



THE SRI LANKA JOURNAL OF SURGERY

August 2017 Volume 35, Issue Supplement S1 ISSN 1391-491X

ABSTRACTS OF THE
46th ANNUAL ACADEMIC SESSIONS - 2017
OF THE COLLEGE OF SURGEONS OF SRI LANKA
AND
JOINT INTERNATIONAL CONFERENCE WITH
THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH
AND THE SAARC SURGICAL CARE SOCIETY

The College of Surgeons of Sri Lanka

In BPH patients with enlarged prostate



Duprost Capsules

Dutasteride 0.5 mg



ABSTRACTS OF THE

46th ANNUAL ACADEMIC SESSIONS - 2017

OF THE COLLEGE OF SURGEONS OF SRI LANKA

AND

JOINT INTERNATIONAL CONFERENCE WITH

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

AND THE SAARC SURGICAL CARE SOCIETY

“Surgical Care: Optime Maxime”

August 16th – 20th 2017
Colombo, Sri Lanka.

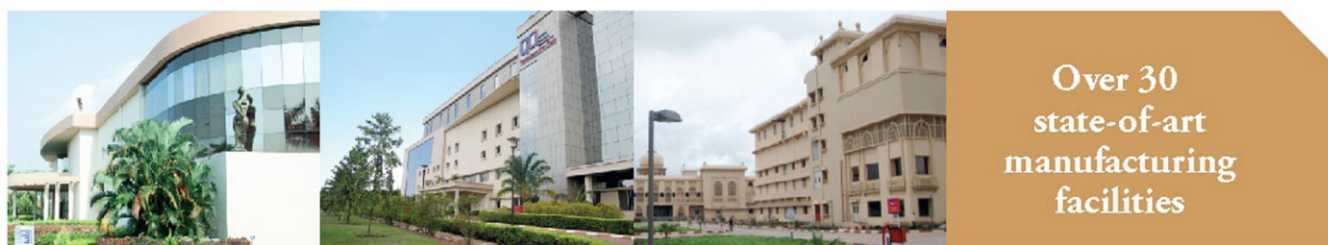
It all started in 1935 with two scientists and a vision



100 million
inhalers



Over
23 billion
tablets &
capsules



Over 30
state-of-art
manufacturing
facilities



1000+ products in
a wide range of
therapeutic areas,
available in
50+ dosage forms



Presence in more
than 100 countries,
with over
20,000 employees

1935
2015

Cipla
30
YEARS
CARING
FOR LIFE

Our work is not just about making medicines,
It's about making a difference

Cipla

Cipla Pharma Lanka Pvt Ltd., 4th Floor, TCL Building,
345/1/4, Galle Road, Colombo 03, Sri Lanka

The Sri Lanka Journal of Surgery

*Journal of
The College of Surgeons
of Sri Lanka.*



August 2017 Volume 35, Issue Supplement S1 - Quarterly. ISSN 1391-491X

e - journal ISSN 2279 2201

Mission: "To reach the highest standard of scientific surgical practice by dissemination of high quality scientific information and to foster and promote the growth of scientific surgery in Sri Lanka and in the region"

EDITORIAL BOARD

Ajith P. Malalasekera (<i>Editor-in-Chief</i>)	Kemal I. Deen	Sivasuriya Sivaganesh
Ruvini Abeygunaratne	Nalaka Gunawansa	Naomal Perera
Hiran Amarasekara	Dulantha De Silva	Sanjeewa Seneviratne
Pramodh Chandrasinghe	Dileepa Ediriweera	Dakshitha Wickramasinghe

ASSOCIATE EDITORS

Shalini Sri Ranganathan	Varuni De Silva	Vihara Dassanayake
-------------------------	-----------------	--------------------

INTERNATIONAL ADVISORY BOARD

Ian Pearce (UK)	Tom R DeMeester (USA)	Peter Hutchinson (UK)
Konstantina Karabatsou (UK)	Vinay Kumar Kapoor (India)	Anil Mandhani (India)
Nimalan Pathmanathan (Australia)	Michael Silva (UK)	Carolynne Vaizey (UK)

EMERITUS EDITORS

Serozsha A. S. Goonewardena	Suren C. Paul	S. J. Stephen
E. D. Rodrigo	C. S. Sinnatamby	

EDITORIAL OFFICE

Nethishika Fernando

The College of Surgeons of Sri Lanka
No.6, Independence Avenue
Colombo 07

Phone : 0094- 11 - 2682290
Fax : 0094- 11 - 2695080
Email : collsurgjournal@gmail.com

Printed by
Ananda Press
82/5, Sri Ratnajothi Saravanamuttu Mawatha
Colombo 13

More reasons than any other PPI*



46th ANNUAL ACADEMIC SESSIONS - 2017

OF THE COLLEGE OF SURGEONS OF SRI LANKA

AND

JOINT INTERNATIONAL CONFERENCE WITH

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

AND THE SAARC SURGICAL CARE SOCIETY

August 16th – 20th 2017
Colombo, Sri Lanka

Accepted abstracts

Acknowledgement

The Council of the College of Surgeons of Sri Lanka and the Editorial Board of the Sri Lanka Journal of Surgery wishes to acknowledge the following individuals who contributed immensely in the review process and the preparation of this supplement. The time and effort put in by them has made this task possible.

Abstract Committee

Prof A H Sherifdeen	Dr S Rajendra	Dr Charitha Fernando
Prof A P R Aluwihare	Dr A N K Abayajeewa	Dr Gnanakanthan
Prof M D Lamawansa	Dr Mahanama Gunasekera	Dr Lansakara
Prof D N Samarasekera	Dr Anura Banagala	Dr Kiriwaththuduwa
Prof Ranil Fernando	Dr SAS Goonewardene	Dr Suraweera
Prof Kemal Deen	Dr Rohan Siriwardena	Dr Udagedara
Prof Mandika Wijeyaratne	Dr Sumudu Kumarage	Dr Jeepara
Prof J Ariyaratne	Dr Bawantha Gamage	Dr J Jeyaruban
Prof Aloka Pathirana	Dr Thejana Wijeratne	Dr Nissanka Jayawardene
Prof Ishan De Zoysa	Dr Dulantha de Silva	Dr D.R.P.A Wickramasinghe
Prof Deepaka Weerasekera	Dr Gayan Ekanayake	Dr W.D.L Siriwardena
Prof Srinath Chandrasekera	Dr Sameera Janaka Jayasinghe	Dr Amila Jayasekera
Dr M N Pinto	Dr S Sivaganesh	Dr M A Mallawatantri
Prof Neville Perera	DR Mohan Dias	Dr Udapamunuwa
Dr Sathis Goonesinghe	Dr Manjula Herath	Dr Roshan Dassenaieke
Dr Anuruddha Abeyagunasekera	Dr Kanchana Edirisinghe	Dr Pushpakumara Jayawardene
Dr Ajith Malalasekera	Dr Mnjula Pieris	Dr Upul Samaraweera
Dr Jayaindra Fernando	Dr Arinda Dharmapala	Dr L B Jayasundara
Dr Kanishka De Silva	Dr Udaya Petiyagoda	Dr Keerthi Weerawardene
Dr Indrani Amerasinghe	Dr Janaka Ekanayake	Dr Lionel Weerawardene
Prof K B Galketiya	Dr Jeewantha Rathnayake	Dr Mahanama Dissanaieke
Dr Rasika Kotakadeniya	Dr Bandula samarasinghe	Dr Suraj Ratnayake
Dr Neomal Perera	Dr Niyaz	Dr Kanishka Kamal
Dr Malik Samarasinghe	Dr Pitigalaarachchi	Dr MM Senarathne
Dr Sujeewa Thalaspitiya	Dr Udaya Kumara	Dr Upali Chandrasiri
Dr Rezni Cassim	Dr Harsha Perera	Dr Nishantha Halpegamage
Dr Sanjeewa Seneviratne	Dr Rasitha Manathunga	Dr Charitha Weerasinghe

Oration review committee

Prof Arjuna Aluwihare

Dr Gamini Buthpitiya

Dr Anurudda Abeygunasekara

Technical and formatting assistance

Dr. Madihah Afeez

Dr. Thilini Samarathunga

Oral Presentations
Free Paper Session 1 (Breast)- 17th August 2017 - 0800 – 0900

OP 01	Trends in incidence and stage at diagnosis of breast cancer in Sri Lanka, 1985-2010	01
OP 02	Correlation between clinical, ultrasonically and histological findings of the axilla in patients with breast cancer - What predicts a positive axilla more?	01
OP 03	Breast cancer risk factor analysis using statistical modelling: results from a pilot study.	02
OP 04	Outcome of Breast Cancer treatment in a resource poor setting	02
OP 05	Diagnostic accuracy of axillary ultrasound and fnac in detecting axillary metastasis in early breast cancer	03

Free Paper Session 2 (Appendix) - 17th August 2017 - 0800 – 0900

OP 06	Short-term outcome of acute appendicitis; a disease beyond benign simplicity	03
OP 07	Clinico-histological correlation of appendicectomies	04
OP 08	Diagnostic accuracy of "ALVARADO" score in patients with suspected acute appendicitis	04
OP 09	Diagnostic value of elevated inflammatory markers in acute appendicitis	04
OP 10	Diagnostic laparoscopy and appendectomy in chronic right iliac fossa pain of undetermined origin: are we alleviating the pain?	05

Free Paper Session 3 (Colorectal) - 17th August 2017 - 0800 – 0900

OP 11	Role of 2D Endoanal Ultrasound(EAUS) in the assessment of Fistula-in-ano	05
OP 12	Endoscopic findings and Histologic Activity in Patients with Ulcerative Colitis	06
OP 13	Management of Recurrent Pilonidal Sinus with a muscle sparing Gluteal artery perforator based flap.	06
OP 14	Pattern of colorectal polyps(CRP) identified during lower Gastro Intestinal Tract endoscopy(LGIE) in a tertiary care surgical centre in Sri Lanka	07
OP 15	Comparison of 3D Endoanal Ultrasonography(3D EAUS) and Findings at Surgery in Fistula-in-Ano	07

Free Paper Session 4 (Endocrine/General Surgery) - 17th August 2017 - 0800 – 0900

OP 16	Anatomical Description of Location of Parathyroid Adenoma	08
OP 17	Assessment of adequacy of surgical removal of adenoma in minimally invasive parathyroidectomy (MIP) without intraoperative parathyroid hormone monitoring - Experience from a single surgical unit in a tertiary care centre	08
OP 18	Effectiveness of Ultrasonic localization of parathyroid adenoma in minimally invasive parathyroidectomy - Experience from a single surgical unit in a tertiary care centre	09
OP 19	Diabetic foot ulcer: how significant is its association with HbA1c levels, neuropathy and proteinuria?	09
OP 20	Seroma Development in Para Umbilical Hernia repair. Is it related to Body Mass Index?	10

Free Paper Session 5 (General Surgery) - 17th August 2017 - 0800 – 0900

OP 21	Outcome of Para-oesophageal hernia repair: 15 year experience in a Hospital in the UK.	10
OP 22	Elective splenectomy including early laparoscopic experience in a surgical unit	11
OP 23	Laparoscopic varicocelelectomy with artery preserving and mass ligation technique-A comparative study	11
OP 24	Effectiveness of antibiotic prophylaxis in patients undergoing Lichtenstein mesh hernioplasty for inguinal hernia.	12
OP 25	Does Povidone-iodine use during mesh repair reduce post-operative infection rate in inguinal herniorrhaphy? A single unit experience in a tertiary care centre	12

Free Paper Session 6 (Upper GI)- 17th August 2017 - 1320 – 1420

OP 26	Does helicobacter pylori infection demonstrate predilection towards Tamil ethnicity?	13
OP 27	Place of Upper Gastrointestinal Endoscopy in young patients	13
OP 28	Patterns of recurrence after curative resection for gastro-oesophageal junction carcinoma at a specialist oncologic centre	14
OP 29	Analysis of high risk factors for upper gastrointestinal malignancy among Sri Lankan patients presenting with dysphagia	14
OP 30	Functional gastrointestinal disorders (FGID) - Can we reduce the burden of investigations by making a clinical diagnosis (and classification by using of Rome III criteria)?	15

Free Paper Session 7 (HPB)- 17th August 2017 - 1320 – 1420

OP 31	Laparoscopic common bile duct exploration (Ic bde): first Sri Lankan experience with impressive outcomes	15
OP 32	Early intra - abdominal hypertension - a reliable bedside prognostic marker for acute pancreatitis	16
OP 33	Impact of Intra-operative Cholangiography on 28 day readmission rate after Day case Laparoscopic Cholecystectomy - UK experience	16
OP 34	Spectrum of lymph node involvement after extended cholecystectomy and its correlation with pT Stage in carcinoma gall bladder patients	17
OP 35	Prospective randomised study comparing the outcome of duodenum preserving pancreatic head coring with duodenum preserving pancreatic head and body coring in chronic pancreatitis	18

Free Paper Session 8 (Principles of Surgery)- 17th August 2017 - 1320 – 1420

OP 36	Analysis of documentation of informed written consent in major surgical operations in general surgical units, Teaching hospital Jaffna	18
OP 37	Predictive value of questionnaire based physical activity assessment on postoperative outcomes - Preliminary report	19
OP 38	Topical application of desferrioxamine for chronic wounds - A randomized controlled clinical trial	19
OP 39	Predictive value of dynamic cardiorespiratory parameters on postoperative outcomes: Preliminary results	20

	Page	
OP 40	Mini incision total conservative parotidectomy - An oncologically acceptable, safe alternative for early malignancies in the parotid gland	20
Free Paper Session 9 (Orthopaedic)- 17th August 2017 - 1320 – 1420		
OP 41	Outcome of major lower limb amputation. A perspective on post amputation rehabilitation do the end justify the means?	21
OP 42	Influence on tissue concentration of prophylactic antibiotics by timing of application of tourniquet and administration of intravenous prophylactic antibiotics in orthopaedic limb surgeries	21
OP 43	Can preoperative American society of anaesthesiologists (asa) score predict length of hospital stay and cost after total hip and knee arthroplasty? A single unit experience	22
OP 44	Patient's beliefs and perceptions about orthopaedic implants after fracture healing	22
OP 45	Outcome of minor amputation in patients with diabetes.	23
Free Paper Session 10 (Paediatric Surgery/Plastic Surgery) - 17th August 2017 - 1320 – 1420		
OP 46	The outcome of single stage major hypospadias repair of those presented with sexual ambiguity - the most severe group	23
OP 47	The outcome of two stage major hypospadias repair of those presented with severe sexual ambiguity - does the stage of scrotoplasty matter?	24
OP 48	Lymphovascular malformation of parotid and submandibular glands: our experience with intralesional bleomycin sclerotherapy	24
OP 49	Hypospadias reconstruction in children; analysis of repair disruption and search for possible aetiology in Sri Lankan children	25
OP 50	Anterolateral thigh flap: A versatile flap for head and neck reconstruction	26
Free Paper Session 11 (Thyroid)- 18th August 2017 - 0800 – 0900		
OP 51	Mini incision sutureless thyroidectomy - an oncologically acceptable alternative in thyroid malignancies	26
OP 52	Incidence and histological patterns of thyroid cancer in Sri Lanka 2001-2010	26
OP 53	Reliability of Thy 3 in decision making in thyroid nodules; experience of a single surgical unit of a tertiary care centre	27
OP 54	Papillary thyroid cancer: Are we doing it right?	27
OP 55	Is there a relationship between chronic lymphocytic thyroiditis and papillary carcinoma of thyroid?	28
Free Paper Session 12 (Transplant/Trauma)- 18th August 2017 - 0800 – 0900		
OP 56	"Kidney paired donation"- a viable option for donor organ shortage.	28
OP 57	Total Laparoscopic Right Donor Nephrectomy: Single centre experience	29
OP 58	Fc-Gamma Receptors Polymorphism Predicts the Incidence of Urinary Tract Infection in Kidney-Transplant Recipients	30

		Page
OP 59	Outcome of live donor renal transplantation(ldtx) with simultaneous donor and recipient surgery performed by a single surgeon in parallel theatres	30
OP 60	Pattern of skeletal injuries among clove pluckers due to fall from clove trees	31
Free Paper Session 13 (Trauma)- 18th August 2017 - 0800 – 0900		
OP 61	Pattern of angle grinder cut injuries :a hospital based descriptive study	31
OP 62	Karapitiya, a regional centre for vascular trauma. Challenges and lessons learnt in the management of traumatic peripheral vascular injuries.	32
OP 63	A single centre study on the knowledge of advanced trauma life support among doctors	32
OP 64	Biliovascular complications of major liver trauma	33
OP 65	Patterns of rib fractures and their associations with a rib fracture scoring system	33
Free Paper Session 14 (Urology)- 18th August 2017 - 0800 – 0900		
OP 66	Supine mini -percutaneous nephrolithotomy(smpcnl): efficacy and safety of this novel method to treat renal stones	34
OP 67	Is there a human leucocyte antigen (hla) association with chronic kidney disease of unknown etiology (ckdu)?	34
OP 68	Incidence of urinary calculi among patients admitted with abdominal pain - experience at a peripheral surgical unit	35
OP 69	A study of clinicopathological characteristics of primary bladder malignancies: a ten year experience from a tertiary care urology unit in sri lanka	35
OP 70	Outcome of partial cystectomy for non urothelial urinary bladder malignancies in a tertiary care urology unit in sri lanka	36
Free Paper Session 15 (Vascular)- 18th August 2017 - 0800 – 0900		
OP 71	Carotid end arterectomy for symptomatic carotid stenosis: early and mid-term outcomes from a single centre series.	36
OP 72	Endovascular laser ablation for lower limb venous reflux disease; experience from the vascular unit, teaching hospital anuradhapura:	37
OP 73	Attenuation of skeletal muscle ischaemia-reperfusion injury (iri): could insulin be the answer?	37
OP 74	One-stop, customized, day-case endovenous laser therapy(evlt) of long saphenous venous(lsv) surgery combined with tributary surgery at the same setting - a safe and effective option	38
OP 75	Comparison of endovenous laser therapy (evlt) alone or in combination with phlebectomy (msa) or chemical ablation (st) for long saphenous and tributary veins. Is there a difference?	38
Free Paper Session 16 (Principles of Surgery)- 19th August 2017 - 0800- 0900		
OP 76	Mitral valve repair ; a study on aetiopathogenesis, repair techniques and early outcome	39
OP 77	An analysis of general surgical operative notes in major surgeries in teaching hospital jaffna	39
OP 78	Creation of special interest within the domain of general surgery in sri lanka; survey on trainees' perception	40

	Page	
OP 79	Patient perception of current methods of obtaining consent for casualty surgical procedures in a single surgical unit of a tertiary care referral centre	40
OP 80	Place of a simple exertion test to evaluate physical fitness of surgical patients - an interim analysis	41
Free Paper Session 17 (Principles of Surgery/HPB)- 19th August 2017 - 0800- 0900		
OP 81	Basal cell carcinoma- a study of 100 cases 2001-2010	41
OP 82	Res ipsa loquitur: never events in surgery- an experience	42
OP 83	Outpatient management of chronic wounds - is it the way forward? A month's work in the foot ulcer clinic at teaching hospital, karapitiya.	42
OP 84	The success and challenges of conducting laparoscopic surgery in peripheral units in sri lanka: a surgeon's experience	43
OP 85	The sick gallbladder- served "hot "or "cold"?	43
Free Paper Session 18 (Thyroid)- 19th August 2017 - 0800- 0900		
OP 86	Incidental thyroid carcinoma in benign thyroid disease: a cohort study	44
OP 87	Clinical and histological array of goitre	44
OP 88	Is there a difference in occurrence of post thyroidectomy hypocalcaemia in patients with significant para-tracheal fat?	45
OP 89	Association of chronic lymphocytic thyroiditis with thyroid malignancies: a single unit experience	45
OP 90	Incidence of hurthle cell carcinoma of the thyroid: single unit experience.	46
Free Paper Session 19 (Urology/Thyroid)- 19th August 2017 - 0800- 0900		
OP 91	Diethylstilboestrol (des) in treatment of castration resistant prostate cancer (crpc); a lower middle income country experience.	46
OP 92	A prospective study to evaluate access to elective surgical services in a urological unit of sri lanka	47
OP 93	Clinicopathological characteristics and outcome of patients with upper urinary tract urothelial cancers presenting to a tertiary care urology unit in sri lanka	47
OP 94	Prevalence of renal carcinoma in non-functioning kidneys: experience from a tertiary care urology unit in sri lanka	48
OP 95	Audit on thyroid surgery done at a peripheral hospital	48
Free Paper Session 20 (SAARC)- 19th August 2017 - 0800- 0900		
OP 96	Correlation of functional outcome with microscopic changes in patients undergoing surgery for chronic pancreatitis	49
OP 97	Laparoscopic hepatopancreaticobiliary surgery: our experience at a tertiary rural teaching institute	49
OP 98	Enterocutaneous fistula in children: challenges in management.	50
OP 99	Laparoscopic surgical oncology: our experience at a tertiary rural teaching institute	51
OP 100	Risk factors associated with recanalization of incompetent saphenous veins treated with radiofrequency ablation catheter.	51

Free Paper Session 21 (Breast/Orthopaedic)- 19th August 2017 - 1525 – 1655

OP 101	Surgical management of early breast cancer in a tertiary unit. A single-center, retrospective study.	52
OP 102	Determinants of primary tumour characteristics in axillary lymph node positivity in adenocarcinoma of the breast	52
OP 103	Analysis of histopathological variants in a cohort of young patients with breast cancer	53
OP 104	Correlation between position of the tumour and receptor status and the positive sentinel node biopsy in carcinoma of breast	53
OP 105	Analysis of risk factors in a cohort of young patients with breast cancer	54
OP 106	Lateral mammary crease incision- an aesthetic incision for skin sparing mastectomy	54
OP 107	Demographical and pathological characteristics of primary malignant bone tumours treated at the cancer hospital in northern province of Sri Lanka	55
OP 108	Compliance with implementing treatment for Osteoporosis in fragility fractures - Where are we heading?	55

Free Paper Session 22 (Colorectal/Appendix)- 19th August 2017 - 1525 – 1655

OP 109	A study of post-operative outcome following restorative proctocolectomy/ileal pouch-anal anastomosis(IPAA) procedure	56
OP 110	Cryptoglandular Fistula in Ano: Can it give rise to elevated inflammatory markers in the blood?	56
OP 111	An institutional experience of Hartman's reversal procedure.	57
OP 112	Prevalence of primary aetiology in patients presenting with fistula-in-ano	57
OP 113	Audit of fistula-in-ano; Ten year experience at a tertiary care centre in Sri Lanka	58
OP 114	Bloodless and probeless fistulectomy: a feasible option with favourable outcomes	58
OP 115	Fistulotomy vs fistulectomy	59
OP 116	Base hospital experience of laparoscopic appendicectomy	59

Free Paper Session 23 (Upper GI/Vascular)- 19th August 2017 - 1525 – 1655

OP 117	Patients undergoing Surgery for gastric adenocarcinoma in Sri Lanka: Has the resectability changed over a period of 15 years?	60
OP 118	LOW PREVALENCE OF Helicobacter pylori INFECTION AMONG HEALTHY VOLUNTEERS AND DYSPEPTIC PAIENTS IN THE CENTRAL PROVINCE OF SRI LANKA	60
OP 119	Analysis of all consecutive flexible sigmoidoscopy done at surgery unit b general hospital Polonnaruwa for 3 months period from 01 January 2016.	61
OP 120	Cervical esophagogastric anastomotic leak following esophagectomy	61
OP 121	Peripheral arterial bypass surgery: two year outcome at teaching hospital, Karapitiya (thk).	62
OP 122	Short saphenous vein (ssv) surgery: more questions than answers. Describing a new technique	62
OP 123	Outcomes of percutaneous transluminal angioplasty (PTA) done in a minimal resource setting	63
OP 124	Outcome of lymphovenous anastomosis in patients with lymphoedema tarda showing lymphatic obstruction in lymphocintigraphy.	63

Free Paper Session 24 (HPB)- 19th August 2017 - 1525 – 1655

OP 125	A Descriptive study on hilar cholangio carcinoma: Sri Lankan experience	64
OP 126	Atypical enhancement pattern in triphasic contrast ct in hepatocellular carcinoma with portal vein thrombosis	64
OP 127	Surgical anatomy of arterial supply of segment 4 of the liver: a cadaveric study	65
OP 128	Management of Postoperative Pancreatic Fistula	65
OP 129	Perioperative outcome of hepatic resection in elderly patients - A comparative study.	66
OP 130	Influence of experience on oncological outcome in Whipple's surgery - An experience of a single tertiary care unit	66
OP 131	Early complications following liver resections - 5 years of experience in single hepato-biliary unit of a tertiary care centre	67
OP 132	Trans Arterial Chemo Embolization induces extensive tumour necrosis in small hepatocellular carcinoma (Trial SLCTR/2016/023)	67

Free Paper Session 25 (HPB/Vascular)- 19th August 2017 - 1525 – 1655

OP 133	Does precut accessotomy reduce unintended pancreatic duct cannulation in Endoscopic Retrograde Cholangio Pancreatography? A single endoscopist's experience	68
OP 134	Outcome of surgical drainage of the Pancreatic duct in chronic pancreatitis	68
OP 135	Early feeding after laparoscopic assisted pancreatico-duodenectomy with pancreatico-gastric anastomosis	69
OP 136	Chemical Profile of Common bile duct stones in Sri Lanka	69
OP 137	Endoscopic simultaneous multiple plastic stent dilatation of strictures following Iatrogenic Bile Duct Injury (IBDI)	70
OP 138	Incidence of non-alcoholic fatty liver disease in patients undergoing cholecystectomy	70
OP 139	Outcomes from open bypass surgery for lower extremity Limb Salvage: the Sri Lankan perspective	71
OP 140	Revascularization of dead and marginally viable limbs following traumatic arterial injury: A follow up study	71

Poster Presentations
Breast

PP 01	Surgical outcome of breast conservation surgery for early breast Carcinoma. Are we achieving desired therapeutic goals? Single oncosurgical unit experience.	72
PP 02	Patient perception and satisfaction regarding breast conservation surgery for early breast carcinoma-Single oncosurgical unit experience.	72
PP 03	Prevalence and characteristics of fibrocystic disease in Carcinoma of breast	73
PP 04	Array of breast cancer in Kalutara district	73
PP 05	Breast conservation surgery (BCS) for early Breast carcinoma- Descriptive analysis of patient and disease characteristics. Single oncosurgical unit experience.	74

Appendix

PP 06	Influence of pre hospital delay on perforated appendix: a hospital based descriptive study	74
PP 07	Management of Ca Appendix - An institutional Experience	75
PP 08	Acute Appendicitis: Alvarado score vs Histological findings	75
PP 09	Are laparoscopic appendectomies practical in a peripheral hospital setting?	75
PP 10	Correlation between elevated white blood cell count and histological diagnosis of appendicitis	76
PP 11	Assessment of early surgical site complications following open Appendicectomy; Single surgical unit experience in tertiary care centre	76

Colorectal

PP 12	A study of quality of life following ileal pouch-anal anastomosis(IPAA) procedure	77
PP 13	Fistula-in-ano; the outcome in relation to the surgical procedure	77
PP 14	Comparison of 2D Endoanal Ultrasonography(2D EAUS) and Findings at Surgery in Fistula-in-Ano	78
PP 15	Are malignant colonic obstructions common in young males?	78
PP 16	A descriptive analysis of chronic anal fissure	78
PP 17	Initial experience in minimal invasive oesophagectomy in a tertiary care unit	79
PP 18	Descriptive study of patients with colorectal cancer in Mahiyanganaya	79

Endocrine

PP 19	WAGNER MEGGIT Wound grade, Blood Sugar Level, WBC count and Haemoglobin level in prediction of outcome of Diabetic foot wounds	80
-------	--	----

General surgery

PP 20	Objective Assessment of Lower Urinary Tract Symptoms in Patients with Inguinal Hernia	80
PP 21	Descriptive study on patients underwent abdominal wall hernia repair in a surgical unit of a tertiary care centre in Sri Lanka.	81
PP 22	Analysis of laparoscopic hernia repair performed by single surgical team over one year	81

Upper GI

PP 23	Application of Endoscopic Ultrasound scan in Gastrointestinal diseases, Descriptive study in a Tertiary care centre.	82
PP 24	Outcome of 107 consecutive Upper Gastro Intestinal Endoscopy (UGIE) done over 3 months period in a single surgical unit at General Hospital Polonnaruwa(GHP)	82
PP 25	Endoscopic and Histological Findings in Patients Presenting with Upper Gastro-Intestinal Symptoms.	83

Hepatopancreaticobiliary

PP 26	Chronic pancreatitis: profile from a tertiary referral centre	83
PP 27	Success in laparoscopic era: more than 220 consecutive laparoscopic cholecystectomies with zero conversion rate	84
PP 28	Liver Haemangioma - Experience of three year follow up	84
PP 29	Unequal distribution of liver fat warrants careful selection of biopsy site during donor assessment.	85
PP 30	Endoscopic ultrasound (eus) guided pancreatic pseudocyst drainage with anti-migration stents – initial experience	85
PP 31	Safety and efficacy of three port laparoscopic cholecystectomy; a retrospective analysis at a single unit data	86
PP 32	Assessment of early complications of Whipple procedures - 10 years of experience in a tertiary care hepatobiliary centre	86
PP 33	Critical view of safety (cvs) in laparoscopic cholecystectomy: Sri Lankan perspective	87
PP 34	Results on thirty nine liver resections for metastatic lesions - Six years of experience in single hepato-biliary centre	87
PP 35	Safety and efficacy of extracorporeal shock wave lithotripsy for pancreatic stones- A descriptive study.	88
PP 36	Does background cirrhosis affect the outcome of liver resections for hepatocellular carcinoma? A single surgical unit experience in a tertiary care centre	88
PP 37	Are we in the correct tract of performing laparoscopic cholecystectomy- eight years' experience of a single surgical team	89

Principles of Surgery

PP 38	Anti-bacterial properties of turmeric	89
PP 39	Undergraduate perceptions on the end of course assessment in Surgery	90
PP 40	Surgical site infections (SSI)/exploring risk factors	90
PP 41	Audit on the burden of animal bites at Mannar	91
PP 42	Correlational study on relationship between waist circumference and abdominal pressure volume curve characteristics during laparoscopy	91

Neuro

PP 43	Use of Marshall Computed Tomography (CT) score in predicting mortality in patients with Traumatic Brain Injury- single neurosurgical unit experience in a tertiary care centre	92
PP 44	Thoracoscopic sympathectomy; review	92

Orthopaedics

PP 45	Self-reported functional outcome in patients who were surgically treated for bimalleolar fractures	93
PP 46	Characteristics and outcome of major lower limb amputations in a tertiary care hospital	93
PP 47	Use of the Dorso-Radial Slab in the Management of Distal Radius Fractures - A Single Unit Experience	94

PP 48	Nonspecific Low Back Pain in Active Adults - A Disability evaluation	94
Paediatric		
PP 49	Pathological spectrum of lumps referred to an outpatient department children's surgical clinic	95
Plastic surgery		
PP 50	Digital revascularization and replantation using the "wide-awake" hand surgery concept	95
SAARC		
PP 51	Uncommon breast malignancies - Treatment dilemma	96
PP 52	Rationale and Use of Critical View of Safety in Laparoscopic Cholecystectomy	96
PP 53	Is chronic pancreatitis an unsolved enigma of pancreatic milestone? An observation.	97
PP 54	Giant intra- abdominal cysts- A challenge for diagnosis and laparoscopic surgery	97
Thyroid		
PP 55	Immediate post thyroidectomy stridor caused by Paradoxical vocal cord dysfunction: Results from a single centre case series.	97
PP 56	Clinical determinants of the best surgical option in papillary thyroid micro-carcinoma	98
PP 57	Post total thyroidectomy patient's knowledge on thyroxine replacement and complications.	98
PP 58	Descriptive pattern of thyroid morphology in patients with Hashimoto's Thyroiditis	99
PP 59	Analysis of papillary thyroid carcinoma patients presented to single surgical unit - teaching hospital Jaffna	99
PP 60	Comparison of papillary microcarcinoma and colloid nodules of thyroid: A single unit experience.	100
Trauma		
PP 61	Pattern of Injuries in Road Traffic Accidents: A Single Unit Experience	100
PP 62	Best way of managing major liver trauma	101
PP 63	Mechanism of injury and Limb Fractures associated with motorbike and three-wheeler accidents; is the risk worth the ride?	101
PP 64	The circumstances of mine-explosive injuries that caused limb amputations within the area of war in the East of Ukraine	102
Urology		
PP 65	Live donor renal transplantation (ldrt) - looking beyond standard-criteria a necessity?	102
PP 66	A prospective study on management and outcome of ureteric calculi encountered in a urology unit	103
PP 67	The importance of flexible cystoscopy in the evaluation of haematuria - a single centre experience	103
PP 68	A study on chemical composition of renal and ureteric stones of patients with urolithiasis treated in th, Jaffna: early results of an ongoing study	104

Vascular

PP 69	Sparing tourniquet in carpal tunnel release	104
PP 70	Secondary amputation: How are they doing?	105
PP 71	Preoperative concerns of patients undergoing carpal tunnel decompression	105
PP 72	Ischemic foot ulceration: When can revascularization be deferred?	106

Case reports

CR 01	Laparoscopic lateral pancreaticojejunostomy: Experience of first case in Uttar Pradesh, India	107
CR 02	Acute intestinal obstruction due to volvulus of right colon in an adult with malrotation of mid gut	107
CR 03	Inflammatory myofibroblastic tumour of the oesophagus presenting with hematemesis and melaena: A case report	108
CR 04	Salvaging severe burns in a resource poor country with conservative management	108
CR 05	Colonic Intussusception due to Submucosal Lipoma in an Adult: A Rare Case Report	109
CR 06	Laparoscopic Ladd's procedure for intestinal obstruction due to malrotation of gut in an adult	109
CR 07	Efficacy of dyes in intra - operative identification of lymphatics.	109
CR 08	Clinical Presentation of Papillary Carcinoma Thyroid as a Branchial Cyst: Case Report	110
CR 09	Pathological fracture of the humerus secondary to Follicular thyroid carcinoma	110
CR 10	Urinary bladder Pheochromocytoma presenting with malignant hypertension and hypertensive retinopathy.	111
CR 11	Inferior epigastric artery injury in laparoscopic inguinal hernia repair	111
CR 12	A case report of successful ABO incompatible renal transplantation from a well-treated HCV positive donor with SVR to HCV negative recipient without any viral transmission.	112
CR 13	Complex colo cutaneous fistula due to inflammatory bowel disease in a young male	112
CR 14	Laparoscopic Roux-en-Y hepaticojejunostomy in malrotation of gut: A rare case report	113
CR 15	A rare case of Mucoepidermoid carcinoma of the accessory parotid gland	113
CR 16	A rare presentation of acute abdomen; Perforation of primary Jejunal gastrointestinal stromal tumour	114
CR 17	Recurrent Giant lipomatous swelling: A therapeutic dilemma - A case report.	114
CR 18	A report of two rare cases of intra-abdominal aggressive fibromatosis	115
CR 19	Desmoid tumour of small bowel mesentery	115

Read the journal online

<http://www.sljs.sljol.info>

The screenshot shows the homepage of the Sri Lanka Journal of Surgery. At the top, there is a navigation bar with links for Home, About, Contact, Content, and Research Integrity, along with a search bar, Log In, and Register buttons. Below this is a header section with the journal's name, 'Sri Lanka Journal of Surgery', and buttons for 'Start Submission' and 'Become a Reviewer'. The main content area is divided into two columns. The left column features a cover image of the journal with the title 'THE SRI LANKA JOURNAL OF SURGERY' and the date 'April 2016, Volume 50, No.2, ISSN 1390-491X'. Below the cover, there are social media links for Twitter, RSS, and a Journal Blog. The right column displays a list of 'LATEST ARTICLES' and 'POPULAR ARTICLES'. The first article is 'A hammer in an unusual place - anal assault' by Sharma et al., dated 20 Apr 2016. The second article is 'Primary bronchogenic carcinoma - is it a valid entity?' by Seneviratne & Fernando, also dated 20 Apr 2016. The third article is 'Thoracoscopic splanchnicectomy for the relief of chronic pancreatic pain' by Galsetiya & Pinto, dated 20 Apr 2016. Each article has a small thumbnail image and social media share icons.

Online submissions

Submission of articles to the Sri Lanka Journal of Surgery can be done online.

Authors are requested to register with the journal on the Sri Lanka Journals On Line (SLJOL) website
at

<http://www.sljs.sljol.info/register/>

ABSTRACTS

Oral Presentations

OP01

TRENDS IN INCIDENCE AND STAGE AT DIAGNOSIS OF BREAST CANCER IN SRI LANKA, 1985-2010

A R Fernando, U Jayarajah, S A Senevirathne, S Prabhashani

Professorial Surgical Unit Colombo, Sri Lanka

Background

A gradual decline in the incidence of breast cancer is observed in developed countries over last 10 to 15 years while in developing countries the incidence continues to rise. We conducted this study to examine trends in incidence and stage at diagnosis of breast cancer in Sri Lanka.

Methods

A retrospective cohort evaluation of patients diagnosed with breast cancer during 1985-2010 was performed using population based data from the Sri Lanka National Cancer Registry. Trends in incidence were analyzed overall and by age group using Join point regression analysis.

Results

The age standardized incidence of female breast cancer has increased from 9.4 to 23.1 per 100000 from 1985 to 2010; a 2.46-fold increase (95% confidence interval [95% CI] 2.16-2.78; $p < 0.001$, estimated annual percentage change [EAPC] 3.7%, 95% CI 3.5-3.9). In contrast, male breast cancer incidence has remained unchanged (0.2 to 0.3 per 100000). Highest incidence was seen among women of 60 to 64-year age group which has increased from 68 to 101 per 100000 from 2001 to 2010 (EAPC 4.6%, 95% CI 3.9-5.2, $p < 0.001$). Although most breast cancers were diagnosed at an advanced stage (stages III and IV), this appears to be declining; from 55% in 2007 to 51% in 2010.

Conclusions

A gradual increase in the incidence of female breast cancer is observed in Sri Lanka. Majority of breast cancers are advanced at diagnosis which however appears to be declining. Emphasis needs to be placed on earlier diagnosis of breast cancer to reduce future breast cancer burden.

OP02

CORRELATION BETWEEN CLINICAL, ULTRASONICALLY AND HISTOLOGICAL FINDINGS OF THE AXILLA IN PATIENTS WITH BREAST CANCER – WHAT PREDICTS A POSITIVE AXILLA MORE?

G D S R Wijerathne, G K S De Silva, K S K Ariyapala, KCP Silva

Surgical oncology, Apeksha Hospital, Sri Lanka

Introduction

Correct selection of patients for sentinel lymph node biopsy (SLNB) needs more understanding. We correlated clinical and ultrasonically (USS) findings especially considering loss of fatty hilum with histological findings of the axilla.

Method

All patients who underwent surgery for breast cancer in a single surgical unit in National Cancer Institute over 5 years period from 2012 were retrospectively analyzed after excluding patients who had neoadjuvant therapy and patients who had insufficient data.

Results

The study population was 495. Axillary nodes were palpable in 73(14.7%). Nodes were seen on USS in 221(44.6%) while fatty hilum was lost in 89(40.3%). Out of clinically positive patients, 40(54.7%) had histologically positive axilla. Out of ultrasonically positive patients, 104(47%) had histologically positive axilla. Loss of fatty hilum on USS gave a better prediction, being 84% histologically positive out of 89 nodes. Clinical assessment gave a better positive predictive value(0.54) than that of USS(0.47) whereas USS gave a better negative predictive value(0.84) than that of clinical assessment(0.74). Loss of fatty hilum on USS had good sensitivity(73%), specificity(88%), positive predictive value(0.84) and a negative predictive value(0.79).

Conclusion

Clinical assessment has a better positive predictive value whereas USS has a better negative predictive value in predicting the actual histological positivity in axilla in patients with breast cancer. Loss of fatty hilum in ultrasonically detected gives more accurate prediction in positivity in axilla. All these factors need to be considered when deciding on which patients should undergo SLNB in breast cancer.

OP 03

BREAST CANCER RISK FACTOR ANALYSIS USING STATISTICAL MODELLING: RESULTS FROM A PILOT

W D D Weerasinghe, B N L Munasinghe, U P Liyanage, A M C H Attanayake
Department of Surgery, Faculty of Medicine, University of Kelaniya, Sri Lanka

Introduction

This study redefines the known risk factors and analyses new associations causing breast cancer (BC) in a population attending to National Cancer Hospital, Sri Lanka.

Method

A prospective, case controlled study from January 2017. Cases and control (in a 2:3 ratio) were selected from "Apeksha" Hospital and "Suvanari" clinics respectively. The risk factors analyzed were; (i) age at menarche, (ii) reproductive duration, (iii) age at menopause, (iv) age at first child birth (P value) (v) number of pregnancies (vi) last child birth within 10 years, (vii) use of oral contraceptive pills (OCP), (viii) breast fed side and (ix) first degree relatives with breast or ovarian cancer (BOC). Chi Square test was used to find the associated variables and the Firth logistic regression was used to fit to the model. P value of 0.05 considered statistically significant.

Results

145 cases (Median age 56 years, range 33 - 79) and 218 controls (Median age 50, range 30 - 76) were selected upto March 2017. Age at menarche < 12 years (P value < 0.05), reproductive duration > 40 years (Pvalue < 0.05), last child birth within 10 years (P value 0.05), less/non breast fed side (P value 0.05) and having first degree relatives with BOC (P value 0.05) had statistically significant association with BC.

Conclusion

This study highlights the importance of age at menarche < 12 years, reproductive duration > 40 years and less/non breast fed side have a statistically significant association with BC.

OP 04

OUTCOME OF BREAST CANCER TREATMENT IN A RESOURCE POOR SETTING

S R Islam, S Rahman, S Sharkar
Department of Surgery, Jahurul Islam Medical College, Bjitpur, Kishoreganjje, Bangladesh

Introduction

We provide breast cancer treatment service for patients, who mostly come from rural and belong to poor socio-economic status. They do not have the financial ability to travel to cancer center in the capital city for radiation treatment. We treated them with surgery, neoadjuvant and adjuvant chemotherapy and hormone-therapy. We evaluated their outcome of treatment.

