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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. Up to December 2022, the MFP published three issues per 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.

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.

Indexing: All articles published in MFP are included in:

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Case Presentation: We report a 22-year-old Malay gentleman with newly diagnosed HIV infection who was initiated on Tenofovir–Emtricitabine–Efavirenz therapy on 26 November 2025. Initial HIV workup demonstrated a CD4 count of 220 cells/ μ L and viral load of 3550 copies/mL. Shortly after treatment initiation, he developed frequent nightmares, delayed sleep onset, daytime somnolence, brain fog and giddiness. Despite dose reduction, symptoms persisted. He subsequently developed low mood, anhedonia, poor motivation, impaired concentration, self-harm behaviour and suicidal thoughts, affecting academic performance. Owing to the temporal relationship between symptom onset and efavirenz initiation, neuropsychiatric toxicity was suspected. Efavirenz was discontinued and replaced with Tenofovir–Lamivudine–Dolutegravir (TLD). Following transition, nightmares, brain fog, suicidal thoughts and self-harm behaviour resolved completely without psychiatric pharmacotherapy.

Discussion: Efavirenz-related neuropsychiatric symptoms may overlap with psychological distress following HIV diagnosis, making recognition difficult. Complete symptom resolution after switching to TLD strongly suggested treatment-related neuropsychiatric toxicity.

Conclusion: Early recognition of efavirenz-associated neuropsychiatric adverse effects is essential to improve patient safety and treatment adherence.

Keywords: HIV; Efavirenz; Neuropsychiatric adverse effects

Clinical Case Report / Case Series 92

Beyond the Baby Bump: Diagnosing a Giant Cell Tumour During Pregnancy — A Case Report

#FMSC2026-224

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Introduction: Giant Cell Tumour of Bone (GCTB) is a locally aggressive benign neoplasm commonly affecting adults aged 20–40 years, with higher incidence among Asian females. Pregnancy-associated hormonal changes, particularly progesterone-mediated upregulation of Receptor Activator of Nuclear Factor Kappa-B Ligand (RANKL), may accelerate tumour progression through enhanced osteoclast activation and bone destruction. Early recognition in primary care is challenging due to its non-specific musculoskeletal presentation.

Case Presentation: A 33-year-old Malay woman, gravida 3 para 2 at 20 weeks' period of amenorrhoea, presented with a two-month history of progressive right knee pain and lower limb weakness. She had attended multiple private general practitioner consultations and was treated symptomatically for presumed musculoskeletal pain. During a routine antenatal follow-up at primary care, the attending doctor noted undisclosed wheelchair dependence and significant functional decline. Examination revealed right knee swelling and reduced lower limb power. Urgent orthopaedic referral was arranged. Knee aspiration yielded haemoserous fluid, while magnetic resonance imaging (MRI) demonstrated a distal femur epi-metaphyseal lesion. Core biopsy confirmed GCTB.

Discussion: GCTB may mimic benign mechanical joint

pathology, contributing to diagnostic delays. In pregnancy, hormonal influences may potentiate tumour growth and increase risks of pathological fracture, local recurrence, and pulmonary metastasis. This case highlights missed opportunities for earlier recognition of red flags despite repeated primary care encounters.

Conclusion: This case underscores the importance of early recognition of musculoskeletal red flags and comprehensive functional assessment, particularly in pregnant women, to enable timely specialist referral and minimize morbidity and mortality associated with delayed diagnosis of bone tumours.

Keywords: Giant Cell Tumour; Pregnancy complication; Neoplastic; RANK Ligand

Clinical Case Report / Case Series 93

Antenatal Diagnosis of Bronchopulmonary Sequestration in a Low-Risk Pregnancy: A Case Report of Primary Care Perspective

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Introduction: The detection of congenital anomalies is of paramount importance in high-risk pregnancies, where active screening through a detailed anomaly scan is routinely performed during the midtrimester. In contrast, low-risk pregnancies carry a substantially lower prior probability of fetal congenital anomalies, rendering such conditions more susceptible to being overlooked or presenting de novo in the absence of identifiable predisposing factors.

Case Presentation: We report a case of a low-risk multigravida who had an uneventful pregnancy until 31 weeks and 3 days of gestation, at which point she presented with excessive maternal gestational weight gain. Subsequent antenatal ultrasonography revealed massive left-sided fetal pleural effusion. The patient received a detailed clinical explanation and comprehensive counselling from the attending primary care physician, following which a prompt referral to a Maternal-Fetal Medicine specialist was initiated.

Discussion: Further evaluation identified bronchopulmonary sequestration, a rare congenital pulmonary malformation occurring sporadically in the absence of any identifiable risk factors. Notwithstanding active multidisciplinary interventions, the fetus did not survive, succumbing to complications directly attributable to the anomaly. Both parents experienced profound psychological distress throughout the clinical course; however, their emotional well-being was supported through structured psychosocial care provided by the primary care physician.

Conclusion: This case underscores the critical importance of thorough and systematic clinical assessment at each antenatal visit, while also illustrating the pivotal role of the family medicine specialist in orchestrating coordinated, multidisciplinary management of complex congenital anomaly cases.

Keywords: congenital abnormalities, prenatal diagnosis, bronchopulmonary sequestration