Results (*for systematic and scoping reviews):** This section is required for systematic and scoping reviews. Please follow the guideline in the PRISMA and PRISMA-ScR checklists.
7. **Discussion (*for systematic and scoping reviews):** This section is required for systematic and scoping reviews. Please follow the guideline in the PRISMA and PRISMA-ScR checklists.
8. **Any relevant subheadings (*for narrative review):** A narrative review may have any other relevant sub-headings according to needs.
9. **Conclusion:** Provide a conclusion by linking to the objective of the review.
10. **Acknowledgements:** Acknowledge the people who have contributed significantly to the study (but do not qualify for authorship).
11. **Author contributions:** Describe the contributions of every authors in the study.
12. **Review protocol registration:** Please state where the study protocol was registered and the approval ID.
13. **Conflicts of interest:** All authors must declare any conflicts of interest.
14. **Funding:** Please state if the study was funded; if so, by which institution and the funding ID.
15. **How does this paper make a difference in general practice?:** This section should be written in bullet points (up to five points) and must not exceed 100 words.
16. **References:** Refer to the References section below for more details.

Case Report

Case reports should preferably be less-commonly seen cases that have an educational value for practising doctors. Only case reports that are **novel, have important learning points and relevant to family practice** will be accepted for publication in this journal. The case report must be written in a **patient-centred manner instead of a disease-centred focus**. The length should **not exceed 1500 words and cite no more than 20 references**. Before submitting the case report, the authors must ensure that the patient's identity is protected both in the text and pictures. This patient consent form must be signed and uploaded during submission. Please include the following sub-headings in the manuscript:

1. **Title:** Use an interesting title to show the new learning points and include the term "case report" in the title.
2. **Abstract:** Unstructured abstract between 100-250 words.
3. **Keywords:** 3-5 keywords, preferably MeSH terms.
4. **Introduction:** Describe the condition and aim of the case report.
5. **Case Presentation:** Describe the case in detail.
6. **Discussion:** Discuss the case with existing literature.
7. **Conclusion:** Provide the key learning point from the case report.
8. **Acknowledgements:** Acknowledge the people who have contributed significantly to the study (but do not qualify for authorship).
9. **Conflicts of interest:** All authors must declare any conflicts of interest.
10. **Author contributions:** Describe the contributions of every authors in the study.
11. **Patients' consent for the use of images and content for publication:** Was consent obtained from the patient(s)? Was the consent written or verbal? Has the patient consent form been signed?
12. **What is new in this case report compared to the previous literature?:** This section should be written in bullet points (up to five points) and must not exceed 100 words.
13. **What is the implication to patients?:** Describe any potential implication to patients based on the learning points from this case report.
14. **References:** Refer to the References section below for more details.

CPG Review

The CPG should be relevant to primary care. Its length should **not exceed 4000 words and 40 references**. An abstract is required (no more than 300 words) together with the keywords. The CPG review should be written with case vignettes to illustrate its application in primary care practice.

1. **Title:** State the scope of the CPG, include the latest version or year for revised CPGs.
2. **Abstract:** Unstructured abstract between 100-250 words.
3. **Keywords:** 3-5 keywords, preferably MeSH terms.
4. **Introduction:** Describe the condition and aim of the CPG review.
5. **Development process of the CPG:** Describe the development process of the CPG, e.g.: who are the team members involved, what methodology was used, how was the evidence gathered, how was the decision made on the recommendations, was the outcomes validated, how was the CPG disseminate and implementation, etc. Follow the AGREE Reporting Checklist (https://www.equator-network.org/wp-content/uploads/2016/03/AGREE-Reporting-Checklist.pdf) wherever possible.
6. **Key recommendations of the CPG:** Describe the key recommendations primary care doctors should know.
7. **Key changes in the CPG (only applicable for revised CPGs):** Describe the key changes or updates from the previous CPG.
8. **How to apply the CPG into practice in primary care?** Explain how the CPG can be used in primary care practice.
9. **Case vignettes as examples of application:** Use case vignettes to illustrate the application of the CPG.
10. **Conclusion:** Summarise the key learning points.
11. **Acknowledgements:** Acknowledge the people who have contributed significantly to the study (but do not qualify for authorship).
12. **Author contributions:** Describe the contributions of every authors in the study.
13. **Conflicts of interest:** All authors must declare any conflicts of interest.
14. **Funding:** Please state if the work was funded; if so, by which institution and the funding ID.
15. **How does this paper make a difference in general practice?:** This section should be written in bullet points (up to five points) and must not exceed 100 words.
16. **References:** Refer to the References section below for more details.

CONTENTS

fever. Sonographic features of lymph nodes that may suggest malignancy or metastasis are round shape or S/L ratio >0.5, loss of echogenic hilum, hypoechoeic parenchyma and tendency to aggregate into mass. On colour Doppler, features as subcapsular vessels, displacement of hilar vasculature and absence of segmental nodal vessels have been suggested to be related to tumour infiltration.