Methods

Data were collected of breast cancers operated between January 2012 and January 2017 for a period of 5 years. Diagnosis was done by FNAC and true cut biopsy. Our standard surgery was total mastectomy and complete axillary lymph node clearance. Meticulous surgery was done to avoid need of radiation treatment. All patient received 6-8 cycle of neoadjuvant/adjuvant combination chemotherapy. Patients with unknown receptor status and ER+ve patients were given hormone therapy for 5 years.

Results

There were 74 female and 3 male breast cancer patients. Axillary lymph node involvement was present in 61% cases. 52 patients completed our treatment protocol. Out of them 8 patient died and 5 patient developed liver and or bony metastasis. Disease free survival so far is 75% in a duration of 5 year follow up. Overall survival is 84.6%. Incidence of local recurrence is 1.9%.

Conclusion

Treatment of breast cancer in a resource poor setting is difficult as it requires multimodality treatment. Radiotherapy, frozen sections and receptor studies are unavailable and expensive. Total mastectomy and axilla clearance and low cost combination chemotherapy plus hormone therapy can also achieve good local recurrence free and disease free survival.

OP 05

DIAGNOSTIC ACCURACY OF AXILLARY ULTRASOUND AND FNAC IN DETECTING AXILLARY METASTASIS IN EARLY BREAST CANCER

Praveen Krishna G, DrAnup Krishnan
Department of General surgery, Amrita Institute of Medical Sciences, Kochi, Kerala, India

Introduction

Axillary lymph node staging is the single most important prognostic indicator for breast cancer. Axillary ultrasound is the primary non-surgical method for evaluating axillary nodes. With the addition of US-guided FNAC of suspicious lymph nodes, specificity for detecting metastatic lymph nodes can be increased. This study determines the diagnostic accuracy of Axillary Ultrasound and USG guided FNAC in detecting axillary metastasis by calculating sensitivity, specificity, PPV NPV.

Methods

Prospective study of 163 patients with cytology proven as Breast Carcinoma with no palpable lymph nodes.

Results

163 patients included in this study underwent ultrasound imaging of axilla and 61 (37.4%) showed suspicious nodes out of which 58 underwent Ultrasound guided FNAC and 36 (62.1%) had nodal metastasis on cytological evaluation and 22 (37.9%) were negative. Out of the total 163, 41(67.2%) were confirmed having nodal metastasis on final HPE and 16 who were benign on USG were positive on final HPE.

Discussion and Conclusion

Ax US is a standard investigation used for detecting axillary node involvement in breast cancer patients. The sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of Axillary USG guided FNAC were 84.6%, 84.2%, 91.7%, and 72.7% respectively. The overall diagnostic accuracy of US guided FNAC was 84.48%. In conclusion, the high sensitivity, specificity and relatively low false-negative rate of US-guided FNAC of non-palpable axillary lymph nodes indicate that it is a useful procedure in initial staging of breast carcinoma and can be immensely valuable in planning appropriate management.

OP 06

SHORT TERM OUTCOME OF ACUTE APPENDICITIS; A DISEASE BEYOND BENIGN SIMPLICITY

Bingumal Jayasundara, Poornima Jayawickrama, Chathura Gunathilake, Harsha Rajapakse, Dilini Senarathne, Janaka Balasooriya, Buddhika Dassanayake
District General Hospital Mannar, Sri Lanka

Introduction

Acute appendicitis (AA) is the commonest intra-abdominal emergency requiring surgical intervention. Preferred treatment is appendectomy with variable access techniques, but some patients respond completely to antibiotics. Despite the benign nature of the disease, complications are not uncommon in AA.

Methods

Outcome data of all cases diagnosed as AA at DGH, Mannar were prospectively collected from August 2016-April 2017. Association between the age and duration of symptoms (DOS) with the operative findings and post-operative complications were evaluated. Operative findings were classified as uncomplicated appendicitis (UA), complicated appendicitis (CA) and negative appendicitis (NA). Clavian-Dindo classification (C-DC) was used to grade the complications.

Results

Out of 96 cases diagnosed with AA, 83(43 males; Age range 7-64 years, Mean 25.5) underwent surgery (Open appendectomy-48, Laparoscopic appendectomy-30, Appendicular abscess drainage-3, Midline laparotomy-2). Sixty-three (75.9%) and twenty (24.1%) cases presented with less than two and more than three days of symptoms respectively. Fifty (60.3%), twenty-eight (33.7%) and five (6%) cases had UA, CA and NA. Mean age (30.9 vs 23.7 years) and DOS (2.57 vs. 1.76 days) of cases with CA was significantly high ($p=0.007$ and $p=0.000$ -Oneway Anova). Eighteen (21.5%), five (5%) and one (1.2%) case had C-DC 1-2, C-DC 3-4 and C-DC 5 complications respectively. Age was not associated with occurrence of complications ($p=0.25$) but mean age of cases with C-DC 3-5 complications (46.8 years) was significantly high ($p=0.000$ -Oneway Anova). Mean DOS of cases with C-DC 3-5 complications (3.1 days) was significantly high ($p=0.000$ -Oneway Anova). Sixteen of 28 (57.14%) with CA developed post-operative complications ($p=0.007$).

Discussion and Conclusions

Advanced age and DOS was a risk factor for CA. Age was associated with severity but not occurrence of complications in AA. Delayed presentation and CA lead to post-operative complications.

OP 07

CLINICO-HISTOLOGICAL CORRELATION OF APPENDICECTOMIES

Y Prasanthan, B Sayanthan, P Murugadas
District General Hospital Nagoda, Sri Lanka

Introduction

Alvarado scoring system is useful to diagnosis the appendicitis. However Sri Lankan patient based studies are still limited. Objective is to evaluate the correlation between Alvarado score and the histology of the appendicectomies in Sri Lankan population.

Methods

This was conducted retrospectively at Kalutara District General Hospital from 1st of January to 31st of December 2016. 126 (75 males, 51 females, Age 23.02 ± 14.19 yrs) appendicectomies were included in this study. Alvarado score applied.

Results

Migratory Right Iliac Fossa (RIF) pain noted in 59 (46.8%), nausea and vomiting noted in 47 (37.3%) and anorexia in 80 (63.5%). RIF tenderness observed in all patients (100%) with rebound tenderness in 81 (64.31%). Elevated temperature documented in 46 (36.5%). Leucocytosis with shift seen in 81 patients (64.3%). Serocitis noted in 114 (90.4%). Fully Inflamed appendix noted in 100 patients (79.4%). Features of appendicular abscess noted in 40 (31.7%) patients. But no malignant changes were noted. Alvarado score shows a bell shape distribution. Range of score was 2-8. Mode of score was 4, 49 (38.9%) subjects got this value. 17 patients had Alvarado score more than six and all of them had inflamed appendix. When Alvarado score was less than 4, there were 21 non inflamed appendixes. Almost all the patients with appendicular abscess had Alvarado score more than 5.

Conclusions

Alvarado score can be applicable in Sri Lankan population as a good diagnostic tool in acute appendicitis. There is minimal benefit in awaiting imaging confirmation in high Alvarado score patients

without doing appendicectomies.

OP 08

DIAGNOSTIC ACCURACY OF "ALVARADO" SCORE IN PATIENTS WITH SUSPECTED ACUTE APPENDICITIS

SS Abeywickrama, A Wijemanne, T G A S Gamage
Surgical Unit B - Teaching Hospital Kurunegala, Sri Lanka

Introduction

Globally acute appendicitis is a common surgical emergency (6% life time risk) and ALVARADO score is used as a clinical prediction rule worldwide. Its accuracy needs validation for local setup to be recommended as standard in day to day practice at least in initial phase. Eventhough globally it has shown good results, local data are lacking.

Methods

A prospective cohort study using 52 patients with suspected acute appendicitis. ALVARADO score was calculated in patients whom surgical management had been offered and was analyzed with findings at surgery and histopathological report.

Results

Positive predictive value was 94.44% in patients with ALVARADO score ≥ 7 , 66% in ≥ 5 , 31% in < 5 .

Conclusion

ALVARADO Score is a suitable clinical predictive rule to be used in day to day surgical practice in local setup, specially in initial stages where classic clinical picture may be subtle. However we hope to expand this study into a larger study population and recheck the validity.

References

1. ohle etal BMC medicine 2011,9;239
2. Memon etal AJS 2013;36

OP 09

DIAGNOSTIC VALUE OF ELEVATED INFLAMMATORY MARKERS IN ACUTE APPENDICITIS

T Matheesan, T Kokulan, U Chandrasri
Surgical unit, Teaching Hospital Kegalle, Sri Lanka

Introduction

Acute appendicitis is one of the common surgical casualty admissions that require surgery. Diagnosis of acute appendicitis is clinical which is supported by laboratory investigations. The aim of this study was to

find out the diagnostic value of elevated inflammatory markers (C - reactive protein and Total leukocyte count) in detection of appendicitis.

Methods

A retrospective analysis was conducted over a period of six months at General Hospital Kegalle. Data was collected from Bed Head Tickets, clinic notes and direct inquiry from patients who had histologically confirmed appendicitis.

Results

The total of 110 patients was analyzed in which 75% found to have inflamed appendix. The overall perforation rate was 25%. The mean values of C - reactive protein and total leukocyte count in patients with histologically confirmed appendicitis were 38mg/dl and 13000/ micro liter respectively whereas it was found that the mean values of C - reactive protein and total leukocyte count in patients with perforated appendix were 100mg/dl and 17000/ micro liter respectively.

Discussion and Conclusion

It has been shown, that inflammatory markers are helpful tools to support the clinical diagnosis of appendicitis and they are strongly correlated to the severity of the inflammation and detect perforated appendicitis. A patient with normal C-reactive protein and leukocytes has a very low probability of appendicitis.

OP10

DIAGNOSTIC LAPAROSCOPY AND APPENDICECTOMY IN CHRONIC RIGHT ILIAC FOSSA PAIN OF UNDETERMINED ORIGIN: ARE WE ALLEVIATING THE PAIN

B Thileebphan, S Gobishangar
Professorial Surgical Unit, Teaching Hospital Jaffna,
Sri Lanka

Introduction

Chronic right iliac fossa (CRIF) pain leads to repeated hospital attendance and missed days of routine life. The growing evidence supports the role of laparoscopy with or without appendicectomy as a management of CRIF pain.

Methods

Patients presented to the clinic or the casualty ward of

Professorial surgical unit of teaching hospital Jaffna (from 2016 February to 2017 February) with right iliac fossa pain (episodic or persistent with episodic worsening) more than 6 weeks with clinically or radiologically undetermined origin were offered with diagnostic laparoscopy and appendicectomy. During end of April 2017 all were contacted via telephone and pain assessment done. Data were obtained during first visit; day of surgery and post-operative clinic visit with histology report and data were maintained in a database.

Results

Twelve patients were recruited (female 75% and male 25%). Minimum period of post-operative follow-up was 2 months. Four patients (66.7%) had leukocytosis and 2 patients (16.7%) had elevated CRP but all of them had normal UFR. Except two patients, others (83%) had positive finding in laparoscopy. All underwent appendicectomy with or without adhesiolysis. Histological finding of all were positive (mucosal lymphoid hyperplasia, focal mucosal inflammation). Out of twelve, one (8.3%) had no improvement (had adhesion and mucosal lymphoid hyperplasia in histology report). Among remaining eleven (91.7%), two had improved pain and all other had no pain at all.

Conclusion

Diagnostic laparoscopy is minimal invasive surgical procedure. It is useful when clinical examination and radiological investigations undetermined the origin of chronic right iliac fossa pain.

OP11

ROLE OF 2D ENDOANAL ULTRASOUND (EAUS) IN THE ASSESSMENT OF FISTULA-IN-ANO

W P L Weerakkody, M T D Silva, D N Samarasekera
Department of surgery, Faculty of Medicine,
University of Colombo, Sri Lanka

Background

Accurate pre-operative assessment of anatomy of the fistula is vital for surgery. EAUS plays a major role in this aspect. Study objective was to determine the accuracy of 2D EAUS to detect the anatomy of the fistula tract.

Methods

A retrospective analysis was performed using a database maintained prospectively by a tertiary care unit since 2007. 90 patients who underwent 2D EAUS

with either transphincteric or intersphincteric fistulae were compared with surgical findings. The sensitivity of 2D EAUS for different types of fistulae was calculated.

Results

Male/female ratio was 82:8. Mean age was 39.71 (range: 13-75) years. During surgery, 69 (76.7%) patients were found to have transphincteric fistula and 21(23.3%) were found to have intersphincteric fistula. 2D EAUS detected transphincteric tracts accurately in 59 patients out of 69. Sensitivity of 2D EAUS for transphincteric fistulae was 85.5%. 2D EAUS detected intersphincteric tract accurately in 9 patients out of 21. Sensitivity of 2D EAUS for intersphincteric fistulae was 42.9%.

Conclusion

2D EAUS has a better sensitivity for transphincteric fistula than Intersphincteric fistula in pre-operative fistula assessment.

OP 12

ENDOSCOPIC FINDINGS AND HISTOLOGIC ACTIVITY IN PATIENTS WITH ULCERATIVE COLITIS

F R Riza, N M M Nawaratne, L T C Widyaratne, D N Samarasekera, M I M De Zoysa, S L Seneviratne
Department of Surgery, Faculty of Medicine Colombo, Sri Lanka

Introduction

Ulcerative colitis is a prototype inflammatory disorder of the colon. We studied the endoscopic findings and histologic activity in a cohort of Sri Lankan UC patients.

Methods

A cohort of UC patients attending the Gastroenterology clinics of the National Hospital of Sri Lanka was studied and their endoscopic and histological findings ascertained. The Endoscopic findings were categorized according to the Mayo Endoscopic Sub-Score (MESS) and the histology reports were categorized using the Geboes scoring system.

Results

Seventy-six patients with UC were recruited for the study. One-hundred-and-thirty endoscopy (total colonoscopy-54, partial colonoscopy-34, sigmoidoscopy-22 and proctoscopy-18; 49% were follow-up procedures) and 104 histology reports were reviewed. A biopsy was done in 81.1% of the

colonoscopies. Of those where a biopsy was not done, 69.2% showed some form of macroscopic colonic mucosal inflammation. On endoscopy, proctitis (79.2%), proctosigmoiditis (47.5%), left colitis (36.8%), transverse colitis (22.9%) and right colitis (25%) was noted. Of the total colonoscopy group, 15 (27.8%) had a total MESS score of 0 and 2 had the maximum score of 12. In the sigmoidoscopy and proctoscopy group, the maximum total score was 6. Active histological inflammation (Geboes score ≥ 3.1) was observed in the mild proctitis(27.7%), mild procto-sigmoiditis(20%), mild left colitis (44%) and normal recto-sigmoid(28.6%) groups.

Discussion and Conclusions

Patients with 'normal' and 'mild' inflammation on endoscopy had active inflammation on histology. It is important to perform a biopsy in seemingly normal mucosa to accurately assess disease activity.

OP 13

MANAGEMENT OF RECURRENT PILONIDAL SINUS WITH A MUSCLE SPARING GLUTEAL ARTERY PERFORATOR BASED FLAP

Ankur Bhatnagar
SGPGIMS, India

Background

Pilonidal sinus is a difficult disease to treat with high recurrence rates. Many treatment modalities from secondary-intention healing to various types of flaps have been used for treating recurrent lesions with each having different rates of success.

Methods

A perforator flap based on the superior gluteal artery perforators was designed at 45 degree angle to the defect created by the excision of the pilonidal sinus up till the sacral fascia, taking care to excise all the infected and fibrotic tissue and was transposed in 15 male patients with history of recurrent pilonidal sinus. Defect and flap size, length of surgery, blood loss, time to mobilisation, hospital stay, and time of return to work and rate of complications were evaluated.

Results

The average defect size in length, width and depth were 6.9 cm, 3 cm and 3 cm, respectively. The size of the cutaneous part of the flap was slightly more than the defect size. The average length of surgery was 45 min

(sinus excision 10 min, flap harvest 15 min and closure 20 min) with blood loss being less than 25 cc. Patients were mobilized and discharged home two days after surgery. The patients were able to return to normal daily activities after 3 days and to work 10 days after the surgery. There were no complications and no recurrences at an average of a 10-month follow-up.

Conclusion

Excision of all the sinus tracts and fibrotic tissue till the sacral fascia with obliteration of the natal cleft is the keys in preventing recurrence of the lesio. The superior gluteal artery perforator flap (SGAP) offers many advantages over random (better vascularity and flap safety) or larger flaps (decreased operating time and donor-area morbidity) in the treatment of pilonidal sinus disease. The flap is easy to raise and has consistent vascular anatomy.

(This abstract was to be presented last year.)

OP 14

PATTERN OF COLORECTAL POLYPS (CRP) IDENTIFIED DURING LOWER GASTRO INTESTINAL TRACT ENDOSCOPY (LGIE) IN A TERTIARY CARE SURGICAL CENTRE IN SRI LANKA

K A N Chanaka, M A C Lakmal, M S Nandasena, B Gamage
Professorial Surgical Unit,
Colombo South Teaching hospital, Sri Lanka

Introduction

Many studies have shown that most colorectal cancers originate from a benign polyp. Therefore early detection of polyps can reduce the cancer related mortality in selected cases. Identifying the pattern of CRP would be beneficial in order to design local guidelines.

Methods

Descriptive analysis of the endoscopic and histopathological data of the patients who underwent lower GI endoscopy during 6 years (2011-2016) in surgical unit of a tertiary care centre was done using SPSS version 20.

Results

Out of 6638 lower GI endoscopies done, 521 patients had Colorectal Polyps (CRP) (Incidence 7.8%) In this group only 7% had synchronous lesions. Half of them were males (56%). The mean age was 58.14(range 18-92 years). Majority of the CRP were found in the left colon (83%). These were mostly distributed in sigmoid colon (34%) and rectum (30%). 14% and 5% of polyps were

found in descending colon and anal canal respectively. Histologically most of the polyps were hyperplastic (24%) and tubular villous adenomas (24%). Only 2% (n=11) of CRP were malignant. All of the malignant polyps were found in the rectum and the left colon (n=,rectum- 9, sigmoid colon-1, descending colon-1). No gender difference in incidence of malignant polyps was seen (p=0.066).

Conclusion

The incidence of CRP was low in this study cohort compared to world wide data. But the age and the gender are comparable. Majority of the polyps and all malignant polyps were located in the left colon and the rectum. Therefore flexible sigmoidoscopy can be recommended as a screening tool to detect colorectal polyps.

OP 15

COMPARISON OF 3D ENDOANAL ULTRASONOGRAPHY (3D EAUS) AND FINDINGS AT SURGERY IN FISTULA-IN-ANO

W P L Weerakkody, M T D Silva, D N Samarasekera
Department of surgery, Faculty of Medicine,
University of Colombo, Sri Lanka

Background

Fistula-in-ano remains a diagnostic and treatment challenge. Accurate pre-operative assessment of nature of fistula is vital for surgery. EAUS plays a major role in fistula assessment. EAUS can be performed using 2D and 3D views. Study objectives were to compare 3D EAUS with surgical findings and to determine the role of 3D view in fistula assessment.

Methods

A retrospective analysis was performed using a database maintained prospectively by a tertiary care unit in Sri Lanka since 2007. 28 were analyzed. The association was determined using Cohen's Kappa test.

Results

Male/female ratio was 25:3. Mean age was 36.75. On 3D EAUS, primary tract was transsphincteric and intersphincteric in 17(60.7%) and 1(3.6%) respectively. Abscesses were detected in 11 (39.3%). At surgery, transsphincteric and intersphincteric tracts were found in 22(78.6%) and 5(17.9%) respectively. Abscesses were detected in 6(21.4%). 3D views showed poor association (Kappa=0.164) with surgical findings. Poor association

(Kappa=0.105) exists between abscess detection by 3D EAUS and surgery.

Conclusion

3D EAUS has poor association with surgical findings in pre-operative fistula assessment and abscess detection.

OP16

ANATOMICAL DESCRIPTION OF LOCATION OF PARATHYROID ADENOMA

LS Chathuranga, A S Samarasinghe, S M M Niyas
Department of Surgery, Teaching Hospital Kandy,
Sri Lanka

Keywords - Parathyroid, Adenoma, Anatomy, Localization

Introduction

Parathyroid adenoma accounts for the majority of cases of primary hyperparathyroidism. Mainstay of treatment is surgery. Preoperative localization and intra operative identification of adenoma is essential for the definitive treatment. Parathyroid glands are usually 4 in number but can vary. Superior glands are located midway along the posterior border of thyroid gland. Inferior glands, descend with the thymus could be found in aberrant locations.

Methods

We present a series of five cases of primary hyperparathyroidism to department of surgery, Teaching Hospital Kandy. Pre-operative localization was done with scintigraphy. Four gland explorations was performed in all cases

Results

Our study showed left predominance with 3 cases out of 5. Inferior gland was involved in 66.6% of cases. Extra-capsular Inferior glands were found at a constant position in close proximity to the lower pole of the thyroid. Superior glands which are known to be more constant in position were found even at unusual positions like buried within the parenchyma of the thyroid.

Discussions and Conclusions

USS, CT scan and isotope study were effective in preoperative localization of the adenoma in all five cases. According to our study we would like to conclude that even the surgery for superior parathyroid gland

needs detailed exploration as the location can be unpredictable. Therefore preoperative localization with imaging and isotope study is highly recommended.

OP17

ASSESSMENT OF ADEQUACY OF SURGICAL REMOVAL OF ADENOMA IN MINIMALLY INVASIVE PARATHYROIDECTOMY (MIP) WITHOUT INTRAOPERATIVE PARATHYROID HORMONE MONITORING –EXPERIENCE FROM A SINGLE SURGICAL UNIT IN A TERTIARY CARE CENTRE

M A C Lakmal, R G M S Nandasena, B D Gamage
Professorial Surgical Unit,
Colombo South Teaching Hospital, Sri Lanka

Introduction

Intra operative parathyroid hormone (io-PTH) monitoring, which is not freely available in our setting, is used to evaluate the adequacy of removal of parathyroid tissue in parathyroidectomy. We analysed the adequacy of surgery in MIP without io-PTH monitoring and compared it with published data.

Methods

Parathyroidectomies performed in a single surgical unit for the past 3 years were analyzed retrospectively. Data was analyzed with SPSS version 20.0

Results

Seventeen patients underwent surgery for primary hyperparathyroidism. Male:female was 5:11. Mean age was 48.19(range 24-73 years). Pre-operative USS localization was done in all lesions. During Surgery one gland was removed in 13 while 2 underwent bilateral removal of two glands and another two had removal of three glands. None needed conversion to four gland exploration. Histologically there were 16 adenomas and 1 malignancy. Mean pre and postoperative serum calcium values were 8.8mg/dl and 2.1mg/dl respectively (p=0.99). All patients became normocalcaemic following MIT, while 12(70%) patients developed transient symptomatic hypocalcaemia post operatively.

Conclusions

All patients in our study became either normocalcaemic or hypocalcaemic following MIT, which is compatible with the published data on MIT with io-PTH monitoring. Adequate removal of the diseased glands can be achieved with proper ultrasonical localization of the

gland. As this is a limited cohort further studies with more number of cases would be needed to evaluate the long term outcome.

OP 18

EFFECTIVENESS OF ULTRASONIC LOCALIZATION OF PARATHYROID ADENOMA IN MINIMALLY INVASIVE PARATHYROIDECTOMY – EXPERIENCE FROM A SINGLE SURGICAL UNIT OF A TERTIARY CARE CENTRE

M A C Lakmal, R G M S Nandasena, B Gamage
Professorial Surgical Unit,
Colombo South Teaching Hospital, Sri Lanka

Introduction

Intraoperative localization of parathyroid glands is technically demanding. Numerous methods are used pre-operatively to localize parathyroid glands ranging from simple Ultra Sound Scan (USS) to complex isotope scans. The aim of this study is to assess the effectiveness of USS; a cost-effective, freely available investigation; in localization of parathyroid adenomas.

Methods

Retrospectively data was analyzed in parathyroidectomies performed in a single surgical unit during the last 3 years where all patients underwent USS localization, a day before the surgery date.

Results

All seventeen parathyroidectomies were performed for primary hyperparathyroidism. Male:female was 5:11. Mean age was 48.19(range 24-73 years). CT scan has detected adenomas only in 15. Pre-operative USS was able to detect and localize the adenoma/s in all 17(100%) which was compatible with the per-operative findings. One parathyroid gland was removed in 13 patients, while two glands were removed bilaterally in two. Another 2 have undergone removal of three glands. Histologically there were 16 adenomas and 1 malignant tumour. In all patients Post operative Parathyroid Hormone (PTH) level was within normal level which confirmed adequate removal.

Conclusions

USS localization of parathyroid adenoma is a cost effective and reliable investigation in local setting. Accuracy rate was little higher than the worldwide figures, may be due to the limited cohort. Further studies with higher numbers are recommended to evaluate these findings.

OP 19

DIABETIC FOOT ULCER: HOW SIGNIFICANT IS ITS ASSOCIATION WITH HbA1c LEVELS, NEUROPATHY AND PROTEINURIA?

A M S D Attanayake, S A Gunawardena
Sri Jayawardenepura General Hospital, Sri Lanka

Introduction

Diabetic foot ulcer (DFU) is a common complication of long standing diabetes and frequently precedes limb loss and remains a difficult problem to treat. Multiple factors contribute to the development of DFU.

Objective

Assess the association of DFU with HbA1c levels, neuropathy and proteinuria

Methods

A prospective analysis was done of Type 2 Diabetic patients presenting to our clinic from November 2016 to May 2017. They were allocated into 2 groups: with foot ulcer (DFU+) and without foot ulcer (DFU-). On presentation HbA1c levels, spot urine protein creatinine ratios and the presence of diabetic neuropathy was tested by clinical means. Data was analyzed using statistical software. P value <0.05 was considered significant.

Results

Hundred patients were included. Fifty in DFU+ group and 50 in DFU- group. Mean age: 57years (range 25 to 84). Male: Female ratio 2.1:1. Mean HbA1c levels of DFU+ group was significantly higher than the DFU- group (P=0.012). Presence of neuropathy was significantly higher in the DFU+ group (P<0.001). Proteinuria was significantly higher in the DFU+ group (P=0.039). Mean duration of diabetes in the DFU+ and DFU- groups were 12 and 10 years respectively, but the difference observed was not statistically significant(P=0.136).

Conclusion

DFU is associated with significantly higher HbA1c levels, neuropathy and proteinuria, which appears to be independent of the duration of Diabetes. However, further studies involving larger numbers of patients would be required to confirm these findings.

OP 20

SEROMA DEVELOPMENT IN PARA UMBILICAL HERNIA REPAIR – IS IT RELATED TO BODY MASS INDEX?

P M Lambiyas, B K Dassanayake, B D Gamage, D C Rajapaksha

District General Hospital, Matara, Sri Lanka

Introduction

Para umbilical hernia (PUH) accounts for 10% of abdominal wall hernia, with numerous causes leading to increased intra-abdominal pressure and weakened fascia at the level of umbilicus. Large seromas and surgical site infection are common complications that may result in recurrence. Body Mass Index (BMI) can be used to screen for weight categories that may lead to complications. We present a study on how BMI predict complications of PUH repair.

Methods

A prospective study was conducted in a single surgical unit at a District General Hospital for 6 months. Forty-one patients with medium PUH (3cm-6cm) were recruited. BMI was calculated in all patients. Recurrent PUH and patients with poor glycemic control were excluded. Open repair of PUH was done with curvilinear incision and extraperitoneal sublay mesh. The skin was sutured with absorbable subcuticular. Patients were followed up two weeks for complications.

Results

There were 4 male and 37 female patients. Seven (17.07%) developed seroma. One patient (12.5%) had normal weight (BMI 18-25), 3 patients (16.6%) with overweight (BMI 25 -30) and 3 patients (20 %) from obese (BMI >30) developed seroma. 4 patients (9.7%) develop surgical site infections. No complications observed in male patients.

Conclusions

Incidence of seroma development following PUH repair increases in patients with high BMI. Male patients are less likely to develop complications. Weight reduction prior to surgery is advisable.

OP 21

OUTCOME OF PARA-OESOPHAGEAL HERNIA REPAIR: 15 YEAR EXPERIENCE IN A HOSPITAL IN UK

Priyantha Siriwardana, Chathuranga Keppetiyagama, Bruno Lorenzi, Alex Charalambopolous, Venkatesh Jayanthi, Bong Tang, Michael Harvey, Sriharan Kadirkamanathan

Department of Upper GI Surgery, Broomfield Hospital, Essex, United Kingdom

Introduction

Para-oesophageal hernia (PEH) is common in elderly with reluctance to refer for surgery. We evaluated our outcome of giant- PEH-repair (GPEHR).

Methods

A prospective review of patients undergoing surgery for PEH from January 2001- December 2015 was performed. Clinical presentation, management, post-operative clinical outcomes, pre and post-op radiographic evaluation, respiratory function, and quality-of-life (QoL) with SF-36 were assessed.

Results

There were 118 patients (79 females); median 71 years (range 40-88) with PEH and 114 underwent GPEHR primarily. Four (3.3%) underwent gastropexy only. Presenting symptom was shortness of breath (SOB) in 47 (40%). Fifty-five (47%) were ASA III, sixty-nine (58%) were anaemic. Twelve of 118 (10.1 %) underwent surgery for recurrence.

Approach was laparoscopic (105), laparoscopic converted to open (6) or open (19). Six (5%) had intra-operative complications. Median hospital stay was significantly lower in laparoscopic group; 4 days (1-16) compared to open; 10 days (5-33). Thirty-day mortality was 1.7% (2/118).

Median follow-up was 4 years (9 months-13 years). Symptoms improved in 104 (88%). There was a significant improvement of post-operative Forced Vital Capacity (FVC); 2.27 L (1.37- 4.43) compared to 1.74L (0.99-3.18L) noted pre-operatively. Expiratory Volume (FEV1) improved significantly from 1.57 L (0.63 – 2.32) to 2.21 L (1.71 -3.42) so was haemoglobin from 99g/L (67-123) to 129g/L (99-136). QoL scores improved significantly following GPEHR. Radiological recurrences were noted in 42 (37%).

Discussion and Conclusion

Laparoscopic repair of GPEH is safe with good outcomes in all age groups with improvement in QoL and Respiratory function and associated anaemia.

OP 22

ELECTIVE SPLENECTOMY INCLUDING EARLY LAPAROSCOPIC EXPERIENCE IN A SURGICAL UNIT

M T D Silva, W P L Weerakkody, S Sivaganesh
University Surgical Unit, National Hospital of Sri Lanka, Colombo

Introduction

Elective splenectomies are performed in patients with haematological disorders and splenomegaly associated with hypersplenism. Laparoscopic splenectomy is accepted as the gold standard except in massive spleens where open splenectomy is employed. In the presence of limited Sri Lankan data, this study characterises a group of patients who have had a splenectomy and the early experience in laparoscopic splenectomy in a surgical unit.

Methods

This descriptive study includes patients who had an elective splenectomy from July 2012 to August 2017. Retrospective data on demographics, surgery, transfusion requirements, morbidity, hospital stay and outcomes were obtained from patient records and telephone communication.

Results

Sixteen patients with a mean age of 46(25-63) years and a male:female ratio of 1:1.6 were included. Indications for splenectomy included Immune Thrombocytopenic Purpura (ITP) (43.8%), haematological neoplasms (12.5%), diagnostic (18.7%) and others (25%). Laparoscopy was employed in 68.7% (n=11) with a conversion rate of 27% (n=3). Peri-operative platelet transfusions were given in 18.7%. Red cell transfusions were required in 18.7%. There was no in-hospital mortality and overall morbidity was 25%. Morbidity was mainly wound infections (50%), one case of an infected subphrenic haematoma and pneumonia with effusion. Median hospital stay was 4.6 (3-7) days. Post procedure cure of ITP was 85.7%, though one patient required steroid therapy for non-resolution.

Discussion

The early experience with laparoscopic splenectomy in

this unit was safe with acceptable morbidity. Conversion rates though relatively high will decrease with increasing numbers and experience. Open splenectomy is still utilised in selected cases.

OP 23

LAPAROSCOPIC VARICOCELECTOMY WITH ARTERY PRESERVING AND MASS LIGATION TECHNIQUE – A COMPARATIVE STUDY

S R Islam, S Sarkar, S Rahman, D Paul
Department of Surgery, Jahurul Islam Medical College, Bjitpur, Kishoreganj, Bangladesh

Introduction

Varicocele therapy is a controversial issue. No single approach is found to be the best therapeutic option. Prevention of venous reflux into the spermatic vein is the goal of treatment. Laparoscopic varicocelectomy (LV) with ligation of the spermatic vein only has higher incidence of recurrence and hydrocele formation. This is probably due to missed vena-commetantis around the spermatic artery. Testes are supplied by spermatic artery, cremasteric artery and artery to the vas. Ligation of spermatic artery in the retroperitoneum does not cause ischaemia to the testis. Mass ligation of testicular vein and artery is technically easy and fast by laparoscopy. We compared our experience of LV with both mass ligation and artery preserving technique.

Methods

Forty-one varicoceles, both unilateral and bilateral were operated over a period of three years. 19 underwent ligation of veins alone and 22 underwent ligation of testicular veins and artery en-mass. They were followed up for a period of three months post-operatively. We collected data in a prospective manner.

Results

The average operation time for the artery-preserved and the mass ligated group was 41±5 minutes and 27±3 minutes respectively. There were two hydroceles and a one recurrence in the artery preserved group. But there was neither recurrence nor hydrocele in the mass ligation group. Incidence of testicular atrophy was nil in either group.

Conclusion

LV with mass ligation technique is safe, effective, less time consuming and has excellent post-operative results. LV should preferably be done with mass ligation

with an attempt to spare lymphatics.

OP 24

EFFECTIVENESS OF ANTIBIOTIC PROPHYLAXIS IN PATIENTS UNDERGOING LICHTENSTEIN MESH HERNIOPLASTY FOR INGUINAL HERNIA

S S L De Silva, W S B Herath

Ward 20/22, Teaching Hospital Karapitiya, Sri Lanka

Introduction

The use of antibiotic prophylaxis for open inguinal hernioplasty in minimizing Surgical Site Infection (SSI) has been a subject of debate. This study assessed the incidence of SSI in a group of patients who was not given antibiotic prophylaxis and compared the results with a group of patients who was given antibiotic prophylaxis prior to Liechtenstein mesh hernioplasty for inguinal hernia.

Methods

Quasi-experimental design was used. A group of 68 patients in Teaching Hospital Karapitiya without prophylactic antibiotics prior to surgery were followed up for 1 month to observe for SSI defined by Centre for Disease Control criteria and compared with another group of patients who were given prophylactic antibiotics.

Results

In our sample 58 cases were men and 10 were women. Only 2 men above 50 years developed SSI. There were 52 direct, 11 indirect and 5 cases with both types of hernia occurring concurrently. One direct and one indirect cases of hernia developed SSI. Thus, the overall incidence of SSI was 30 per 1000 cases. Our results were compared with a study done in India in a similar setting where the incidence of SSI in the patients who had prophylactic antibiotics was 67 per 1000 cases. No significant difference in the incidence of the occurrence of SSI was found between the two groups.

Conclusion

Antibiotics can be reserved only for patients who are at a higher risk of developing SSI. Regularizing the use of antibiotics will have a good cost benefit and decrease the emergence of drug resistant organisms.

OP 25

DOES Povidone-Iodine Use During Mesh Repair Reduce Postoperative Infection Rate in Inguinal Herniorrhaphy; Single Unit Experience in a Tertiary Care Centre

S S Sooriyaarachchi, S Thilakarathne, K A Chaminda, M Jayaweera, K T Samarathna, D L M Prasad

Teaching Hospital Karapitiya, Sri Lanka

Introduction

Inguinal hernia mesh repair (IHMR) is a common day case surgery in many centers. Mesh infection, though uncommon in modern practice, is associated with high morbidity. Many steps have been studied extensively in literature but failed to demonstrate an advantage. Data on local setting is minimal.

Methods

Retrospective analysis of patients underwent IHMR in a surgical unit of Teaching Hospital Karapitiya during January to March 2017 was done. Patients were reviewed four times during first 30 days post operatively for wound infections. Data was analyzed using SPSS version 23.

Results

Over the study period a total of 224 patients had undergone an inguinal hernia operation under spinal anaesthesia with single dose antibiotic prophylaxis 10 minutes before the surgery (IV Cefuroxime 1.5 g). Male: female ratio was 26.2: 1, and the mean age was 49.5 (range 14 - 84 years). Povidone-iodine washed mesh was applied in 54.9% (n=123) and in the rest, mesh was applied without such special preparation. All the surgeries were performed by a single surgeon. Same surgical and anaesthesia technique was practiced in all cases. Two groups were comparable in other factors. There is 1 infection in povidone-iodine used group and 2 in not used group, which is not statistical significant (chi-square 0.586).

Conclusion

Although use of povidone-iodine washed mesh is a common practice, its role in preventing post operative infection is not conclusive. Further studies with a large number of participants may be beneficial.

OP 26

DOES HELICOBACTER PYLORI INFECTION DEMONSTRATE PREDILECTION TOWARDS TAMIL ETHNICITY?

Sulochana Wijetunge, Rasika Kotakadeniya, S M Buharideen, MA Petangoda, E W N S B Dissanayake, P N D Dayarathne, F Noordeen, A M S B Abeykoon
Department of Pathology, University of Peradeniya, Sri Lanka

Introduction and objectives

Helicobacter pylori strains are known to demonstrate ethnic tropism in different geographic regions in the world. In the following study, conducted to assess the anti H. pylori IgG sero-prevalence in symptomatic and healthy subjects, we observed significant differences in H. pylori sero-prevalence rates in main ethnic groups in Sri Lanka.

Methods

A sample of 460 subjects, 241 symptomatic patients and 219 asymptomatic volunteers, residing in the Central Province were recruited. Researchers were blind to the ethnicity of the participants at the time of recruitment. Serum anti H. pylori IgG status was assessed by ELISA (Micrtech 07BC1051) in venous blood. Pearson chi-square was used as the statistical test.

Results

The mean age of the sample was 48.9 (SD 14.05) and 246 (53.5%) were males. The ethnic distribution of the sample was 424 (92.2%) Sinhalese, 21 (4.6%) Tamils and 15 (3.2%) Muslims. Among symptomatic patients 9 (3.7%) and asymptomatic volunteers 1 (0.5%) were positive for anti H. pylori IgG. Anti H. pylori IgG sero-prevalences in the three ethnicities are as follows, Tamil 6 (28.6%, 5 symptomatic and 1 asymptomatic), Sinhala 4 (0.9%, 4 symptomatic and none among asymptomatic) and none among the Muslim ethnic group ($p < 0.001$).

Discussion and Conclusions

According to the results, H. pylori infection shows a marked predilection towards the Tamil ethnicity, whereas, the prevalence rates among Sinhalese are very low. The number of subjects from Muslim ethnicity is too small to make statistical inferences.

Acknowledgement: Financial assistance from the University of Peradeniya (grants RG/2014/CG-2/34/M).

OP 27

PLACE OF UPPER GASTROINTESTINAL ENDOSCOPY (UGIE) IN YOUNG PATIENTS

P M Lambiyas, B K Dassanayake, D C Rajapaksha
District General Hospital, Mathara, Sri Lanka

Introduction

Upper GI endoscopy is a frequently performed endoscopic procedure for the diagnosis of upper GI diseases. Significant number of young patients (Age <35) present with upper GI symptoms to the outpatient department. Here we evaluate the place of UGIE in the young patients.

Methodos

A prospective study was carried out in a district general hospital for a period of 4 months from January 2017. Young patients (Age <35) who fulfilled the ROME III criteria were recruited to the study. Upper GI endoscopy was performed as outpatient procedure and findings were evaluated. Patients were not offered an empirical medication prior to procedure.

Results

Of the study population of 73 patients, 41(56.1%) were males and 32 (43.9%) were females. Eleven (26.8%) male patients and 8 (25%) female patients showed features of antral gastritis. Three (7.3%) male patients and 7(22.5%) female patients were found to have bile reflux and all patients with bile reflux also had antral gastritis. Type 1 hiatus hernia was present in 23 (56.09%) male patients and 22 (70.9%) female patients. No malignant lesions were detected.

Conclusions

Bile reflux shows an association with antral gastritis. Female populations of young patients are more prone to have bile reflux and hiatus hernia. Upper GI endoscopy provides a diagnostic value in young population who present with dyspeptic symptoms.

OP 28

PATTERNS OF RECURRENCE AFTER CURATIVE RESECTION FOR GASTRO-OESOPHAGEAL JUNCTION CARCINOMA AT A SPECIALIST ONCOLOGIC CENTERSadaf Batool, Ijaz Ashraf, Namra Urooj
Shaukat Khanum Memorial Hospital, Pakistan**Introduction**

The incidence of Gastro-Oesophageal Junction carcinoma (GOJC) has shown a steady increase over last few decades despite a decrease in overall incidence of esophageal carcinoma. Better imaging technology has enabled more accurate pre-operative staging of esophageal cancers resulting in judicious and more efficient selection of patients for curative resection. The survival despite these advances, survival of GOJC after curative resection stays low (30-40%). We aim to review the patterns of recurrence following surgical treatment of GOJC with curative intent at a specialist oncologic center.

Methods

Medical records of patients with GOJC undergoing resection with curative intent between Sep 2009 and Sep 2016 were reviewed. Tumors located within 5cm of GOJ on endoscopy were included in the study as GOJC. Recurrence was defined as presentation of disease at local and distant site after curative surgery and was confirmed by radiological or pathological methods. Clinical details, neo-adjuvant therapy, operative details, clinical and histopathologic staging, margin status and data regarding recurrence were studied and analyzed using IBM SPSS version 20.0.

