



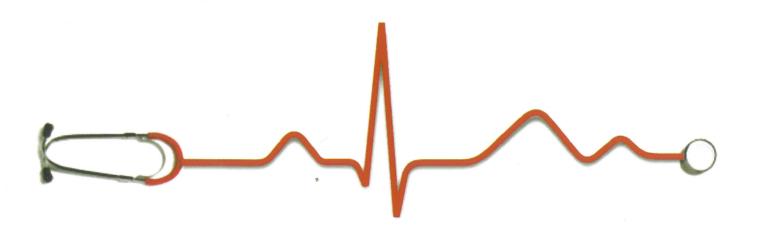


# Sarawak Health Journal

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Data to Practice Dr Jamilah Binti Hashim

1

## **Clinical Study**

| Indications and Diagnostic Utilisation of Bone Marrow Examination in a Private Hospital in Kuching, Sarawak  Tay Siow Phing, Jeremy Tan Sin Hun, Angeline Ang Hui Yee, Dymphna Leonora Leslie, Nurul Shamila Mohamad, Lau Lee Gong & Henry Rantai Gudum                           | 3     |
|---|-------|
| A Study on the Efficiency of Sarawak General Hospital's Main Elective Operating Theatre Tang Phoebe, Yeoh Sing Ning, Kamaleshwary Varatharaju, Peter Tan, Teo Shu Ching   | 4     |
| Could Thrombocytopenia Predict Patients' Outcome in Intensive Care Unit?  Sum Ying Ying, Wan Daud Wan Kadir, James Lee Jia Haur, Nusaibah Wan Zulkipli, Chew Lee Ping   | 5     |
| Foreign Body Ingestion in the Paediatric Population; Miri Hospital's Experience Soh Chai Hoon, Hani Atiqah Binti Saim, Zulkifli Bin Mohamad Zainuddin   | 6     |
| Prescribing Pattern of Oral Proton Pump Inhibitors in Sibu Region, a Multicentre Study Kong Mei Chieng, Diana Ting, Jeffrey Hii Hien Huo, Shirley Wong, Ling Nien Fong  | 7-8   |
| Hospital Survey on Patient Safety Culture (HSOPSC) in Sarawak General Hospital: a Cross Sectional Study  Alex Kim Ren Jye, Chin Zin Hing, Sharlyn Peter, Priscilla Bartholomew, Josephine Senok   | 9     |
| Survey of Public Knowledge, Perception and Consequent Attitudes Towards Clinical Research among Participants of UNIMAS Clinical Trial Awareness Campaign Yeo Leh Siang, Jawing Anak Chunggat, Crystal Tan Sing Yee, Bong Wuan Lii, King Teck Long                                 | 10    |
| Periodontal Diseases during Pregnancy Aisah Bt. Ahmad   | 11-12 |
| Management of Hypertension among Hypertensive Diabetic Patients: a Survey Assessing Knowledge, Attitude and Practice of Patients  Davis Johnraj, Sivashunmugam A/L Sangaran, Ali Murtaza, Shafeena Afreen Binti S A Anwar Ali, Monica Mendong Anak Ngumbang, Rohaya Binti Ibrahim | 13    |

## Indications and Diagnostic Utilisation of Bone Marrow Examination in a Private Hospital in Kuching, Sarawak

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**Introduction:** The diagnosis and management of many haematological disorders depend on the examination of bone marrow specimens, which usually involves two separate samplings: cytological (bone marrow aspirate cytology, BMA) and histological (bone marrow trephine biopsy, BMT).

**Objectives:** This study aimed to determine (i) the indications and diagnostic value of bone marrow examination (BME); (ii) the correlation between provisional diagnosis (by clinical presentations) and final bone marrow diagnosis (by laboratory findings); and (iii) the concordance between findings of BMA and BMT.

**Methods:** This was a 5-year retrospective study that involved a total of 526 BME done at Normah Medical Specialist Centre, Kuching. About 86% of the BME had both BMA and BMT done, 14% had only BMA done. Another 5 cases of BMA were 'dry tap' with only BMT reports available.

**Results & Discussion:** The main indications for BME were lymphoma staging (21.7%), post-chemotherapy assessment (21.3%), diagnosis of haematological (56.1%) and non-haematological disorders (0.9%). The common diagnoses encountered were mainly haematological malignancies (82%). It was found that provisional diagnosis was significantly correlated with final bone marrow diagnosis (p < 0.001). Significant concordances were demonstrated between BMA and BMT diagnosis for lymphoma staging [ $\chi^2$  (1, N=88) = 44.88, p < 0.001] and post-chemotherapy assessment [ $\chi^2$  (1, N=68) = 41.06, p < 0.001]. However, for lymphoma staging of marrow involvement, 40% of the cases could not be detected by either BMA or BMT alone ( $Table\ 1$ ). Whereas for post-chemotherapy assessment of marrow remission, 8% and 35% of the cases were either missed by BMA or BMT alone, respectively ( $Table\ 2$ ). This was due to inadequate samples or hypocellular marrow. These findings indicated that BMA or BMT alone was inadequate to make an accurate diagnosis for lymphoma staging. Meanwhile, BMA alone was adequate for post-chemotherapy assessment of marrow remission.

**Conclusions:** BME is a very important investigation tool for establishing the diagnosis of haematological malignancies and assessment of disease remission. Although a definitive diagnosis can occasionally be obtained through BMA or BMT alone, both procedures should be indicated as complementary to minimize sampling errors. However, in the assessment of disease remission, BMT can be safely omitted if a good BMA is obtained.

**Keywords:** Bone marrow examination, lymphoma staging, post-chemotherapy assessment. *Tables are available on page 21.* 

#### Tables for Paper by Tay et al on page 3

Table 1. BMA and BMT diagnosis in lymphoma staging of marrow involvement.

|     |         |     | BMT |         |     |
|-----|---------|-----|-----|---------|-----|
|     |         | Yes | No  | #Others | N   |
|     | Yes     | 9   | 4*  | 2*      | 15  |
| BMA | No      | 2** | 73  | 10      | 85  |
|     | #Others | 4** | 4   | 6       | 14  |
| ,   | N       | 15  | 81  | 18      | 114 |

<sup>#</sup> Inadequate sample or hypocellular marrow.

Table 2. BMA and BMT diagnosis in post-chemotherapy assessment of marrow remission.

|        |         |     | BMT |         |     |
|--------|---------|-----|-----|---------|-----|
|        |         | Yes | No  | #Others | N   |
| -<br>- | Yes     | 52  | 1** | 31      | 84  |
| BMA    | No      | 4*  | 11  | 2*      | 17  |
|        | #Others | 10  | 0** | 1       | 11  |
| -      | N       | 66  | 12  | 34      | 112 |

<sup>#</sup> inadequate sample or hypocellular marrow.

<sup>\*</sup> Cases not detected by BMT (40%).

<sup>\*\*</sup> Cases not detected by BMA (40%).

<sup>\*</sup> Cases not detected by BMT (35%).

<sup>\*\*</sup> Cases not detected by BMA (8%).

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