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Malaysian Medical Association*

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# MJM

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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 JC. 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>.

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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 from: [http://www.moh.gov.my/english.php/database\\_stores/store\\_view\\_page/21/437](http://www.moh.gov.my/english.php/database_stores/store_view_page/21/437).

#### Other Articles:

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

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

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# “En Caul” caesarean delivery for multiple pregnancy

**Nur Zawani Zainon<sup>1,2</sup>, Hamizah Ismail<sup>1,2</sup>, Nurul Jannah Ismail<sup>3</sup>, Nurul Nafizah Abdul Rashid<sup>2</sup>, Nur Rashidah Abd Malik<sup>1,2</sup>**

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## ABSTRACT

**Introduction:** Caesarean delivery of a severely premature fetus came with a risk of traumatic delivery due to drastic uterine contraction upon rupture of the membrane, the so called “hug-me-tight-uterine” condition. Added by the fragile fetal skin and the surgeon’s anxious hands. It is imagined to be worse with two babies. **Case Description:** This is a video presentation of a case series for multiple pregnancies delivered through “En Caul” caesarean that managed to prevent traumatic delivery to the premature babies. First case of a 33-week gestation, MCMA twin. Second case of MCDA twin at 26 weeks gestation and last case DCDA twin at 32 weeks of gestation. The MCMA and MCDA were delivered by full “En Caul” and DCDA case delivered with partial (first twin) and full (second twin) “En Caul” caesarean. The drastic uterine contraction was not seen in all three deliveries. Mothers were all under spinal anaesthesia and did not require uterine relaxant agent. Post deliveries all babies did not sustain any trauma and mothers had no post-partum haemorrhage or extended uterine tear. **Conclusion:** “En Caul” caesarean delivery is a safe procedure for pre-term multiple pregnancies and that one should consider especially for the MCMA.

# Amniotic band syndrome (ABS) – A deadly trap in utero

**Nurazlina binti Azizi<sup>1</sup>, Muhammad Zarif Asraf bin Zulkefle<sup>1</sup>, Kamarul Azhar bin Kamaruddin<sup>2</sup>, Emily Christine D'Silva<sup>3</sup>, Buvanesh A/P Chelliah<sup>1</sup>**

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## ABSTRACT

**Introduction:** Amniotic band syndrome (ABS) is rare and outcomes depend on the anatomic location of the band. Successful in utero treatment has been reported, however, experience is limited. We present our very first experience in attempting fetal therapy in a case of ABS with cord strangulation. **Case Description:** A 38-year-old, G3P2 was diagnosed with ABS involving the lower limb and umbilical cord at 24 weeks. TAS showed significant oedema with areas of constriction at both lower limbs. Multiple loops of cord appeared to be entangled near the constriction ring of the limb which raised suspicion of cord strangulation. Rapid progression with FGR, severe oligohydramnios, and Doppler abnormality raised the concern of cord strangulation. Thus, the fetoscopic release of the amniotic band was discussed and agreed upon with the couple. Fetoscopic release of the amniotic band was attempted at 26 weeks. However, the procedure was abandoned due to technical difficulties with the placenta position and oligohydramnios. The fetus further deteriorated and demised at 28 weeks. **Discussion:** Fetoscopy may be offered in ABS with limb constriction and cord involvement in the absence of other major malformations. The success rate for release of the amniotic band in utero was reported between 50-75%, and the ability to achieve a functional limb was around 40-50%. ABS can be a deadly trap causing loss of limbs and in rare cases, fetal demise. Early diagnosis and referral to a fetal therapy centre are indicated so that a thorough evaluation regarding the suitability of fetal therapy can be done.