Results

During the study period, a total of 193 patients underwent esophageal resections with curative intent. Of these there were 137 cases of GOJ adenocarcinoma. Median age was 54. Male to female distribution was 68 vs 38%. All patients received neoadjuvant therapy. Transhiatal esophagectomy was performed in 65 patients, Ivor-Lewis esophagectomy in 14 and three stage esophagectomy in 57 patients. 40% patients showed complete response. There were 21 patients who developed recurrence of which 4 had local recurrence, 14 distant metastases and 3 had both. Almost half of the recurrence were in liver (51%). The risk factor identified for local recurrence was positive resection margin and for distant metastasis was grade 3 tumor.

Conclusion

The incidence of recurrence following curative resection of GOJC is 32%. This high rate of recurrence suggests the need for careful selection of patients who will benefit from curative resection. Grade 3 tumor with poor response to neoajuvant was associated with higher rate of recurrence after surgery.

OP 29

ANALYSIS OF HIGH RISK FACTORS FOR UPPER GASTROINTESTINAL MALIGNANCY AMONG SRI LANKAN PATIENTS PRESENTING WITH DYSPHAGIAN J Nawarathna, B C A R P Bulathsinghela,
T G A Priyantha
Gastrointestinal Surgery, Sri Lanka**Introduction**

Dysphagia is considered an alarm symptom and usually requires Endoscopy. However not all patients with dysphagia harbor malignancy. This study evaluates the other co-founding factors that may predict malignancy in Sri Lankan patients presenting with dysphagia.

Methods

This is a retrospective descriptive study. Data from adult patients who underwent upper gastrointestinal endoscopy for dysphagia from January 2016 to March 2017 in a tertiary referral center were analyzed.

Results

Out of 71 patients with dysphagia eleven (15.4 %) had malignancy. Patient with malignancy had a lower mean age ($66 \pm SD9.4$ vs. $60.1 \pm SD15.1$ years) and a shorter duration of dysphagia ($16 \pm SD 12$ vs. $33 \pm SD56$ weeks) than those without malignancy. Though the deference in the age and duration of dysphagia were not found to be significant, the odds of having malignancy increased by 2.8% for each year of increase in age (although not statistically significant) and the odds of having a ($60.1 \pm SD15.1$ years) a malignancy decreased by 1.1% for each week of increase in duration of dysphagia (although not statistically significant).

Cross tabulation of gender and presence of malignancy revealed Pearson Chi-Square of 6.535, $p=0.011$. Logistic regression revealed Males have 5.8 times (95% CI 1.139 to 29.857) higher odds of having a tumor compared to females (statistically significant $p=0.034$) controlling for age and duration of dysphagia

Conclusion

Male gender is a high risk factor. It is possible that with a larger sample the other two variables (age and Duration) may also become significant predictors of malignancy.

Keywords

Dysphagia, Malignancy

OP 30

FUNCTIONAL GASTROINTESTINAL DISORDERS (FGID) - CAN WE REDUCE THE BURDEN OF INVESTIGATIONS BY MAKING A CLINICAL DIAGNOSIS (AND CLASSIFICATION BY USING OF ROME III CRITERIA)?

T G A Priyantha, S Thilakarathne, G S M Weerasinghe, L G D C Liyanaarachchi, B K Dassanayake, D E Peiris, W G P Kanchana, N Suresh

Gastrointestinal surgery unit,
Teaching Hospital Colombo South

Introduction

Functional gastrointestinal disorders (FGID) lack any physical signs and biomarkers. Therefore diagnosis is made either by exclusion of organic illnesses (test and treat strategy) or by symptom analysis and physical examination (treat and test strategy).

Objectives

1. Diagnosing FGID clinically and sub classification them using Rome classification
2. Assess the effectiveness of the treat and test strategy

Design

Prospective study

Methods

Ethical clearance was obtained. After obtaining informed written consent, data were collected using Rome III questionnaire from consecutive patients diagnosed with FGID. These patients were treated accordingly and were re assessed after two weeks. Further investigations or follow up was considered depending on the response.

Results

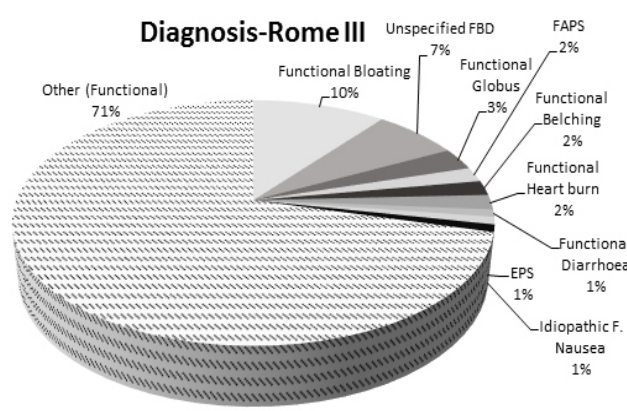
Out of the 665 clinic patients, 103 were diagnosed as FGID over a six month period. The average age was 45.2 years (14 to 73) and there were 56 females and 47 males. Classification of FGID according to Rome III is shown in chart- 1.

Eighty one patients were followed up for an average of 12.3 (1 to 19) months. Thirty uninvestigated patients (n =62) underwent endoscopy. The other patients (n = 32; 51.6 %) had follow up only. Two patients (2.4 %) were diagnosed with organic illnesses (one Crohn's disease and a Colon cancer) during the follow up.

Conclusion

It is possible to make a positive diagnosis of FGID in the clinical setting. As shown in literature, treat and test strategy can considerably reduce the health care costs. This is especially suitable for us with limited resources.

Chart - 1



OP 31

LAPAROSCOPIC COMMON BILE DUCT EXPLORATION (LCBDE): FIRST SRI LANKAN EXPERIENCE WITH IMPRESSIVE OUTCOMES

T A D S Perera, B G N Rathnasena, K D L Nanayakkara,
M Mathurageethan
Ward 27/28, National Hospital of Sri Lanka

Introduction

LCBDE is a single stage minimally invasive procedure with low morbidity and mortality. The use of ERCP is challenged because of its higher rate of complications, comparatively low clearance rate and failure of ERCP invariably ending up in surgical exploration.

Methods

Prospective analysis was done in 21 patients, who underwent LCBDE in a single unit at National Hospital of Sri Lanka from January 2013 to March 2017. Trans-ductal approach was used and stone extraction was done with the guidance of choledochoscope. T-tube was routinely inserted and T-tube cholangiogram was performed on 10th postoperative day.

Results

Out of 21 cases 15 were females (71.4%). Mean age was 54.8 years (range: 21-84 years). Eleven of them had previous ERCP and stenting (three had ERCP 3 times). Five patients had history of cholangitis. Six out of 18 had biliary sludge. Thirteen had multiple stones and 8 had single stone in the duct system. One patient had numerous stones in common hepatic duct (CHD) and common bile duct (CBD) (Caroli disease), 1 had stone in CHD while other 19 had stone/s in the CBD. A hilar cholangiocarcinoma was detected intraoperatively in one case. Mean surgical time was 4 hours and 10mins (range: 105 to 360mins). Stone clearance rate was 100% and conversion rate was zero. None of the cases experienced major morbidity or mortality. Average hospital stay was 6.3 days (range: 4 to 25 days). No recurrent CBD stones were reported during follow up.

Conclusion

Compared to ERCP, LCBDE is a safe and effective procedure with low morbidity and mortality in hands of experienced laparoscopic surgeon.

OP 32

EARLY INTRA - ABDOMINAL HYPERTENSION - A RELIABLE BEDSIDE PROGNOSTIC MARKER FOR ACUTE PANCREATITIS

R N Naga Santhosh Irrinki, Saroj Kumar Yadav, T D Yadav, V.Gupta, R Kochhar, Yashwanth Raj Sakaray, Raghavendra, Vikash moond
PGIMER, Chandigarh, India

Introduction

Acute pancreatitis (AP) is a significant medical and surgical problem with high mortality even in tertiary care units. Raised Intra abdominal pressure (IAP) is considered an important factor for organ dysfunction, leading to high mortality. The aim of this study was to evaluate the role of IAH as a prognostic marker in AP.

Methods

A prospective observational study of 50 consecutive patients of AP (who presented within seven days from day of pain) between January 2013 and June 2014 was done. IAP measured using intra-vesicular route from day 1-5 from admission. Mean IAP and peak IAP were calculated and correlated with markers of severity in AP (APACHE II score - admission, maximal SOFA score, infective complications, organ failure, hospital stay, parenteral nutrition supplementation.

Results

Of 50 patients recruited, 47 survived and 3 died during index admission. IAP was noted in all patients along with their mean IAP and peak IAP. Study population was divided into Intra-Abdominal hypertension (IAH) group (IAP > 12mm Of Hg) with 23 patients (46%) and No IAH group (IAP 5-12 mm of Hg) with 27 patients (54%). Alcohol was most common etiology in both IAH and Non IAH groups (39.1% and 48.1% respectively). APACHE II scores (admission) were significantly correlating with mean and peak IAH values (p = 0.001). Mean modified CT severity index (mCTSI) score in the study population was 6.38 +/- 2.61 and patients with higher mCTSI score had higher mean IAP and Peak IAP values. Maximal CRP levels were significantly higher in IAH (775 +/-110.93 ng/dl) than in No IAH group (164+/-224 ng/dl) (p=0.001). Mean SOFA score (admission) was 3.70 +/- 2.98. IAH group had significantly higher SOFA score (5.57 +/- 3.01) compared to No IAH group (2.11 +/- 1.82) (p = 0.03). Incidence of organ failure, number of organs failed was also significantly higher in IAH group vis-à-vis non IAH (p = 0.01). Incidence of infective complications and need for percutaneous drainage (PCD) was more in IAH group (48.5%) p =0.001. Need for parenteral nutrition (p = 0.01), duration of hospitalisation (IAH - 28.91, Non IAH - 10.56 days, p = 0.02) and duration of ICU stay (p = 0.01) were higher in IAH group of patients.

Conclusion

Early identification of IAH correlates well with proven indicators of severity (APACHE II score, maximum SOFA score, mCTSI, maximum CRP and infective complications). It can be a simple and effective bedside prognostic marker and help predict outcome of acute pancreatitis earlier.

OP 33

IMPACT OF INTRA-OPERATIVE CHOLANGIOGRAPHY ON 28 DAY READMISSION RATE AFTER DAY CASE LAPAROSCOPIC CHOLECYSTECTOMY - UK EXPERIENCE

M S E Karunadasa, C Sellahewa, S Ranatunga, R Gunasiri, M N Nuzair
Russells Hall Hospital, Dudley Group NHS Foundation Trust, Dudley, United Kingdom

Introduction

The role of Intra-operative Cholangiography (IOC) during day case laparoscopic cholecystectomy (DCLC) is widely debated. Moreover clinical evidence towards and against is commonly observed.

Therefore NICE emphasizes the need for large, high-quality trials to address clinical questions about the benefits of IOC. Objective is to find out whether IOC reduces the 28 day readmission rates after DCLC.

Methods

This retrospective study was done in the Upper Gastrointestinal Firm of a District Hospital in UK. Consecutive patients were included over the period of 2 years (2015-2016). Data were collected from the computer data base. Readmission is defined as patients getting admitted or visiting hospital within 28 post procedure days due to any procedure related complication/s. The comparison was made between IOC coded and IOC none coded elective day case laparoscopic cholecystectomy groups.

Results

Over the last 2 years total of 452 (221 in 2015 and 231 in 2016) patients underwent elective DCLCs. Out of which 135/452 (29.8%) had IOCs {16/221 (7.2%) in 2015 and 119/231 (51.5%) in 2016}. Day case rate for IOC group was 102/135(75.5%) correspondingly for the non IOC group this was 237/317 (74.8%). However 28 day readmission rate for IOC group was 9/135 (6.7%) whereas for the non IOC group this was 43/317 (13.6%). Consequently there is a statistically significant ($p < 0.05$) reduction in 28 day readmission rate for the IOC group.

Conclusion

IOC reduces 28 day readmission rate after elective DCLCs and therefore we recommend carrying out IOC for all DCLCs.

Key words - Day Case Laparoscopic Cholecystectomy, Intra Operative Cholangiography Readmission Rate
Conflict of interest- none to declare

OP 34

SPECTRUM OF LYMPH NODE INVOLVEMENT AFTER EXTENDED CHOLECYSTECTOMY AND ITS CORRELATION WITH PT STAGE IN CARCINOMA GALL BLADDER PATIENTS.

Dr B MADHUNARAYANA, PROF.T.D.YADAV, PROF.VIKAS GUPTA PROF.RAJESH GUPTA, PROF.ASHIM DAS
PGIMER, India

AIM

To determine the spectrum of lymph node involvement after extended cholecystectomy and its correlation with

pT Stage in carcinoma gall bladder patients.

Method

A total of 57 patients who were suspected/diagnosed to have Carcinoma gall bladder were studied prospectively. They had undergone extended cholecystectomy with systematic lymphadenectomy over a period of January 2014 to December 2015 in Dept. of General Surgery, PGIMER, Chandigarh. If Aortocaval lymph node frozen was reported as negative then extended cholecystectomy along with cystic, pericholedochal, peripancreatic ,periportal , coeliac artery, Common Hepatic Artery, Left Hepatic Artery, Right Hepatic Artery, Hepato-duodenal lymph nodes were sent separately for evaluation.

Results

Out of 57 patients, 8 were excluded (5 were reported as xanthogranulomatous cholecystitis, 2 as chronic cholecystitis, 1 as IgG4 related disease).In remaining 49 patients, 6 were incidental carcinoma gall bladder. A total of 555 lymph nodes were examined in 49 patients with range of 0 to 26 and median of 11. 79 lymph nodes were positive in 19 patients(38.7%).Overall most common lymph nodes involved were peripancreatic (n=9/49;18.4%),common hepatic artery (n = 7/49; 14.3%), periportal (n=7/49;14.3%), hepato-duodenal (n=5/49;10.2%), pericholedochal (n=4/49;8.2%), cystic (n=3/49;6.1%), coeliac (n=2/49;4.1%), LHA nodes (1/49;2%) and RHA lymph nodes (1/49;2%). pT1 stage (n=5/49; 10.2%) had periportal lymph nodes involved (n=1/5; 20%). pT2 stage tumors (n=12/49;24.5%) had involved pericholedochal (n=3/12;25%), cystic (n=2/12;16.6%), peripancreatic (n=2/12;16.6%), Common Hepatic Artery nodes (n=1/12;8.3%), periportal (n=1/12;8.3) hepato-duodenal nodes (n=1/12;8.3) .pT3 stage tumors (n=32/49;65.3%) had involved peri-pancreatic (n=7/32;21.9%), Common Hepatic Artery (n=6/32;18.7%), periportal (n=5/32;15.6%),hepato-duodenal (n=4/32;12.5%), celiac (n= 2/32 ;6.25%), pericholdecochal (n=1/32;3.1%), LHA nodes (n=1/32;3.1%),RHA nodes(n=1/32;3.1%), cystic lymph nodes (n=1/32;3.1%) with $p > 0.05$.

Conclusion

Peripancreatic lymph nodes were the most common involved irrespective of 'pT'stage. Extended cholecystectomy with lymphadenectomy plays critical role for R0 resection irrespective of 'pT'stage.

OP 35

PROSPECTIVE RANDOMISED STUDY COMPARING OUTCOME OF DUODENUM PRESERVING PANCREATIC HEAD CORING WITH DUODENUM PRESERVING PANCREATIC HEAD AND BODY CORING IN CHRONIC PANCREATITIS

Dr. Vikash Moond, Dr. Rajesh Gupta, Dr. S S Rana,
Dr. Mandeep Kang, Dr. Ritambhara Nada
Postgraduate Institute of Medical Education and
Research, Chandigarh, India

Introduction

Chronic pancreatitis is a progressive inflammatory disease with uncertain pathogenesis and unclear treatment. There is no single effective surgery for the variant structural abnormalities associated with the disease. The aim of this study is to ascertain whether more extensive pancreatic resection lead to better outcome in terms of post-op pain control, exocrine and endocrine deficiency, morbidity and mortality.

Method

20 patients of chronic pancreatitis undergoing surgery were randomly allocated into 2 groups to undergo head coring or head and body coring and were followed post-operatively at 1, 3 and 6 months. Pain score, exocrine and endocrine function and quality of life were assessed for the 2 groups.

Results

A total of 20 patients were randomly allocated into 2 groups. 4 females and 6 male patients were included in each study group. Duration of surgery ($p=1.0$), intra-operative blood loss ($p=1.0$), post-op bleeding ($p=1.0$) and anastomotic leak ($p=1.0$) were not significantly different between the two groups. There were 2 mortalities in the group undergoing head and body coring and 1 mortality in the group which underwent head coring alone which was not statistically significant ($p=1$). Post-op pain control was comparable in the two groups ($p=0.478$). Exocrine ($p=1.0$) and endocrine ($p=1.0$) function were comparable between the two groups at 6 months follow up.

Conclusion

More extensive pancreatic resection does not lead to increased operative difficulty and increased morbidity and mortality in the immediate post op period. Long term follow up will be required to assess the effect of extensive pancreatic coring on pain control, exocrine

and endocrine deficiency.

OP 36

ANALYSIS DOCUMENTATION OF INFORMED WRITTEN CONSENT IN MAJOR SURGICAL OPERATIONS IN GENERAL SURGICAL UNITS, TEACHING HOSPITAL JAFFNA

K Sivasuganthan, S T Sarma, M Suman
Surgical Professorial unit, Teaching Hospital Jaffna,
Sri Lanka

Introduction

Informed written consent is a legal requirement for all invasive procedures. Consent should include about the nature, consequences, benefits, adverse effects, risks, and alternatives of offered treatment option. Various studies have shown that consents are inadequate in surgical practice.

Methods

We analyzed 215 documented consents in major general surgeries including elective and emergency, in Teaching hospital Jaffna during 1st of July 2016 to 31st of December 2016.

Results

Informed written consent has been taken from all patients underwent major surgery. All the records were in patients' mother tongue. Only 4.1% ($n=9$) mentioned about from whom consent was taken. Name of the procedure and side of the procedure was mentioned 85.3%, 84% respectively. Type of anaesthesia mentioned in 92.7%, but risk of anaesthesia mentioned only in 36.7% ($n=79$). Purpose of the procedure, associated risk and benefit and outcome revealed respectively 24.7%, 49.3%, 30.7%. Post-operative complications were mentioned in 32% ($n=69$). Though signature was taken from all the consenting patients, but none of them was counter signed by the person who was taking.

Conclusion and Recommendation

Though informed written consent was taken from all the patients who underwent major surgery, it shows inadequacy in some areas. Documentation of consent can be improved by using consent form for each surgery.

OP 37

PREDICTIVE VALUE OF QUESTIONNAIRE BASED PHYSICAL ACTIVITY ASSESSMENT ON POSTOPERATIVE OUTCOMES – PRELIMINARY REPORT

D S Indrajith, M T D Silva, R P N Samarasinghe,
B R Weerakoon, P V H D K Wijetilake, U Jayarajah,
U Senerath, S Sivaganesh
University Surgical Unit, National Hospital of Sri Lanka,
Colombo

Introduction

Surgical outcomes depend on multiple factors including physical fitness. Risk stratification identifies patients who benefit from targeted intervention, precluding the need for routine cardio-respiratory assessment. Data on the relationship between questionnaire based fitness assessment and postoperative outcomes in South Asian and Sri Lankan populations is scarce. This study explores the use of validated physical activity questionnaire to predict postoperative outcomes in a sample of Sri Lankan patients at a tertiary state hospital.

Methods

This is a prospective analytical study on adults undergoing elective major abdominal surgery in selected general surgical units. An interviewer administered questionnaire adopted from the Duke Activity Status Index (DASI), Metabolic Equivalent (MET) score, comorbidities and American Society of Anaesthesiologists (ASA) status were used. The hospital stay (LoS), ICU stay, HDU stay and postoperative morbidity were recorded.

Results

Sixty patients, mean age 53.28 (24-90) years and male to female ratio 1:1.3 were included. Major, major plus and complex major operations were 30, 15 and 15 respectively. Overall correlation between DASI and LoS was weak ($r = .215$) but moderate in the complex major group ($r = .445$). DASI showed significant correlation with HDU stay ($r = .264$) and was associated with overall morbidity ($F 2.68, p .041$). No association was observed between MET score, ASA, comorbidities and outcome parameters.

Discussion

History based physical activity assessments like DASI appear to predict postoperative outcomes. This could facilitate selective specialised preoperative assessment and preparation for HDU/ICU care. Clearer associations

are likely to emerge with the increasing sample size of this ongoing study.

OP 38

TOPICAL APPLICATION OF DESFERRIOXAMINE FOR CHRONIC WOUNDS – A RANDOMIZED CONTROLLED CLINICAL TRIAL

T R Chinniah, C P Senanayake, S M Wijyaratne,
B G N Ratnasena, W D M Gunasekara, M R N Cassim,
K M K C Bandara, P Piranavan, I C I Kahandawaarachchi,
M F J Alles, H A L K Perera, H C Wijenayake, J Masakorala,
H R Jayalatharachchi, G M M Perera
Department of Microbiology, Faculty of Medicine,
Colombo, Sri Lanka

Introduction

Biofilm bacteria on chronic wounds are inert, resulting in reduced susceptibility to antibiotics and immunity, causing delayed wound healing. Chelation of iron essential for bacterial metabolism, would increase susceptibility to antibiotics and immune response.

Methods

Ten participants each were randomly allocated to study and control groups. Study group had desferrioxamine dressing one week and standard therapy next week. Control group had standard treatment. Desferrioxamine concentration was 0.0625mg/dl and 0.125mg/dl in first and second phases. Wound assessment was done with Bates Jensen Wound Assessment Tool (BWAT) and cultures done on days 1, 8 and 15.

Results

Average ages in control and study groups in phase 1 were 60 and 59 years, and duration of wounds were 21 and 134 months respectively. The change in BWAT score (C-BWAT) between days 1, 8 and 15 in these groups was not significant ($p > 0.05$). In phase two, average ages of control and study groups were 54 and 63 years, and duration of wounds were 64 and 83 months respectively. There was a significant difference in C-BWAT between days 1-8 and days 1-15 (2-tailed p values 0.024 and 0.011 respectively). Furthermore, bacterial cultures showed reduction in species diversity and bio-burden.

Discussion and Conclusion

Desferrioxamine application to wounds promoted healing and reduced bio-burden in phase 2. Due to the novelty of this concept, ideal duration and concentration of desferrioxamine is not postulated and

yet to be determined. Amidst antibiotic resistance, this approach/management of wounds is promising.

Disclosure - Part of Phase 1 of the study results were present as a poster presentation at 54th Inter-Science Conference of Antimicrobial Agents and Chemotherapy, 5th – 9th September 2014, Washington DC, United States of America.

OP 39

PREDICTIVE VALUE OF DYNAMIC CARDIORESPIRATORY PARAMETERS ON POSTOPERATIVE OUTCOMES: PRELIMINARY RESULTS

D S Indrajith, R P N Samarasinghe, B R Weerakoon, M T D Silva, P V H D K Wijetilake, U Jayarajah, U Senerath, S Sivaganesh
University Surgical Unit, National Hospital of Sri Lanka, Colombo

Introduction

Surgical outcomes depend on various factors including physical fitness. Risk stratification identifies patients who benefit from specialised intervention, precluding the need for routine cardio-respiratory assessment. Studies on the relationship between dynamic physical parameters and postoperative outcomes are negligible in South Asian populations. This study explores the use of dynamic cardiorespiratory parameters to predict postoperative outcomes in a sample of patients at a tertiary hospital.

Methods

This is a prospective analytical study on adults undergoing elective major abdominal surgery in selected general surgical units. Heart rate (HR), blood pressure (MAP), respiratory rate (RR) and SaO₂ were recorded before and after performing 30 seconds chair stand-up test. Hospital stay (LoS), ICU / HDU stay and postoperative morbidity were recorded.

Results

Sixty patients, mean age 53.3 (24-90) years and male to female ratio 1:1.3 were included. Major, major plus and complex major operations were 30, 15 and 15 respectively. Moderate correlation was noted between pre-exertion MAP and ICU stay ($r = -.5$); RR difference and ICU stay ($r = .453$); RR difference and LoS for major ($r = .556$) and major plus ($r = .406$) categories. Weak correlations were noted between HR difference and HDU stay ($r = .223$); pre-exertion MAP and HDU stay ($r = -.308$); post exertion RR and ICU stay ($r = .328$).

Discussion and Conclusions

Dynamic physiological parameters have a potential predictive importance in postoperative outcomes. This could facilitate selective specialised preoperative assessment and preparation for HDU/ICU care. Clearer associations are likely to emerge with the increasing sample size of this ongoing study.

OP 40

MINI INCISION TOTAL CONSERVATIVE PAROTIDECTOMY – AN ONCOLOGICALLY ACCEPTABLE, SAFE ALTERNATIVE FOR EARLY MALIGNANCIES IN THE PAROTID GLAND

G D S R Wijerathne, G K S De Silva, M Shifan, K C P Silva
Surgical oncology, Apeksha Hospital, Sri Lanka

Introduction

Standard surgery for carcinoma of the parotid is total conservative parotidectomy which challenges the surgeon as facial nerve runs between two lobes of the gland. Conservative approach is through cervico-mastoid-facial incision. We performed a series of mini incision parotidectomies using only mastoid part of standard incision.

Method

We performed 5 mini parotidectomies during year 2016 on 4 males and 1 female, ages ranging from 12-60 years. Four had mucoepidermoid carcinomas and one had lymphoma. In 4 patients the lesion was T1N0Mx and in one it was T2N0Mx. Surgeries were performed under hypotensive general anesthesia, with neck extension and head end elevation. Access was through the mastoid part of the standard incision which was deepened until Conley's tragal pointer was identified. Facial nerve was then identified using standard landmarks. Superficial parotidectomy was performed in the usual manner and deep lobe was then taken in piece meal with minimal handling of the nerve branches. Defect was filled with mini sternocleidomastoid flap. Wound was closed over suction drain after achieving complete haemostasis.

Results

Surgical time ranged from 165-255 minutes and was comparable to standard parotidectomy. All developed facial nerve neuropraxia (< grade 4) which completely resolved between 6 days to 8 weeks. None had wound complications, sialocele, salivary fistula and Frey syndrome. Scars were barely visible after 2 weeks. All

had acceptable oncological clearance on histology.

Conclusion

Mini incision total conservative parotidectomy is an ontologically safe and cosmetically acceptable alternative in early parotid malignancies. Good case selection is the key to good outcome.

OP 41

OUTCOME OF MAJOR LOWER LIMB AMPUTATION - A PERSPECTIVE ON POST AMPUTATION REHABILITATION DO THE END JUSTIFY THE MEANS?

A A Nishanthan, T D Gooneratne, S Vinojan, S Prasath, R A Ubayasiri
Teaching Hospital of Karapitiya, Sri Lanka

Background

Amputation is considered the last modality in the surgeon's armamentarium when limb salvage fails and has significant impact on the patient, family and society. Although we aim for a functional, independent citizen, reality could be far from it. We aimed to study the outcome of major lower limb amputation (LLA) at Teaching Hospital, Karapitiya.

Methods

A retrospective, descriptive study was conducted on 114 patients who underwent LLA from October 2015 to March 2017.

Result

Mean age was 63.3(±14.6) years. Majority were male 57% (65/114). Amputations performed were trans-tibial [55% (63/114)], trans-femoral [37% (43/114)] and disarticulation at knee [4.3% (5/114)] and hip [2.6% (3/114)]. Diabetic infection (51%), peripheral vascular disease (33%) and trauma (10%) were the main causes of LLA. Mean hospital stay was 15.3 days (3-62). In-hospital mortality was 12% (14/114), mainly due to myocardial infarction (54%) and sepsis (36%). Diabetes was an independent risk factor for in-hospital mortality ($p < 0.01$). 40% had post-operative stump complications. [Stump infection (25%), wound dehiscence (8%)]. 5 patients underwent re-amputation at a higher level. The rest were managed successfully. Follow-up rate at time of study was 73%. Overall survival was 76% (86/114). 18/86 patients had a prosthetic limb, however only 12/86 patients were actively using it. 21/86(24.4%) were using a wheelchair for outdoor mobility. Majority (75%) required a permanent carer for activities of daily

living. 81% of amputees were unable to maintain their pre-amputation jobs. Pain and poor-fitting were the main reasons for not using the prosthesis.

Conclusions

Rehabilitation of patients undergoing LLA is inadequate. A multi-disciplinary, combined effort is essential towards ensuring a successfully rehabilitated, independent amputee.

OP 42

INFLUENCE ON TISSUE CONCENTRATION OF PROPHYLACTIC ANTIBIOTICS BY TIMING OF APPLICATION OF TOURNIQUET AND ADMINISTRATION OF INTRAVENOUS PROPHYLACTIC ANTIBIOTICS IN ORTHOPAEDIC LIMB SURGERIES

P W D Wasana, H M S R B Kotakadeniya, H J Suraweera, M H F Sakeena, E W M A Ekanayake, L V C Liyanapathirana
B.Pharm Degree Programme, Faculty of Medicine, University of Ruhuna, Karapitiya, Sri Lanka

Abstract content

The use of prophylactic antibiotics remains an integral part of Orthopaedic surgeries. A single-center, single-blind, observational study was undertaken to determine the most appropriate time interval between "antibiotic administration and tourniquet inflation"(AA-TI), required to gain effective prophylaxis. 30 patients between 18-64 years, undergoing lower limb surgeries under the tourniquet cover were included in this study. The main outcome measures were the timing of antibiotic administration and tissue antibiotic concentrations in relation to the timing of tourniquet inflation. The tissue antibiotic concentrations were measured by agar diffusion. An average tissue concentration of 4 µg/ml was considered to constitute adequate prophylaxis considering the Minimum Bactericidal Concentration (MBC) of S.aureus ATCC-29213. The data were analyzed with SPSS 16.0. The median serum Cefuroxime concentration was 58.15 µg/ml (range=29.44-99.53 µg/ml), and the median tissue Cefuroxime concentration was 6.24 µg/ml (range= 1.8-14.93 µg/ml) with the median "AA-TI" time interval of 15.0 minutes (range= 1-38 minutes). The median tissue Cefuroxime concentration of 3.22 µg/ml (range= 1.8- 4.65 µg/ml) which is not sufficient to constitute an adequate prophylaxis, was achieved with the "AA-TI" time interval less than 10 minutes. A 10–20 minutes interval in "AA-TI" achieved 100% effective

prophylaxis based on the MBC with the median tissue Cefuroxime concentration of 8.96 µg/ml) which is significantly high compared to patients with less than 10 minutes interval in "AA-TI" (P=0.000). Timing of pre-operative antibiotic prophylaxis in orthopedic surgical practice could be improved and the 10–20 minutes interval in "AA-TI" achieved the best tissue concentration in relation to MBC.

OP 43

CAN PREOPERATIVE AMERICAN SOCIETY OF ANAESTHESIOLOGISTS (ASA) SCORE PREDICT LENGTH OF HOSPITAL STAY AND COST AFTER TOTAL HIP AND KNEE ARTHROPLASTY? A SINGLE UNIT EXPERIENCE

CT Karunatileke, VB Pathirana, A B S A Perera,
Orthopaedic Unit, Sri Jayawardenepura
General Hospital, Sri Lanka

Introduction

Total joint arthroplasty remains one of the most commonly performed and successful operative intervention for patients with joint disease. Risk stratification of those patients prior to surgery is utmost important in order to anticipate and reduce adverse post operative events and to reduce length of hospital stay and cost.

American Society of Anaesthesiologists score is routinely used as a tool of risk assessment of surgery and anaesthesia.

Methods

The retrospective data collection included all patients who had underwent total knee or total hip arthroplasty or revision arthroplasty during a period of 7 months starting from January 2016, in orthopaedic unit at Sri Jayawardenepura General Hospital.

All the patient details were extracted from the patient records and clinic sheets by the first author himself. This includes patient name, age, sex, indication, type of arthroplasty, pre op ASA score, length of hospital stay after surgery, any early readmissions and hospital bill value. All details were entered and analyzed through Microsoft excel.

Results

Out of 50 patients 14 patients were among ASA1 category and their average cost and hospital stay was 43,327/= and 5.2 days respectively. ASA 2 category had

26 patients and their above values were 53,952/= cost and 6.5 days mean hospital stay. Total of 10 patients were among ASA 3 category and their mean hospital cost was 87,431/= and duration of stay was 9.1 days.

Discussion

The results of this study showed clear correlation between preoperative ASA score and total cost for the patient and their hospital stay and this further extends existing knowledge regarding this matter. And hopefully this will benefit the surgeon and anaesthetist in decision making.

OP 44

PATIENTS' BELIEFS AND PERCEPTIONS ABOUT ORTHOPAEDIC IMPLANTS AFTER FRACTURE HEALING

M R A Nihaj, K P N G Ranasinghe, D Munidasa
National Hospital of Sri Lanka

Aim

The population bearing Orthopaedic Implants (OI) is increasing due to higher rates of open reduction and internal fixation (ORIF) for extremity fractures. Their beliefs and perceptions about OI influence their demand for OI removal and their satisfaction about surgery.

Methods

An 18-item questionnaire distributed to the follow-up patients who were treated by ORIF for limb fractures in a tertiary trauma care center. All such fractures healed without major complications.

Results

The response rate was 82.6% (830 /1004). The mean follow-up was 17.23 months. Seven-hundred and thirty-five (88.5%) participants believed that they received ideal treatment for their fracture and 86.3% believed that OI helped them for healing. If needed 662 (79.7%) of them were happy to undergo ORIF and 82.5% of them will recommend ORIF to their relatives. Three-hundred and sixty-seven (44.2%) participants believed that they have high risk for lightning attack and 18% believed they have high risk for malignant tumors due to OI.

Five-hundred and forty-four (65.5%) participants wanted to be removed their OI, 48% have pain in the surgical site, 54% have limitation of movement and 24% think it's unnatural to have OI inside their body. Forty-nine percent participants said they didn't get enough

information regarding OI prior to surgery.

Conclusions

Majority of the study population were satisfied with OI. Reasonable percentage of patients had misbeliefs on OI and wanted the OI to be removed. Half the population perceived that they were not informed well about OIs and proper patient education may help to minimize patient misbeliefs.

OP 45

OUTCOME OF MINOR AMPUTATION IN PATIENTS WITH DIABETES

C Weerasinghe, R C Sagar, A B S Perera, E J A Bennett, H Siddle, S Kumaraganti, H J Bodansky, R J Darwood, D A Russell
Leeds General Infirmary, United Kingdom

Introduction

Reported incidence of subsequent minor amputation following an initial minor amputation varied between 22-68%, in patients with diabetes mellitus. Higher rate of subsequent minor amputation could be partly explained by the alteration of the biomechanics of the foot following the initial intervention. Aim of this study is to assess natural history following a minor amputation in a cohort of patients treated by the Leeds Diabetes Limb Salvage Service.

Methods

Retrospective analysis was performed using prospectively collected electronic data on patients who had first minor amputation during the period from January 2013 to May 2014. Each index case was followed up to May 2016 using electronic records. Local sequelae of events, demographic data and risk factors were collected.

Results

Forty four patients were included in the study. Mean follow up was 31.7 months. Male to female ratio was 2.1. Reulceration rate was 43% and mean time to reulceration was 230 days. Subsequent minor amputation rate is 36.4%. Quarter of the second minor amputations was Trans Meta Tarsal amputations. One patient had a subsequent major amputation. Fifty six percent of the cohort was alive at the end of the study period.

Conclusion

The data suggest that significant percentage of patients develop subsequent ulceration requiring further medical care and minor amputations. Though our mortality rate is 43% percent only one had undergone a major amputation. The reasons for high rate of second minor amputation and low subsequent major amputation rate are hard to predict from this retrospective study and may need a prospective study.

OP 46

THE OUTCOME OF SINGLE STAGE MAJOR HYPOSPADIAS REPAIR OF THOSE PRESENTED WITH SEXUAL AMBIGUITY – THE MOST SEVERE GROUP

L A K De Silva, S Hennayake
Paediatric Surgical Unit, Teaching Hospital Jaffna, Sri Lanka

Introduction

Major Hypospadias with genital ambiguity is a challenging condition to reconstruct and those who referred from the regional endocrine team represent the most severe form of hypospadias. Our main aim to assess the outcome following single stage major hypospadias repair in this most severe group.

Method

We reviewed 75 patients with major hypospadias underwent primary single stage repair from 2003 to 2015 at Royal Manchester Children's Hospital, Manchester, United Kingdom. Data were recorded prospectively in the departmental database and were analyzed retrospectively using Microsoft access tool and SPSS 16.0 version. Those who had minimal curvature on erection test after chordee release were subjected to a single stage repair and were included in this study.

Results

Mean age of our group was 26 months. 60% had no complications, 10% had minor complications and 30% had major complications. Majority of them had proximal shaft and peno-scrotal meatus (86%). Mean length of urethroplasty was 15mm. 50% of the group had plate incision with 40% complication rate which is similar to the group not had the plate incision. Majority underwent preputioplasty (77%) in compared to the circumcision (23%). Majority had 6F catheter (70%) for a mean duration of 10 days. None of the above variables studied predicted success of the repair.

Conclusion

The majority had a successful preputioplasty even in severe hypospadias without compromising the overall success of the reconstruction. None of the variable studied predicted the success of repair.

OP 47

THE OUTCOME OF TWO STAGE MAJOR HYPOSPADIAS REPAIR OF THOSE PRESENTED WITH SEVERE SEXUAL AMBIGUITY DOES THE STAGE OF SCROTOPLASTY MATTER?

L A K De Silva, S Hennayake

Paediatric Surgical Unit, Teaching Hospital Jaffna, Sri Lanka

Introduction

Major Hypospadias with genital ambiguity is a challenging condition to reconstruct. Our main aim to assess the outcome following two stage repair in this most severe group by using Brack's technique.

Method

We reviewed 26 patients with severe hypospadias underwent primary two stage repair from 2003 to 2015 at Royal Manchester Children's Hospital, United Kingdom. Data were recorded prospectively in the departmental database and were analyzed retrospectively using Microsoft access and SPSS 16.0 version. Those who had significant curvature on erection test after chordee release were included in this study.

Results

Mean age at first stage was 30 months. 77% had no complications and 23% had major complications. 88% had foreskin graft and the rest had buccal graft. Majority (59%) had penoscrotal to scrotal meatus. Mean time between the two stages was 12 months. Mean length of the urethroplasty was 27mm. Tourniquet used in all 26 patients with a mean time of 30min. Majority had an 8F catheter for a mean duration of 14 days. None of the above variables studied predicted success of the repair. Scrotoplasty done at different stages. Graft stage (23%), Urethroplasty stage (46%), both stages (4%) and separate stage (8%). Statistical significance found between the Scrotoplasty stage and complications. (P value = 0.016).

Conclusion

Brack's two stage reconstruction is a reliable technique

for very severe hypospadias reconstruction. Scrotoplasty stage best to be done earlier either with the graft stage or in a separate stage rather than doing it in the urethroplasty stage.

OP 48

LYMPHOVASCULAR MALFORMATION OF PAROTID AND SUBMANDIBULAR GLANDS: OUR EXPERIENCE WITH INTRALESIONAL BLEOMYCIN SCLEROTHERAPY

Vijai Datta Upadhyaya, Basant Kumar, Ankur Bhatnagar, Pediatric Surgery, SGPGIMS Lucknow, India

Introduction

Lymphatic malformation commonly involves head and neck region or axilla. Involvements of other sites like parotid and submandibular gland are very rare. This study was done to assess the role of sclerotherapy (intralesional bleomycin=ILB) in lymphovascular malformation salivary gland like parotid and submandibular area with relevant review of literature.

Method

All cases of lymphovascular malformation (which include LM=lymphatic malformation and VM=venous malformation) in parotid and submandibular areas presented in department of pediatric and plastic surgery were evaluated during March 2013 to April 2016. The lesions history of trauma or operation was excluded from the study.

Results

Nine cases were enrolled, six had LM of parotid and submandibular gland and in three cases there was VM of parotid gland. 83% of LM had almost complete resolution after sclerotherapy and 17% required surgical excision. Response to ILB in VM was not satisfactory on 33% had complete resolution and 77% required surgical excision. None of patients had facial nerve paresis or palsy in our series. None of the LM lesion had recurrence where as 33% of VM had recurrence even after surgical excision.

Conclusion

ILB is effective treatment for macrocystic LC but its response in vascular malformation is not satisfactory in our study though a more organized study is needed for confirming the results. Surgical excision within the parotid parenchyma is fraught with dangers and can lead to injury of the facial nerve, parotid duct and parenchyma. Bleomycin sclerotherapy delivered under

ultrasound guidance with direct puncture of the individual cysts provide a safe, easy and reproducible treatment modality for the management of this rare entity.

OP 49

HYPOSPADIAS RECONSTRUCTION IN CHILDREN; ANALYSIS OF REPAIR DISRUPTION AND SEARCH FOR POSSIBLE AETIOLOGY IN SRI LANKAN CHILDREN

U A R S Ranawaka

Lady Ridgeway Hospital for Children, Sri Lanka

Introduction

In children's hypospadias reconstructions, published worldwide repair disruption rate is around 10-50%. Author experienced this lower limit with Manchester-type anatomical hypospadias reconstructions (MTAHR) in United-Kingdom. This study analyzed repair disruption rate and possible aetiologies among Sri Lankan children.

Author uniformly practices MTAHR. All virgin hypospadias reconstructed by author (all were hospital OPD random referrals) at Day-surgical Unit of Lady Ridgeway Hospital for Children from 2014/01/01 - 2016/10/30 studied. Early disruptions usually present within first post-operative month. Each child had minimum 6 months follow-up.

Method

Data collected retrospectively from hospital records and statistically analysed using chi-squared test.

Results

Total reconstructions: 75

Meatal position based classification:

Distal: meatal-advancement-1, glanuloplasty-1, penile chordae-glanular-meatus-13, Coronal-13, sub-coronal-19, distal-penile-11

Proximal: mid-penile-6, proximal-penile-3, penoscrotal-7, perineal-1

Disruption types (Total-24. Four resolved)

A. Partial breakdowns: 6.7%(5/75).

B. Urethral-fistulae: 25.3%(19/75). All had regular dilatations within one-month of diagnosis. 21%(4/19) resolved. Final fistula rate: 20%(15/75).

