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2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
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Original Articles are reports on findings from original unpublished research. Preference

for publications will be given to high quality original research that make significant contribution to medicine. Original articles shall consist of a structured Abstract and the Main Text. The word count for the structured abstract should not exceed 500 words. The main text of the articles should not exceed 4000 words, tables/illustrations/figures/images up to five (5) and references up to 40. Manuscript describing original research should conform to the IMRAD format, more details are given below.

Original articles of cross-sectional and cohort design should follow the corresponding STROBE check-lists; clinical trials should follow the CONSORT check-list.

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Shorts communication are short research articles of important preliminary observations, findings that extends previously published research, data that does not warrant publication as a full paper, small-scale clinical studies, and clinical audits. Short communications should not exceed 1,500 words and shall consist of a Summary and the Main Text. The summary should be limited to 100 words and provided immediately after the title page. The number of tables/illustrations/figures/images should be limited to three (3) and the number of references to ten (10).

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A CME article is a critical analysis of a topic of current medical interest. The article should include the clinical question or issue and its importance for general medical practice, specialty practice, or public health. It shall consist of a Summary and the Main Text. The summary should be limited to 500 words and provided immediately after the title page. Upon acceptance of selected articles, the authors will be requested to provide five multiple-choice questions, each with five true/false responses, based on the article. For guideline, please refer to: Sivalingam N, Rampal L. Writing Articles on Continuing Medical Education for Medical Journals. *Med J Malaysia*. 2021 Mar;76(2):119-124.

Case Reports:

Papers on case reports (one to five cases) must follow these rules: Case reports should not exceed 2,000 words; with a maximum of two (2) tables; three (3) photographs; and up to ten (10) references. It shall consist of a Summary and the Main Text. The summary should be limited to 250 words and provided immediately after the title page. Having a unique lesson in the diagnosis, pathology or management of the case is more valuable than mere finding of a rare entity. Being able to report the outcome and length of survival of a rare problem is more valuable than merely describing what treatment was rendered at the time of diagnosis. There should be no more than seven (7) authors.

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Commentaries will usually be invited articles that comment on articles published in the same issue of the *MJM*. However, unsolicited commentaries on issues relevant to medicine in Malaysia are welcomed. They should not exceed 2,000 words. They may be unstructured but should be concise. When presenting a point of view, it should be supported with the relevant references where necessary.

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Letters to Editors are responses to items published in *MJM* or to communicate a very important message that is time sensitive and cannot wait for the full process of peer review. Letters that include statements of statistics, facts, research, or theories should include only up to three (3) references. Letters that are personal attacks on an author will not be considered for publication. Such correspondence must not exceed 1,500 words.

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These are articles written by the editor or editorial team concerning the *MJM* or about issues relevant to the journal.

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The title page should state the brief title of the paper, full name(s) of the author(s) (with the surname or last name bolded), degrees (limited to one degree or diploma), affiliation(s), and corresponding author's address. All the authors' affiliations shall be provided after the authors' names. Indicate the affiliations with a superscript number at the end of the author's degrees and at the start of the name of the affiliation. If the author is affiliated to more than one (1) institution, a comma should be used to separate the number for the said affiliation.

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Please indicate the corresponding author and provide the affiliation, full postal address and email.

Articles describing Original Research should consist of the following sections (IMRAD format): Abstract, Introduction, Materials and Methods, Results, Discussion, Acknowledgment and References. Each section should begin on a fresh page. Scientific names, foreign words and Greek symbols should be in italic.

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A structured abstract is required for Original and Review Articles. It should be limited to 500 words and provided immediately after the title page. Below the abstract provide and identify three (3) to 10 key words or short phrases that will assist indexers in cross-indexing your article. Use terms from the medical subject headings (MeSH) list from Index Medicus for the key words where possible. Key words are not required for Short Communications, CME articles, Case Reports, Commentaries and Letter to Editors.

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Clearly state the purpose of the article. Summarise the rationale for the study or observation. Give only strictly pertinent references, and do not review the subject extensively.

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When appropriate, particularly in the case of clinical trials, state clearly that the experimental design has received the approval of the relevant ethical committee.