Conclusion: Initial imaging modality with ultrasound could assist primary care physicians to detect abnormal neck lymph nodes that may require further investigations and referral.

Poster Abstract 6

The missed early diagnosis of 'siamese twins'- Ethical dilemma and role of family physicians

Nurjasmine Aida J[1], **Nur Fitrahana S[1]**
[1]Department of Family Medicine, Kulliyyah of Medicine, International Islamic University Malaysia, Pahang, Malaysia.

Introduction: Conjoined twins (CT) are a rare embryological developmental accident of uncertain aetiology. Despite the prevalence being uncommon, this phenomenon carries a high rate of stillbirth and early neonatal death. Early detection is crucial to avoid unnecessary surgical delivery and psychological anguish to the expecting parents.

Case presentation: A 25-year-old primigravida with no known medical illness was diagnosed to have conjoined twins in the second trimester. She had her early trimester scan done previously in a health clinic which showed a singleton fetus. An ethical dilemma arises in terms of the termination of pregnancy or continuation of pregnancy due to cultural beliefs. Subsequently, the parents agree to terminate the pregnancy. A stillborn female thoracophagus conjoined twins were delivered through spontaneous vaginal delivery weighing 750g at 21 weeks period of gestation. Lactation was suppressed and psychological support was given throughout the postnatal care.

Discussion: CT is a rare phenomenon that carries high mortality and morbidity. This condition can be recognized early with first-trimester ultrasound focusing on the presence of a separating membrane of twin pregnancies (Morin&Lim,2011). The decision on termination of pregnancy is often made if the twins share vital organs (Dorairajan G, 2012). Besides, late detection as in this case had stirred psychological distress in the parents. Psychological and lactation support is important after infant death (Carroll K et al 2020).

Conclusion: The primary care physician's role in timely prenatal diagnosis, counseling, organization of interdisciplinary shared care, and aftercare is imperative in cases of conjoined twins and the affected parents.

Poster Abstract 7

'The sneaky cough: How a usual presentation led to the possible diagnosis of a hydatid cyst of the liver'

Nor Hazlin T[1], **Rusni D[2]**
[1]Klinik Kesihatan Batu 9, Selangor, Malaysia; [2]Klinik Kesihatan Pasir Puteh, Kelantan, Malaysia

Introduction: Hydatid disease, caused by the Echinococcus granulosus tapeworm, usually affects the liver in humans.

Case presentation: This case report focuses on a 73-year-old man who visited a healthcare clinic with a persistent cough. Despite being treated for pneumonia several times, his symptoms did not improve. An incidental finding from an X-ray revealed an elevated right hemidiaphragm and a well-defined, round opacity in the liver. Further imaging tests showed a calcified liver lesion, possibly a complex hepatic cyst or hydatid cyst. However, hydatid serology was negative. The patient was managed conservatively with a "watch and wait" strategy due to the absence of symptoms and negative serology.

Discussion: Hydatid cysts are rare in Malaysia, and most cases are asymptomatic. The most common symptom is right hypochondriac pain, but this patient presented with a chronic cough instead. The radiographic findings strongly suggested a hepatic hydatid cyst. Although a negative serology result is observed in 20% of patients, it is usually helpful in confirming the diagnosis. Treatment options for hydatid cysts include surgery, percutaneous treatment, pharmacotherapy, and monitoring. In non-complicated cases, a "wait and see" approach may be considered. In this case, since the patient had no symptoms and a negative serologic test, no medication was administered for hydatid disease.

Conclusion: This case highlights the significance of primary care physicians keeping the possibility of rare differentials in mind when patients presented with common symptoms. This case also illustrates the challenges in arriving at a definitive diagnosis.

Poster Abstract 8

Breaking the mirror: A case report of maternal mirror syndrome in primary care.

Chitra S[1], Siti Khairulnisa[2], Nur Amanina[2], Alidahani MY[1]
[1]Petaling Bahagia Health Clinic, Kuala Lumpur, Malaysia; [2]Maternal and Child Health Clinic Kuchai Entrepreneurs Park, Kuala Lumpur, Malaysia

Introduction: Mirror syndrome, also known as Ballantyne syndrome, is a rare medical condition characterized by simultaneous swelling in the mother, fetus, and placenta. Fewer than 120 cases have been reported in the medical literature.

Case presentation: A 31-year-old woman presented with excessive weight gain at 19 weeks of gestation. She had a 5-kilogram weight gain in one month but was otherwise normotensive and had no edema. Her blood pressure monitoring and modified glucose tolerance test thereafter were within the normal range. At 27 weeks and 5 days, during a routine follow-up, she had a weight gain of 6.2 kilograms in two weeks, her blood pressure was 187/126 mmHg with urine protein 2+, and pedal edema was present. The fetal heart was not detectable and had features of hydrops fetalis during transabdominal scan. Initially diagnosed as severe preeclampsia with intrauterine death, the patient was given Tablet Adalat 10 mg stat and referred to a tertiary center. The patient's condition improved rapidly after delivery.