Relationship of following variables to repair-disruption statistically analyzed,

1. Child's age on repair-disruption:

<2years 42.1%(8/19), 2.1- 5years 36.4%(12/33), 5.1-12 years 17.4%(4/23)

2. Meatal proximity among repair-disrupted:

A. Distal-hypospadias: 27.6%(16/58)

B. Proximal-hypospadias: 47.1%(8/17)

3. Penile-anatomical defects among repair-disrupted (Not-applicable to: Glanuloplasty, Meatal-advancement and Chordae - correction)

A. Urethral plate adequacy:

Narrow: 40%(8/20). Normal: 40%(16/40)

B. Dartos-muscle

adequacy: Inadequate: 42.9%(9/21). Adequate: 38.5%(15/39)

4. Non-surgical adverse-events (e.g.: viral fever, diarrhoea):

Events present: 40.9%(9/22). No events 28.3% (15/53)

5. Catheter disturbances (e.g.: spontaneous-expulsions /pulling-outs):

Present: 6/75 (8%): All 6 (100%) developed repair-disruptions

Statistically significant disruption rates identified in 2.1-5 year age group compared to other ages and among catheter disturbed children.

Meatal-proximity, penile-anatomy and non-surgical events had no significant relationship.

Conclusion

Author experienced higher repair disruption rate in Sri Lankan children compared to children in United-Kingdom. Repair-disruptions had significant relationship to 2.1-5 year age group and, catheter disturbances.

Further research on influence of; genetics/skin type, climate, better surgical assistants and instruments in UK, on surgical outcome is recommended.

OP 50

ANTEROLATERAL THIGH FLAP: A VERSATILE FLAP FOR HEAD AND NECK RECONSTRUCTION

SathisWijemanne, D Mahaliyana

Plastic Surgery Department, Karapitiya, Sri Lanka

Introduction

Head and neck reconstruction traditionally performed with pedicle flaps. These flaps had its limitations and caused significant donor site morbidity. In major soft tissue reconstructions free tissue transfer is a major breakthrough.

Method

During the period of 3 years 9 major head and neck reconstructions were performed. All these patients were diagnosed patients with advanced squamous cell carcinomas. Two patients had scalp SSC, 1 hand mandibular SSC, 1 temporal SSC and 5 cheek SSC. Out of which 8 were free tissue transfers and 7 were anterolateral thigh flaps.

Results

There was only one flap failure. All the other flaps had no partial flap failures. Other than the flap which failed, no patient had to visit the theater again.

Conclusion

ALT flap would be a reliable and predictable flap for major head and neck soft tissue reconstructions. The flap vascularity promotes wound healing with a low rate of resorption. Availability of large amount of tissue facilitate to tailor the flap to match the defect.

OP 51

MINI INCISION SUTURELESS THYROIDECTOMY – AN ONCOLOGICALLY ACCEPTABLE ALTERNATIVE IN THYROID MALIGNANCIES

G D S R Wijerathne, G K S De Silva, M Shifan,

N W B K H De Silva

Surgical oncology, Apeksha Hospital, Sri Lanka

Introduction

Standard thyroidectomy is performed through a collar incision which often leaves an unsightly scar. We present a series of mini incision sutureless thyroidectomies done for thyroid cancer.

Method

Twenty four patients underwent mini incision

thyroidectomies between May 2016 and March 2017 for thy 5 lesions. There were 22 females and 2 males, ages ranging from 19-48 years. Seventeen (70.8%) had T1 and 7(29.2%) had T2 lesions on USS. Surgeries were performed through a 3.5-4cm incision. Skin flaps were elevated. Capsular dissection was undertaken. Branches of superior thyroid artery were individually cauterized after preserving external branch of superior laryngeal nerve. Both recurrent laryngeal nerves were identified. Three parathyroid glands were identified in 2 patients, two identified in 8 patients and one identified in 14 patients and were preserved with intact blood supply. Middle thyroid veins and branches of inferior thyroid artery were individually cauterized. Prophylactic level VI lymph node clearance was done. Wounds were closed without drains.

Results

None had recurrent laryngeal nerve damage. Two (8.3%) developed hypocalcemia clinically and 4 had biochemically which resolved within 4 months. None had hematoma formation or other wound related complications. All were discharged on post-operative day 1. Twenty two (91.6%) had papillary carcinoma and 2 had follicular carcinoma. Level VI lymph nodes were positive in 2 patients. All had normal thyroglobulin levels and no ultrasonically detected residual thyroid tissue at 6 weeks assessment.

Conclusion

Mini incision sutureless thyroidectomy is an oncologically acceptable, cosmetically satisfying and safe procedure for thyroid cancers. Making it sutureless makes the procedure easier.

OP 52

INCIDENCE AND HISTOLOGICAL PATTERNS OF THYROID CANCER IN SRI LANKA 2001-2010

U Jayarajah, A R Fernando, S Prabhashani,

S A Seneviratne

Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka

Introduction

The increasing incidence of thyroid cancer (TC) is observed in many developed countries. However, this may also reflect better reporting or increased diagnostic scrutiny. We conducted this study to examine trends in TC incidence and histological patterns in Sri Lanka.

Methods

A retrospective cohort evaluation of patients with TC during 2001-2010 was performed using population based data from the Sri Lanka National Cancer Registry. Trends in incidence and histological patterns were analyzed by age and gender.

Results

The age-standardized incidence of TC increased from 3.2 to 4.8/100,000 from 2001-2010; a 1.5-fold increase (95% confidence interval [CI: 1.26-1.78]; $p=0.001$). A greater part of this increase is attributable to increase in incidence of papillary TC, which increased from 2.2 to 3.4/100,000; a 1.55-fold increase (95% CI: 0.36-0.68, $p=0.002$). Follicular cancer showed lesser, yet a significant increase from 0.72 to 0.87/100,000 ($p=0.045$). Other varieties of TC showed no significant increases in incidence. Increases in incidence of papillary cancer was not different between females (from 3.58 to 5.21/100,000; a 1.43-fold increase) and males (0.88 to 1.47/100,000; a 1.67-fold increase, $p=0.675$). Highest incidence of papillary cancer was observed in 30-39-year age group, which has increased from 5.56 to 12.9/100,000; a 2.32-fold increase, $p<0.001$).

Discussion and Conclusions

The increasing incidence of TC in Sri Lanka is predominantly due to the increasing incidence of papillary cancers. These trends may reflect increased detection and better reporting, although an inherent increase in the incidence cannot be excluded. Further studies including tumor stage and mortality may help answer these questions.

OP 53

RELIABILITY OF THY 3 IN DECISION MAKING IN THYROID NODULES; EXPERIENCE OF A SINGLE SURGICAL UNIT OF A SINGLE SURGICAL UNIT OF A TERTIARY CARE CENTRE

M A C Lakmal, K A N Chanaka, M S Nandasena,
A Pathirana
Colombo South Teaching Hospital, Sri Lanka

Introduction

Cytological assessment (Fine Needle Aspiration Cytology - FNAC) is essential in the assessment of thyroid nodules. In Thy 3 category, histology is needed to differentiate malignancy (follicular carcinoma) from benign lesions (follicular adenoma/hyperplastic

nodules) and surgery is offered routinely as the management option. The aim of this study is to identify the rate of malignancy in Thy 3 nodules.

Methods

Retrospective analysis of the thyroidectomies performed for Thy 3 cytology in a single surgical unit of a tertiary care centre was performed.

Results

Forty four patients with Thy 3 underwent surgery (27 hemithyroidectomies). Female: Male ratio was 10:1. Histology revealed – malignant nodules 15 (34%) (papillary – 10, follicular -4, medullary -1); follicular adenoma – 11; hyperplastic nodules -8; colloid nodules – 8; Hurthle cell adenoma -1; thyroiditis-1. Histological findings expected from Thy 3 cytology were seen in 24 specimens and included follicular adenoma (47%), follicular carcinoma (17%), hyperplastic nodules (33%) and hurthle cell adenoma (3%).

Conclusions

A significant number of patients did not have a histology co-relating with Thy 3 cytology in our cohort. This could be due to improper interpretations of Thy 3 or incidental findings of unsuspected lesions. Rate of malignancy detected in Thy 3 related lesions of 17% was similar to reported data. Further refinement of cytological assessment, and additional information from imaging would help to minimize unnecessary surgery only based on Thy 3, and to pick up unsuspected lesions. Further studies with larger numbers should be conducted to confirm these findings.

OP 54

PAPILLARY THYROID CANCER: ARE WE DOING RIGHT?

D J D Jayasinghe, A U Wijemanna, R Dassanayake,
A Thewarapperuma, M C Perera, A Liyadipita
National Hospital of Sri Lanka

Introduction

Papillary thyroid carcinoma (PTC) is the commonest differentiated thyroid carcinoma (DTC) which has excellent outcome following surgery. Because of high prevalence & less aggressive nature, management of PTC is constantly evolving.

Methods

A sub-group analysis of a cross-sectional study on patients underwent total, partial or completion

thyroidectomy for a period of 1 year from January 2015 in all surgical units at a provincial general hospital in Sri Lanka.

Results

DTC was confirmed by post-surgical histopathology in 115 out of 350 (32.8%). PTC is the commonest 97(84.3%) among DTC patients. Classical PTC 21.9%, follicular variant of PTC 47.3% and micro-PTC 30.8% comprised this group. Total thyroidectomy (TT) is the primary surgery offered in 65% of patients with PTC. Completion thyroidectomy offered to 23 of 34(67.6%) of remaining patients and 40% of them had uni-focal micro-PTC (tumor <1cm). Two patients had thyroid bed re-exploration. Among patients with uni-focal micro-PTC, TT was offered to 21(70%) as primary surgery.

Conclusions

Despite less aggressive nature and available evidence for less invasive surgical treatment, still most of our PTC patients receive total thyroidectomy. Considering complications associated with TT, patients with PTC should be risk stratified by multi-disciplinary team and offered optimum surgical treatment.

OP 55

IS THERE ANY RELATIONSHIP BETWEEN THE CHRONIC LYMPHOCYTIC THYROIDITIS AND PAPILLARY CARCINOMA OF THYROID?

Kalaventhana P¹, Lelwala S K W²

1 Postgraduate trainee in surgery, Teaching hospital Karapitiya.

2 Consultant Surgeon, Teaching hospital Karapitiya.

Background

Chronic lymphocytic thyroiditis is the cause of autoimmune mediated thyroid destruction, which leads to hypothyroidism. Likewise, papillary carcinoma of thyroid is also the most common differentiated thyroid malignancy.

Both entities are common in females. The association between the presence of papillary carcinoma of thyroid and the chronic lymphocytic thyroiditis remains controversial. The objective of this study is to analyse the association between the chronic lymphocytic thyroiditis and the papillary carcinoma of thyroid.

Methods

This study is a retrospective analysis of 880 patients who have undergone thyroidectomy from January 2014 to December 2015 at our institution. Demographical and pathological data have been analysed using SPSS.

Results

Papillary carcinoma of thyroid is the commonest thyroid malignancy (74.7%) in this population. It found in 168 patients and majority are females (85.7% and P=0.1496). Chronic lymphocytic thyroiditis found in 326 patients and it is significantly associated with female sex (P=0.0078). Coexistence of chronic lymphocytic thyroiditis and the papillary thyroid carcinoma is significant (P=0.0003).

Conclusions

Presence of chronic lymphocytic thyroiditis is associated with papillary carcinoma of thyroid. This study emphasizes, patients who have chronic lymphocytic thyroiditis has to be evaluated in view of excluding coexisting papillary carcinoma of thyroid.

OP 56

KIDNEY PAIRED DONATION"- A VIABLE OPTION FOR DONOR ORGAN SHORTAGE.

Prof. Dr. Rakesh Verma

Sr. Consultant Urologist and Transplant Surgeon
Human Organ Transplant Center (HOTC), Bhaktapur,
Nepal

Immediate Past President – SAARC SCS

Abstract:

Introduction:

More than 10% of the population worldwide is affected by Chronic Kidney disease (CKD) and millions die each year due to lack of affordable treatment.

Over 2 million people (10%) of people with CKD receive treatment with dialysis and kidney transplantation to stay alive.

Kidney Transplantation in related donor/recipient is a common and successful treatment for ESRD but about 35-45% of Donor/Recipient may not have compatible condition and for such condition "Kidney Paired Donation" (KPD) also called as "Kidney Swap", where a living donor is incompatible with related recipient but compatible with other non-related donor can exchange the matching Kidney with other; This has become a

viable option for Kidney donor shortage for mismatched related donors.

Recent innovation and access to kidney transplantation with HLA desensitization protocols for ABO mismatch and positive cross match is very limited due to high costs and increased risk of infection due to intense immunosuppression. KPD provides a new hope for growing number of ESRD patients in our region.

Pappaport was the first to suggest this pair exchange in 1986 but was started by Dr. Park in South Korea in 1991. USA, Europe and western countries are also experiencing this new and valuable options of KPD and some of the other countries have started Global Exchange Kidney Transplantation for mismatch pairs. Nepal has joined the list of countries to conduct KPD recently in 2016 and successfully conducted in three cases. We have done two-way pairs only so far.

Outcome:

- Recipients receive better compatible Kidney
- KPD benefits individual waiting a Kidney
- KPD gives better success than those incompatible donors Kidney treated and transplanted after desensitization.
- Low cost (because they require less immunosuppressant which reduces nephrotoxicity) and low mortality rate.
- KPD can be an alternative for a living donor to the individual waiting in deceased donor list

Limitation:

Only certain blood group type (A and B) would mutually benefit from KPD program and other blood group may be deprived of this exchange program.

Summary:

The crisis of organ availability has triggered the innovative approach to meet the demand for ABO and HLA incompatible donor/recipients by "**Kidney Paired Donation**" program and this has given a new hope for 35-45% of mismatched related donors to get better kidney on short time.

"KPD is an altruistic gift and not a commercial exchange."

OP 57

TOTAL LAPAROSCOPIC RIGHT DONOR NEPHRECTOMY: SINGLE CENTRE EXPERIENCE

A Wickramasinghe, C Wickramasekera, Y Manikkage, H Weerasekera, C Hingalagoda, N Seneviratne
Transplant unit, Sri Jayawardenapura General Hospital, Sri Lanka

Purpose

Laparoscopic live donor nephrectomy (LDN) has acquired an important role in the era of minimally invasive surgery. Total LDN of the right kidney is technically more challenging and need higher surgical skill than that of the left kidney because of the short right renal vein and the need to retract the liver away. The aim of the study is to report a single surgeon's experience with right LDN.

Materials and methods

Retrospective review of 17 patients who underwent right LDN by a single surgeon was reviewed. Donor age, relation to recipient, and indication for right-sided donation was collected. Surgical demographics included operative time, warm ischemia time, and complications were assessed. Recipients were followed for graft loss and for allograft function.

Results

All procedures were successful with no conversions. The indications for right-sided donor nephrectomy were a difference in split renal function greater than 10%, complex vasculature, right renal cysts and small solitary stones.

The mean operative time was 116 minutes (range 79 to 184 minutes), with an estimated blood loss of 40 mL (upto 210 mL) and warm ischemia time of 3 minutes (range 1.5 to 5 minutes). Three patients had Clavien-Dindo grade II complications. The median postoperative hospital stay was 3 days (range 3 to 6 days). Mean serum creatinine levels in the recipients at one month were 1.1 mg/dL.

Conclusion

Our data confirm the safety and feasibility of right laparoscopic donor nephrectomy with the evidence of minimal donor morbidity and favourable graft function.

OP 58

Fc-GAMMA RECEPTOR POLYMORPHISM PREDICTS THE INCIDENCE OF URINARY TRACT INFECTION IN KIDNEY TRANSPLANT RECIPIENTSLalit Kumar Das^{1,2}, Kentaro Ide¹, Sapana Verma^{1,2}, Hideki Ohdan¹, Pukar Chandra Shrestha², Rakesh Verma²

1 Department of Gastroenterological and Transplant Surgery, Applied Life Sciences, Institute of Biomedical & Health Sciences, Hiroshima University, Hiroshima

2 Department of Urology and Kidney Transplant Surgery, Human Organ Transplant Hospital, Bhaktapur, Kathmandu, Nepal

Objective

Infectious complication is the leading cause of graft dysfunction and patient loss after Kidney transplantation (KT). In the early post-transplant phase acquired immunity is strongly suppressed by the use of immunosuppressive drugs to prevent rejection. Component of innate immunity plays a significant role in preventing against infection in this immunosuppressive condition after KT. Therefore, our study investigated the impact of single nucleotide polymorphism (SNP) of FcγRIIA, FcγRIIIA and C1QA genes on infectious complication after KT.

Methods

81 consecutive patients were enrolled who underwent primary renal transplantation. The SNPs of FcγRIIA (131 H/R), FcγRIIIA(158 F/V) and C1QA (276 A/G) were defined by performing PCR-RFLP method. Those SNPs were analyzed with respect to clinical outcome of infectious complication within 1 month of transplantation i.e. incidence of cytomegalovirus (CMV) infection, varicella zoster virus(VZV), blood stream infection (BSI), fungal infection and urinary tract infection (UTI).

Results

Consistent with a lower affinity of the isoform encoded by the FCGR3A [158 F] to both IgG1 and IgG3, a significantly higher incidence of urinary tract infections (UTIs) was observed in the FCGR3A [158 F/V or F/F] individuals (65.5%) than in the FCGR3A [158 V/V] individuals (34.5%) following KT. The combination of FCGR2A and FCGR3A SNPs further stratified the incidence of UTIs, regardless of C1QA SNP following KT. No difference was observed in the incidence of fungal or cytomegalovirus infections with respect to the 3 gene polymorphisms.

Conclusion

SNP of this innate immune related gene are associated with the infectious complications following early post KT period which could be an important predictor and help to identify high risk group and to decide the intensive prophylactic therapy with antibiotics or antiviral on the suspected individuals before and after KT.

Key words: Single Nucleotide Polymorphism (SNP), FcγR (Fc-Gamma receptors), Kidney Transplantation (KT), Urinary Tract Infection (UTI)

OP 59

OUTCOME OF LIVE DONOR RENAL TRANSPLANTATION (LDTx) WITH SIMULTANEOUS DONOR AND RECIPIENT SURGERY PERFORMED BY A SINGLE SURGEON IN PARALLEL THEATRES

T D Gooneratne, C P Ediriweera, I N Perera, S Prasath, RA Ubayasiri

Teaching Hospital Karapitiya, Sri Lanka

Introduction

The LDTx program at Karapitiya is a single surgeon lead program. Performing both donor and recipient surgeries simultaneously, in parallel theatres, minimizes total operative time and cold ischemia time. We present our mid-term outcomes.

Methods

A retrospective study was carried out on all 61 LDTx performed between 2012 to-date. Both donor and recipient surgeries were performed simultaneously, in parallel theatres, by a single surgeon lead team. Surgeries were timed to commence anastomosis of the recipient surgery as soon as cold perfusion of kidney was complete. Patient characteristics and outcomes were studied.

Results

Mean follow up was 19(1-53) months. Baseline characteristics include; mean recipient age 56.2 years (19-64); male gender (45/61); mean donor age 45.9 years (19-69); related donors (19/61); Left donor nephrectomy (47/61). 10(16%) had complex renal vascular anatomy. Ex-vivo anastomotic techniques were used for double renal vessels. Cold ischemia time (25-53min), warm ischemia time(3-4min), mean donor surgery duration (165mins), mean recipient surgery duration(185mins) were considerably shortened due to operative setup. Overall patient survival was 50/61 (82%). Mortality <30-days was 3/61 [myocardial

infarction (1); anaesthetic complications (2)] and >30 days was 8/61 [pulmonary embolism (1); myocardial infarction (2); sepsis (5)]. Non-death censored graft survival was 80% (49/61) [acute rejection requiring transplant nephrectomy (1); death with functioning graft (11)]. Post-operative donor outcomes were uneventful. Early surgical complications [haemorrhage requiring re-operation (3); SSI (1)] and late complications [lymphocele, drained laparoscopically; ureteric dehiscence (1); post-biopsy urinoma (2)] were managed successfully. None developed chronic allograft nephropathy.

Conclusion

Our approach to LDTx has shortened operative and graft ischaemia times whilst maintaining minimum surgical complications. Patient and graft survival rates are comparable with international standards.

OP 60

PATTERN OF SKELETAL INJURIES AMONG CLOVE PLUCKERS DUE TO FALL FROM CLOVE TREES

R M B Chandrasekara, D V Kanishka Kamal, J M L B Jayasundara

Base Hospital Gampola, Sri Lanka

Introduction

Fallen from clove trees are common during clove plucking season. These result in many skeletal injuries.

Methods

We collected data on cases of skeletal trauma due to fall from clove trees, who were treated at Base Hospital Gampola during clove plucking season (2017 February-March), with respect to demographic data, site of accident, circumstances and location of fall, approximate height of fall, landing surface, details of skeletal and other injuries, impact on life and duration of hospital stay. We followed Müller AO Classification of fractures.

Results

Among 537 admissions during the period, 37 males were injured due to fall from clove trees. The mean age of the patients was 29.78 (SD 13.24) years. The mean height of the fall was 3.87 (SD 1.84) meters (range: 0.5-7.2 meters). A total of 53 fractures occurred in 32 patients: 17 in the upper limbs (47% distal radial), 22 in the lower limbs (31% calcaneal and 38% proximal tibial), 11 in the spine (52% thoracolumbar and 29% cervical),

and 3 in the pelvis. Associated injuries included head (n=13), chest (n=8) and abdominal injuries (n=5). Thirty one patients (83.78%) needed surgical intervention for fracture management. Five (13.51%) of these 37 injuries were fatal. Seven of these 11 spinal injuries developed paraplegia.

Discussion

Distal lower limb and distal radius are the commonest sites to get fractures on fall. Thoraco-lumbar and cervical regions commonly involve in spinal injury with paraplegia. This preventable occupational injuries lead to loss of working force.

OP 61

PATTERN OF ANGLE GRINDER CUT INJURIES :A HOSPITAL BASED DESCRIPTIVE STUDY

T kokulan, A Theelipkumar, N Ranasinghe, D Munidasa
National Hospital of Sri Lanka

Introduction

Injuries resulting from the usage of angle grinders are numerous and they contribute to more than 5% of workplace injuries. High speed discs of angle grinders do not respect anatomical boundaries as well as structures. Therefore, those injuries would be disfiguring, permanently disabling or even fatal. However, aesthetically pleasing results could be achieved with thorough debridement, resection of wound edges and careful layered functional closure after reduction and fixation of bone.

Methodology

This is a hospital based cross sectional, retrospective descriptive study to assess the patterns of angle grinder cut injuries of patients who admitted to accident service of National Hospital of Sri Lanka. Data was collected from Bed Head Tickets, clinic notes and direct inquiry from patients with angle grinder cut.

Results

The total of 100 patients with median age of 46(range 41-50) were selected. Out of 100 patients, 99% were males. In addition, the ratio of professional workers to nonprofessional workers was 2:1. 78% of injuries occurred during routine duty hours, whereas, 22% of injuries occurred during extra duty hours. Even though, 99% of workers have awareness of protective measures, only 27% of workers have taken protective measures. Lower limb injuries occurred in 47% of workers and 45%

of workers had upper limb injuries. Surprisingly, no fatal injuries have occurred during this period.

Discussion and Conclusion

Angle grinders were the major source of work place injuries due to non recommended usage as a cutting tool. Therefore, government policies should be implemented to guide the workers for proper usage of angle grinders.

OP 62

KARAPITIYA, A REGIONAL CENTRE FOR VASCULAR TRAUMA. CHALLENGES AND LESSONS LEARNT IN THE MANAGEMENT OF TRAUMATIC PERIPHERAL VASCULAR INJURIES

T D Gooneratne, C P Ediriweera, S Prasath, S Vinojan, R A Ubayasiri
Vascular and Transplant Unit, Teaching Hospital, Karapitiya, Sri Lanka

Introduction

We are the vascular referral center of the region. Traumatic peripheral vascular injury presents many challenges with timely intervention critical towards survival of limb and life.

Methods

A retrospective review was conducted on patients referred to the ETU, Teaching hospital Karapitiya, during April 2015 to April 2017. Patients with traumatic peripheral vascular injuries were studied.

Results

A total of 105 patients were referred. Patients with neck vascular injury (5), Aortic/IVC injuries (3), iatrogenic arterial (4) and venous (5) injuries were excluded from analysis. 88 patients presented with traumatic peripheral vascular injury. Mean age was 34 years (5-80). Majority were male 75/88. Injuries were caused by RTA (47%), street crimes (21%), accidental injury (19%), occupational injury (5%), blast injury (3%) and other (5%). 40% of injuries had associated venous / osseous injury.

Primary amputation was offered for 26 patients. [Delay in presentation (16, viability judged on fasciotomy) or mangled limb (10). 62 patients underwent vascular repair. 24/62 were upper limb injuries [radial/ulnar (8); brachial (16)]. Remainder were lower limb injuries [external iliac (3); femoral (8); popliteal(25); tibial(2)].

23/62 (37%) were repaired primarily. Remainder were repaired with interposition vein (36) or prosthetic (3) grafts. Venous injuries were ligated. Limb salvage rate of revascularized limbs was 90% [failed revascularization (2), infection and sepsis (4)]. In-hospital mortality post-revascularization was zero. High-impact crush injuries, ischaemic time >8 hours at presentation, not performing fasciotomy prior to transfer predicted risk of amputation ($p < 0.05$).

Conclusion

In-hospital outcomes of patients undergoing repair of peripheral vascular injuries are satisfactory. Integration of vascular trauma service with regional hospitals will be an essential part of efforts to improve trauma care further.

OP 63

A SINGLE CENTRE STUDY ON THE KNOWLEDGE OF ADVANCED TRAUMA LIFE SUPPORT AMONG DOCTORS

M A M Kulasinghe, D P Epasinghe, U Priyakelum, K Senevirathne, P Y A A N Kumarasinghe, D C Palkumbura, V Swarnakumar, R W Senevirathne
Orthopaedic Unit, National Hospital of Sri Lanka (NHSL)

Introduction

Traumatic injuries are the leading cause of hospitalizations in Sri Lanka. This study was conducted to ascertain the knowledge among doctors regarding trauma care as it plays the pivotal role in deciding outcome

Methods

A descriptive cross-sectional study was conducted at NHSL from 01/05/17 to 21/05/17 using a validated self-administered ATLS questionnaire to assess knowledge & its correlates among a sample of 145 doctors with varying designations, professional experience, based unit, etc.

Results

The mean knowledge score was 23.3 (58.3%) with a standard deviation of 5.3. Only 10.3% were able to obtain marks above 30, whereas 17.2% scored below 20. Designation was found to be an import correlate of knowledge ($t = 5.30$, $p < 0.001$), with those with postgraduate qualifications obtaining higher marks. Doctors employed in surgical, accident service and emergency units scored significantly higher marks ($t = 5.43$, $p < 0.001$) in comparison with those in non-trauma

units (Medical, Laboratory Sciences, Radiology, Nutrition etc). Doctors having participated in National Trauma Management Course ($t = 6.38, p < 0.001$) and other skills/drills programs ($t = 5.65, p < 0.001$) had higher knowledge scores.

Discussion and Conclusions

The knowledge on ATLS appears to be relatively low among the study population. This is especially evident among Doctors without postgraduate qualifications, working in non-trauma units and not having participated in NTMC course or other skills/drills. Therefore, ATLS training is an essential requirement for all categories of Doctors.

OP 64

BILIOVASCULAR COMPLICATIONS OF MAJOR LIVER TRAUMA

Vikas Gupta, Yashwant Raj Sakray, Thakur D Yadav, Naveen Kalra, Virendra Singh
Department of Surgery, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Introduction

The exact incidence and outcome of biliovascular complications in high grade liver injury are not well known.

Methods

56 patients (mean age 29.79 ± 11.40 ; M:F 8.3:1) with grade III or more liver injury surviving beyond 24 hours were assessed for the development of biliovascular complications for six weeks after the injury. Biliary and vascular complications were evaluated with CT angio and nuclear scans and managed with appropriate interventions.

Results

The overall incidence of biliovascular complications in liver injury was 30.35% (17/56); 3.5% (1/29 in grade III), 58.8% (10/17) in grade IV was and 70% (7/10) in grade V was. Overall biliary complication occurred in 9% (5/56) and vascular in 23% (13/56). The median duration of development of biliary complication was 4 days while that of vascular was 8 days.

Incidence of biliovascular complications - The site of bile leak was one each from right, left, confluence, peripheral and not evaluated. This was managed by endoscopic drainage in 3 and laparotomy in 1. In 13

patients, 17 vascular complications were observed – 7 arterial (7 right, 1 left hepatic artery pseudoaneurysm), 9 venous, 3 combined (1 arterio-portal fistula). Arterial pseudoaneurysms were successfully embolised while it failed in arterio-portal fistula. Venous were managed with observation in 7 and packing in 2. Grade of liver injury and need for blood transfusions were the factors associated occurrence of biliovascular injury on both univariate and multivariate analysis.

Conclusion

High grade liver injury will have high incidence of developing biliovascular complications which needs multimodality treatment strategies.

OP 65

PATTERNS OF RIB FRACTURES AND THEIR ASSOCIATIONS WITH A RIB FRACTURE SCORING SYSTEM

DS Indrajith, U Jayarajah, CT Karunatileke, KPL Madushani, S Seneviratne
Accident Service, Colombo, Sri Lanka

Introduction

Rib fractures (RIBFX) occur in 10% of trauma patients and is a marker of severe injury with high risk of mortality (5.8%- 34.4%). However, rib fractures are paid less attention and often managed sub optimally. This audit aimed analysing causation, severity, patterns, immediate complications and management of rib fractures.

Methods

Data on all adult patients with rib fractures admitted to Accident Service, Colombo during the month of March 2017 were assessed.

Results

Out of 35, 29 (82.9%) patients were males and median age was 48 (15-83) years. The median RIBFX score was 4 (1-24). The majority were due to road traffic accidents ($n=20, 57.1\%$), followed by falls ($n=8, 22.9\%$) and were unilateral ($n=29, 82.9\%$). The majority had complications ($n=23, 65.7\%$) including haemothorax ($n=17, 48.6\%$) and pneumothorax ($n=6, 17.1\%$). CT scan was required by 25.7% ($n=9$) patients. Strong opioids were required in 40% ($n=14$) and 25.7% ($n=9$) required regional blocks. Ventilator support was required in 25.7% ($n=9$) and 48.6% ($n=17$) required oxygen. Intercostal drainage was required in 71.4% ($n=25$) and 1 (2.9%) required thoracotomy. A RIBFX score of >4 was

significantly associated with requirement for CT imaging (46.7% vs 10%, $p=0.014$), strong opioids (73.3% vs 15%, $p<0.001$), ventilator support (46.7% vs 10%, $p=0.003$), and intercostal drainage (93.3% vs 55%, $p=0.013$).

Discussion

A RIBFX score of >4 is a strong predictor of advanced imaging, strong analgesia, ventilator support and interventions. We propose wider use of RIBFX score which would help in early recognition of patients requiring advanced imaging and interventions.

OP 66

SUPINE MINI - PERCUTANEOUS NEPHROLITHOTOMY (SMPCNL): EFFICACY AND SAFETY OF THIS NOVEL METHOD TO TREAT RENAL STONES

C Hingalagoda, C Wickramsekera, Y Manikkage, HWeerasekera, A Wickramasinghe, N Seneviratne
Urology Unit, Sri Jayawardenapura General Hospital, Sri Lanka

Introduction

Conventional prone Percutaneous Nephrolithotomy (PCNL) has undergone significant changes in recent years in the quest for improving efficacy and safety. Newer minimally-invasive modalities include mini-PCNL performed in the supine position for larger stones with patients who are overweight/obese. We describe first Sri Lankan experience in terms of the efficacy and safety of this new technique of Supine Mini PCNL (SMPCNL).

Methods

This was a prospective study involving 78 consecutive patients who underwent SMP at Sri Jayawardenapura Urology unit from December 2015 to March 2017. 15 F (5mm) tract size was created where a 13.5 Fr Nephroscope used as optics while Holmium laser used to fragment the stone. All patients underwent routine nephrostomy with double J stent placement.

Results

The mean age was 47.9 years (22-70) with males to female ratio of 2.54:1. Mean BMI was 25.4 (16.8-40) kgm^2 where 50% were overweight/obese. Mean stone size was 16.6 mm (range 10–35 mm) and mean density of 950HU (650-1950). Five renal units had upper and middle calyceal puncture each, while all the rest had lower calyceal punctures including 5 double puncture access. Mean operative time was 56 min (26–92 min). The stone clearance rate was 89.7% and the median

hospital stay was three days. There were no deaths, or blood transfusion. Clavien Dindo \leq II was reported in 7 (8.9%). The stone clearance was favorable despite stone size \geq 20mm and patients being overweight.

Conclusion

SMPCNL can be successfully done, with the potential advantage of good stone clearance even for larger stone with patients with high BMI.

OP 67

IS THERE A HUMAN LEUCOCYTE ANTIGEN (HLA) ASSOCIATION WITH CHRONIC KIDNEY DISEASE OF UNKNOWN AETIOLOGY (CKDu)

Mithun Gamakumbura, Waruna Laksiri, Joel Arudchelvam

Vascular and Transplant Unit, Teaching Hospital Anuradhapura, Sri Lanka

Introduction

The chronic kidney disease of unknown etiology (CKDu) has become a serious public health issue in Sri Lanka. It is mainly prevalent in north-central province among farming population suggesting the role of possible environmental factors. Previous studies have suggested that there may be a genetic predisposition. This study was conducted to determine any association between HLA and CKDu.

Methods

This is a retrospective study done at vascular and transplant unit in teaching hospital, Anuradhapura. Data on donors and recipients were analyzed with regard to demography, HLA, etc. Fisher's exact test was used for analysis.

Results

42 subjects (21 recipients and their 21 donors) were included, all recipients had CKDu. 81% of recipients ($n=17$) were males and mean age was 40 years. Among the donors 52% were females and the mean age was 43 years. 38.1% of the recipients had HLA DR 7 whereas only 19.0% of donors had this. But this was not statistically significant (P value equals 0.31). Other HLA alleles analyzed did not show any significant difference in prevalence between the donor and recipient population.

Conclusion

This study shows that there is a higher prevalence of HLA

Dr7 among CKDu patients, though this was not significant due to low number of subjects analyzed. Further evaluation of larger sample is required to come to a definitive conclusion.

OP 68

INCIDENCE OF URINARY CALCULI AMONG PATIENTS ADMITTED WITH ABDOMINAL PAIN - EXPERIENCE AT A PERIPHERAL SURGICAL UNIT

J K Pathirana, K M L L Kadawinna, W P R Boteju, D K L R Gunawardena, S Agampodi, D M M P Dissanayake, G M P C P Kurukulasooriya
Department of Surgery, Base Hospital Mahiyanganaya, Sri Lanka

Introduction

Urinary calculi accounts for significant proportion of surgical casualty admissions. The aim of this study was to find the incidence of urinary calculi among patients admitted with acute abdominal pain Base Hospital Mahiyanganaya (BHM).

Method

Consecutive patients admitted to BHM with abdominal pain during 01/03/2017 to 31/04/2017 were recruited. Patients with abdominal pain following trauma were excluded. Descriptive analysis was done. Clinical history and signs along with positive investigations (UFR, X-ray KUB and USS KUB) were used in the diagnosis of calculi.

Results

A total of 151 patients (male 71, female 80) with age ranging 4 to 70 years were admitted with abdominal pain during the study period. Of them, 34 (42.5% females and 39 (54.9%) males had positive investigations for urinary calculi. Calculi were commonly observed in right kidney and ureter while 07(9%) had bilateral calculi. The observed sex difference was not statistically significant. Of the 24 patients aging less than 20 years, only 2 (8.3%) had urinary calculi compared to 71 (55.9%) among patients aging more than 20 years (Chi square 18.3, $p < .001$). among the patients with urinary calculi, more females ($n=20$, 58.8%) had right sided calculi compared to males ($n=14$, 35.9%).

Conclusion

Urinary calculi should be ruled out as a differential diagnosis for among patients more than 20 years in the study area as a first priority. Sex differences and the side of the urinary calculi needs further investigations.

OP 69

A STUDY OF CLINIC-PATHOLOGICAL CHARACTERISTICS OF PRIMARY BLADDER MALIGNANCIES: A TEN YEAR EXPERIENCE FROM A TERTIARY CARE UROLOGY UNIT IN SRI LANKA

U Jayarajah¹, HMKB Herath¹, DMH Fernando¹, SN Kuruppu¹, HUL Wickramanayaka¹, DMS Lokuhetty², MVC de Silva², SAS Goonewardena¹

1 Department of Urology, National Hospital of Sri Lanka, Colombo, Sri Lanka,

2 Department of Pathology, Faculty of Medicine, University of Colombo, Sri Lanka

Introduction

Bladder cancer is the ninth commonest malignancy worldwide. This study was aimed to describe the clinicopathological characteristics of histologically confirmed primary bladder malignancies.

Methods

A retrospective analysis of prospectively collected data of 314 (mean age: 65 ± 11.36 years; males=259) newly diagnosed primary bladder malignancies in a Urology unit from National Hospital of Sri Lanka between January 2007 and December 2016, was performed. Data on basic demography, clinical presentation, cystoscopic findings and histopathological characteristics were analysed. Chi square test was used for statistical analysis.

Results

The majority ($n=289$, 92%) were urothelial cancers (UC). There was a male predominance with a sex ratio of 5.56:1. Haematuria was seen in 271 (86.3%). Median duration of symptoms was 1 month (IQR: 0.5-3). In patients with UC, 30.1% ($n=87$) and 34.3% ($n=99$) were found to have pTa and pT1 tumour. Muscle invasive bladder cancer (MIBC-pT2 and above) were seen in 35.6% ($n=103$). The majority were high grade tumours ($n=156$, 54%). Lymphovascular invasion was seen in 19 (6.6%) patients. Urothelial MIBC were associated with solid tumours (60% vs. 15.7%, $p < 0.001$), high grade (62.8% vs. 3.8%, $p < 0.001$), size > 3 cm (46.7% vs. 16.8%, $p < 0.001$) and solitary tumours (39.7% vs. 26.7%, $p=0.32$). There was a weak association with female sex (43.2% vs. 34.3%, $p=0.257$) and no association with presence and duration of haematuria. Of the non-urothelial malignancies ($n=25$, 8%), 10 (3.2%) were squamous carcinoma and 9 (2.9%) were adenocarcinoma. Others were sarcomatoid tumours

(n=4, 1.3%) and poorly differentiated tumours (n=2, 0.6%).

Conclusions

More than 90% of primary bladder tumours in Sri Lanka are UC, with nearly one third having muscle-invasive diseases on initial presentation. Solid, high grade, solitary and large tumours were associated with MIBC.

OP 70

OUTCOME OF PARTIAL CYSTECTOMY FOR NON UROTHELIAL URINARY BLADDER MALIGNANCIES IN A TERTIARY CARE UROLOGY UNIT IN SRI LANKA

H M K B Herath, U Jayarajah, D M H Fernando,

S A S Goonewardena

Department of Urology, National Hospital of Sri Lanka, Colombo, Sri Lanka

Introduction

Non-urothelial bladder malignancies (NUBM) are rare, accounting for less than 5% of all bladder tumours and are well-known for its aggressiveness and poor prognosis. The standard treatment is radical cystectomy which is associated with high morbidity and poor quality of life and unsuitable for elderly patients with significant comorbidities. This study describes the outcome of partial cystectomy for selected patients with NUBM in a urology unit.

Method

A retrospective analysis of seven patients (males=4) who underwent partial cystectomy for NUBC in a tertiary care urology unit in National Hospital of Sri Lanka over a period of 16 years was done. All underwent preliminary transurethral resection of bladder tumor (TURBT) and histological confirmation before partial cystectomy.

Results

The median age was 59 years (range: 40-71). Six patients had haematuria at presentation. All bladder tumours were detected with ultrasonography and preliminary cystoscopy. Tumours were seen in anterior wall (n=5) and dome of the bladder. Three had primary adenocarcinoma of which, one patient survived for 15 months without recurrence (alive), another for 16 months (died of metastasis) and other for nine months (without recurrence) thereafter defaulted. One patient had signet ring cell adenocarcinoma (follow-up: 1 year, alive, no recurrence). Others were leiomyosarcoma (follow-up: 30 months, alive, no recurrence), small cell

cancer with squamous differentiation (recurrence after 6 months-died) and goblet cell carcinoid tumour (follow-up: 9 months, died of metastasis).

Conclusion

Partial cystectomy could be considered in selected patients with NUBM who are unsuitable for radical cystectomy. Further large scale prospective studies are needed to compare the outcome in relation to complications, recurrence and overall quality of life.

OP 71

CAROTID ENDARTERECTOMY FOR SYMPTOMATIC CAROTID STENOSIS: EARLY AND MID-TERM OUTCOMES FROM A SINGLE CENTRE SERIES.

S Vinojan, T D Gooneratne, T Wijerathne, C P Ediriweera,

RA Ubayasiri

Teaching Hospital, Karapitiya, Sri Lanka

Introduction

Stroke is a global health problem with significant burden to both patient and healthcare system. In the absence of facilities for stenting, carotid endarterectomy (CEA) remains the only effective method in the management of significant carotid artery stenosis. We present our 30-day and mid-term outcomes.

Methods

A retrospective study was conducted on consecutive patients who underwent CEA at the Vascular and Transplant Unit, Teaching Hospital Karapitiya from May 2016 to April 2017. All patients underwent neck duplex and a detailed cardiological evaluation. Patient characteristics, perioperative morbidity / mortality and early postoperative outcomes were studied.

