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From Preconception
to Beyond Life's End

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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.

Starting from January 2023, the MFP is adopting continuous publication as soon as each article is ready for publication. This is to ensure knowledge is disseminated in a timely manner.

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- 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
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Read our Information for Authors section to learn more about these article types.

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The Editor

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Jalan Innovasi 1 Lebuhraya Puchong-Sungai Besi

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Tel: +603 – 8993 9176 / 9177

Fax: 603 – 8993 9187

Email: journal.mfp@gmail.com

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Poster ID ASC - 24

Diaper Dermatitis As An Initial Presentation Of Type 1 Diabetes Mellitus in A Toddler: A Case Report

Nurliyana Mardhiah Mohd Fauzi¹, Noraini Mohamad², Azlina Ishak¹, Alexis Anand Dass Lordudass³

¹Department of Family Medicine, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, 16150 Kubang, Kerian, Kelantan, Malaysia; ²School of Dental Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia; ³Department of Paediatrics, Hospital Raja Perempuan Zainab II, 15586 Kota Bharu, Kelantan, Malaysia

Introduction: Diaper dermatitis is a relatively common occurrence among diaper-wearing children and is mostly benign. It accounts for one-fourth of pediatric dermatology visits in primary care. Generally, diaper dermatitis can be classified as chaffing dermatitis, irritant dermatitis, or candida-induced. Confluent areas of redness with satellite lesions are strongly associated with candida infection in diaper dermatitis. A high index of suspicion is required in recurring or refractory diaper dermatitis to avoid missing a more significant condition such as diabetes mellitus.

Case Presentation: Herein, we report a case of a 1-year and 10-month-old boy who initially presented with candida-induced diaper dermatitis for two weeks. He had multiple visits to various healthcare centers due to worsening rash despite regular application of topical miconazole. On further history, the child also had polyuria, polydipsia, and weight loss, but they were not detected in the initial visits. The diagnosis of type 1 diabetes mellitus was only made when he eventually presented to the emergency department with diabetic ketoacidosis symptoms of persistent vomiting, reduced oral intake, and lethargy.

Discussion: Recognizing type 1 diabetes mellitus before they present with diabetic ketoacidosis has long-term benefits, including reducing the risk of neurocognitive impairment, acute morbidity, and mortality. This case highlighted the importance of raising awareness among healthcare practitioners to facilitate prompt diagnosis of type 1 diabetes mellitus when such cases are presented at healthcare centers. A simple bedside glucometer reading can rule out type 1 diabetes mellitus, allowing immediate action rather than sending patients home with the potential risk of returning with diabetic ketoacidosis.

Keywords: diaper dermatitis; diabetic ketoacidosis; diabetes mellitus

Poster ID ASC - 25

Healthy Gums Does It Matter? Amlodipine-Induced Gingival Overgrowth (AIGO): A Case Report

Abdul Zaki Ar Rasyid MZ¹, Mohammad CM¹, Yusnita Y², Nur Suzieyati Melissa MF²

¹Department of Family Medicine, Kulliyah of Medicine, International Islamic University Malaysia, Indera Mahkota Campus, Kuantan, Pahang; ²Klinik Kesihatan Peramu Jaya, Pekan, Pahang

Background: Calcium channel blockers are one of the recognizable drug-induced gingival overgrowth despite anticonvulsants and immunosuppressants. We report a case of an elderly man with underlying essential hypertension who developed amlodipine-induced gingival overgrowth (AIGO).

Case Presentation: A 70-year-old elderly male who has hypertension and dyslipidemia and on daily tablets of amlodipine 10 mg and simvastatin 10 mg for the past 4 years presented with progressive swelling of upper and right lower gums for 3 months. He had painless and gradual enlargement of the gingiva associated with gum discomfort, causing difficulty in chewing, mal-alignment, and loosening of the teeth of the gums involved. Oral examinations show poor oral hygiene with gingival overgrowth found throughout the maxilla and right mandible, especially over the right buccal region. After ruling out other causes, based on clinical findings amlodipine-induced gingival overgrowth was confirmed for this patient. We substituted an angiotensin-converting enzyme inhibitor for amlodipine, and within a few days, the progress of the disease was halted.

Discussion: Generally, AIGO occurs within the first 3 months of starting a dose of amlodipine 10 mg/day. As in our patient, however, the enlargement occurred after 4 years of taking the drug at a dose of 10 mg daily. The time duration of gingival overgrowth varies in our case due to multifactorial causes such as genetic susceptibility and host response to drug-induced gingival fibroblasts, interleukins, and matrix-metalloproteinases. Other than that, poor oral hygiene in this patient plays an important role in gingival overgrowth as well. This was supported by the strong relation between inflammation and AIGO demonstrated by the fact that AIGO can be successfully controlled even under continuous amlodipine administration by meticulous professional and individual oral hygiene.

Conclusion: Amlodipine is a commonly prescribed antihypertensive drug in primary care, every healthcare practitioner should be aware of this usually overlooked but potentially harmful side effect of generalized gingival overgrowth. Poor oral hygiene is one of the important risk factors for AIGO that need to be addressed, thus frequent dental check-ups are recommended for every patient who is on this medication in order to prevent this adverse effect.

Keywords: hypertension, gingival overgrowth, dihydropyridine calcium channel blocker

Poster ID ASC - 26

Rare Neurological Manifestations of Expanded Dengue Syndrome in Postpartum Period

Krishantini Shanmugam¹, Ng Siew Gar¹

¹Department of Emergency, Hospital Kajang, Selangor, Malaysia

Background: Dengue fever is a significant health threat in Malaysia. In 2011, the World Health Organization expanded the understanding of the disease by introducing the term "Expanded Dengue Syndrome", which includes atypical and severe organ involvements, including intracranial hemorrhage. This highlights the importance of raising awareness among the health care workers on the serious nature of dengue complications.