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Present your results in logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the tables or illustrations, or both: emphasise or summarise only important observations in the text.

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Emphasise the new and important aspects of the study and conclusions that follow from them. Do not repeat in detail data given in the Results section. Include in the Discussion the implications of the findings and their limitations and relate the observations to other relevant studies.

Conclusion:

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgements:

Acknowledgements of general support, grants, technical assistance, etc., should be indicated. Authors are responsible for obtaining the consent of those being acknowledged.

Referencing guide:

The Medical Journal of Malaysia, follows the Vancouver numbered referencing style. Citations to someone else's work in the text, should be indicated by the use of a number. In citing more than one article in the same sentence, you will need to include the citation number for each article. A hyphen should be used to link numbers which are inclusive, and a comma used where numbers are not consecutive. The following is an example where works 1,3,4,5, have been cited in the same place in the text.

Several effective drugs are available at fairly low cost for treating patients with hypertension and reducing the risk of its sequelae.^{1,3-5}

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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>.

Online articles

Webpage: Webpage are referenced with their URL and access date, and as much other information as is available. Cited date is important as webpage can be updated and URLs change. The "cited" should contain the month and year accessed.

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_page/21/437.

Other Articles:

Newspaper Article

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

Magazine Article

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

Tables:

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ABSTRACT

Introduction: Dextro rotation of the uterus occurs when the uterus is rotated 45 degrees to its longitudinal axis. In a non-gravid uterus, the occurrence of this condition is extremely rare. We report here a case of dextro rotated uterus as an incidental finding during a total abdominal hysterectomy. **Case Description:** A 45-year-old woman who presented with abnormal uterine bleeding for the past 1 year due to adenomyosis. She was treated medically. However, her symptoms did not improve. She opted for a hysterectomy. MRI pelvis prior to surgery reported a retroverted uterus with multiple uterine fibroids, the largest measuring 3.3 x 4.2 cm. She had three caesarean sections. Intra-operatively noted dense adhesion between the right aspect of the uterus to the anterior abdominal wall and rectus muscle causing the uterus to be in a dextro-rotated position. Adhesiolysis was done followed by total abdominal hysterectomy. **Discussion:** The finding of a dextro-rotated uterus in this patient was unsuspected because the MRI scan, to investigate the nature of the fibroid, prior to the surgery showed only a retroverted uterus. Hysteroscopy +/- diagnostic laparoscopy, to investigate her symptoms, may play a role in diagnosing the dextro-rotation of the uterus. The main modality of treatment is surgery. In patients, who wish to preserve fertility, surgery to correct the position of the uterus can be performed.

Endometrial cancer in a young lady

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ABSTRACT

Introduction: Endometrial cancer is the most common gynaecological cancer in developed countries and rapidly increasing together with the development of socioeconomic status and the prevalence of metabolic diseases. It is common in post-menopausal women but the incidence among young women is about 2 to 14%. **Case Description:** A 28-year-old single lady presented with abnormal uterine bleeding for 4 months. Her body mass index was 48.3 kg/m² and investigations showed she had diabetes mellitus, hypertension, hyperlipidemia, mild ischemic heart disease, and obstructive sleep apnoea. Finally, she was diagnosed with endometrial cancer FIGO stage IA and treated with total abdominal hysterectomy, bilateral salpingo-oophorectomy, and pelvic lymph node dissection. Histopathology confirmed that it was grade 1 endometrial carcinoma, staged IA, with features of endometrial hyperplasia and atypia. **Discussion:** Endometrial cancer is usually diagnosed at the mean age of 68 years. Among many risk factors of endometrial cancer, components of metabolic syndrome are strongly associated with it. Young-aged endometrial carcinoma is not uncommon. According to the Asian data, among components of metabolic syndrome, obesity is a more prominent risk factor. Many studies showed metabolic syndrome caused the development of endometrial cancer by directly acting on tumour cells and regulating tumour environment. Some studies revealed that weight loss management could reduce the incidence of endometrial cancer and hyperplastic endometrium may be reversible. Therefore, many researchers conclude that early intervention of metabolic syndrome and a healthy lifestyle are important roles in the prevention and prognosis of endometrial cancer.