Results

A total of 15 symptomatic patients with haemodynamically significant carotid stenosis (>70%) underwent CEA. Mean age was 65.1 years (55-76) with majority male (9/15). Presentation was either recent minor stroke (8) or TIA (7). Mean time for surgery from presentation was 20 days (5-102). 4/15 were considered high-risk patients for CEA. Surgery was performed under general anesthesia (14) or local anesthesia (1). Selective carotid shunting was performed based on carotid stump pressure cut off of 50 mmHg (4/15). Standard endarterectomy was performed. Mean clamp time was 24 minutes (19-32). Arteriotomy closure was with venous patch from thigh

LSV. There were no deaths or stroke at time of follow up. 30-day peri-operative morbidity included myocardial infarction (1), transient hypoglossal neuropraxia (4), neck hematoma (2) and groin infection/haematoma (4). All were managed conservatively. None had evidence of restenosis on follow up duplex assessment at time of study.

Conclusion

CEA in our setting is a safe procedure and our peri-operative and mid-term mortality and morbidity figures are in par with standard figures.

OP 72

ENDOVASCULAR LASER ABLATION FOR LOWER LIMB VENOUS REFLUX DISEASE; EXPERIENCE FROM THE VASCULAR UNIT, TEACHING HOSPITAL ANURADHAPURA

Mithun Gamakumbura, Joel Arudchelvam, Indeewaree Bulathsinhala, Waruna Lakisiri, C M Kelum
Vascular and transplant unit, Teaching hospital, Anuradhapura, Sri Lanka

Introduction

Endovascular laser ablation (EVLA) has gained popularity over old treatment methods for venous reflux disease. This study aims to examine the outcome of 50 patients who underwent EVLA for lower limb varicose veins.

Method

53 patients underwent EVLA for Great saphenous vein (GSV) reflux disease over a period of 3 months. EVLA was delivered with 1470 nm diode laser (ELVeS). Tumescence anesthesia was delivered into peri-venular sheath under Ultrasound guidance. Maximum diameter of the vein, length of the treated vein, total energy delivered and treatment time were documented. Follow up USS were done at 1 week and 1 month to assess the outcome.

Results

Total of 53 patients were included. 32 were females and 21 were males. Mean age was 45 years. Mean length of treated vein was 32.8cm. At the end of 1 month 13 patients were lost to follow up. 5 patients had non-thrombosed (failure) veins. Mean energy concentration for successful ablation was 52.5j/cm, and the mean for failures was 32.4 j/cm. Overall the success rate was 87.5%.

Conclusion

At our center the success rate of EVLA was >85% at 1 month. An energy concentration of more than 50 j/cm is preferred to get a successful ablation. Increasing the energy concentration is likely to bring more success. We hope that this will happen with increasing experience of the operators.

OP 73

ATTENUATION OF SKELETAL MUSCLE ISCHAEMIA-REPERFUSION INJURY (IRI): COULD INSULIN BE THE ANSWER?

T D Gooneratne, S M Wijeyaratne, GR Nishantha, S Homer-Vanniasinkam
University of Colombo, Sri Lanka

Introduction

Enhanced leucocyte activity is a critical step in the pathophysiology of IRI. We hypothesize that insulin via its' anti-leucocyte activity can attenuate skeletal muscle IRI.

Methods

A randomized, blinded, placebo-controlled clinical trial was conducted on patients with skeletal muscle ischemia requiring revascularization. Treatment protocols were identical except for 'Insulin' group who received an insulin infusion at 2.5U/hr. Endothelial-leukocyte activity was measured via P-Selectin and Myeloperoxidase(MPO). Their temporal evolutions were measured in the venous effluent.

Results

24 consenting patients were randomized to 'Insulin' and 'Control' groups, 12 in each. The differences in the groups; Insulin vs. Controls for age(years): 64.9 v 62.3, elective surgery: 7 vs. 6, emergency surgery: 5 vs. 6, mean duration of ischemia(minutes): 119.5 vs. 180.5 (p=0.078) were similar. Mean serum insulin level was significantly higher in the 'Insulin' group (p<0.01). Clinical outcomes (death, major amputation, fasciotomy, AKI, MI) between groups were similar. The increment of P-Selectin and MPO was compared at 0, 2, 4, 6, 12 hours post-reperfusion between groups (linear regression model) in the 'Control' group, P-Selectin (p<0.001) and MPO (p<0.001) demonstrated a significant increase post-reperfusion, reaching a peak at 2 hours. Increment of P-Selectin from its' baseline was significantly diminished in the 'Insulin' group at the two-hour interval; 12.1%(insulin) vs. 81.2%(control)[p=0.001] and

four-hour interval; 5.6%(insulin) vs. 73.6% (control) [p=0.003]. Elevation of MPO was similarly attenuated in the 'Insulin' group at the two-hour interval; 3.9%(insulin) vs. 44.9%(control)[p=0.001] and four-hour intervals 1.4%(insulin) vs. 34.4%(control)[p=0.002].

Serum markers of white cell activation were significantly reduced with an insulin infusion at 2.5U/hr, in human skeletal muscle IRI.

OP 74

ONE-STOP, CUSTOMIZED, DAY - CASE ENDOVENOUS LASER THERAPY (EVL) OF LONG SAPHENOUS VEIN (LSV) SURGERY COMBINED WITH TRIBUTARY SURGERY AT THE SAME SETTING - A SAFE AND EFFECTIVE OPTION

T D Gooneratne, S Prasath, C P Ediriweera, R A Ubayasiri
Teaching Hospital Karapitiya, Sri Lanka

Objectives

Treatment of LSV varicose veins should be customized to individual disease patterns. Combination of EVLT with tributary procedure surgery, at the same setting, as a day-surgery, under local anaesthesia (LA) obviates the repeated admissions / surgeries and is beneficial for the patient and health system.

Methods

A retrospective study was carried out on 187 patients and 209 limbs with LSV incompetence from January 2013-April 2017. Treatment was customized based on clinical and duplex assessment at preoperative clinic. All patients underwent either EVLT alone or in combination with tributary surgery with phlebectomy (MSA) or sclerotherapy (ST), at the same setting, under LA. Patients were assessed pre-operatively and post-operatively with clinical and duplex assessment. Clinical and QOL outcome was assessed with CEAP and venous clinical severity score (VCSS) respectively.

Results

Majority were female (123/187), mean age of 32 years (21-68) and presented with complicated disease (C4-C6). Tributary surgery was performed in addition to EVLT in 154/209(73%) of limbs. [EVL+MSA (72); EVLT+ST (82)] the follow up rate at time of study was 72%. There were no significant complications of EVLT, MSA or ST during the study period. Minor complications were managed conservatively. LSV ablation was 97.6%, anterior thigh vein incompetence 3.4% at time of follow

up. 95% had resolution of symptoms. Median VCSS improved from 8 pre-procedure to 1.2 post-procedure. 15/187 patients required revisits for ST of below-knee residual veins during follow up.

Conclusions

A one-stop, customized venous surgery clinic, performed under LA as a day case is a safe and effective option for a surgical unit in Sri Lanka.

OP 75

COMPARISON OF ENDO VENOUS LASER THERAPY (EVL) ALONE OR IN COMBINATION WITH PHLEBECTOMY (MSA) OR CHEMICAL ABLATION (ST) FOR LONG SAPHENOUS AND TRIBUTARY VEINS - IS THERE A DIFFERENCE?

S Vinojan, T D Gooneratne, C P Ediriweera, S Prasath,
R A Ubayasiri
Teaching Hospital Karapitiya, Sri Lanka

Objectives

EVL is the treatment of choice for incompetent long saphenous vein (LSV). Tributary veins are treated either with MSA or ST as a secondary procedure. Combination of EVLT with MSA/ST at the same setting under tumescent anaesthesia (TA) is advantageous but debatable. We compared the efficacy and safety of MSA or ST of tributary veins when combined with EVLT.

Methods

A retrospective analysis was conducted on 209 limbs with incompetent LSV varicose veins undergoing EVLT +/- ST or MSA. All surgeries were performed under TA, as a day surgery. Clinical and duplex assessment was performed pre-operatively and during follow-up treatment options were decided based on pre-operative assessment. Quality of Life (QOL) outcome was assessed using venous clinical severity score (VCSS).

Results

EVL alone, EVLT + MSA, EVLT+ST was performed on 55, 72 and 82 limbs respectively. 25/209 were recurrent disease following previous saphenous surgery. 177/209 limbs presented with complicated varicose veins (C4-C6; 84%; CEAP). The need for tributary surgery was an independent predictor for healed/active ulceration (p=0.03). Mean follow-up duration was 8.4 months (1-27). There were no reports of DVT, PE or skin necrosis. Minor complications of EVLT [skin blistering (1%), haematoma (3%), erythema/transient induration (5%)]

were equally distributed between groups. Addition of MSA was associated with increased skin paraesthesia and haematoma ($p < 0.05$), whilst ST was associated with skin pigmentation and thrombophlebitis ($p < 0.01$). Majority (95%) confirmed improvement in symptoms following treatment. QOL improvement was higher in the EVLT alone group.

Conclusions

Although combining tributary procedures simultaneously with EVLT, results in a few minor complications clinical outcomes and symptom resolution are equally effective in all three modalities.

OP 76

MITRAL VALVE REPAIR; A STUDY ON AETIOPATHOGENESIS, REPAIR TECHNIQUES AND EARLY OUTCOME

P Bandarage, M Munasinghe, N C Gamhewage
Cardiothoracic Unit, National Hospital of Sri Lanka

Introduction

Mitral valve repair (although more patient-friendly than prosthetic replacement) demands skills and time. The study analyses pathological patterns, duration and early postoperative outcome of attempted repairs.

Methods

All cases of mitral repairs by our cardiac team over two years were analysed with regards to morphology, repair techniques and duration. Outcome was assessed with saline injection test, intra-operative trans-oesophageal echo (TOE) and post-operative trans-thoracic echo (TTE).

Results

Study population included 41 patients of mean age 39 years, and 22 were female. Myxomatous anterior leaflet prolapse was seen in 35 (85.4%) and posterior leaflet prolapse in 23 (55.9%). Seven (17.1%) had ruptured chordae. Four (9.76%) had infective vegetations and two showed early rheumatic changes. Corresponding repair techniques involved resection and repair in 14 (34.1%), placement of artificial chordae in 18 (43.9%), commisuroplasty in 15 (36.5%), cleft repair in 8 (19.5%) and ring annuloplasty in 37 (90.2%).

TOE proved 37 (90.2%) repairs were successful on coming out of bypass, 2 were successfully re-repaired going back to bypass. Two cases, one with infective vegetations and one with rheumatic fibrosis needed

valve replacement. Mean cross-clamp time and mean bypass time were 88.3 and 125 minutes respectively. TTE one week post-operatively confirmed all repairs were successful without significant intra-cardiac complications.

Conclusions

Mitral valve prolapse, chordae rupture and annular dilatation were common pathologies in repairable valves. The techniques utilized in accordance with the pathologies, brought high success rates with acceptable duration of surgery and minimal early complications.

OP 77

AN ANALYSIS OF GENERAL SURGICAL OPERATIVE NOTES IN MAJOR SURGERIES IN TEACHING HOSPITAL JAFFNA

K Sivasuganthan, S T Sarma, M Suman
Surgical Professorial Unit, Teaching Hospital Jaffna, Sri Lanka

Introduction

Operative (OP) note is an important document, which should be recorded immediately after surgery. It should be accurate and in detail, for management of the patient and for legal purposes. In our context, it's written by surgical trainees and supervised by senior surgeons, which is an important part of surgical training.

Materials and methods

We have analyzed 215 major surgical OP notes including elective and emergency surgeries in general surgical units, Teaching Hospital Jaffna, from 1st of July 2016 to 31st of December 2016.

Results

All surgeries were performed under General anaesthesia and 83.3 % (n=179) performed by consultants. 90% of OP notes did not contain time of the surgery but date of the surgery was mentioned in 82.1% (n=195). Details of surgical team were mentioned in 98.2%, but details of anaesthetic team mentioned in 8.3 % (n=18). Operative diagnosis was missed in 48.8% (n=110) of OP notes. Details of closure technique were not mentioned in 15.5% and none of the notes contained detail of blood loss. Monitoring vital parameters, fluid management and pain management were mentioned 78%, 50%, and 89.9% respectively. Only 6.5% of OP notes were signed by the person who has written.

Conclusion and Recommendation

Operative notes were incomplete in most cases. Several areas were identified for further improvement. Electronic formats can be used in operating theatres to improve surgical OP notes.

OP 78

CREATION OF SPECIAL INTEREST WITHIN THE DOMAIN OF GENERAL SURGERY IN SRI LANKA; SURVEY ON TRAINEES' PERCEPTION

Bingumal Jayasundara, Buddhika Dassanayake, Janaka Balasooriya

District General Hospital Mannar and University Surgical Unit, Teaching Hospital Peradeniya, Sri Lanka

Introduction

Sri Lankan surgical training curriculum underwent a major revision in 2012 with the introduction of special interest (SI) within the domain of general surgery (GS). In a setting where the main employers have not recognized this transformation, evaluation of the trainees' perspective is important as their careers are significantly affected.

Methods

A pre-tested questionnaire was sent electronically to all fifty-one GS senior registrar (SR)s who started their post-MD GS training after February 2012. Statistical evaluation of gathered data was performed using SPSS®.

Results

Among twenty-four (47%) respondents, eight (33%), seven (29%) and nine (38%) were second year SRs, SRs in overseas training and acting consultant surgeons (aCS) respectively. Four, nine, five, four and two trainees have declared upper-gastrointestinal surgery, coloproctology, hepato-pancreaticobiliary surgery, breast surgery and endocrine surgery as their SI. Eight (33.3%), thirteen (54.2%) and three (12.5%) had their SI training at a university unit (UU), a ministry unit (MU) and an overseas unit respectively. Eleven (46%) and nine (37.5%) believed they had adequate special interest training during local and overseas training respectively. Colorectal trainees believed they had adequate special interest training during local training compared to other SIs ($p=0.04$ -Chi square). Trainees who had SI training in UUs (7/8) were satisfied compared to ones in MUs (3/13) ($p=0.02$ -Chi square). Three (12.5%) said their employer recognizes this system and two (8.3%) believed that they can practice the SI in future. Seven

(29%) each believed that there are career benefits and patient care improvement with new system but only three (12.5%) believed it is better than the previous one. Five of nine aCSs thought they would opt for GS without a SI if available compared to SRs (1/15) ($p=0.04$ -Chi square).

Conclusions

Colorectal specialty and trainees selected to UUs were more satisfied about the local SI training circumstances. Employer not recognizing this system was a major concern. Limited minority of trainees believed to have the opportunity to function with SIs. Trainees doubted personal career benefits or patient care improvement from this change and this as a better system overall.

OP 79

PATIENT PERCEPTION OF CURRENT METHODS OF OBTAINING CONSENT FOR CASUALTY SURGICAL PROCEDURES IN A SINGLE SURGICAL UNIT OF A TERTIARY CARE REFERRAL CENTRE

M A C Lakmal, R G M S Nandasena, G P Epasinghe, A Pathirana, B D Gamage

Professorial Surgical Unit, Colombo South Teaching Hospital, Sri Lanka

Introduction

Giving proper information and discussing patients concerns before surgery have shown to reduce anxiety and stress. Informed written consent is a must before any procedure in the West as failures in consenting are largely associated with legal cases of medical malpractice. Concern on this aspect in local setting is still growing and data is minimal.

Methods

Interviewer based questionnaire was used to collect data on consenting of 100 consecutive casualty patients during a period of 2 months, before the surgery, in a single surgical unit.

Results

Fifty two percent was males and mean age was 46.6(range 8-82) years. Majority (51%) underwent intermediate surgeries under spinal anaesthesia(40%). 97% of them studied at least up to O/Ls. In paediatric cases (14%) guardian has given the consent. Not a single consent was taken by operating surgeon, as all were taken by house officers. 90% of patients had <5minutes with doctor for consenting. Common consent form was

used only in 10% and in the rest consent was written by the doctor. But majority (80%) has not read it before signing. 77% were aware about the surgery but only 51% was aware about anaesthesia options. Majority (80%) didn't have opportunity for clarifications and 77% were not informed on complications or additional procedures.

Conclusions

Overall, quality and satisfaction of consent was below average in our cohort. Proper consenting with legible format, allocating adequate time for patient concerns, ideally by the operating surgeon would be recommended to improve the quality of care. This is a preliminary analysis of an ongoing audit.

OP 80

PLACE OF A SIMPLE EXERTION TEST TO EVALUATE PHYSICAL FITNESS OF SURGICAL PATIENTS – AN INTERIM ANALYSIS

D S Indrajith, B R Weerakoon, M T D Silva,
N Ruwanpathirana, P V H D K Wijetilake, U Jayarajah,
U Senerath, S Sivaganesh
University Surgical Unit, National Hospital of Sri Lanka,
Colombo

Introduction

The outcomes of surgical patients depend on a variety of factors including physical fitness. Stratification of patients based on physical fitness may be important to identify patients who need more intensive preoperative assessment and specialist interventions. Available literature indicates that tests available for evaluating physical fitness are complex and the need for a simple test is highlighted. This study was designed to evaluate the role of '30 seconds chair stand test' in surgical patients.

Methods

This was a prospective analytical study on adult patients admitted for elective major abdominal surgeries at selected general surgical units. History based physical fitness was assessed using an interviewer administered questionnaire adopted from the Duke Activity Status Index (DASI) and Metabolic Equivalent (MET) score. Performance of 30 seconds chair stand test was recorded.

Results

Sixty patients, mean age 53.3 (24-90) years and male to

female ratio 1:1.3 were included. The test performance showed moderate correlation with DASI (r .424, p .001) and MET score (r .491, p .006).

Discussion

The 30 seconds chair stand test performance correlated reasonably well with history based physical fitness evaluation methods such as DASI and MET score. The observed predictive value of this physical activity test is likely to improve with larger samples in this ongoing study thereby reducing the need for costly and time consuming cardio-respiratory investigations in selected patients.

OP 81

BASAL CELL CARCINOMA- A STUDY OF 100 CASES 2001-2010

Mahesh Kumar Mugria
Liaquat University of Medical and Health Sciences,
Jamshoro, Pakistan

Objective

To see the outcome of patients having Basal Cell Carcinoma at our setup

Introduction

Basal cell carcinoma is a common skin tumor. 95% are seen in upper 2/3 of face. Nodular bcc is more common than other types. It rarely metastasizes. Nose is the commonest site of bcc. It is seen in old age patients above 40. More common in farmers due to sun exposure. Rare in brown and black skinned patients. Diagnosis is made on the basis of presence of pearly white beaded margins, surrounded by telangiectasia, incisional and excisional biopsy. Variety of procedures are being performed at our setup including Naso-labial Flap (Inferior, Superior or Island type), Rhomboid flap, Cheek Advancement flap, Forehead flap, Bilobed flap, Local nasal flap, Medial based myocutaneous flap from upper lid etc

Study Design

Observational study

Materials and Methods

Patients -Total 100 patients were included in this study out of which 64 were males & 36 were females
Setting - Liaquat University of Medical and Health Sciences, Jamshoro from January 2011 to December 2014.

Results

Results will be discussed in final presentation.

Conclusion

Local flaps are much better than graft. Nose is the commonest site. Recurrence is more common at medial canthal area and peri orbital region.

OP 82

RES IPSA LOQUITUR: NEVER EVENTS IN SURGERY- AN EXPERIENCE

Farhanul Huda, Intezar Ahmed, Anupama Bahadur
Dept of Surgery, All India Institute of Medical Sciences, Rishikesh, India

Introduction

Never events are medical errors that should never happen. Retained foreign bodies are uncommon but serious never events in surgery that may lead to the agony of undergoing another major surgery and medicolegal problems. The most common surgically retained foreign body is the laparotomy sponge.

Methods

The author reports 4 cases of retained laparotomy sponge to highlight the varied presentation of this condition and the need for proper count of mops.

Results

All the four cases were females in the age range of 25-55 years. The index surgery in 3 patients was LSCS. One patient had a combined hysterectomy and cholecystectomy. The average duration of symptoms was 5 months. 2 out of the 4 patients presented with abdominal lump. One patient presented with an enterocutaneous fistula and another with pus discharge from the drain site. Preoperative diagnosis of gossypiboma was made only in one patient. Two patients were misdiagnosed as ovarian teratoma and abdominal Koch's respectively and in one patient diagnosis could not be made and she was planned for diagnostic laparoscopy. Surgery was done with retained laparotomy sponge in three patients. One patient passed the sponge per rectally while waiting for surgery.

Conclusion

Gossypiboma is a classic example of medical negligence in which the presence of a foreign body inside the patient can be easily proved. The possibility of this condition should be kept if any postoperative patient

presents with a lump, infection or pain. The best approach to manage this condition is prevention.

OP 83

OUTPATIENT MANAGEMENT OF THE 'CHRONIC WOUND' - IS IT THE WAY FORWARD?

A MONTHS' WORK IN THE 'FOOT ULCER CLINIC' AT TEACHING HOSPITAL, KARAPITIYA

C P Ediriweera, T D Gooneratne, A Indunil,
R A Ubayasiri
Teaching Hospital Karapitiya, Sri Lanka

Introduction

Chronic wounds pose a huge challenge to surgical units with devastating effects on health care resources. They cause disequilibrium of bed allocation, ward resources and pose a significant financial burden. Our approach to wound care revolves around an outpatient 'Foot ulcer clinic'. We describe our novel approach and its' safety and efficacy.

Methods

The study was conducted, over a month's duration, at the 'Foot ulcer clinic'. A 'team' of trained nurses and doctors, 5-days-a-week, provided evidence-based wound care. At registration a detailed clinical evaluation was performed. Wounds were reviewed weekly or twice-weekly. Treatment schedule/dressings were modified and based on wound characteristics. Minor wound debridements were performed if required. Criteria for hospital admissions were clearly defined. (I.e. need for intravenous antibiotics, debridement under regional anaesthesia etc.)

Results

104 patients visited the clinic during the 4-week period. Majority were male (70.2%); were followed up bi-weekly (80.8%) and had a single foot ulcer (63.7%). Wound types were predominantly venous (45%), neuropathic (28%), neuro-ischaemic (15%) and ischaemic (10%). Diabetic foot ulcers (DFU) contributed to 43% of all wounds.

Majority(95%) of the patients were satisfied with the quality of care (wound care, provision for discussing concerns, health education, waiting time etc.) and were confident of healing their wounds. 45/104 patients were engaged in some form of employment. Average patient cost was Rs. 1200 per week (excluding wound dressings).

Conclusion

Our approach of outpatient wound care through the 'Foot ulcer clinic' has resulted in improved quality of care, faster wound healing rates, less complications, less recurrences and less financial burden on the health system.

OP 84

THE SUCCESS AND CHALLENGES OF CONDUCTING LAPAROSCOPIC SURGERY IN PERIPHERAL UNITS IN SRI LANKA: A SURGEON'S EXPERIENCE

Percy Dias, Rashmira Balasuriya

District General Hospital Embilipitiya, Sri Lanka

Introduction

Since the revolutionary introduction of laparoscopy, the complication rate of surgeries, hospital stay and post-operative pain rates have all reduced increasing patient satisfaction. The implementation and execution of this task in a peripheral hospital however has faced a number of challenges. Below, we discuss the progress of laparoscopic repair of inguinal hernias in a peripheral unit in Sri Lanka.

Methods

An analysis of 32 laparoscopic repairs of hernias performed over a period of 4 years by TEP (totally extraperitoneal) or TAPP (transabdominal preperitoneal) repair was conducted.

Results

Most patients underwent TEP (78.2%) as opposed to TAPP (21.8%). The mean age of the patient was 52.5 years. The average time taken to complete a procedure laparoscopically was 89.1 minutes. The only intraoperative technical difficulty was a peritoneal breach (46.7%) of which 2 cases resulted in a pneumoperitoneum (6.67%).

Discussion

All patients chosen had small inguinal hernias without scrotal descent, but yet the length of each procedure greatly varied (50 minutes to 3 hours). Due to a lack of equipment available to perform TAPP repairs (i.e. needle-holders), TEP was the more commonly performed despite being more challenging. This was reflected in the results, as the only technical difficulty experienced occurred in TEP repairs (peritoneal breaches). Cases of pneumoperitoneum were immediately managed by verrous needle insertion.

Additional to the lack of equipment, the deficiency of trained healthcare workers to assist with the surgeries was also a limitation. This study has found that laparoscopic surgeries can be successfully conducted in peripheral hospitals, but further staff education with the appropriate equipment would help facilitate these surgeries. Further research to follow up patients would be useful to assess any intermediate/long-term complications.

OP 85

THE SICK GALLBLADDER- SERVED "HOT" OR "COLD"?PC Amadoruge¹, S Esufali²

1-St Vincent's Hospital, Melbourne, Fitzroy VIC 3065, Australia

2-The Department of Surgery, Werribee Mercy Hospital, Werribee VIC 3030, Australia

Introduction

Symptomatic episodes of cholecystitis and acute gallstone-related disease are most commonly managed with emergency operative management. In some cases, operative management is delayed and elective. We were interested in comparing the clinical outcomes of emergency and elective management of symptomatic episodes of cholecystitis and acute gallstone-related disease.

Methods

All cases presenting to the emergency department with acute gallstone-related disease from June-December 2016 were retrospectively analyzed for demographics, pre-, intra- and post operative outcomes (including bile leak rates). Operative management within 72 hours was defined as emergency, any time period beyond that within the same admission was defined as delayed and operative management during a separate admission was defined as elective.

Results

In preliminary results, the majority of the patients were females. All patients had preoperative imaging. All cases had laparoscopic cholecystectomies performed within 72 hours of admission with no conversion to open cholecystectomy. In addition, virtually all cases had intraoperative cholangiograms performed, with preliminary data revealing minimal common bile duct stone presence and minimal intraoperative and postoperative complications. Average post operative length of stay was 1.7 days with time to operation since

admission 0.8 days, with no 30 day mortality and no bile tract injuries. Acute on chronic cholecystitis, chronic cholecystitis and cholelithiasis were the commonest form of histology with one case of low grade focal dysplasia at the cystic duct margin from cases reviewed so far.

Conclusion

Emergency laproscopic management of symptomatic episodes of cholecystitis and acute gallstone-related disease has proven better patient outcomes. The preliminary data from our centre is encouragingly in support of this.

OP 86

INCIDENTAL THYROID CARCINOMA IN BENIGN THYROID DISEASE: A COHORT STUDY

M D P Pinto, B N L Munasinghe, R Fernando
Surgery Professorial Unit, Ragama, Sri Lanka

Introduction

An incidental thyroid carcinoma (ITC) is a thyroid malignancy that is not clinically or cytologically detected preoperatively. The incidence of ITC is between 10% - 20% in the literature. A study was undertaken to assess the incidence of ITC in patients presenting with benign disease of the thyroid to University Surgical Unit, North Colombo Teaching Hospital, Sri Lanka.

Methods

Prospective cohort study spanning from November, 2002 to October, 2015 on all patients who underwent total thyroidectomy with cytologically Thy 2 benign thyroid disease. FNAC was performed on all palpable lesions to detect presence of malignancy. Presence of autoimmune thyroiditis was taken as an exclusion criterion due to its known association with malignancy of the thyroid. Post-thyroidectomy histopathological diagnoses were collected prospectively. Statistical analysis was done using SPSS software, version 20.

Results

Hundred and sixty seven patients (n=167) underwent total thyroidectomy (Male – 5, Female – 14, Median age = 40.25y, Range 28y – 62y). ITC was found in 11.38% (19/167) with a female preponderance (14/19). A majority (89.4%) were euthyroid. No significant association was noted with morphology, biochemical thyroid status or sexuality.

Conclusion

Incidence of ITC in benign thyroid disease is 11.38% which may have implications for the management in benign thyroid disease.

OP 87

CLINICAL AND HISTOLOGICAL ARRAY OF GOITRE

Y Prasanthan, B Sayanthan, P Murugadas,
General Hospital kalutara, Sri Lanka

Introduction

Goitre is a common complain among females, although chances of these lesions being malignant are rare. In Sri Lankan population, thyroid cancer is one of the five leading cancers among females and life time risk of 0.35% in both sexes. Clinical, biochemical, ultrasonic and Fine Needle Aspiration Cytology (FNAC) are the routine methods to assess.

Objectives

To study the clinical and histological pattern of goitre

Methods

A retrospective cross sectional study included 232 samples with goitre from District General Hospital, Kalutara, during the period from January 2016 to 2017.

Results

Female predominance 214(92.2%) was seen. Age ranged from 12 to 86 years (Mean 45.4). 102 patients (44%) had goitre for more than 1 year duration. Type of swelling, 88 patients (37.9%) solitary nodule, diffuse goitre 70 patients (30.2%), 49 patients (21.1%) multi nodular goitre, all were confirmed by scan. Right side swelling was the commonest (33.6%). There were 57 (24.6%) subjects with clinically grade 3 goitre. But only 39 patients out of 57 had pressure symptoms. 94% (n=218) of subjects had normal range of sleeping pulse between 72-99 per minute. 83.6% were biochemically euthyroid.

FNAC thy calcification shows thy -2 in 88.8% (n=206), thy-4 in 5 patients, thy -5 in 8 patients (3.4%). 138 patients (59.5%) contain colloid goitre, papillary carcinoma in 11 patients and follicular neoplasm in 2 patients were confirmed by histology. 9 patients with papillary carcinoma out of 11 patients had solitary nodule.

Conclusion

FNAC findings are identical with histology of same

patients. Majority of the papillary carcinoma are coined with solitary thyroid nodule.

OP 88

IS THERE A DIFFERENCE IN OCCURRENCE OF POST THYROIDECTOMY HYPOCALCAEMIA IN PATIENTS WITH SIGNIFICANT PARATRACHEAL FAT?

P D Y Canisious, B G N Rathnasena
National Hospital of Sri Lanka

Introduction

Total thyroidectomy is the standard practice for most thyroid malignancies and multinodular goiters in present era. Hypocalcaemia is a well-known complication of thyroid surgery.

Methods

Prospective data analysis was performed on 65 consecutive total thyroidectomies performed in a single surgical unit at National Hospital of Sri Lanka from March 2016 to January 2017. Hemi-thyroidectomies and completion thyroidectomies were excluded. Electrocautery used for vascular control.

Results

59 were female and 6 were male. All were performed on patients more than 30 years old. Commonest indication was multinodular goiter (63) and 2 patients had FNAC positive for follicular neoplasm. 15 patients had significant paratracheal fat (PTF), out of them 12 were bilateral and 3 were unilateral. 6 patients needed parathyroid autotransplantation. There were 4 (26.6%) patients who had hypocalcaemia in PTF positive group and 16 (32%) in PTF negative, out of them 2 had only biochemical evidence. Chvostek sign was the commonest clinical symptom (12). One patient needed 14 days of post-operative stay due to recurrent episodes of hypocalcaemia and 1 readmission due to symptomatic hypocalcaemia.

Discussion

Hypocalcaemia is one of the commonest complications of total thyroidectomy and majority is transient. There is a slight benefit noted in PTF positive group in this study but need greater number of patients to decide on its true value. It is also important to evaluate whether there is a significant difference in using electrocautery and suture ligation for vascular control especially on inexperienced hand.

OP 89

ASSOCIATION OF CHRONIC LYMPHOCYTIC THYROIDITIS WITH THYROID MALIGNANCIES: SINGLE UNIT EXPERIENCE

P Y A A N Kumarasinghe, S Madanayaka,
M A M Kulasinghe, R W Senevirathne, R P Abeywickrama
University Surgical Unit, Teaching Hospital, Karapitiya,
Sri Lanka

Introduction

Thyroid diseases are endemic in Sri Lanka. Thyroiditis encompasses a diverse group of disorders and the commonest is chronic lymphocytic thyroiditis (CLT). Objectives of this study are to analyze demographical factors of CLT and association of CLT with thyroid malignancy.

Method

Histopathology reports of patients who underwent thyroidectomy at university surgical unit, teaching hospital Karapitiya in 2015 and 2016 were retrospectively studied. Association between CLT and thyroid malignancies was statistically analyzed.

Results

In this study 578 cases were analyzed. Number of cases with CLT is 217 (37.5%) and 30-40 year age group has the highest frequency with mean age of 41.3 years. Of the 217 cases 214(98.6%) were females and 3(1.4%) were males. 66 malignant cases with chronic lymphocytic thyroiditis were identified. Among them 32(48.5%) papillary carcinoma (PC), 12(18.2%) follicular carcinoma (FC), 10(15.1%) Hurthle cell carcinoma (HC) and 12(18.2%) multiple carcinoma were identified. Association of thyroid malignancy with CLT is statistically significant ($P=0.001$).

Conclusion

The incidence of chronic lymphocytic thyroiditis in this population is significantly higher than the locally and internationally published data. This should be further evaluated with a large scale study. The age group with the highest frequency and the mean age is comparable with literature. Papillary carcinoma has the highest frequency among malignancies with CLT. There is a statistically significant association between CLT and thyroid malignancy.

OP 90

INCIDENCE OF HURTHLE CELL CARCINOMA OF THE THYROID: SINGLE UNIT EXPERIENCE

P Y A A N Kumarasinghe, M A M Kulasinghe,
S Madanayaka, M M A J Kumara, J P M Kumarasinghe
University Surgical Unit,
Teaching Hospital of Karapitiya, Sri Lanka

Introduction

Thyroid malignancy is the commonest endocrine malignancy. Hurthle cell carcinoma (HCC) of thyroid gland is rare but considered as an aggressive type of malignancy. Incidence, demographic and pathological characteristics of HCC was analyzed in this study.

Method

578 histopathological reports of thyroidectomy done at university surgical unit, teaching hospital Karapitiya, in 2015 and 2016 were analyzed retrospectively. Patients' age, gender, size of tumor, association of chronic lymphocytic thyroiditis (CLT) and invasive properties were analyzed.

Results

23 patients had HCC (4.3%), representing 18.5% of all malignancies. 31-50 year age group has the highest frequency. Mean age is 39 years. 20 (91.7%) were females. Average size is 29mm. 19 (82.6%) had minimally invasive HCC and 4(17.4%) had widely invasive HCC. Vascular invasion was detected in 10 (43.5%) cases. CLT was associated with 13(56.5%) cases.

Discussion

Incidence of HCC is higher in this population. It's more common in females, which is comparable with literature. Mean age of diagnosis is lower and mean size is slightly smaller compared to published data. Most of HCC are minimally invasive.

Early detection may be the reason for the lower mean age, smaller size and minimal capsular invasion. Considerable percentage (43.5%) had vascular invasion supporting the fact that HCC is more aggressive. CLT can be a risk factor for HCC. As incidence of HCC in this population is high, risk factors including CLT should be further evaluated.

OP 91

DIETHYLSTILBESTROL (DES) IN TREATMENT OF CASTRATION RESISTANT PROSTATE CANCER (CRPC); A LOWER MIDDLE INCOME COUNTRY EXPERIENCE

Arshad Irshad Khalil, Azfar Ali, Khuram Mir
Shaukat Khanum Memorial Hospital, Pakistan

Objectives

To find out the efficacy and adverse effects of DES when used in castration resistant cases of prostate cancer

Materials and Methods

From Jan 2010 to Dec 2014 all patients with a diagnosis of prostate cancer presenting at Shaukat Khanum Cancer Hospital & Research Centre Lahore were reviewed. Out of these patients who were resistant to the effects of castration were studied. All patients were treated with DES 2.5 initially which in some case increased to 5mg in combination with Aspirin 75mg. The patients were followed clinically as well as with PSA and record was prospectively maintained. The PSA response to treatment, time to disease progression and adverse events were analyzed using SPSS version 20.

Results

A total of 91 patients were studied. Mean age was 66.08±8.48yrs. Median baseline PSA was 150ng/dl and median Gleason score of 8 was recorded. 90.1% patients had metastatic disease at the time of diagnosis. Hormonal ablation was provided with bilateral orchiectomy in 71 (78.0%) & LHRH analogue in 20 (22.0%). With this treatment median time to PSA progression was 597 days. After DES started 78(87.7%) patients had shown PSA response and median time to progression was 212 days. In 24 (26.4%) patient PSA response was maintained for more than a year. PSA response was quantified as ≥50% PSA decrease or as partial which was <50%. ≥50% PSA response was observed in 56 (61.5%) patients with median time to progression of 273 days, partial response in 22 (24.2%) for 109 days while 13 (14.3%) did not respond to DES treatment. The median percent change in PSA was -55.52 (range -99.9 to +422). Thromboembolic complications were observed in 08 (8.7%) patients while 02 patients suffered from liver toxicity.

Conclusion

DES is an effective agent in management of CRPC as more than 75% of the patients responded to this treatment. Addition of aspirin to DES can help take care

of the thromboembolic side effects.

OP92

A PROSPECTIVE STUDY TO EVALUATE ACCESS TO ELECTIVE SURGICAL SERVICES IN A UROLOGICAL UNIT OF SRI LANKA

B Balagobi, M D Jayawardene, W Abeykoon, W A S Weligamage, M C M Ishak, U Gobi, S Suvendiran, S Mahadeva, A M Abeygunasekera
Urology Unit, Colombo South Teaching Hospital, Sri Lanka

Introduction

One of the core indicators of monitoring universal access to safe, affordable surgical care is access to timely, essential surgery. Analyzing the waiting time (WT) for elective operations is one way to determine access to surgical services in a country. Aims of this study were to determine the access to surgical services in a urology unit of Sri Lanka by calculating the average WT and to determine whether WT is related to income categories and social classes.

Method

Patients undergoing elective surgery (excluding minor surgery) at a Urology unit between 1.1.2016 to 31.3.2017 were included in the study. The income groups and social classes were categorized using the data available in Household Income and Expenditure Survey 2012/2013 conducted by the Department of Census and Statistics.

Results

883 patients had complete data. 687 were men. Average WT for surgery was 59.2 days (range 2-330). In 175 (19.8%), it was more than 100 days. 78 (8.8%) were Samurdhi beneficiaries and their WT was 61.6 days. 161 (15.8%) operations were done for malignancies and the average WT was 22.1 days. WT for TURP was 77.5 days. 132 (14.9%) patients had their operations postponed at least once.

Conclusion

WT for elective urological surgery is too long though WT for malignancies is satisfactory in the unit. Socioeconomic status of the patient has no influence on the WT indicating equity in the unit policy.

OP93

CLINICOPATHOLOGICAL CHARACTERISTICS AND OUTCOME OF PATIENTS WITH UPPER URINARY TRACT UROTHELIAL CANCERS PRESENTING TO A TERTIARY CARE UROLOGY UNIT IN SRI LANKA

U Jayarajah¹, HMKB Herath¹, DMH Fernando¹, SN Kuruppu¹, HUL Wickramanayaka¹, MVC de Silva, SAS Goonewardena²

1 Department of Urology, National Hospital of Sri Lanka, Colombo, Sri Lanka,

2 Department of Pathology, Faculty of Medicine, University of Colombo, Sri Lanka.

Introduction

Upper urinary tract urothelial cancer (UUTUC) is rare which account for 5% of all urothelial tumours. This study was aimed to describe the clinicopathological features and outcome of UUTUC treated surgically.

Methods

A retrospective analysis of prospectively collected data of 43 patients (males=28,65.1%) diagnosed of UUTUC at the Urology Unit at National Hospital of Sri Lanka between January 1997-December 2016 (20 years), was carried out.

Results

The median age was 65 years (IQR: 58-70). Macroscopic haematuria was the commonest presentation (n=29, 67.4%). Median duration of symptoms was 3 months (IQR: 2-6). The tumours were ultrasonically detectable in 15(34.9%) patients. Twenty-four (55.8%) patients had left-sided tumours. In majority (n=20, 46.5%), tumour was confined to the ureter. The majority were papillary tumours (n=31, 72.1%). Twenty-one patients had non-muscle invasive (pTa: n=6(14%), pT1:n=15(34.9%) and others had invasive cancers (pT2:n=11(25.6%), pT3:n=7(16.3%) and pT4:n=4(9.3%)). The majority were low grade tumours (n=23, 53.5%). Preceding urothelial bladder cancer was seen in 12(27.9%) patients. Nineteen patients (44.2%) were lost to follow up after surgery. The median follow up duration of the rest was 40 months (range: 4-224months). Of those who were followed up, 9 patients (20.9%) developed metachronous bladder tumours (8-within 1 year; 1-after 7 years). Nine patients had recurrence free survival of ≥5years and 11 patients survived for ≥5 years and 4 patients ≥10 years. Higher age (p=0.015) and presence of necrosis (p=0.05) were the only clinicopathological parameters predictive of tumour recurrence.

Conclusion

A considerable proportion of tumours were high grade and muscle invasive. In this cohort, late onset metachronous tumour was detected in one patient. Therefore, all patients should be rigorously followed-up long-term to look for recurrences.

OP94

PREVALENCE OF RENAL CARCINOMA IN NON-FUNCTIONING KIDNEYS: EXPERIENCE FROM A TERTIARY CARE UROLOGY UNIT IN SRI LANKA

U Jayarajah¹, H M K B Herath¹, D M H Fernando¹,
D L I U Fernando¹, H U L Wickramanayaka¹,
M V C de Silva², S A S Goonewardena¹

1. Department of Urology, National Hospital of Sri Lanka, Colombo, Sri Lanka

2. Department of Pathology, Faculty of Medicine, University of Colombo, Sri Lanka.

Introduction

There is no consensus if histopathological evaluation should be done routinely in all nephrectomy specimens of non-functioning kidneys. This study was aimed to analyse the histopathological findings in nephrectomy specimens of patients treated for non-functioning hydronephrotic kidneys.

Method

A retrospective analysis of prospectively collected histopathology data of a total of 188 patients who underwent nephrectomy for non-functioning hydronephrotic kidneys between January 1997 and December 2016, was done. A non-functioning kidney was defined as one having paper-thin parenchyma on ultrasonography or computed tomography, exhibiting no contrast excretion in the collecting system on intravenous urography or having a split renal function of <15% on nuclear renal function studies.

Results

The median age was 46 years (IQR: 33-57) and 68.1% (n=128) were males. History of stone disease was seen in 38.3% (n=72), ureteric stricture in 1.6% (n=3) and a significant proportion had a hydronephrotic kidney suggestive of pelviureteric junction obstruction (n=104, 55.3%). The majority were chronic pyelonephritis (n=148, 78.7%) and 14.4% (n=27) were reported as end stage kidney. Xanthogranulomatous pyelonephritis was seen in 3 (1.6%) patients. Chronic granulomatous inflammation suggestive of TB were

seen in 5 (2.7%) patients and chronic interstitial nephritis in 3 (1.6%) patients. Two (1%) patients had malignant tumours which included a papillary transitional cell carcinoma and a squamous cell carcinoma. Interestingly, both patients had no history of stones.

Conclusion

The prevalence of malignancy in non-functioning kidneys was 1%. Thus we recommend routine histopathological evaluation in all nephrectomies for non-functioning kidneys. This is because of significant morbidity and poor prognosis to the patient due to missing a renal cancer.

OP95

AUDIT ON THYROID SURGERY DONE AT A PERIPHERAL HOSPITAL

V B Pathirana, H Sudasinghe
General Hospital Matara, Sri Lanka

Introduction

Thyroidectomy is a common major procedure performed at general surgical units and audits will improve decision making and patient outcome in the long term.

Methods

Thyroidectomies done from 1/8/16 to 31/1/17 at General Hospital Matara were analyzed in terms of type of surgery, Fine Needle Aspiration Cytology (FNAC) histology correlation and complications.

Results

During six months, 25 total thyroidectomies [54.3%], 18 thyroid lobectomies [39.1%] and 3 completion thyroidectomies [6.5%] accounting for 46 cases were carried out including 43 females [93.5%] and 3 males [6.5%]. Benign histology was found in 84.7% patients with 50% having colloid goitre. Seven cases of malignancies [15.3%] including three conventional papillary carcinomas, two follicular variant of papillary carcinomas, one micro invasive papillary carcinoma and one multifocal papillary carcinoma was detected. Diameters of benign and malignant nodules were not significantly different [p = 0.33]. Overall FNAC showed 43% sensitivity and 100% specificity in diagnosing thyroid malignancy. In benign FNAC category 9.1% had malignancy and 12.1% had adenoma in the histology. In follicular lesion category 14.2% had malignancy and 71.4% turned out to be non-neoplastic on histology.

Two patients [4.3%] had transient unilateral recurrent laryngeal nerve palsy with complete recovery by day 3 and 1 month respectively. Two had post-operative stridor with normal vocal cord function, spontaneously recovered by post op day 3. Four patients [8.6%] needed long term calcium supplementation and one patient [2%] developed superficial surgical site infection.

Conclusions

FNAC will not diagnose small but significant proportion of thyroid cancers and surgery should be offered mainly on clinical grounds supplemented by investigations.

OP 96

CORRELATION OF FUNCTIONAL OUTCOME WITH MICROSCOPIC CHANGES IN PATIENTS UNDERGOING SURGERY FOR CHRONIC PANCREATITIS

Kaushik Polusany, Vikas Gupta, Thakur Deen Yadav, Kirti Gupta, PGIMER, India

Introduction

The clinical implications of histological changes in chronic pancreatitis have not been studied.

Methods

Thirty nine patients (M:F ratio of 2:1, mean age of 38.74 ± 13.21 , range 13 to 70 years) who underwent surgery for chronic pancreatitis and a mean follow up of 7.71 ± 6.26 (range 3 to 38) months were evaluated for functional outcome in terms of nutritional status, pain relief, quality of life, pancreatic insufficiency and correlated with microscopic changes – fibrosis (focal vs advanced), inflammation (mild vs moderate to severe), presence or absence of prominent neural tissue and perineural inflammation.

Results

The mean BMI improved from 20.57 ± 3.5 to 21.35 ± 2.79 (p value 0.017). Eleven (28.2%) patients developed de novo diabetes and 7 (18.4%) developed de novo exocrine insufficiency. Exocrine insufficiency improved in 8 (21.05%) patients while none had improved endocrine insufficiency. There was complete pain relief in 20 (51.3%) patients, partial pain relief in 12 (30.8%) patients and no pain relief in 7 (17.9%) patients. The mean quality of life score improved from 31.39 ± 23.91 to 64.30 ± 23.64 (p value 0.00), overall function score improved from 66.15 ± 22.62 to 82.70 ± 15.14 (p value 0.00) and overall symptom score improved from

36.78 ± 17.39 to 15.72 ± 10.71 (p value 0.00). There was no significant difference in pain relief, exocrine or endocrine function in focal vs advanced fibrosis and presence vs absence of perineural inflammation. In the groups with mild vs moderate to severe inflammation there was trend towards better pain relief in moderate to severe inflammation (76% vs 100% improvement, p value 0.06) and no significant difference in exocrine or endocrine function. There was a significantly higher number of patients developing de novo diabetes in patients with prominent neural tissue (23.3% vs 66.6% de novo, p value 0.04) and a trend towards improved exocrine insufficiency (15% vs 50%, p value 0.08), while there was no significant difference in the de novo exocrine insufficiency or pain relief. The improvement in quality of life was significantly higher in group with perineural inflammation (47 ± 15.86 vs 25.31 ± 32.39 p value 0.043) BMI improved significantly in groups with advanced fibrosis (20.552 ± 3.9477 to 21.394 ± 3.2734 , p value 0.041), presence of prominent neural tissue (19.187 ± 3.8842 to 20.929 ± 3.1948 , p value 0.008) and perineural inflammation (19.581 ± 3.578 to 20.83 ± 2.7184 , p value 0.016). Albumin improved significantly in groups with advanced fibrosis (3.99 ± 0.579 to 4.222 ± 0.6541 , p value 0.047), moderate to severe inflammation (3.71 ± 0.617 to 3.983 ± 0.343 , p value 0.026) and perineural inflammation (3.79 ± 0.577 to 4.136 ± 0.524 p value 0.021).

Conclusions

There was significant improvement in quality of life, pain relief and nutritional status following surgery in general. Pain relief was attained in a higher proportion of patients with moderate to severe inflammation. Exocrine and endocrine function did not significantly differ in any groups other than group with prominent neural tissue with higher de novo diabetes.

OP 97

LAPAROSCOPIC HEPATOPANCREATICOBILIARY SURGERY: OUR EXPERIENCE AT A TERTIARY RURAL TEACHING INSTITUTE

Vikas Singh, Rudra Mani

Department of Surgery, UP University of Medical Sciences, Saifai, India

Background

We present here our experience of laparoscopic hepatopancreaticobiliary surgeries at our rural institute and the hurdles we faced overcoming the various

challenges.

Aims and Objectives

The aim of this study was to assess the feasibility, successful completion, operative time, intra-operative difficulty, conversions/requirement of assistance, duration of hospital stay and post-operative complications on the hepatopancreaticobiliary procedures performed laparoscopically in our general surgical unit.

Materials and Methods

All the patients admitted under our unit over the past nine years for elective hepatopancreaticobiliary surgeries were included in this study. All patients were aged between 11-75 years and operated by a single surgeon.

Results

We started basic laparoscopic surgeries nine years back. We initially started with conventional laparoscopic cholecystectomy. After getting well-versed with the standard procedure, we switched over to difficult cases involving densely adhered gall bladder, frozen Calot's, empyema of gall bladder, Mirizzi's syndrome, take down of cholecystoduodenal fistulas and so on. Next step in evolution was doing laparoscopic common bile duct exploration and biliary procedures with decreased number of ports and thus we attained expertise in doing laparoscopic choledocholithotomy and single-incision laparoscopic cholecystectomies. In due course of time, we also started performing a variety of advanced complex laparoscopic procedures which now include cystogastrostomy and cystojejunostomy for pseudo-pancreatic cysts, hepaticojejunostomy for biliary injuries and strictures, choledochoduodenostomy for bile duct fistula, pancreatic injuries managed by drain insertion and pancreaticojejunostomy for chronic pancreatitis. Our future directions involve offering laparoscopic biliary bypass procedures like palliative laparoscopic hepaticojejunostomy in patients of advanced hepatobiliopancreatic malignancy and laparoscopic pancreaticoduodenectomy.

Conclusion

Several hurdles are met in a new institute, that too, a rural one. We present here our experience so that it can serve as a guide for others. This will help the budding surgeons to identify their deficiencies, and chart a way forward in a systematic scientific manner for improving

the learning curve. This will also aid in planning proper training of the postgraduate residents so that future laparoscopic surgery is widely available for the common population.

OP98

ENTEROCUTANEOUS FISTULA IN CHILDREN: CHALLENGES IN MANGEMENT

Basant Kumar, Vijai Dutta Upadhyaya, Nijgal Mutt, Manish Kumar Gupta

Department of Pediatric Surgical Superspeciality, SGPGIMS, Lucknow, India

Introduction

Enterocutaneous fistulae are a dreadful complication and nightmare for surgeons after surgery. It leads to mortality and morbidity of patients. It is very challenging to manage especially in children and when fistula output is high. Here we analyze our postoperative results, morbidity and mortality in children with enterocutaneous fistula.

Methods

We retrospectively reviewed the electronic and operation theater data/records of all patients with enterocutaneous fistula managed by us from December 2013 to December 2016. Clinical, radiological and operative finding/procedures, outcome and morbidity were evaluated. Patients with insufficient records or with incomplete management were excluded from study.

Results

12 patients were included in the study on the basis of inclusion criteria. 3 patients were female (M: F=4:1) and age ranged from 2 month to 16 years (median 8 years). Almost all patients were operated twice/multiple times outside and presented with enterocutaneous fistula. 7 patients have high output fistula. One child died before surgery because of uncontrolled sepsis and electrolyte imbalance while rest of the 11 patients were operated and managed successfully. 3 patients underwent staged surgery while in 8 patients; fistula takedown was performed in single time. Follow-up ranged from 6 month to 3 years.

Discussion and Conclusion

Enterocutaneous fistulas (EC) are described as surgical catastrophes. Most EC fistulas occur following abdominal surgeries and only 15-25% of spontaneous

EC fistulas are the result of underlying diseases such as Crohn's disease, radiation enteritis or diverticular disease.

Once EC fistula occurs, adequate stabilization of the patient, thorough investigation of the fistula anatomy, and non-operative management should initially be attempted. If surgery is required, careful planning, meticulous dissection, resection of the bowel, re-anastomosis and reconstruction of the abdominal wall are critical. A multi-disciplinary team approach is must.

Key Words: Enterocutaneous fistula; Management; High output fistula; Surgery

OP99

LAPAROSCOPIC SURGICAL ONCOLOGY: OUR EXPERIENCE AT A TERTIARY RURAL TEACHING INSTITUTE

Rudra Mani, Vikas Singh

Department of Surgery, UP University of Medical Sciences, Saifai, India

Introduction

Since the advent of laparoscopic surgery in India since 1990, the surgeons had been hesitant to deal in the field of laparoscopic surgical oncology till 2010. It was mainly due to previous debates about the difficulty in the procedures, loss of oncological principles and costlier facilities, though the scenario changed later on favourably. In our study, we hereby share our experience about dealing resectable abdominal malignancies and completing them successfully without any major complications and following the oncology principles.

Methods

The study was conducted on all the patients with resectable abdominal malignancies under a single unit in Department of Surgery. These patients underwent successful procedures after informed consent at UPUMS Saifai, Etawah.

Results

Among the all admitted patients of abdominal malignancies total nine patients (renal cell carcinoma-3, gastric GIST-2, jejunal GIST-1, adenocarcinoma colon right side-3), were found to be in the resectable state. With the experience of last 8 years in the field of laparoscopy, it was possible to complete the above procedures with tumor free margins, following the strict

oncological principles. Patients are still in our follow up with no any complications.

Conclusion

After doing difficult basic laparoscopic procedures and some advanced laparoscopic procedures, it is very much feasible to indulge in performing laparoscopic surgical oncology procedures following strict oncology principles.

OP 100

RISK FACTORS ASSOCIATED WITH RECANALIZATION OF INCOMPETENT SAPHENOUS VEINS TREATED WITH RADIOFREQUENCY ABLATION CATHETER

Brajesh Singh, SK Agarwal

Sanjay Gandhi Post Graduate Institute of Medical Sciences, India

Introduction

The purpose of this study was to determine the occlusion rate of incompetent Great Saphenous veins (GSVs) and Small Saphenous veins (SSVs) treated with radiofrequency ablation (RFA) and individualize variables associated with recanalization.

Method

A retrospective review of 311 veins (256 GSV's and 55 SSV's) in 211 patients [177 women, 34 men; mean age, 45 years \pm 12 (SD) (range: 18-75 years)] with incompetent GSV's and/or SSV's' who were treated using RFA catheters was performed. The clinical results, occlusion rates, and variables associated with recanalization for the incompetent GSVs and SSVs were analyzed.

Results

No major complications were observed in the study population. Ten months after RFA, the occlusion rate was 89% (227/256) for GSV's and 91% (50/55) for SSV's. An increased pre-procedure diameter of the incompetent GSVs was associated with a higher rate of recanalization (OR: 0.825; 95% CI: 0.715-0.952) (P<0.05). No significant differences in age, gender, and side of treated veins were found between patients with recanalization of treated veins and those without recanalization.

Conclusion

Our results show that pre-procedure diameter of the GSV is the single risk factor for recanalization after RFA.

OP 101

SURGICAL MANAGEMENT OF 'EARLY BREAST CANCER' IN A TERTIARY UNIT - A SINGLE-CENTER, RETROSPECTIVE STUDY

W P L Kanchana, G H Rathnasiri, M Illeperuma, A D Silva
Ward 6B, National Hospital of Sri Lanka, Sri Lanka

Introduction

Breast cancer is one of the most common malignancies among Sri Lankan women. With improvements in treatment and outcome, concepts of breast surgery have changed over time. International figures demonstrate equal survival outcomes between breast-conserving surgery (BCS) and mastectomy.

Method

We performed a retrospective study on patients with early breast cancer from January 2016 to January 2017 in our unit. Patient characteristics, clinico-pathological data and outcomes of surgical management were studied. Early breast cancer was defined as ductal carcinoma in situ and stage I, II and IIIA breast cancers.

Results

A total of 138 patients early breast cancer were studied during the study period. Median patient age was 48(range: 36-82) years. Majority had T2 stage disease (66.7%) and axillary lymph node metastases were present in 40.5%. Treatment modalities for breast cancer were Level 1 oncoplastic breast surgery (49.3%), mastectomy alone (30.4%), or mastectomy with immediate breast reconstruction (20.3%). Age, TNM staging, pathological characteristics and patient's preference were the main factors affecting the choice of surgery. 12/138 patients were offered neo-adjuvant therapy prior to BCS. Management of axilla was either via SLNB(89/138) or axillary clearance. Among patients undergoing BCS, the commonest post-op complications were seroma(32.3%), hematoma(13.2%) and wound dehiscence(11.7%). 3 patients presented with local recurrence at time of follow up.

Conclusion

Oncoplastic breast surgery is the preferred surgical modality in the management of early breast cancer at our unit. Use of SLNB on suitable candidates will avoid unnecessary axillary dissection. BCS is a safe and effective modality in the management of early breast cancer.

OP 102

DETERMINANTS OF PRIMARY TUMOR CHARACTERISTICS IN AXILLARY LYMPH NODE POSITIVITY IN ADENOCARCINOMA OF THE BREAST

D J D Jayasinghe, A U Wijemanna, D T Gunasena,
Jaymal Ariyaratna, C Senarath, A Liyadipita
National Hospital of Sri Lanka

Introduction

Axillary lymph node positivity is an important prognostic factor in adenocarcinoma of breast. Over the years lymph node dissection in axilla has become less and less invasive. This study is to identify tumor characteristics which will determine the presence of positive nodes in axilla in Sri Lankan cohort of patients.

Method

A descriptive retrospect study on patients underwent mastectomy or wide local excision with axillary node dissection for invasive ductal carcinoma of breast for a period of 5 years from January 2011 at a provincial general hospital in Sri Lanka.

Results

Invasive ductal adenocarcinoma confirmed by post-surgical histopathology in 204 out of 220(92.7%). Axillary lymph nodes were positive in 96(47%). Tumor size was >2 cm in 75(78%) and 38(39.6%) are in upper outer quadrant among node positive patients. Axillary lymph nodes positive in 35(36.4%) medial quadrant (Inner upper & inner lower) tumors, irrespective of the size. Lympho-vascular invasion (LVI) present in 63(65.6%) & surrounding in-situ lesions (DCIS) in 22(22.9%) of axilla positive tumors. Significance between axillary lymph node positivity with size and LVI of primary tumor was noted, but no such association noted between location of the primary tumor in breast and presence of DCIS.

Discussion

Tumors of <2 cm(T1) irrespective of the site of lesion, axillary lymph node dissection can be replaced with less invasive modes of therapy to axilla like sentinel node biopsy (SLNB). Site of primary tumor or presence of DCIS should not be used alone to determine patients benefited from SLNB.

OP 103

ANALYSIS OF HISTOPATHOLOGICAL VARIANTS IN A COHORT OF YOUNG PATIENTS WITH BREAST CANCER

G D S R Wijerathne, G K S De Silva, K S K Ariyapala, N W B K H De Silva

Surgical oncology, Apeksha Hospital, Sri Lanka

Introduction

Breast cancer is less prevalent in young women compared to old women. Yet breast cancer in young women necessitates specific management strategies. We analyzed the histopathological variants in a group of young breast cancer patients.

Methods

Seventy six women whose age <40 years who presented to a single surgical unit in National Cancer Institute over five years period from 2012 were included in the study. The histological subtype, presence of associated ductal carcinoma in situ (DCIS), hormone receptor status (Allred score) and Her 2 neu receptor status (Immunohistochemistry) were retrospectively analyzed.

Results

Ages of the study population ranged from 24- 40 years. Seventy three (96%) had invasive ductal carcinoma while 2 had invasive lobular carcinoma and 1 had metaplastic carcinoma. Associated DCIS was present in 32(42%) patients. Estrogen receptor was positive in 21 (27%) while progesterone receptor was positive in 20(26%). Her 2 neu was positive in 18 (23.6%). Consequently 33(43.4%) patients were triple negative while 25(32.8%) were luminal type A. eleven (14.4%) were luminal type B and 7(9.2%) were Her type cancers.

Conclusions

The histological subtype of the breast cancer in young women closely follow that of elderly women. However the ER and PR positivity in these young patients are markedly less when compared to that of older patients. Consequently triple negative or basal type breast cancers and her type cancers are more prevalent in young, compared to old, reflecting their poor prognosis.

OP 104

CORRELATION BETWEEN POSITION OF THE TUMOUR AND RECEPTOR STATUS AND THE POSITIVE SENTINEL NODE BIOPSY IN CARCINOMA OF BREAST

G D S R Wijerathne, G K S De Silva, K C P Silva, K S K Ariyapala, G Sritharan

Surgical oncology, Apeksha Hospital, Sri Lanka

Introduction

Identifying the factors that gives rise to positive sentinel lymph node biopsy in breast cancer will aid in correct decision making. We correlated the position of the tumour and receptor status with SLNB results.

Methods

All patients who underwent SLNB during a five year period from 2012 were analyzed retrospectively. Patients with insufficient data, who underwent neoadjuvant treatment, who had multicentric lesions were excluded. SLN biopsy was done with imprint cytology. Tumour location was documented according to relevant quadrant. Hormone receptor status was determined by Allred score and Her 2 neu status was determined by immunohistochemistry.

Results

Study sample was 362 and all had T1 and T2 lesions. Seventyseven (21.2%) had positive SLNB. Out of that 50(64%) had lesions in upper outer quadrant(UOQ), 10(12%) in lower outer quadrant(LOQ), 12(15%) in upper inner quadrant(UIQ) and 3(3.8%) in lower inner quadrant(LIQ). Out of UOQ tumours 25.6% had positive SLNB, whereas 19.6% of LOQ, 7.8% LIQ, and 15.78% LOQ tumours had positive SLNB. Two central quadrant tumours had negative SLNB. Out of Estrogen receptor(ER) positive patients (N=117) only 25(21.3%) and out of Progesterone receptor (PR) positive patients (N=108) only 23(21.2%) had positive SLNB. In 62 Her 2 neu positive patients, 35(56%) had positive SLNB.

Conclusion

Upper outer quadrant tumours are more likely give rise to axillary lymph node involvement in breast carcinoma. ER and PR positive early breast cancers are less likely to have axillary involvement whereas Her 2 neu positivity in these cancers are more likely to have positive axillary nodes reflecting their prognosis.

OP 105

ANALYSIS OF RISK FACTORS IN A COHORT OF YOUNG PATIENTS WITH BREAST CANCER

G D S R Wijerathne, G K S De Silva, K S K Ariyapala,
G Sritharan
Surgical oncology, Apeksha Hospital, Sri Lanka

Introduction

Breast cancer is the second commonest cancer in young adult females in Sri Lanka. We analyzed the prevalence of established risk factors in a cohort of young breast cancer patients.

Methods

Patients <40 years who presented to a single surgical unit in National Cancer Institute over a period of five years from 2012 were included. The presence of personal history of both benign and malignant breast disease, family history of breast and other cancers, age of menarche, parity, age at first child birth, breast feeding, alcohol, smoking, night shift work and exposure to ionizing radiation were analyzed retrospectively.

Results

Study sample consisted of 76 women, ages ranging from 24 to 40 years. None had past history of benign proliferative breast disease while 2(2.6%) had a history of breast cancer. Twelve had family history of breast cancer, out of which only 4 were first degree relatives. Eight had family history of other cancers. Sixteen (21%) had early menarche. Apart from 11(14.4%) nulliparous women, none had delayed first pregnancy. All parous women have breast fed their children. Five (6.5%) had taken hormonal contraceptives. None of the women were alcoholics or smokers but 28(36.8%) were exposed to passive smoking. Only one was doing night shift work and 2 women who had a past history of breast cancer were exposed to ionizing radiation.

Conclusion

Passive smoking, early menarche, and nulliparity were more prevalent than other established risk factors among the studied group of young women with breast cancer. Further large scale studies are needed to evaluate exact risk.

OP 106

LATERAL MAMMARY CREASE INCISION – AN AESTHETIC INCISION FOR SKIN SPARING MASTECTOMY

A Dharanipriya, A Srivastava, S Maneesh, Dhar Anita,
Ranjan Piyush, Kataria Kamal
Department of Surgical Disciplines, AIIMS, New Delhi,
India

Key word:

Skin sparing mastectomy, Lateral mammary crease, incision, Breast reconstruction

Introduction

Skin Sparing Mastectomy (SSM) & Skin and Nipple Sparing Mastectomy (NSM) is being accepted for breast cancer with more evidence towards its safety. A number of incision locations are available to perform an SSM/NSM. In this study we have analyzed the lateral mammary crease skin incision used in our patients.

Methods

SSM /NSM with lateral mammary crease incision in a period of four years were studied. The rate of nipple necrosis/sensation/projection, flap necrosis, infection, hematoma/seroma, patient satisfaction with scar location was analyzed.

Results

40 SSM/NSM have been performed for breast invasive/in-situ carcinoma and for prophylaxis. Nipple shave was sent for frozen section and nipple/Nipple Areolar Complex (NAC) was excised in two patients. Immediate breast reconstruction was done with silicone implant in 26 patients and Baker's implant in one patient. Seven patients had delayed silicon breast implant placement and four patients underwent delayed latissimus dorsi flap reconstruction. Implant was placed subcutaneously in 32 patients and in subpectoral plane in two patients. Thirteen patients had seroma. Incision site infection was present in five patients. Two patients had partial flap and nipple necrosis and two patients had partial flap necrosis. 6 patients underwent Implant explantation for infection/recurrence/ flap necrosis. A questionnaire was filled by the patient for nipple sensation/projection, satisfaction of scar location which showed good acceptance by our patients.

Conclusion

Lateral mammary crease incision is a feasible and an aesthetically acceptable incision for SSM/NSM.

OP 107

DEMOGRAPHICAL AND PATHOLOGICAL CHARACTERISTICS OF PRIMARY MALIGNANT BONE TUMOURS TREATED AT THE CANCER HOSPITAL IN NORTHERN PROVINCE OF SRI LANKA.

A A Nishantan¹, P Kalaventhana¹, Tgobyshanger², S Sutharshan³

1 Postgraduate trainee in Surgery

2 Consultant Orthopaedic Surgeon, Teaching hospital Jaffna

3 Acting Consultant Orthopaedic Surgeon, Teaching hospital, Jaffna

Keywords

Osteosarcoma, Ewing's sarcoma, chondrosarcoma, metastasis, neo-adjuvant chemotherapy

Background

Primary malignant bone tumours are rare, approximating only 0.2% of all neoplasms. Despite their rarity, those are aggressive in nature and carrying high morbidity and mortality. Due to the scarcity, the data about these tumours are also lacking. We aimed to describe demographical and clinico-pathological characteristics and outcome of the primary malignant bone tumours treated at the cancer hospital in Northern Province of Sri Lanka.

Methods

In a retrospective observational review of 31 patients with biopsy confirmed primary malignant bone tumours who presented between April 2012 and April 2017 at Trail cancer Hospital Tellipalai. Demographical and clinico-pathological data have been analysed using SPSS.

Results

This study included 19 males (61.3%) and 12 females (38.7%), with a male-female ratio of 1.58:1. The mean age was 26.6 years. The most common type of tumour is osteosarcoma (54.8 %), followed by Ewing's sarcoma (32.3%) and chondrosarcoma (9.7%). 82.4% of osteosarcomas are distributed over the limbs especially distal femur, whereas Ewing's sarcomas and chondrosarcomas were detected over the axial skeleton. Metastasis was present at diagnosis in 38.7 %

of cases. Eleven patients (35.5%) underwent neo-adjuvant chemotherapy, 25.8% of patients have undergone major amputations and limb salvage surgeries were done on 12.9% of patients. Among this studied population, 32.3% (10) of patients have succumbed to the disease and fourteen (45.2%) were defaulted from the treatment and the follow-up.

Conclusions

The demography of the primary malignant bone tumours is consistent with the international literatures. High mortality rate, higher defaulters and higher amputation rate of primary malignant bone tumours are emphasizing education to the patients and clinicians regarding this clinical entity to ensure early diagnosis and continuous follow-up.

OP 108

COMPLIANCE WITH IMPLEMENTING TREATMENT FOR OSTEOPOROSIS IN FRAGILITY FRACTURES – WHERE ARE WE HEADING?

D C Palkumbura, M A M kulasinghe, C Piyarathne, V Swarnakumaar
National Hospital of Sri Lanka

Introduction

Fragility fractures are extremely prevalent in older adults with significant burden on healthcare systems, society, and patients (1). Characterized by low bone mass, osteoporosis increases susceptibility to fragility fractures. Greatest risk factor (86%) for fragility fracture is a previous fracture (2). Majority (80%) of them are neither identified nor treated for osteoporosis even in west (3). Implementing anti-osteoporotic therapy, lifestyle modifications and identification of secondary causes has been the key in preventing further fragility fractures. (4)

Methods

A retrospective cross-sectional study was carried out to review 173 patients with a fragility fractures for 3 month period.

Results

Average age at presentation was 68 years for women & 72 years for men. 71 % had distal radius fractures while hip and vertebral fractures were 17% and 12% respectively. Out of all only 2.4% of were on treatment for primary prevention and all of them were on calcium supplements. Recurrent fragility fractures accounted

32.9% and average duration to subsequent fracture was 1.8 years. Only 19.6 % had secondary preventive measures including anti-osteoporotic treatment (n= 9), evaluation of secondary causes(n= 2) , nutritional counseling(n=23) .Notation of osteoporosis as a contributing cause for the fracture were a mere 0.7%. 91.2% of the recurrent fractures were denied of any form of treatment or counseling for osteoporosis following the previous fracture.

Conclusion

Despite extensive attempts at increasing awareness among health professionals, osteoporosis is still 'ignored' in patients with fragility fractures. However further studies should address the causes for the lack of motivation among the surgeons to treat osteoporosis.

OP 109

A STUDY OF POST OPERATIVE OUTCOME FOLLOING RESTORATIVE PROCTOCOLECTOMY/ILEAL POUCH-ANAL ANASTOMOSIS (IPAA) PROCEDURE

M T D Silva, W P L Weerakkody, D N Samarasekera
Department of surgery, Faculty of Medicine,
University of Colombo, Sri Lanka

Background

IPAA procedure is a surgical option in severe ulcerative colitis (UC) and familial adenomatous polyposis (FAP). The objectives of the study were to assess symptomatic improvement, complications, effect on sexual function following IPAA procedure.

Methods

21 patients who underwent IPAA procedure at a tertiary care unit with a minimum of 1 year follow up from 2009 to date were included. Details of pre and post-operative symptoms, complications and sexual function were obtained using clinical records and interviewer administered questionnaire. Pre and post-op stool a frequency was assessed using paired t test.

Results

Male/female ratio was 12:9. Fourteen (66.7%) were married. Seven (33.3%) were single. Mean age was 40.48(Range: 17-69) years. 13(61.9%) patients had ulcerative colitis and 8(38.1%) patients had FAP. 20(95.2%) patients had pre-op PR bleeding but post-op only 2(9.2%). 9 patients (42.86%) developed post-op abdominal wound infections and 2(9.5%) developed pelvic abscesses. IPAA significantly reduces stool

frequency in UC (Pre-op=12.3846, Post-op=5.2308, $P<0.05$) but increases insignificantly in FAP ($P=0.213$). Out of the 14 patients who were sexually active, one male developed erectile dysfunction and two females developed dyspareunia after surgery. But difference between pre-op and post-op sexual dysfunction was not statistically significant ($P=0.326$).

Conclusion

IPAA procedure significantly reduces stool frequency in UC but not in FAP. Septic complications can commonly occur post-operatively. There is no statistically significant sexual dysfunction following IPAA procedure.

OP 110

CRYPTOGLANDULAR ISTULA-IN-ANO: CAN IT GIVE RISE TO ELEVATED INFLAMMATORY MARKERS IN BLOOD?

Y H H Gunathilaka, W P L Weerakkody, A R Fernando,
U S P Goonaratne, M H R Guruge, A M B D Alahakoon,
S Thivvika, V Thusyanthan, D P Wickramasinghe,
D Subasinghe, D N Samarasekera
Department of surgery, Faculty of Medicine,
University of Colombo, Sri Lanka

Introduction

A fistula-in-ano is an abnormal hollow tract or cavity that is lined with granulation tissue that connects with a primary opening inside the anal canal and to a secondary opening in the perianal skin. To date, no literature is available regarding inflammatory markers associated with chronic inflammation of fistula-in-ano.

Methods

A descriptive study was carried out in 21 patients who were to undergo initial fistula surgery as a pilot study. Data was collected prospectively. Patients' blood samples were analyzed to assess C- reactive protein (CRP), erythrocyte sedimentation rate (ESR), plasma fibrinogen levels and white blood cell count (WBC). Only patients with histological confirmation of cryptoglandular fistulae were included in the study.

Results

Mean age of the sample was 40.25 (SD= 11.5) years. All presented with discharging perianal sinus with a mean duration of 6 months. WBC level (mean = 7792 cells / mm³, SD= 1810) and plasma fibrinogen level (mean= 2.13 g/l, SD = 0.88) of every participant was within normal limits. Mean ESR level (mean = 19.4mm/hr, SD=16.6) was normal (range, 2mm/hr-

66mm/hr). Mean CRP was 9.59 mg/l (SD = 7.02, range; 4 mg/l-32 mg/l).

Discussion and Conclusions

Despite the granulation tissue and associated chronic perianal inflammation, common systemic inflammatory markers are not elevated significantly in patients with cryptoglandular fistulae-in-ano. Further studies will be needed to assess the other inflammatory markers associated with this local chronic inflammatory process.

OP 111

AN INSTITUTIONAL EXPERIENCE OF HARTMANN'S REVERSAL PROCEDURE

Namra Urooj, Ijaz Ashraf, Sadaf Batool
Shaukat Khanum Memorial Hospital, Pakistan

Introduction

Hartmann's procedure is normally performed for left sided colonic pathologies in emergency situations. Restoration of intestinal continuity after Hartmann's procedure has traditionally been viewed to be technically demanding and associated with significant morbidity and mortality. This study has been done to show reversal rate after Hartmann's procedure in an Asian population.

Methods

Data collected from database showed that 106 patients had undergone Hartmann's procedure from Jan, 2006 to Dec, 2015 due to colorectal carcinoma. Patients who subsequently underwent Hartmann's reversal were identified and their records reviewed retrospectively.

Results

Hartmann's procedure was done under emergency situation in 81 patients either due obstruction (65.1%), perforation (9.4%) and anastomotic leak (1.9%). It is done electively in 25 patients mostly due to poor bowel preparation secondary to stenosing nature of tumor. Hartmann's reversal was done in 56 (52.8%) patients. The reversal was not offered in remaining patients either due to disease recurrence (36.7 %), metastasis (26.5%), lost of follow up (28.5%) or others (8.1%). The median interval between resection and reversal was 32 weeks.

Conclusion

In our population, Hartmann's procedure is more commonly performed for colorectal cancer under

emergency situations. Reversal rate is 52.8% and the most common reasons for not performing reversal procedure was either loco-regional recurrence or distant metastasis.

OP 112

PREVALENCE OF PRIMARY AETIOLOGY IN PATIENTS PRESENTING WITH FISTULA-IN-ANO

U Jayarajah, I S Almeida, D N Samarasekera
Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka

Introduction

Fistulae-in-ano with underlying aetiology are usually complex and challenging to treat. There is no consensus whether routine a histopathological analysis is needed to look for an aetiology. This study was aimed to determine the prevalence of primary aetiology during routine histopathology in patients undergoing surgical treatment for fistula-in-ano.

Materials and Methods

A retrospective analysis of the histopathology reports of all patients who underwent surgery for fistulae-in-ano at the Professorial Surgical Unit, National Hospital of Sri Lanka, over a period of 7 years (from 2010-2016), was done. Results were expressed using frequencies and percentages.

Results

A total of 215 patients underwent surgical treatment for fistula-in-ano during the study period. The mean age was 40.94±13 years (range 14–81). The majority (82.8%, n=178) were males and around 76.7% (n=165) were simple fistulae. The majority were trans-sphincteric fistulae (62.8%, n=135) followed by intersphincteric fistulae (20.5%, n=44). Five (2.3%) patients had conclusive evidence of Crohn's disease on histology. Three (1.4%) had granulomatous changes and stains for acid fast bacilli was conclusive of TB. One patient (0.5%) had evidence of adenocarcinoma with mucinous differentiation. One patient with a non-recurrent simple fistula and two patients with complex non-recurrent fistulae were found to have evidence of Crohn's disease.

Conclusion

We found that simple non-recurrent fistulae can also have an underlying primary aetiology. Thus, routine histopathological analysis in patients presenting with fistula in-ano should be recommended, especially in

those with complex recurrent fistulae and those with risk factors or clinical features of an underlying aetiology such as Crohn's disease or Tuberculosis.

OP 113

AUDIT OF FISTULA-IN-ANO; TEN YEAR EXPERIENCE AT A TERTIARY CARE CENTRE IN SRI LANKA

Y H H Gunathilaka, W P L Weerakkody, M T D Silva, D N Samarasekera

Department of surgery, Faculty of Medicine, University of Colombo, Sri Lanka

Background

Fistula-in-ano is a common surgical problem. Pre-operative mapping of the fistula tract is vital to choose the most suitable surgical procedure. The aim of our study was to describe the anatomy and relevant surgical procedures carried out in a tertiary care unit.

Methods

A retrospective analysis of surgical findings was performed using a database of 549 patients who underwent surgery for fistula-in-ano, at a tertiary care centre in Sri Lanka since 2007 to date.

Results

Male/female ratio was 455:94. Mean age was 39.90(range, 8-78) years. Cutting seton was applied to 156(28.4%) patients. Fistula plug insertion was done for 53 patients (9.6%). 94(17.1%) patients underwent fistulectomy. Fistula tract was laid open in 277(50.45%) patients. 11(2%) patients underwent ligation of intersphincteric fistula tract (LIFT procedure). Mucosal advancement flap was used for 10(1.8%) patients. Primary tracts were trans-sphincteric, intersphincteric, superficial, suprasphincteric and extrasphincteric in 243(55%), 117(26.5%), 64(14.5%), 9(2%) and 2(0.5%) patients respectively. 70(12.8%) patients had abscesses associated with the tracts. Collections were Intersphincteric, infra-levator and superficial in 36(51.4%), 21(20%) and 10(14.3%) patients respectively. Horseshoeing was found in 21(3.8%) patients. 10(2.3%), 30(7%), 156(36.4%) and 227(53%) patients had their internal opening in rectum, above dentate, at dentate and below dentate line.

Conclusion

Fistula in-ano is a common problem with a male predominance. Commonest type of fistula in our study was trans-sphincteric. Accurate pre-operative

assessment of nature of fistula is vital for the choice of surgery.

OP 114

BLOODLESS AND PROBELESS FISTULECTOMY: A FEASIBLE OPTION WITH FAVOURABLE OUTCOMES

T A D S Perera, B G N Rathnasena, M Mathurageethan, R M M Theepan

Ward 27/28, National Hospital of Sri Lanka

Introduction

Surgical treatment of perianal fistula is highly challenging due to worrisome complications including recurrence and faecal or flatus incontinence.

Methods

Retrospective analysis was done in 97 consecutive patients who underwent fistulectomy in a single unit from January 2009 to March 2017. All cases were operated by consultant surgeon himself. Fistula tract was identified with methylene blue and Hydrogen peroxide without probing. Fistula tract was excised using monopolar electrocautery in a bloodless field. Seton wiring was performed in cases with sphincter involvement. Surgical wound was allowed to heal by secondary intention. Complications and recurrence were assessed at follow up visits.

Results

Out of 97 cases 86 (88.7%) were males and 11 were females. Majority (n-74, 76.3%) had superficial fistulae with 9 (9.3%) having suprasphincteric and 14 (14.4%) having transsphincteric fistulae according to Parks classification system. Perianal abscess was the aetiology in 82 (84.5%) cases. Average follow up period was 42.7 months and Time taken for complete healing ranged from 6 weeks to 18 weeks and mean duration was 9.9 weeks (four patients are still having postoperative perianal wounds). Average hospital stay was 2.3 days. Three patients had recurrent fistula (3.1%) and one of them had perianal tuberculosis. Eight patients (8.2%) had flatus incontinence but none had faecal incontinence postoperatively.

Conclusion

This study highlights 'bloodless and probeless fistulectomy' as a technique with superior outcome with minimal recurrence and postoperative complications. This technique can be practiced at any centre with basic facilities.

OP 115

FISTULOTOMY VS FISTULECTOMY

K P V R De Silva, N W B K H De Silva, H M S S De Silva,
H K G R Anuradha
National Hospital of Sri Lanka

Introduction

Peri Anal Fistula is an abnormal communication between the epithelialised surfaces of perianal skin and the anal canal. Furthermore, the most of peri anal fistulae are low anal type and associate with a lot of morbidity. Therefore, management of fistulae is of paramount importance, in addition to preservation of sphincter functions.

Methods

152 patients comprising of both males and females from 30 to 60 years of age who had low anal fistulae were analyzed retrospectively. Moreover, 82 out of 152 patients were managed with fistulotomies. Whereas 70 patients underwent fistulectomies.

Results

80 out of 82 patients, those who were managed with fistulotomies had been completely cured while 2 patients had recurrent abscesses due to poor glycemic control. On the other hand, 37 out of 70 patients who were managed with fistulectomies had been completely cured. Nevertheless, 33 patients had recurrent fistulae. Following which they had undergone fistulotomies as a second attempt. Remarkably, 30 out of 33 patients were completely cured after fistulotomies. Ultimately, remaining 3 patients, who were not cured completely, found to have active crohn's disease. In addition, 2 patients got fecal incontinence following fistulectomies, when compared to no fecal incontinence following fistulotomies.

Conclusion

Thus, using fistulotomy alone has shown statistical significance (Chi test 105.1, $p < 0.001$) when compared to fistulectomy. It has been confirmed that, fistulotomy has improved the outcome of low anal fistulae.

OP 116

BASE HOSPITAL EXPERIENCE OF LAPAROSCOPIC APPENDICECTOMY

Sivashankar M, Rodrigo V S D
Surgery Unit, Kuliypitya Hospital, Sri Lanka

Introduction

Acute appendicitis is a common cause for acute abdomen in young population. Laparoscopic appendicectomy has become the surgical treatment method instead of open technique. It enhances the early recovery and patient satisfaction regarding cosmetic issues. Minimum laparoscopic facilities are available at operative theatres in base hospitals and doing laparoscopic procedures is challengeable in this setup.

Methods

The data were collected from all the patients who underwent laparoscopic appendicectomy in a single surgical unit from 1st of November 2016 to 30th of April 2017. All were diagnosed clinically and confirmed with USS scan. The procedure was carried out under general anesthesia and carried out by three port entry (10mm umbilical port, 5mm in left iliac fossa and 5mm in right hypochondrium). Plain Marcaine was given to port sites for every other patient. Intraoperative macroscopic findings were recorded. The appendicular stump ligated with VICRYL (size 2) and delivered through umbilical port. The duration of the procedure was measured from the time of umbilical port site incision to closure of the same site. Post-operative pain was measured by using verbal rating pain scores. All the patients were discharged at post op Day 2, reviewed in ward at day 5 and in clinic at day 14.

Results

Laparoscopic appendicectomy were done to 36 patients, female: male ratio was 1:1.4, mean age was 23. The mean duration of the procedure was 47 minutes. 5 appendixes were perforated (13.8%), early mass formation found in 4 cases and remaining 25 were inflamed (69.4%). None of the cases were converted to open method. The Marcaine local infiltration group showed significant reduction in post-operative pain. 88% of patients were discharged at post op day 2 and only 4 discharged at day 5. No complications were encountered at reviews. All the patients were happy about the outcome and cosmetics.

Conclusion

Laparoscopic appendectomy is the good surgical treatment option in appendicitis patients because of its early recovery and good outcome. The availability of theatre time and instrument facilities were the major drawbacks to carry out this in base hospital setup.

OP 117

PATIENTS UNDERGOING SURGERY FOR GASTRIC ADENOCARCINOMA IN SRI LANKA: HAS THE RESECTABILITY CHANGED OVER A PERIOD OF 15 YEARS?

D Subasinghe, T G Amal Priyantha

Gastrointestinal Surgical Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka

Introduction

Gastric carcinoma (GC) is the fifth commonly diagnosed cancer and the third commonest cancer related death worldwide. Yet, most of the GCs are inoperable at presentation and has poor prognosis. Therefore in countries like Japan employ screening methods to detect GC early. This study aimed to assess the operability among our patients with GC.

Methods

A retrospective analysis of prospectively maintained data base of GC patients underwent surgery in a tertiary care center over a period of 15 years were analyzed.

Results

There were 114 patients. Mean age was 56.7 years (range 22-79) and M: F was 2.3: 1. There were 37(32%) distal, 28(24.6%) proximal and 3(2.6%) diffuse cancers. Four patients had GC arising from the body. In 42 patients the site of origin could not be determined. Only 56 (49.1 %) patients underwent resection of GC. Resectability of the proximal GCs (39%, n=11) was lower than the distal GCs (54.9%, n=39) (p= 0.161). Further, resectability among patients with GCs has not increased significantly over the past 15 years.

Conclusion

Majority of our patients especially with proximal GC were inoperable at presentation. Despite the availability of endoscopes the resectability has not changed significantly over the years. Given the low incidence, screening for GC is not feasible in Sri Lanka. Therefore an attempt has to be made to identify those with high risk factors (patients with atrophic gastritis, intestinal

metaplasia and Barrett's) among patients who undergo endoscopy.

Op118

LOW PREVALENCE OF HELICOBACTER PYLORI INFECTION AMONG HEALTHY VOLUNTEERS AND DYSPEPTIC PATIENTS IN THE CENTRAL PROVINCE OF SRI LANKA

Sulochana Wijetunge, Rasika Kotakadeniya,

S M Buharideen, M A Petangoda, E W N S B Dissanayake,

P N D Dayarathne, F Noordeen, A M S B Abeykoon

Department of Pathology, University of Peradeniya, Sri Lanka

Introduction and objectives

Helicobacter pylori infection is considered the commonest cause of chronic gastritis and peptic ulcers. However, H. pylori prevalence is declining worldwide. In Sri Lankans, histology proven H. pylori infection is not common among dyspeptic patients. In populations with high prevalence of H. pylori gastritis anti H. pylori IgG sero-prevalence in the general population is also high. Hence, we conducted the following study to assess the prevalence of H. pylori infection in a cohort of dyspeptic patients and "healthy" volunteers by serology and histology.

Methods

A cohort of 241 dyspeptic patients and 219 healthy volunteers, from the Central Province was recruited. Serum anti H. pylori IgG status was assessed by ELISA (Microtech 07BC1051) in both groups. Of the symptomatic patients 205 had gastric biopsies for endoscopic gastric mucosal erythema ± ulcers. Gastric biopsies were histologically tested for H. pylori (haematoxylin and eosin and toluidine blue stains).

Results

Anti H. pylori IgG prevalence among dyspeptic patients was 9 (3.7%) and healthy volunteers 1 (0.5%). Of the symptomatic patients who underwent biopsy, 6 (2.9%) had histology proven H. pylori infection.

Discussion and Conclusions

Anti H. pylori IgG sero-prevalence is extremely low among healthy volunteers indicating low transmission rates. Among symptomatic patients, both histology and serology show low prevalence of H. pylori infection. Furthermore, his observation excludes the prior exposure to antibiotics as a reason for low histology

positivity for *H. pylori*. Hence, in dyspeptic patients causes other than *H. pylori* infection should also be considered and sought for.

Acknowledgement: Financial assistance from National Science Foundation (grant RG/2011/HS/11) and University of Peradeniya (grants RG/2014/34/M and RG/2014/CG-2/34/M).

OP 119

ANALYSIS OF ALL CONSECUTIVE FLEXIBLE SIGMOIDOSCOPY DONE AT SURGERY UNIT B GENERAL HOSPITAL POLONNARUWA FOR 3 MONTHS PERIOD FROM 01 JANUARY 2016

W A K Weerawardena, W S I Disanayaka,
P A C G S Chandrasiri, T G L H M Thennegadara,
H G V Priyantha, K M U B Kallora, A A M Amjath,
K G H N Samanmali, S E Thilakarathna
District General Hospital Polonnaruwa, Sri Lanka

Introduction

Flexible sigmoidoscopy is an essential screening tool for colo-rectal malignancy and it is an invasive therapeutic and diagnostic procedure for symptomatic lower gastro intestinal symptoms. We perform routine 8 flexible sigmoidoscopy sessions in our unit per month. We analyzed the demography of patients, indications and findings of sigmoidoscopy procedure to improve the results.

Methods

We analyzed all consecutive flexible sigmoidoscopies done in our unit for 3 months from 01 January 2016. Patients were advised to drink Klean prep 2-3 sachets in 2-3 l of water previous night. We did not give any sedation or analgesia. All patients were discharged on the same day after the procedure.

Results

There were 72 patients. Male to female ratio is 49:23(68%:32%). Age ranged from 17 to 83 years. 40(55%) were between 31-60 years. We detected 5 (7%) carcinoma rectum/colon (presented with per rectal bleeding/altered bowel habit), 6 (8%) polyps (biopsy taken), 7 (10%) colitis, 2 (3%) diverticula, 1 (1%) haemangioma and 18 (25%) haemorrhoids. 33 (46%) procedures were normal. Presenting symptoms were altered bowel habits 20(28%), per rectal bleeding 29(40%), abdominal pain 10(14%), anaemia 2 (3%), anal pain 2 (3%), anal discharge 2 (3%), constipation 2 (3%),

lump at anus 2 (3%) and other 3 (4%).

Conclusion

54% of our procedures detected a significant lesion. Cancer detection rate is 7%. Per rectal bleeding and altered bowel habit has a strong positive correlation with carcinoma of rectum/colon. All the patients with above symptoms should undergo lower intestinal endoscopy as a first line investigation for screening procedure. Flexible sigmoidoscopy should be widely available to the community as an early method of detecting cancer.

OP 120

CERVICAL ESOPHAGOGASTRIC ANASTOMOTIC LEAK FOLLOWING ESOPHAGECTOMY

Ijaz Ashraf, Sadaf Batool, Namra Urooj, Mariya Kamal,
Shahid Khattak, Aamir Ali Sayyed
Shaukat Khanum Memorial Hospital, Pakistan

Introduction

Surgical resection is the mainstay management for esophageal cancer. It is a challenging procedure with considerable morbidity and mortality. The most important complication is anastomotic leak. Cervical anastomosis has higher leak rate (10-20%) as compared to thoracic anastomosis (5-10%). We conducted this study to see the actual percentage of this complication in our population and their management.

Methods

All patients who underwent esophagectomy either 3 stage or trans-hiatal between August 2015 to August 2016 were included. Patients who had anastomotic leak were reviewed; their clinical features, radiological studies and their management undertaken were recorded. All the data was analysed on SPSS 20.

Results

Total 89 patients had esophagectomy (63 underwent 3-stage, 26 underwent transhiatal esophagectomy). The incidence for anastomotic leak was 7.8% (7/89 patients). Anastomotic leaks were detected on an average on 5th post-operative day. Emergency reoperation, resection and re anastomosis performed in 2 patients. One patient had conduit necrosis and colonic interposition was done. In one patient gastrostomy with cervical esophagostomy performed. Remaining 3 patients were managed with neck wound re-exploration, wound wash and nasojejunal feeding. Only

one patient expired due to severe sepsis.

Conclusion

Although esophagogastric leak is a dreadful complication, with early detection and proper management, this complication can be treated effectively.

OP 121

PERIPHERAL ARTERIAL BYPASS SURGERY: TWO YEAR OUTCOME AT TEACHING HOSPITAL, KARAPITIYA (THK)

S Vinojan, T D Gooneratne, C P Ediriweera, S Prasath, R A Ubayasiri, Vascular and Transplant Unit, Teaching Hospital, Karapitiya, Sri Lanka

Introduction

An ageing population and an epidemic of diabetes has allowed peripheral arterial disease (PAD) to emerge as an important health burden in Sri Lanka. We present the outcome of peripheral arterial bypass surgery at THK.

Method

A retrospective study was conducted on all patients who underwent peripheral arterial bypass surgeries between 2015 January to 2017 April at the Vascular and Transplant unit, THK.

Results

A total of 129 patients underwent lower extremity arterial bypass surgery. Mean duration of follow up was 11(1-31) months. Majority(79%) of study population were male(104/131) with a mean age of 65.6(28-95) years. Common risk factors for PAD included history of smoking (88%), active smoking (57%), diabetes (70%), hypertension (60%) and dyslipidemia (55%). Majority of study population had multiple comorbidities including ischemic heart disease(36%), renal dysfunction (32%) and respiratory disease ((26%). Indication for revascularization was either disabling claudication (3%) or critical limb ischemia (97%) [Rest pain (7%), tissue loss (90%)]. 26/129 patients had suprainguinal disease. 14/26 underwent Aortofemoral bypass. 12 patients not surgically fit enough to undergo aortic surgery underwent extra anatomical bypass with either Axillofemoral(2) or Fem-Fem/pop cross over(10) bypass. Patients with infra-inguinal disease underwent femoral-popliteal bypass (56/103) [Reversed Saphenous Vein Graft - RSVG (40), PTFE(16)] or popliteal-distal bypass (41/103) or fem-distal bypass

(6/103). Overall 30-day per-operative mortality was 7/129 (5.2%) and amputation free survival was 94%, At time of follow up assisted primary patency, limb salvage and overall survival was 85%, 88% and 86% respectively.

Conclusion

Initial results of the lower extremity bypass surgery at THK is satisfactory and encouraging. Graft patency and survivals are in keeping with international figures.

OP 122

SHORT SAPHENOUS VEIN (SSV) SURGERY: MORE QUESTIONS THAN ANSWERS - DESCRIBING A NEW TECHNIQUE

T D Gooneratne, S Prasath, W Lokuge, R A Ubayasiri Teaching Hospital Karapitiya, Sri Lanka

Introduction

Management of SSV reflux remains to be associated with poor outcome when compared to its counterpart, long saphenous vein. There is a difference in opinion on the best treatment method. We describe our technique of SSV surgery.

Methods

Study was conducted on all patients undergoing SSV surgery from 2015 onwards. Patients were assessed pre-operatively with duplex ultrasound to identify the sapheno-popliteal junction (SPJ) and anatomical variations. All procedures were performed with patient prone, under local anaesthesia as a day procedure. A longitudinal incision of ~5cm was made along the proximal course of SSV towards the SPJ. Skin bridges were placed to improve cosmesis. Routine dissection to SPJ for disconnection was not performed. Instead the SSV was ligated in proximity to the SPJ beyond its final tributary based on the duplex assessment. A segment of SSV was then excised, along the longitudinal skin incision, whilst safeguarding the accompanying Sural nerve. Patients were followed up with clinical and duplex ultrasound to assess outcome.

Results

45 patients with 52 limbs underwent SSV surgery via our technique during the study period. At mean follow up of 13 months (2-20), there was significant improvement in CEAP stage and Quality of Life (QOL) based on varicose vein severity score questionnaire. Ulcer healing rate after surgery was 92%. There were no reports of significant complications including DVT and neuropathy.

Duplex based recurrence of SPI / residual veins was 0.2%.

Conclusion

Our technique of managing SSV is safe and cost-effective. Mid-term results demonstrate high success, low recurrence and improved patient satisfaction.

OP 123

OUTCOMES OF PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY (PTA) DONE IN A MINIMAL RESOURCE SETTING

G Hyrin Arc, CJG Galappaththy, GKSD Silva, SS Godahewa, AWeeraseskera, A Prasanna, M Hettiarachchi, MRN Cassim, SM Wijeyaratne
Professorial Vascular surgical unit, National Hospital of Sri Lanka

Introduction

Percutaneous transluminal angioplasty is a treatment modality for occlusive arterial disease applicable even in high risk patients unfit for surgery. We present 3-year results of PTA which is the first series done in Sri Lanka by vascular surgeons. All cases were done using nondrug coated balloons.

Methods

All patients (162) who had non healing tissue loss underwent PTA between 2013 January to October 2016 were studied. Data were collected by standard questionnaire. Patients were followed up using telephone interviews with regard to limb salvage and survival. The Kaplan-Meier method was used to estimate the Survival rate, Amputation Free Survival and Death censored Limb Salvage.

Results

162 patients (median age 66.5years, range 29-95: 93 men) were treated with PTA. Percentage of patients with Diabetes, Hypertension and IHD are 92%, 56%, 36% respectively. Initial radiological success rate is 85%. Acute complications (<30 days) developed in 6.7% (11/162), includes one mortality. Mortality rate at 1, 12, 24 and 36 months were 11%, 28%, 33% and 33% respectively.

Death censored limb salvage rate at 1, 12, 24 and 36 months were 87%, 78%, 76% and 76% respectively. Amputation free survival at 1, 12, 24, 36 months were 79%, 55%, 50% and 50% respectively.

Conclusion

Death censored limb salvage 76% at three years is comparable to units in high resource settings despite lack of stents and drug coated balloons. Our early results justify the use of PTA in suitable patients, and further follow up is required to assess long term limb salvage.

OP 124

OUTCOME OF LYMPHOVENOUS ANASTOMOSIS IN PATIENTS WITH LYMPHOEDEMA TARDA SHOWING LYMPHATIC OBSTRUCTION IN LYMPHOSCINTIGRAPHY.

Sunanda Hadiwattage, K B Galketiya, Kasuni Assalaarachchi, Nilhan Nugaduwa, Sooriyaratchige Pradeep Manjula Peiris, Lakshman Watawana
Teaching hospital, Peradeniya, Sri Lanka

Introduction

Lymphoedema tarda is hypothesized to occur due to congenitally deficient lymphatic reserve. Lymphovenous anastomosis is shown to have good short term outcome in lymphoedema tarda with obstructive pattern in lymphoscintigraphy. The long term outcome is arbitrary.

Method

The study is a retrospective cohort study describing the outcome of eight cases with lymphoedema tarda, who underwent microsurgical lymphovenous anastomosis at teaching hospital, Peradeniya. All the eight patients were shown to have obstruction of the medial lymphatic system of the lower limb in lymphoscintigraphy. Out of eight patients two had stage I lymphoedema while six patients had stage II (clinical staging) lymphoedema. The mean number of lymphatics successfully anastomosed to veins was five.

Results

Mean follow up time was ten months. Six out of eight patients showed a reduction of the limb volume. In the six patients who showed a reduction of the limb circumference; the mean of the percentage circumference reduction was 20% ranging from 10% to 35%. The reduction of the circumference was mostly noted at above ankle level. Two of the six patients had a comparatively slower regression of the circumference at 10 cm distal to the ankle joint. Remaining two patients showed neither improvement nor worsening.

Conclusion

Lymphovenous anastomosis is a challenging microvascular surgery. The technical difficulty of dealing with microscopic structures, characterization and localization of the obstructed dilated lymphatics are the main challenges. Lymphoscintigraphy is helpful to identify the patients with lymphatic obstruction. Further studies are needed to conclude on the outcome.

OP 125

A DESCRIPTIVE STUDY ON HILAR CHOLANGIO CARCINOMA: SRI LANKAN EXPERIENCE

K A P R Kumarasinghe, D G S Udayanga, R M G K Rathnayake, M D P Pinto, F R Fernando, P G N Ruvinda, A Pathirana
Professorial Surgical Unit, Colombo South Teaching Hospital, Sri Lanka

Introduction

Cholangiocarcinoma (CC) is the second most common primary hepatic malignancy. It represents 10–25% of primary hepatic malignancies worldwide. There is no published data on hilar cholangiocarcinoma in the Sri Lankan Setting.

Methods

We analysed 75 patients with cholangiocarcinoma referred to a tertiary care unit, between April 2016 and April 2017. There were 53.3% (40/75) hilar cholangiocarcinomas. All patients were subjected to CECT and/or MRCP and/or ERCP and screened for risk factors. Details on surgical and endoscopic procedures performed were analyzed.

Results

Mean age of the population was 58.4yrs (range 36 – 87 years). Male to female ration was 1.6: 1. Out of 40 patients with hilar cholangiocarcinoma, there were, Bismuth I-1(2.5%) , II-1 (2.5%) , III A – 4(10%), IIIB – 6(15%), IV – 20 (50%). Missing data were 8 (20%). All patients presented with jaundice. There were no identifiable risk factors except for hepatolithiasis in 1 patient. Two patients with Bismuth IIIA and III B underwent hepatectomy(5%). Histology confirmed cholangiocarcinoma in both patients. The other patients had advanced disease and 77.5% (31/40) underwent palliative stenting and 2.5% PTC and antegrade stenting. Missing data 15% (6/40)

Conclusion

There is a male preponderance of CC, and most present with advanced stage of disease. Due to late presentation palliative stenting is the only option for them. No significant risk factor was identified in this cohort.

OP 126

ATYPICAL ENHANCEMENT PATTERN IN TRIPHASIC CONTRAST CT IN HEPATOCELLULAR CARCINOMA WITH PORTAL VEIN THROMBOSIS

D G S Udayanga, K A P R Kumarasinghe, P G N Ruvinda, A pathirana
University Surgical Unit, Colombo South Teaching Hospital, Sri Lanka

Introduction

Diagnosis of hepatocellular carcinoma (HCC) mainly based on imaging. Typical HCC shows characteristic arterial enhancement and an early venous phase washout. Published data on the enhancement pattern of HCC in the presence of Portal vein thrombosis is scarce.

Methods

We retrospectively analyzed CT s of 79 consecutive patients with HCC. The enhancement pattern and the size of the HCC were assessed, by two consultant radiologists and two specialist surgeons at a multidisciplinary setting.

Results

The mean age of the population was 66 years (range 26years- 80years). There were 68 males (86.1%) and 11 (13.9%) females. All were cirrhotic. 63.3% of them had solitary lesions and 36.7% had multifocal disease. Most of the lesions were >5cm (74.7%) 6.3% were <2cm and 19% between 2 to 5 cm. Portal vein (PV) thrombosis (ipsilateral or main) was seen in 36.7% (n=29) of patients. In the presence of PV thrombosis 19/29 (82.6 %) lesions failed to demonstrate a typical enhancement pattern (lack of characteristic arterial hypervascularity) - (p value .00001) PV thrombosis was seen in 40.67% of >5cm lesions and 20% of <5cm lesions, which is not statistically significant.(p value.3628)

Conclusion

Characteristic enhancement is not demonstrated in significant proportion of HCC s in the presence of PV thrombosis. PV thrombosis is not related to the size of the tumor. Therefore further imaging modalities or

histological evaluation is recommended in the absence of typical enhancement in PV thrombosis, even in the presence of background cirrhosis.

OP 127

SURGICAL ANATOMY OF ARTERIAL SUPPLY OF SEGMENT 4 OF THE LIVER: A CADAVERIC STUDY

K Hemanth Kumar, Shallu Garg, Thakur Deen Yadav, Daisy Sahni, Rajinder Singh
Department of General Surgery, PGIMER, Chandigarh, India

Introduction

Evaluation of arteries supplying segment 4 (S4) is critical and have an impact on pre-procedural planning during split and live donor liver transplantations and trans-arterial therapies for malignant liver lesions.

Methods

Dissections on 100 cadaveric liver specimens were performed to evaluate the arterial anatomy of S4 of the liver.

Results

The various patterns of arteries to S4 were classified in relation to its source of origin, number, course and arterial configuration of liver (standard or aberrant). In the present study, the hepatic arterial branch to S4 was classified into three major categories based on its site of origin from the hepatic arterial system: extrahepatic segment 4 artery (eA4, hilar origin of S4 artery, 59%), intrahepatic segment 4 artery (iA4, S4 artery originating in umbilical fissure, 18%) and middle hepatic artery (MHA, artery to S4 directly originating from common or proper hepatic artery CHA/PHA, 10%). The eA4 was first order branch of left hepatic artery (LHA, 35%) or right hepatic artery (RHA, 24%), iA4 originated from normal LHA (10%), replaced LHA (4%) or segment 3 branch of LHA (4%) and MHA was always a direct branch of normal CHA/PHA with hepatic arterial configuration of liver being standard in 2% and aberrant in 8% of these livers. The artery to S4 was dual in 11% and triple in 2% livers.

Conclusions

The present study provides the detailed description and a concise nomenclature of the arterial anatomy of hepatic S4 and its clinical implications.

OP 128

MANAGEMENT OF POST OPERATIVE PANCREATIC FISTULA (POPF)

Sharvari Pujari, Ramakrishna Prabhu,
Chethan Kantharia
India

Introduction

POPF is a serious complication. Its incidence is 2 to 20%. We present our data highlighting management of POPF.

Material and Methods

This is a prospective analysis of a retrospectively maintained data from Jan 2013 to December 2015. Patients with POPF following Whipples and Distal Pancreatectomy were identified. These were stratified into A B and C. Parameters assessed were, Intra-operative texture of the Pancreas and assessment of duct size, type of anastomosis, amount and duration of drainage, management, outcome and survival. Surgery was performed by same group of surgeons, following standardized technique

Results

119 patients underwent surgery for Ca Pancreas, (112 Whipples, and 7 Distal Pancreatectomy). 12 patients (10.08%) had POPF, 10 (8.9%) following Whipples and 2 (28.57%) following Distal Pancreatectomy. 10 had Grade A fistula (8 following Whipples and 2 following Distal Pancreatectomy), 2 following Whipples had Grade B. In Whipples group, the median drain output in was 100ml, (50-200ml) lasting for median of 10 days (7-14 days). The median duct size was 4mm (2-6 mm). 6 had soft and friable pancreas on palpation. 7 patients had undergone PJ, 1 Dunking and 2 PG. All were managed conservatively with no mortality. In the Distal Pancreatectomy group, the average drain output was 100ml (25-75) lasting for average 25 days (10-40) and texture of pancreas being soft in both. They were managed conservatively with no mortality.

Conclusions

POPF though common in soft pancreas, can also occur in hard pancreas. Type of Pancreatico-enteric anastomosis does not influence its occurrence. It can be managed conservatively without mortality.

OP 129

PERIOPERATIVE OUTCOME OF HEPATIC RESECTION IN ELDERLY PATIENTS - A COMPARATIVE STUDY

B K S Bulathsinhala, M S B Tillakaratne, R C Siriwardana
 Professioal Surgical Unit,
 North Colombo Teaching Hospital, Sri Lanka

Introduction

Sri Lanka has an aging population. Increasing number of elderly patients with surgical liver diseases are referred for treatment. These patients are offered surgery owing to improved surgical perioperative care. This study compares the perioperative outcome in elderly patients with a younger cohort.

Methods

Total of 134 patients underwent hepatic resection after careful selection over a period of five years. They were divided as elderly (over 65 years, n = 42) and younger (below 65 years, n = 92) groups. Commonest indication (50%) was for hepatoma. The two groups were similar in demographic data, presence of comorbidities, baseline liver functions and extent of resection. All data were collected prospectively. The two groups were compared for peri and postoperative outcomes.

Results

Median age in elderly was 69 (65-78) compared to 53 (12-64) years in others. In the two groups, median operating time [elderly 244 (range 24-420) vs younger 261 (range 68-630) minutes, p=0.67], liver transection time [90 (30-240) vs. 77.5 (30-210) minutes, P= 0.81], blood loss [250 (10-2000) vs. 400ml (20-2800), P= 0.11], ICU stay [1.75 (1-5) vs. 2 (1-10) days, P= 0.97] and hospital stay [8 (2-31) vs. 7 (3-30) days, p=0.85] were similar. Elderly and younger groups respectively had major (9.5% vs. 7.6%) and minor (11.9% vs. 6.5%) complications with no statistical significance [p=0.86]. Perioperative mortality in elderly 3 (7.1%) and younger 4 (4.3%) patients were similar [P=0.476].

Conclusion

Comparative perioperative outcomes can be achieved even in elderly patients after liver resection.

OP 130

INFLUENCE OF EXPERIENCE ON ONCOLOGICAL OUTCOME IN WHIPPLE SURGERY – EXPERIENCE OF A SINGLE TERTIARY CARE UNIT

K A N Chanaka, M A C Lakmal, K A P R Kumarasinghe,
 A Pathirana
 Professorial Surgical Unit,
 Colombo South Teaching hospital, Sri Lanka

Introduction

Whipple surgery, is considered as a technically demanding complex surgical procedure. Long term outcome when performed for malignancies, depend on the involvement of the resection margin and the number of positive lymph nodes. The aim of this study was to evaluate the oncological clearance of Whipple procedures with time.

Methods

Retrospective analysis of Whipple surgeries done from 2008-2012 (early period-EP) and 2013-2017 (late period-LP) in a surgical unit of a tertiary care center was done using SPSS version 20.

Results

Twenty six and 48 procedures were done during early and late periods respectively. Male: female was 1:1 in both periods. Mean ages were; EP- 53.3 years; LP; 54.1 years. Histology revealed; early period-18 (71%) and late period -29(62%), adenocarcinomas (p=0.71), and a majority of them were moderately differentiated (EP- 77%, LP-76%). In EP - 14.1% and LP- 6.1% of pancreatic resection margin positivity were reported (p<0.05). Mean number of lymph nodes harvested were; in EP- 8.03; LP-13.08(p=0.01). Mean lymph node positivity index (number of positive nodes divided by number of harvested nodes) in two periods were 0.14 and 0.11 respectively (p>0.05).

Conclusions

Patient and the disease characteristics were comparable in two time durations. Rate of pancreatic margin positivity has been reduced while the number of lymph nodes harvested has been increased with time in our cohort. This could be either improvement of surgical expertise or pathological identification. Though the numbers are relatively small, this study still highlights the need for high volume centres, to perform this complex procedure, for a better outcome.

OP 131

EARLY COMPLICATIONS FOLLOWING LIVER RESECTION – 5 YEARS OF EXPERIENCE IN SINGLE HEPATO-BILIARY UNIT OF A TERTIARY CARE CENTRE

M A C Lakmal, K A N Chanaka, R G M S Nandasena,
P K A R Kumarasinghe, A Pathirana
Colombo South Teaching Hospital, Sri Lanka

Introduction

Liver resection (LR) is a technically demanding procedure. Complication rates of LR have been reduced in high volume centres due to strict patient selection criteria and advancement of care. The aim of this study was to analyze the complications within 30 days of LR in our centre.

Methods

Retrospective analysis of LR patients from 2012-2016 was done in a surgical unit of a tertiary care centre.

Results

Seventy four LRs were performed. Male: female 3:2. Mean age was 56.2(range 28-85). Indications of surgery were; metastatic lesions-51%, hepatocellular carcinoma-28%, gall bladder carcinoma-12%; benign and premalignant lesions (haemangioma, biliary cyst adenoma)-9%. 68% were major resections. Early complications reported were superficial surgical site infection (12%), transient hepatic impairment (10%) and pneumonia (10%). Reopening rate was 2.7% (2 patients) due to reactionary bleeding. Mean duration of post-operative ICU stay was 2.1 days. No difference of complication rates in gender ($p < 0.05$), type of resection ($p < 0.05$), re-surgery ($p, 0.05$) were noted. Transient hepatic failure was more among those who had background cirrhosis ($P = 0.01$). 30 day mortality was zero.

Conclusions

Rates of early complications after LR in our limited cohort were compatible with data from high volume hepatobiliary centres. Further studies are needed to evaluate the long term survival following LR.

OP 132

TRANS ARTERIAL CHEMO EMBOLISATION INDUCES EXTENSIVE TUMOUR NECROSIS IN SMALL HEPATOCELLULAR CARCINOMA (TRIAL SLCTR/2016/023)

M S B Tillakaratne, R C Siriwardana, Q Weerasingham,
E Perera, S P Wanigasooriya, S J Hewavisenthi, S Liyanage
Colombo North Teaching Hospital, Sri Lanka

Introduction

Trans-arterial Chemo Embolization (TACE) induces tumor necrosis and prolongs survival in advanced hepato-cellular carcinoma (HCC). The pattern and extent of tumor necrosis in small (<5cm) HCC has not been studied.

Methods

20 patients with small operable HCC were randomly allocated to neo adjuvant TACE or up front surgery groups. TACE was done using 50ml of Lipiodol, 50mg of Doxorubicin and gelfoam. TACE group had surgical resection at 6 weeks. In both groups resected specimens were sampled systematically from central, peripheral and peri-tumor liver. Degree of tumor necrosis and 2 year recurrence free survival was compared.

Results

The median age [61 (51-70) vs 61.5 (55-72), $p = 1.0$], male gender (91% vs 90%, $P = 0.94$), median tumour diameter [3.75cm (2-7) vs 3.55cm (1.3-7.7), $p = 1.0$] and operative parameters were similar in the TACE and control groups respectively. The group who underwent TACE had extensive tumor necrosis compared to the control group [median 82% (Range 27-100) vs median 0% (Range 0-20) $P = 0.01$]. In the TACE group, necrosis was uniform in the centre and the periphery. 4/10 had complete tumor necrosis in the TACE group. There was no peri-tumoral necrosis. The median recurrence free survival in the two groups were similar [TACE 19 months (1-22) vs. Control 12 months (1-13), $P = 0.13$].

Conclusion

There was extensive necrosis after TACE in small HCC and may have a role when combined with ablation. Early recurrence free survival was not affected with neo adjuvant TACE.

OP 133

DOES PRECUT ACCESSOTOMY REDUCE UNINTENDED PANCREATIC DUCT CANNULATION IN ENDOSCOPIC RETROGRADE CHOLANGIO PANCREATOGRAPHY? A SINGLE ENDOSCOPIST'S EXPERIENCE

P G N Ruvinda, K A P R Kumarasinghe, D G S Udayanga, T Wijerathne

Professorial Surgical Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka

Introduction

Endoscopic Retrograde Cholangio Pancreatography (ERCP) is a widely used therapeutic and diagnostic procedure in hepato-pancreato-biliary surgery. Unintended Pancreatic Duct Cannulation (UPDC) in ERCP increases the risk of post ERCP pancreatitis. This study retrospectively assessed whether precut accessotomy of ampulla reduced the risk of UPDC.

Methods

Records of all patients who underwent ERCP except who were scheduled for pancreatic duct stenting between October 2016 and April 2017 by a single surgeon at Colombo South Teaching Hospital were analyzed using SPSS 20. Difficulty for ampullary cannulation was intra-operatively graded by the endoscopist in a difficulty index based on ampullary morphology. Difficult ampullae were subjected to precut accessotomy prior to common bile duct (CBD) cannulation.

Results

Mean age of study population was 54.59 years (Range 15-87yrs) with a male:female ratio of 1.08. Indications were CBD stones in 45.1% (n=46), malignancy in 33.3% (n=34), CBD strictures in 15.7% (n=16). In all patients (n=102) CBD was cannulated, either following precut accessotomy (n=32, 31.4%) or conventionally (n=70, 68.6%). CBD was stented in 57 patients (55.9%). Number of UPDC in precut group (n=1) and non precut group (n=5), had no statistically significant difference ($\chi^2 = 0.6403, p=0.42$).

Conclusion

Although difficult ampulla carries a theoretically increased risk of UPDC, when combined with precut accessotomy, the risk becomes statistically similar to that of easy ampulla.

OP 134

OUTCOME OF SURGICAL DRAINAGE OF THE PANCREATIC DUCT IN CHRONIC PANCREATITIS

S R Islam, S Rahman, H K Golap, S Sarkar

Department of Surgery, Jahurul Islam Medical College, Bjitpur, Kishoreganj, Bangladesh

Introduction

Abdominal pain in chronic pancreatitis is usually due to obstruction of the pancreatic duct system by stones or strictures. Intra-ductal hypertension, increased pancreatic tissue pressure, pancreatic ischaemia are believed to be the main cause of pain in chronic pancreatitis. Surgical decompression and ductal drainage can achieve best pain relief and slow the progression of disease.

Methods

We operated twenty six patients between January 2010 and January 2017 for seven years period. Roux-Y lateral pancreato-jejunostomy (Puestow operation) was done for all patients. Additional distal pancreatectomy was done for stone or calcification in the tail area. One patient had Frey's operation for fibro-calcification of the head. We studied their control of pain, recurrence and mortality for a period of three years after surgery.

Results

Twenty one (80.6%) out of twenty six patients got complete remission of pain with no progression of their disease. Ultrasonic evidence of chronic pancreatitis has improved. One had recurrence in the head area. One patient had persistent pain due to calcific pancreatitis. Three died during this follow-up period, two due to carcinoma of the pancreas and one due to severe malabsorption and complication of diabetes

Discussion and Conclusion

Ductal drainage by surgery, if done early, can achieve good remission of the abdominal pain and can slow progression of the disease in majority of patients. Patients with severe chronic pancreatitis and diabetes are unlikely to have favorable outcome even after decompressive surgery.

OP 135

EARLY FEEDING AFTER LAPAROSCOPIC ASSISTED PANCREATICO-DUODENECTOMY WITH PANCREATICO-GASTRIC ANASTOMOSIS

G P U P de Silva, H K G R Anuradha, G R Nirmalasingham, H Sunanda, W S Rathnaweera, B K Dassanayake, R Perera, V Pinto, K B Galketiya
Surgical unit, Peradeniya, Sri Lanka

Introduction

Even though oral feeding is delayed after pancreaticoduodenectomy, with enhanced recovery protocols early feeding has shown benefits. The objective of this study was to evaluate the feasibility of early feeding in patients undergoing laparoscopic assisted pancreaticoduodenectomy and pancreatico-gastric anastomosis.

Methods

A retrospective analysis was performed from February 2014 to April 2017. The resection was completed laparoscopically. Anastomoses were performed by a mini-laparotomy. Oral fluid 30ml/hour was introduced from first day and titrated up daily. Semisolids were introduced on the third day and solids were commenced by the sixth day.

Results

22 patients were operated. There were 12 peri-ampullary, 1 duodenal, 4 pancreatic head, 1 uncinate process and 4 distal common bile duct carcinomas. Feeding was established on day one in 19 (83%), day two in 2 (9%) and day three in 1 (4.5%) patients. Intravenous fluids were tailed off over 5 days in 17 patients and the rest over 7 days. None were given parenteral nutrition. 19 drains were removed by the 7th day, 2 by the 9th and 10th day and 1 persisted for 3 weeks. Oral feeding did not increase drainage volume. Mortality (4.54%) was due to bleeding from gastric fundus on post-operative day 14.

Discussion and Conclusion

Early oral feeding was well tolerated after laparoscopic assisted pancreaticoduodenectomy with pancreatico-gastric anastomosis.

OP 136

CHEMICAL PROFILE OF COMMON BILE DUCT STONES IN SRI LANKA

W S L De Silva¹, A A Pathirana¹, T K Wijerathne¹, J G S Ranasinghe², I U Wijethungaarachchi², T R T Weerasinghe², H M T G A Pitawala³, B K Dassanayaka⁴, S U B Tennakoon⁵

1 Profesorial Surgical Unit, Colombo South Teaching Hospital, Kalubowila

2 Department of Biochemistry,

3 Department of Geology,

4 Department of Surgery,

5 Department of Community Medicine

Faculty of Medicine, University of Peradeniya.

Introduction

Detailed chemical composition of common bile duct stones (CBDS) is largely unknown, and mistakenly paralleled with that of the gallbladder stones, which are pigment stones (52%), mixed stones (38%) and cholesterol stones (10%) as reported in two studies performed in Sri Lanka.

Methods

This was a prospective analytical study on CBDS retrieved from patients who underwent endoscopic or open surgical extraction, over a period of one year from April 2016. Chemical composition was analyzed using wet chemistry and Fourier Transform Infrared Spectroscopy methods. Cross sectional anatomy was studied using polarized light camera.

Results

CBDS from 42 patients were studied out of which, 33 were collected from endoscopic extractions and 9 from open common bile duct (CBD) explorations. Mean age was 56 years and male: female ratio was 1:1.8. Patients presented with obstructive jaundice (n = 23), cholangitis (n=9), biliary colics (n = 9) and biliary pancreatitis (n = 1). Forty one stones had layered or amorphous cross sectional anatomy and one stone had a radial arrangement.

Weight to weight mean cholesterol percentage was 4.98% (range 0.05 – 18.13%) and it correlated positively with BMI and negatively with age. Mean bilirubin percentage was 1.1%. Mean percentages of weight to weight elemental sodium, potassium, calcium and magnesium were 2.03%, 14.57%, 9.96% and 2.02%.

Conclusion

CBDS in this cohort of patient are exclusively pigment stones according to the gall stone classification system. This differs significantly to that of gall stones, indicating a possible different aetiology and implications for using dissolution therapy for CBDS.

OP 137

ENDOSCOPIC SIMULTANEOUS MULTIPLE PLASTIC STENT DILATATION OF STRICTURES FOLLOWING IATROGENIC BILE DUCT INJURY (IBDI)

K A P R Kumarasinghe, P G N Ruvinda,
R M G K Rathnayake, M D P Pinto, F R Fernando,
D G S Udayanga, G Epasinghe, A Pathirana
Professorial Surgical Unit,
Colombo South Teaching Hospital, Sri Lanka

Introduction

IBDI is a devastating complication of cholecystectomy. There are few reported series on serial stent dilatation of IBDI strictures. A protocol was developed in a tertiary care unit and the effectiveness was evaluated.

Methods

Ten patients with IBDI strictures, Strasburg- Bismuth E1 (n=1) E2 (n=7) and E3 (n=2) since January, 2015 to April, 2017 were subjected to serial stent dilatation. Protocol; 7Fr stent insertion at 1st ERCP followed by serial multiple 10Fr stent dilatation at 3 monthly intervals up to 1 year. After achieving satisfactory dilatation all stents are removed and patients are followed up for re-stricture.

Results

Ninety percent of strictures were stented at 1st ERCP. All were stented with a 10F stents at 3months. Mean time to reach normal liver profile was 22 days. Post procedure cholangitis, stent migration were not seen. Two patients were dilated up to five 10F stents, and their stents were removed at a mean duration of 13 months. Stricture patency was 100% at 6months follow up. The other eight patients are currently on serial stent dilatation.

Conclusion

This is a preliminary report of an ongoing study, however the results are encouraging. Endoscopy should always be attempted in IBDI because it is safe and repeatable when compared with surgery.

OP 138

INCIDENCE OF NON-ALCOHOLIC FATTY LIVER DISEASE IN PATIENTS UNDERGOING CHOLECYSTECTOMY

Ranendra Hajong
North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, India

Aim of the study

To study the Incidence of non-alcoholic fatty liver disease in patients undergoing cholecystectomy & the various risk factors associated with the condition.

Material and methods

Type of study was prospective cross-sectional. A total of 200 patients with cholelithiasis and undergoing both laparoscopic and open cholecystectomy were included in the study after obtaining ethical clearance from Institute Ethics Committee. Written informed consent was obtained from all the patients included in the study. Biopsy was obtained from the liver during the surgery and sent for histopathological analysis. Statistical analysis was done using SPSS version 22. Results on continuous measurements are presented as Mean \pm SD (MinMax) and results on categorical measurements are presented in Number (%). Significance is assessed at 5% level of significance. Fisher-exact test has been used to find the significance of the study parameters on continuous scale between two groups (Inter group analysis) on metric parameters.

Results

A total of 58 (29%) patients had evidence of non-alcoholic fatty changes in their livers without any evidence of biochemical alterations. Increased body mass index (BMI) was the most consistent association in patients with fatty changes as opposed to those without fatty changes (36% versus 25%) which was statistically significant (p value <0.05). Diabetes was found in 12 (21%) patients with fatty changes as opposed to 27 (19%) patients without fatty changes which was not statistically significant.

Conclusion

A large proportion of patients with cholelithiasis also have fatty changes in their livers which in many patients may ultimately lead to steato-hepatitis and liver failure. So awareness may be created among the general population about the risk of developing fatty liver changes without alcohol abuse in those individuals with increased BMI and stress should be given on healthy

living with regular exercise.

OP 139

OUTCOMES FROM OPEN BYPASS SURGERY FOR LOWER EXTREMITY LIMB SALVAGE: THE SRI LANKAN PERSPECTIVE

C J G Galappaththy, Y S Wijesiriwardhana,
W A L D Aruna Prasanna, A Weerasekera, G Hyrin Arc,
S S Godahewa, M R N Cassim, S M Wijeyaratne
Vascular unit, Department of Surgery,
National Hospital of Sri Lanka

Introduction

The number of lower extremity bypasses performed to salvage critically ischemic limbs are on the rise. However there are no reports on outcomes for lower extremity bypasses from South Asia. We present a single centre audit of lower extremity bypasses performed over 26 months.

Methodology

Consecutive lower limb bypasses from January 2015 to March 2017 were included. Extremities with ankle pressures <70mm Hg/ toe pressures <40mm Hg with non healing necrosis and satisfactory venous conduits and cardiac function were considered. Patients were followed up at the outpatients and by telephone interviews every 6 months.

Results

The group (n=210) had 144/210 (68.5%) males, median age of 64.4 years, 48.6% hypertensive and 84.6% diabetics. 53%(111/210) were paramalleolar bypasses, while 37%(8/210) Femoropopliteal and 10%(21/210) suprainguinal bypasses. 30-day mortality rate was 7.5%. Overall mortality was 23% and 37.2% at one year and two years respectively. Death censored limb salvage rate was 80.75% at 6 months, 79.8% at one year and plateaued thereafter. Amputation free survival was 60.5% and 48% at one and two years. Among the survivors without a proximal amputation, 72% of the ulcers had healed in the first year and 100% at 2 years.

Conclusion

Despite the high prevalence of diabetes, distal disease and lack of graft surveillance, limb salvage and healing in survivors is similar to reports from the West. Results justify our aggressive approach despite limited resources. However higher overall mortality and lower amputation free survival points to aggressive occlusive

disease and the need for a better coronary care in Sri Lanka.

OP 140

REVASCULARIZATION OF DEAD AND MARGINALLY VIABLE LIMBS FOLLOWING TRAUMATIC ARTERIAL INJURY: A FOLLOW UP STUDY

Mithun Gamakumbura, Joel Arudchelvam
Vascular and transplant unit,
Teaching hospital, Anuradhapura, Sri Lanka

Introduction

Clinically dead limbs or marginally viable limbs are considered not suitable for revascularization because of the risk of reperfusion effects. Therefore revascularization is undertaken as soon as possible (within 6 hours). In Sri Lankan setting it is impractical to revascularize within this time frame in most cases. Our objective was to determine the outcome of revascularization of clinically dead limbs or marginally viable limbs presented to Teaching Hospital, Anuradhapura.

Method

This is a prospective Cohort study over a period of 23 months. All patients who presented to emergency department and with arterial injury and dead (all compartments non-viable) or marginally viable (more than 2 leg compartments are non-viable) limbs were included. In all patients viability was confirmed by fasciotomy. Patients with severe soft tissue and osseous injury, who were unfit or extensively contaminated/septic wounds were excluded. All patients were monitored for reperfusion effects.

Results

Of the 8 patients, 7 were males and one was female. Mean age was 36 years and mean ischemic time was 14 hours. 75% (6/8) had popliteal arterial injury. At presentation one limb was dead and all the others were marginally viable. One patient developed significant reperfusion syndrome and underwent amputation. Overall limb salvage rate was 87.5%.

Conclusion

Overall limb salvage rate was 87.5% and all patients preferred to have a limb even though it is functionless. Therefore we conclude that attempting limb salvage irrespective of the ischemic time and compartment viability is a more practical approach in our setting.

Poster Presentations

PP 01

SURGICAL OUTCOME OF BREAST CONSERVATION SURGERY FOR EARLY BREAST CARCINOMA. ARE WE ACHIEVING DESIRED THERAPEUTIC GOALS? A SINGLE ONCOSURGICAL UNIT EXPERIENCE

A A Kamaladasa, M A C Lakmal, P Jayasekara
National Cancer Institute Maharagama, Sri Lanka

Introduction

Breast conservation surgery (BCS) has become a popular mode of treatment for early breast carcinoma. Nevertheless adequate tumor clearance for potential cure of disease whilst preservation of breast architecture remains a challenge to the surgeon at times.

Method

Retrospective descriptive analysis was done on 28 patients who underwent BCS from 2016 march to 2017 march at a single oncosurgical unit. Information on surgical procedure, margin positivity, re surgery, post-operative complications were obtained. Patient satisfaction was assessed by an interviewer administered questionnaire.

Results

Twenty five (89.2%) patients had Wide Local Excision (WLE) and volume displacement reconstruction. Three (10.8%) patients had WLE and immediate flap reconstruction. Sentinel lymph node biopsy (SLNB) was performed on 22(78.5%) patients of which 5 were positive which necessitated level II axillary clearance. Six (21.5%) patients underwent level II axillary clearance for clinically positive axilla. Majority of patients (89.2%) achieved negative resection margins and only three (10.8%) patients had positive resection margins. These three patients underwent Re WLE and achieved oncological negative margins. Twenty (71.4%) patients had uneventful recovery whilst 5(17.8%) patients had seroma formation and 2(7.1%) patients had surgical site infection. Majority of patients (78.5%) were satisfied with the cosmetic outcome of surgery.

Conclusion

In our cohort, BCS for early breast carcinoma has achieved desired oncological clearance rates and also

resulted in high rates of patient satisfaction which is comparable to internationally published data. However long term follow up studies are needed to determine overall disease free survival rates.

PP 02

PATIENT PERCEPTION AND SATISFACTION REGARDING BREAST CONSERVATION SURGERY FOR EARLY BREAST CARCINOMA-SINGLE ONCOSURGICAL UNIT EXPERIENCE

A A Kamaladasa, M A C Lakmal, P Jayasekara
National Cancer Institute Maharagama, Sri Lanka

Introduction

Patient requirements and concerns are important factors to consider when deciding mode of treatment for patients with early breast carcinoma.

Method

Interviewer administered questionnaire were used on 28 patients who underwent Breast conservation surgery(BCS) for early breast carcinoma from 2016 march to 2017 march. Treatment preference, satisfaction on cosmetic outcome, impact on body image, fear of recurrence, impact on sexual behaviour were assessed.

Results

When inquired about the initial preferred treatment option at the time of diagnosis, majority (42.8%) wanted BCS, 10(35.7%) wanted total mastectomy and 6(21.5%) had no specific preference. Majority of patients (78.5%) were satisfied with cosmetic outcome. Twenty one patients (75%) did not have significant impact on body image. Only 22 women were sexually active and out of them 17(77.2%) patients had no impact on sexual relationships following BCS. After BCS 12 patients (42.8%) had significant fear of recurrence whereas rest only had mild to moderate fear of recurrence. After having undergone BCS patients were asked to comment in retrospect regarding the treatment they received, 22(78.5%) preferred the treatment they already have received that is BCS, 6(21.5%) still preferred total mastectomy over BCS. These 6 patients belong to the group who preferred mastectomy at the time of diagnosis and also had significant fear of recurrence.

Conclusion

BCS resulted in high rates of patient satisfaction and had minimum impact on psycho social related aspects on patients in our cohort. However we suggest proper patient education and better involvement of patients in decision making to reduce levels of patient fear regarding risk of recurrence.

PP 03

PREVALENCE AND CHARACTERISTICS OF FIBROCYSTIC DISEASE IN CARCINOMA OF BREAST

K Sivasuganthan

Teaching hospital Jaffna, Sri Lanka

Introduction

Breast cancer is the commonest cancer among Sri Lankan women. According to the most recent statistics for Sri Lanka, the incidence of breast cancer is raising and most of these patients present at late stage. Association between breast cancer and fibrocystic disease noted in literature.

Methods

This descriptive Study was carried out in Trail cancer hospital Tellippalai, and data obtained from records of all patients who were registered and undergone mastectomy from April 2014 to April 2016.

Results

Hundred and thirty seven patients with an age range of 28 to 82 years were included in the study. 29 patients had fibrocystic disease (21.16%) with the mean age of 52.7 years. 86.2 % presented with lump in the breast (n=25). Except one mucinous carcinoma, rest of the lesions were ductal carcinoma. Ductal carcinoma in-situnoted in 24.1% (n=7). Axillary lymph nodes were positive for malignant deposit in 9 patients (31.01%). In ultrasound scan 72.5 % (n=21) of lumps were suspicious of malignancy and rest of the lesions undergone lump excision initially. Receptors studies were done in 20 of them and ER, PR, HER-2 negativity noted in 70 % (n=14), 75 % (n=15), 75 % (n=15) respectively. 34.5 % (n=10) showed triple negativity

Conclusion

Association of Fibrocystic disease seen in more than one fifth of breast malignancy, which showed triple receptor negativity in more than one third. Patients with fibrocystic disease need to be followed up to pick up malignancy in early stage.

PP 04

ARRAY OF BREAST CANCER IN KALUTARA DISTRICTPrasanthan Y¹, Sayanthan B¹, Murukadas P²

1 Registrar in surgery

2 Consultant Surgeon,

District General Hospital, Kalutara.

Introduction

Breast cancer is the commonest cancer among Sri Lankan women, even though presentation and types vary between individuals and regions. However Sri Lankan patients based studies are still limited. Objective is to evaluate the pattern of operable breast cancer among Kalutara district, who were underwent mastectomy and axillary clearance.

Method

This was conducted retrospectively at Kalutara DGH in 1st of January to 31st of December 2016. There are 48, mastectomies were included in this study. Histology was analysed.

Results

All were females, Mean age was 59.02 ± 14 and youngest was 30 year old and eldest was 93 year. Average size of the tumour was 3.44cm (Range varied from 1 cm – 10 cm). Five patients (10.4%) had the history of 1st degree relations and with breast cancer and 66.6 % of the patients with no family history of breast cancer. There were 43.8 % of the patients with positive histology of axillary lymph nodes. Majority of the patients (n=44, 91.6%) histology shows invasive ductal carcinoma and only 3 patients (6.3%) had invasive lobular carcinoma. Most of these invasive ductal carcinoma sub types were not specified. Oestrogen, Progesterone, Her2 receptor positive percentage 79.2%, 75.0%, 22.9% respectively. Histological grading was Grade 1, 37.5%, Grade 2, 39.6% and Grade 3, 22.9%. Only 3 patients (6.3%) had perineural invasion and 6 patients (12.5%) had vascular invasion.

Discussions and Conclusions

There are disparities in some aspect compare to world statistics and previous Sri Lankan statistics in breast carcinoma especially this study shows 91% ductal carcinoma compare to world statistics 75-80%. Further studies necessary to sustenance this results.

PP 05

BREAST CONSERVATION SURGERY(BCS) FOR EARLY BREAST CARCINOMA- DESCRIPTIVE ANALYSIS OF PATIENT AND DISEASE CHARACTERISTICS. A SINGLE ONCOSURGICAL UNIT EXPERIENCE

A AKamaladasa, M A C Lakmal, P Jayasekara
National Cancer Institute Maharagama, Sri Lanka

Introduction

Detection and prompt treatment of early breast carcinoma gives best chance of cure and high rates of patient satisfaction due to less morbid and limited surgical resections.

Methods

Retrospective descriptive analysis of patient presentation, triple assessment and final histology with receptor status was done on 28 patients who underwent BCS from 2016 march to 2017 march in a single oncosurgical unit.

Results

Mean age was 44years (range 30-63years). Majority (71.5%) presented with a palpable lump which was self-detected, 5(17.8%) referred from a well woman clinic for suspected lump, 3(10.7%) had mammography detected lesion during screening. Most (57.1%) had T1 tumors and the rest (42.9%) had T2 tumors. Only 6(21.5%) had nodal disease at presentation. All patients underwent mammogram and 82.1% had USS as well. Three patients (10.7%) had BIRADS-III all other patients had BIRADS IV or V. FNAC was performed on 18(64.2%) and 10(35.8%) underwent trucut biopsy. Of the FNAC group 10(55.5%) were C5, 6(33.3%) were C4, 2(11.2%) were C3. Of the trucut biopsy subset 70% were invasive ductal carcinoma and 30% was DCIS. Following surgery predominate (82.2%) histology type was invasive ductal carcinoma, 10.7% were invasive lobular carcinoma, 7.1% were DCIS. ER/PR positivity was 75% whilst 5(17.8%) had HER2 positivity. Triple negative disease was found in 4(14.3%).

Conclusion

As the majority of lesions were self-detected in our cohort public awareness in breast self-examination should be improved. At times the triple assessment may be inconclusive which would necessitate a decision based on clinical judgement giving benefit of doubt to the patient.

PP 06

INFLUENCE OF PRE HOSPITAL DELAY ON PERFORATED APPENDIX: A HOSPITAL BASED DESCRIPTIVE STUDY

T Matheesan, T Kokulan, U Chandrasiri
General Hospital Kegalle, Sri Lanka

Introduction

Acute appendicitis is one of the common surgical casualty admissions that require surgery. Currently the mortality rate due to perforation of appendix is significantly reduced due to advanced surgical care in local hospitals. However it is still associated with high morbidity particularly related to infective complications.

Methods

A retrospective analysis was conducted over a period of six months at General Hospital Kegalle. Data was collected from bed head tickets, clinic notes and direct inquiry from patients who had gross perforation intra operatively or micro perforation in histology.

Results

A total of 110 patients were analyzed. The overall perforation rate was 25%. Among patients who had perforated appendix, 37% patients were aged between 30-40 years, 28% were aged between 10-20years and 21% were above 60 years of age. Major proportion of patients had delay in admission to a hospital with surgical care from the symptom onset. 64% of patients had presentation delay of more than five days; 3 to 5 days delay was seen in 28% and 8% had the delay of two days. Reasons for pre hospital delay were mild pain in 24% of patients, 48 % were treated with oral antibiotics by General physician, 14% treated at local hospital and 1% was due to parental delay in children.

Conclusion

The perforation of acute appendicitis is significantly associated with the pre hospital delay, meanwhile the diagnostic delay by first contact health professionals and patient related factors are also contributing to the high perforation rate.

PP 07

MANAGEMENT OF CA APPENDIX – AN INSTITUTIONAL EXPERIENCE

Osama Shakeel, Sadaf Batool, Awais Amjad Malik, Namra Urooj
Shaukat Khanum Memorial Cancer Hospital and Research Center, Pakistan

Introduction

To study the surgical and oncological outcome of all the patients presenting with a diagnosis of Ca Appendix at SKMCH&RC.

Method

From 2006 to 2015 all patients with a diagnosis of Ca Appendix were included in the study. Demographic variables were collected. Surgical outcomes in terms of operation performed and its complications were recorded. Short and long term oncological outcomes were recorded. All data was entered and analyzed in SPSS ver 21.

Results

A total of 19 patients were included in the study. Median age was 58 years. There were 7 male and 12 female patients. Most common presentation was pain RIF in 16 patients followed by altered bowel habits in 3 patients. 17 patients had an adenoma and 2 had Neuroendocrine Ca. 13 patients had a standard right hemi colectomy performed. 5 only had an appendectomy performed. One patient had a TAH BSO + appendectomy. 12 patients received adjuvant chemotherapy. 8 patients had a disease recurrence. All patients had a median survival of 24 months.

Conclusion

Cancer of the appendix is rare and needs to be managed aggressively. All patients are best treated with a formal right hemi colectomy with adjuvant chemotherapy.

PP 08

ACUTE APPENDICITIS: ALVARADO SCORE VS HISTOLOGICAL FINDINGS

A M S D Attanayake, S A Gunawardena, P D Wijeratne
Sri Jayawardenepura General Hospital, Sri Lanka

Introduction

Acute appendicitis is difficult to diagnose especially during the early stages when the classical signs and symptoms are usually subtle, particularly in females.

Histopathology of the surgically removed appendix is the gold standard for diagnosis of appendicitis. Scoring systems have been used to aid in early diagnosis of acute appendicitis i.e. Alvarado. The Objective was to assess the association between the Alvarado score and histological findings in patients who have undergone appendectomy for a clinical diagnosis of acute appendicitis.

Methods

A retrospective analysis was done of patients who underwent appendectomy between January 2015 and March 2017. Alvarado score of ≥ 6 was considered positive and < 6 as negative. Histology reports: inflamed and mildly inflamed were considered positive. Abdominal ultrasound findings were also included in the analysis. Data was analyzed using statistical software. P value < 0.05 was considered significant.

Results

Number of patients - 122. Males - 51.6%. Median age - 22 years. Histology reports: inflamed 65.6%, mildly inflamed 19.7% and not inflamed 14.8%. Alvarado positive 64.8%, Alvarado negative 35.2%. There was a significant association between Alvarado positive and histology positive groups ($P < 0.001$). However, when analyzed separately, only the male cluster had a significant association ($p < 0.001$), not the female cluster ($p = 0.052$). Of the parameters in the Alvarado score, apart from RIF tenderness, leucocytosis showed a significant association with positive histology ($P = 0.006$). Abdominal ultrasound failed to show a significant association with histological findings ($P = 0.543$).

Conclusion

There was a significant association between the Alvarado score and histological findings in males but not in females.

PP 09

ARE LAPAROSCOPIC APPENDICECTOMIES PRACTICAL IN A PERIPHERAL HOSPITAL SETTING?

Percy Dias, Rashmira Balasuriya
Surgical unit, District General Hospital Embilipitiya, Sri Lanka

Introduction

With the gradual domination of laparoscopic techniques for abdominal surgeries, the use of minimally invasive surgeries is now becoming more prevalent in peripheral

hospitals. At a peripheral hospital, the use of laparoscopic appendectomies for the treatment of acute appendicitis without perforation or abscess formation was analyzed.

Methods

16 cases of laparoscopic appendectomies were evaluated in terms of patient age, time taken for the procedure, intra-operative findings and any operative complications.

Results

The average age of the patient undergoing a laparoscopic appendectomy was 22 years old, ranging from 12 to 45 years. The mean time taken to complete a laparoscopic appendectomy was 51 minutes. 50% of the intraoperative surgical findings were of normal appendices. No perioperative complications were recorded.

Discussion

Laparoscopic appendectomies result in a reduced hospital stay (next day discharge), less pain and minimum scarring compared to the open technique. The importance of minimal scarring was particularly important in terms of cosmetic reasons especially as the majority of patients who underwent the operation were under the age of 30. In the above cases, the appendix was always excised however the use of laparoscopic surgeries can be especially useful in cases that are clinically challenging in order to localize or rule out pathology without the patient having to undergo an open surgery unnecessarily.

Conclusion

Despite the small sample size, the reduced operative complication rates and the higher patient satisfaction have all shown that laparoscopic surgeries can be successfully conducted in peripheral hospitals.

PP 10

CORRELATION BETWEEN ELEVATED WHITE BLOOD CELL COUNT AND HISTOLOGICAL DIAGNOSIS OF APPENDICITIS

Prashanthan B, Thambawita HR

General Surgical Unit, Teaching Hospital Batticaloa

Introduction

Acute appendicitis is one of the common surgical entity, and may cause diagnostic dilemma during atypical

presentation. Elevated white blood cell count is an aid in the diagnosis of acute appendicitis. Our study is to find the correlation between elevated white blood cell count (>10000) and the histological diagnosis of acute appendicitis.

Methods

A retrospective analysis performed on 55 patients whom underwent open appendectomy with initial diagnosis of appendicitis from a single surgical unit at TH Batticaloa. Data was collected from the mentioned surgical unit and the pathology department during the period from the 1st of June to 31st of August. Data was analyzed using the SPSS software.

Results

34 out of 55 patients were females (61.8%) and 21 were males (38.2%). 40 patients (72.7%) had the histological confirmation of diagnosis while 15 patients (27.3%) had negative histology. Elevated WBC count (>10000 /mcl) was observed in 39 patients (70.9%) and normal WBC count (<10000/mcl) was found in 16 patients (29.1%). Sensitivity and specificity of elevated WBC count were 87.5% and 73.3%. Further analysis revealed a significant association between elevated WBC and histological diagnosis of acute appendicitis (P=0.0001).

Conclusion

Elevated WBC count is a supporting predictor in a clinically suspected appendicitis and can be used as aid to the diagnosis.

Corresponding author at :prashanth1983@gmail.com

PP 11

ASSESSMENT OF EARLY SURGICAL SITE COMPLICATIONS FOLLOWING OPEN APPENDICECTOMY; SINGLE SURGICAL UNIT EXPERIENCE IN TERTIARY CARE CENTRE

BA IS Kumara, MI Ismail, N H Kumarasinghe
Colombo South Teaching Hospital, Sri Lanka

Introduction

Appendicitis, the commonest cause for acute abdomen in surgical practice can lead to high morbidity and mortality if not treated properly. The early complications following open appendectomy is not uncommon and data on local setting is minimal.

Methods

A retrospective analysis of patients who underwent

open appendicetomy in a surgical unit in Csth during a period of one year from 1st of April 2016 was done. Patients were reviewed at post operative 2nd and 4th week for surgical site complications. Data was analyzed using SPSS version 23.

Results

During the period of one year 127 patients underwent open appendicetomies under general anaesthesia with standard sterilization and surgical techniques. The male: female ratio was 1:0.95 and the mean age 23 (range 13-58 years). Sixty two patients (48.8%) had inflamed appendix, twenty patients (15.74%) had grossly inflamed appendix with abscess formation, eight (8.29%) patients had ruptured appendix. Four (3.1%) developed superficial surgical site infections and they were with ruptured appendix and abscess formation, two (1.57%) had stitch granuloma and two (1.57%) had hypertrophic scar.

Conclusion

The early surgical site complications are significantly common with ruptured appendix ($P < 0.05$). Further studies with a large number of patients may be beneficial to evaluate the early complications and correlation between the states of the appendix.

PP 12

A STUDY OF QUALITY OF LIFE FOLLOWING ILEAL POUCH-ANAL ANASTOMOSIS (IPAA) PROCEDURE

W P L Weerakkody, M T D Silva, D N Samarasekera
Department of surgery, Faculty of Medicine,
University of Colombo, Sri Lanka

Background

IPAA procedure is a surgical option in severe symptomatic ulcerative colitis (UC) and familial adenomatous polyposis (FAP). The objective was to compare the quality of life (QOL) with regard to indication of IPAA procedure.

Methods

21 patients who underwent IPAA procedure at a tertiary care unit with a minimum of 1 year follow up from 2009 to date were included. QOL was assessed retrospectively using Cleveland Global Quality of Life Score (CGQLS). Indications and CGQLS were obtained using clinical records and interviewer administered questionnaire. Pre and post-op means of CQGL scores were compared against indication using ANCOVA test.

Results

Male/female ratio was 12:9. Fourteen (66.7%) were married. Seven (33.3%) were single. Mean age was 40.48 (17-69). 13 (61.9%) had Ulcerative Colitis. 8 (38.1%) had FAP. Mean pre-op CGQLS for UC and FAP were 0.5754 and 0.7538. Post-op CGQLS for UC and FAP were 0.7532 and 0.7070. No significant difference exists between CGQL scores.

Conclusion

IPAA procedure does not offer significantly improved CGQL scores regardless of indication.

PP 13

FISTULA-IN-ANO; THE OUTCOME IN RELATION TO THE SURGICAL PROCEDURE

M T D Silva, W P L Weerakkody, D N Samarasekera
Department of surgery, Faculty of medicine,
University of Colombo, Sri Lanka

Background

Fistula-in-ano is a common surgical problem. Despite availability of several surgical options, one major challenge is the recurrence. The aim of our study was to determine the outcome in relation to the anatomy of the fistula.

Methods

A retrospective analysis was performed using a database of 454 patients who underwent surgery for fistula-in-ano, at a tertiary care centre in Sri Lanka since 2007 to date, with a minimum follow up of 1 year. Success of the surgery was defined as no recurrence of fistula for minimum of 1 year from the last surgery. 115 (25.33%) patients out of 454 who were contactable were reviewed.

Results

Male/female ratio was 377:77. Mean age was 41.20 (range; 18-78) years. Out of the 115 patients, cutting seton was applied to 40 (34.78%) patients. Fistula plug insertion was done for 17 patients (14.78%). 8 (6.9%) patients underwent fistulectomy. Fistula tract was laid open in 67 (58.26%) patients. Two (1.7%) patients underwent ligation of intersphincteric fistula tract (LIFT procedure). Mucosal advancement flap was used for 2 (1.7%) patients. 95 (82.6%) patients had complete healing whereas 20 (17.4%) patients had recurrence. Out of 60 (52.17%) patients who had trans-sphincteric fistula, 48 (80%) completely healed.

21(18.26%) patients had intersphincteric fistula and 19(90.5%) healed. Out of 16(13.91%) patients who had superficial fistula, 15(93.8%) were cured.

Conclusion

High success rate can be achieved for fistula-in-ano irrespective of the anatomy with rational choice of different surgical techniques.

PP 14

COMPARISON OF 2D ENDOANAL ULTRASONOGRAPHY (2DEAUS) AND FINDINGS AT SURGERY IN FISTULA-IN-ANO

W P L Weerakkody, M T D Silva, D N Samarasekera
Department of surgery, Faculty of Medicine,
University of Colombo, Sri Lanka

Background

Fistula-in-ano remains a diagnostic and treatment challenge. Accurate pre-operative assessment of nature of fistula is vital for surgery. EAUS plays a major role in fistula assessment. EAUS can be performed using 2D and 3D views. Study objectives were to compare 2D EAUS with surgical findings and to determine the role of 2D view in fistula assessment.

Methods

A retrospective analysis was performed using a database maintained prospectively by a tertiary care unit in Sri Lanka since 2007. 101 were analyzed. The association was determined using Cohen's Kappa test.

Results

Male/female ratio was 92:9. Mean age was 39.56. On 2D EAUS, primary tract was transsphincteric and intersphincteric in 74(73.3%) and 16(15.8%) respectively. Abscesses were detected in 22(21.8%). At surgery, transsphincteric and intersphincteric tracts were found in 69(68.3%) and 21(20.8%) respectively. Abscesses were detected in 18(17.8%). 2D views showed fair association (Kappa=0.298) with surgical findings. Moderate association (Kappa=0.440) exists between abscess detection by 2D EAUS and surgery.

Conclusion

2D EAUS has fair association with surgical findings in pre-operative fistula assessment and moderate association in abscess detection.

PP 15

ARE MALIGNANT COLONIC OBSTRUCTIONS COMMON IN YOUNG MALES?

LS Chaturanga, A S Samarasinghe, S M M Niyas
Department of Surgery, Teaching Hospital, Kandy,
Sri Lanka

Introduction

Intestinal obstruction is one common complication of colorectal cancer with about 30% of incidence. Currently no local data available and our study aims to find out the factors associated with this presentation.

Methods

We present a series of ten colorectal carcinomas presented with intestinal obstruction to department of surgery, Teaching Hospital Kandy. They were assessed in relation to age and sex.

Results

Study group consists of 29 cases in which 10 presented with obstruction. Four out of ten obstructed cases were males, and three of them were aged less than 60. All six females were aged more than sixty.

Conclusion

Findings in our study are compatible with international figures as nearly 34% of them presented with obstruction. Almost all males were aged less than 60 while all females were above 60 years. As the majority of obstructed patients were young males tumour biology will have to be further studied with regard to aggressiveness.

Keywords

Colorectal, Adenocarcinoma, Obstruction, Age, Sex

PP 16

A DESCRIPTIVE ANALYSIS OF CHRONIC ANAL FISSURE

A M B D Bandara, P Pitigalaarchchi, K Samarasekera,
U R S Kulatunga
Department of General Surgery, Teaching Hospital
Kandy, Sri Lanka

Introduction

Anal fissure is an oval, ulcer like, longitudinal tear in the anal canal, just distal to the mucocutaneous junction and usually in the posterior midline. Fissures are acute or chronic and Chronic Anal Fissure (CAF) is characterized by indurated edges, sentinel tags and

hypertrophied papillae. Atypical fissures may be multiple or off the midline or be large and or irregular.

Methods

This was a descriptive analytical study involving 30 patients with CAF who had undergone surgical management. A detailed history was recorded and local examination was performed during the surgical procedure.

Results

Out of the 30 patients majority were females; 24 (80%) and females to male ratio was 4:1. The mean age of presentation was 39 with a range of 18-68 years. Majority had pain and per rectal bleeding; 19 (63%) and 11 (37%) had pain only. Of them 25 (83.3%) had constipation but none had diarrhoea. Twenty five (83.3%) had daily bowel opening and only 4% had bowel opening once in 3-5 days. Twenty (67%) had spent >10 min in the toilet. Majority had single posterior fissure; 25 (83.3%) and only 4 (13%) had multiple fissures. Anal sphincter spasm, sentinel tags and hypertrophied papillae occurred in 22(73.3%), 18(60%) and 17(56.7%) respectively.

Conclusion

This study shows majority of affected patients were females and in working age group. Even though majority open bowel daily most of them had constipation and had spent a longer duration in the toilet. Posterior location, sphincter spasm, sentinel tags and hypertrophied papillae were frequent occurrence and all help in identifying and managing CAF.

PP 17

INITIAL EXPERIENCE IN MINIMAL INVASIVE OESOPHAGECTOMY IN A TERTIARY CARE UNIT

Chathuranga Keppetiyagama, Chaminda Dissanayake, Jagath Herath, Iresha athukorala, Lanka Kithulgoda, Ashoka Gunasekara
Gastroenterological Surgical Unit, Teaching Hospital Kandy, Sri Lanka

Introduction

Introduction of minimally invasive techniques has improved outcome in Oesophagectomy. Thoracoscopy and laparoscopy are used in completely minimally invasive fashion or hybridized with open procedure. This is a descriptive study.

Methods

There were 25 patients diagnosed having oesophageal cancer from 01.06.2016 to 20.05.2017. All patients were directed to multidisciplinary team. There were 12 patients underwent laparoscopic oesophagectomy. Duration of surgery, blood loss post-operative Intensive Treatment Unit (ITU) stay, and complications were documented. Patients were nil by mouth for 5days. Leak test was done 5-7 days.

Results

Twelve patients had oesophagectomy. Ten (10/12) patients had SCC(Squamous cell cancer) while other two had adenocarcinoma. Location of the tumour was one (1/12) mid oesophageal, 8/12 lower oesophageal and 3/12 were at gastro-oesophageal junction (GOJ). Nine received neoadjuvant, other 3 had primary surgery. All the patients had at least once postponement due to unavailability of ITU beds. One patient underwent Thoracoscopic Mckeowns and others had Laparoscopic assisted Ivor Lewis. 2/12 had hand sewn anastomosis 10/12 had circular stapler anastomosis. Time required in each part in minutes are thoracoscopy 145, laparoscopy 135.5 and thoracotomy 154. One patient was abandoned due to invasion of aorta. Blood loss in each part was thoracoscopy < 10ml, laparoscopy < 10ml and thoracotomy 126 ml in average. Post-operative ITU stay was 2.4 days. 6/12 patients had lung infections and 1/12 had wound infection. None of the patients had an anastomotic leak or mortality.

Discussion and Conclusion

Oesophageal cancers are detected at advanced state and majority are SCC. Minimally invasive oesophagectomy has low morbidity and zero mortality.

PP 18

DESCRIPTIVE STUDY OF PATIENTS WITH COLORECTAL CANCER IN MAHIYANGANAYA

Mahanama Dissanayake, Piyal Kurukulasoorya, Lasitha Perera, J M A G M B Karunathilaka, Lalani Gunawardena
Surgical Unit, Base Hospital Mahiyanganaya, Sri Lanka

Introduction

Colorectal cancer (CRC) incidence is on the rise in Sri Lanka. We noticed this higher in remote villages around Mahiyanganaya. Major risk factors for the disease are well known while environmental factors also assume to play a role. Our local population is also affected by

chronic kidney disease of unknown origin (CKDU) for which the cause is inference to be agrochemicals and heavy metals in water.

Method

This descriptive study is based on 12 cases of colorectal cancers in our unit from November 2016 to May 2017.

Results

Mean age of the cohort was 65 years (42 -72). Ten patients were females and 2 males. All were from remote villages and the mean distance to Mahiyanganaya was 20km. Nine patients had per rectal bleeding as the commonest symptom (9 rectal cancers). Two had large intestinal obstruction (one sigmoid and one rectal cancer), 1 had left side abdominal pain and bleeding (sigmoid cancer). None of the patients had major risk factors for CRC or family history of other cancers. One patient had CKDU and another had first degree family history of CKDU. All patients engaged in farming activities with exposure to agrochemicals and consumed unfiltered dug well water. All patients had appropriate surgical management and are being followed up.

Conclusion

In conclusion, in the absence of major risk factors in the cohort, there could be a common causative association for rectal cancer similar to CKDU. Further studies are required to establish the causes and the association.

PP 19

WAGNER – MEGGIT WOUND GRADE, BLOOD SUGAR LEVEL, WBC COUNT AND HAEMOGLOBIN LEVEL IN PREDICTION OF OUTCOME OF DIABETIC FOOT WOUNDS

K G M W Bandara, M A S Nusra, G D S R Wijerathne,
B M V C Banadaranayake, M Shifan,
W D M G Amarasinghe, W M V Sirinandana,
G K S De Silva, H M P Herath, H M S S De Silva,
A P Ambawatta
Colombo South Teaching Hospital, Kalubowila, Sri Lanka

Introduction

Foot wounds will complicate diabetes in more than 15% of these people during their lifetime. Understanding the risk factors for amputations in foot wounds help for the management and prevention of such outcomes.

Methods

Retrospective analysis of diabetic patients admitted to casualty with foot wounds from July to December 2016. Wounds graded according to WAGNER- MEGGITT'S diabetic wound classification system

WAGNER- MEGGITT'S CLASSIFICATION OF DIABETIC FOOT

GRADE 1	Superficial ulcers
GRADE 2	Deep ulcers
GRADE 3	Ulcer with bone involvement
GRADE 4	Forefoot gangrene
GRADE 5	Full foot gangrene

Results

Out of 64 patients, 34 were males mean age was 58.4 years (SD 11) and mean hospital stay was 7.2 days (SD 6.9). 24 had defaulted treatment and 3 were newly diagnosed with diabetes mellitus. 16(25%) patients were unaware of any preceding event of their wound. 32 patients had WAGNER-MEGGITT'S grade 2 (deep ulcers) 10 had grade 3 ulcer with bone involvement and 14 had forefoot or toe gangrene . 16 patients had evidence of osteomyelitis on X-ray .10 patients underwent toe amputations. 6 patients underwent forefoot, below knee or above knee amputations as final treatment. WAGNER-MEGGITT'S grade 2 or above is not associated with predicting amputations (P=0.550). Initial capillary blood sugar level is not significantly associated with amputations (P=0.975) also initial WBC count (P=0.236) but haemoglobin level on admission is significantly different between two groups (P=0.003) 11.54g/dl Vs. 8.5g/dl in amputation group.

Conclusion

Initial Haemoglobin level can be used as a predictor of amputations in diabetic foot wounds. Further studies are needed for confirmation and to see other associations.

PP 20

OBJECTIVE ASSESSMENT OF LOWER URINARY TRACT SYMPTOMS IN PATIENTS WITH INGUINAL HERNIA

W Rathnaweera , A U B Pethiyagoda, K Wijerathna, I Walmsely, G P U P De Silva
Department of Surgery, Faculty of Medicine,
University of Peradeniya, Sri Lanka

Introduction

One factor responsible for development of Inguinal Hernia (IH) is Bladder Outflow Obstruction (BOO). A significant number of elderly men with symptoms of

BPH have IH. If the Lower Urinary Tract Symptoms (LUTS) are not treated before the hernial repair there is a high recurrent rate. Patients with IH are questioned about LUTS and BOO which does not include evaluation with International Prostate Symptom Score (IPSS). IPSS has proved to be a useful tool to objectively quantify clinical symptoms. The objective of the study was to assess the LUTS with IPSS and urine flow rate in male patients with IH with asymptomatic LUTS.

Methods

A prospective study was undertaken in order to verify the correlation between the presence of IH and the intensity of LUTS assessed with IPSS in asymptomatic male patients. The sample size was 120 and the mean age of the sample is 65.69 ± 13.01 . This was done during a ten month period. The patients were assessed by IPSS and uroflowmetry.

Results

Total average IPSS value was 15.25 ± 8.48 . The most severe symptom was weak stream (2.27 ± 2.63) and the average values for other symptoms such as intermittency 2.59 ± 1.93 , urgency 2.56 ± 2.06 , frequency 2.49 ± 1.68 , nocturia 2.10 ± 1.48 , incomplete emptying 2.19 ± 1.90 and straining 0.96 ± 1.37 . The average value for maximum flow rate was 15.64 and average flow rate was 7.93.

Discussion

Majority of patients had moderate LUTS. Maximum flow rate and the average flow were at the lower level of normal.

Conclusion

Assessing the LUTS with IPSS and urine flow rate helps to identify patients with BOO in asymptomatic patients with IH.

PP 21

DESCRIPTIVE STUDY ON PATIENTS WHO UNDERWENT ABDOMINAL WALL HERNIA REPAIR IN A SURGICAL UNIT OF A TERTIARY CARE CENTRE IN SRI LANKA

S S Sooriyaarachchi, S Thilakarathne, KA Chaminda, M Jayaweera, K T Samarathna, D L M Prasad
Teaching Hospital Karapitiya, Sri Lanka

Introduction

Abdominal wall hernias are commonly encountered in general surgical practice. Some of them presented to

emergency department while some are undergoing elective surgeries.

Methods

A descriptive study of the patients who presented to a surgical unit of Teaching Hospital Karapitiya with abdominal wall hernias during January to March 2017 was performed. Data was analyzed with SPSS version 23.

Results

280 patients underwent abdominal hernia repair. 79.6% of them were inguinal hernias, 16.4% were para-umbilical hernias and only 1.8% ($n=5$) were femoral hernias. Mean age is 48.05. Among them majority 69.3% ($n=194$) knew "what is a hernia". Only 5% presented to casualty ward and underwent emergency surgery while the rest underwent elective hernia repair. 4% ($n=9/224$) of inguinal hernias, 2.1% ($n=1/46$) of paraumbilical hernia and 60% ($n=3/5$) femoral hernias were presented with obstruction. 61.4% ($n=172$) were aware about availability of mesh repair. Majority of the inguinal hernia patients were males (96.4%), where as female predominance (69.5%) was seen among para-umbilical hernia patients and this was statistically significant (chi-square 131.13).

Conclusion

A male predominance is seen with inguinal hernias whereas a female predominance is seen with para-umbilical hernias as expected. Although the patient care is improved, knowledge of the patients regarding hernias and its interventions is lacking, so that patient education would be beneficial.

PP 22

ANALYSIS OF LAPAROSCOPIC HERNIA REPAIR PERFORMED BY SINGLE SURGICAL TEAM OVER ONE YEAR

Thileebphan B, Rajendra S

Introduction

Laparoscopic hernia repair is growing in its popularity because of less post-operative pain, reduced recovery time and earlier return to work. Literature reveals no significant difference in recurrence rate between open and laparoscopic repair. Above advantages of laparoscopic hernia repair is applicable to inguinal hernia repair, incisional hernia and Para Umbilical Hernia (PUH). For the inguinal hernia repair TEP or TAPP technique can be used.

Aim

To analyze the patient factors and outcome of laparoscopic hernia repair performed on these patients by single surgical team over one year.

Methodology

Patients from professorial surgical unit, THJ underwent elective laparoscopic repair for inguinal hernia and ventral hernia, from April 2016 were included. Post operatively they were reviewed in ward at 1st week and then monthly to find out the complication and recurrence. Data obtained during visits entered in data base for analysis. It is an ongoing study.

Results

Out of 31 patients (male 74% and female 26%) 21 had inguinal hernia (67.8%) and 5 had PUH(16.1%) and 5 had incisional hernia (16.1%). Among those 21 patients with inguinal hernia a Totally extra peritoneal mesh repair (TEP) was performed in 13 patients (61.90%) and a Trans Abdominal Pre-Peritoneal mesh repair (TAPP) was carried out in and 8 patients (38.09%). Only one (3.2%), TEP repair for bilateral inguinal hernia) developed seroma. No recurrence developed up to 2017 May.

Conclusion

The analysis of laparoscopic repair performed In this unit gives good outcome comparable to the results of other national and international studies. Laparoscopic hernia repair to a manual workers gives added advantage it avoids bigger incisions & drains and encourages early return to work.

PP 23

APPLICATION OF ENDOSCOPIC ULTRASOUND SCAN IN GASTROINTESTINAL DISEASES, DESCRIPTIVE STUDY IN A TERTIARY CARE CENTRE

A Krishnamoorthy, T G A Priyantha,
B C A R P Bulathsinghela
Colombo South Teaching Hospital, Sri Lanka

Introduction

Endoscopic ultrasound (EUS) is a medical technique that can be used to visualize lesions and do procedures in or adjacent to the gastrointestinal tract.

Methods

This descriptive study was carried out during The period of one year in 2016 among the 53 patients who underwent upper and lower gastrointestinal EUS at the

gastro intestinal (GI) surgical unit, Colombo south teaching hospital.

Results

A total of 53 patients who underwent EUS were included in this study. Median age was 58.5 among total sample 47% were males. Upper GI- EUS performed 79.25% (42) for jaundice 41.5 % (22), Epigastric pain 30.2% (16), dysphagia 7.6% (4) simultaneously lower GI-EUS 20.75 (11) performed for per rectal bleeding 15%(8), perianal fistula 5.7% (3).

Among upper GI-EUS, pancreatic cystic lesions 7.1% (3), pancreatic irregular solid lesions 14.2% (6), acute pancreatitis 4.7%(2), chronic pancreatitis 7.1%(3), common bile duct obstruction 23.8% (10), pancreatic duct obstruction 14.2%(6) and normal findings 18.9%(12) were diagnosed. At the same time procedures performed 57.1%(24) true cut biopsy 33.3%(8), Fine Needle aspiration Cytology (FNAC) 45.8%(11), aspiration of cyst 12.5%(3), coeliac axis block 8.4 % (2) also performed. Among the samples of FNAC, 72.7% (8) were adequate for a histological diagnosis. Among Lower GI-EUS, anal fistula 18.1% (2), luminal tumour with local invasion 36.4% (4), tumour with lymph node involvement 27.3% (3) and normal findings 18.2%(2) were diagnosed.

Discussion and Conclusion

EUS is an evolving medical technology. It may be used as an adjunct to CT scan in order to Increase the diagnostic accuracy in GI diseases. Future studies will be needed to evaluate the diagnostic accuracy and patient safety of EUS in gastrointestinal, hepato biliary and pancreatic lesions.

PP 24

OUTCOME OF 107 CONSECUTIVE UPPER GASTRO INTESTINAL ENDOSCOPY (UGIE) DONE OVER 3 MONTHS PERIOD IN A SINGLE SURGICAL UNIT AT GENERAL HOSPITAL POLONNARUWA (GHP)

W A K Weerawardena, W S I Disanayaka,
P A C G S Chandrasiri, T G L H M Thennegadara,
H G V Priyantha, K M U B Kallora, A A M Amjath,
K G H N Samanmali, S E Thilakarathna
District General Hospital Polonnaruwa, Sri Lanka

Introduction

UGIE is essential for screening gastro duodenal malignancy and bleeding. It is an invasive therapeutic

and diagnostic procedure for upper gastro intestinal symptoms. We perform 08 UGIE sessions per month.

Methods

We analysed all consecutive UGIE done at GHP from 21/01/2016- 04/05/2016. We analyzed age, sex, indication, length to gastro-oesophageal junction (GSJ) and finding of UGIE to improve results.

Results

There were 107 cases. Female 61(58%): male 45(42%). Age ranged from 21 to 84 years. There were 09 (08%) patients in age group 20-40 year, 54 (50%) in 41-60, 39 (36%) in 61- 80 and 1 (1%) above 80. Indications were dysphagia 24 (22%), anaemia 09 (08%), epigastric pain 28 (26%), reflux 10 (09%), chronic liver disease 02 (2%), abdominal discomfort 16 (15%), haematemesis/ malaena 05 (05%), loss of appetite 02 (02%), repeat endoscopy 06 (6%) and other 05 (05%). Antral gastritis were detected in 42(39%) cases and found in all symptomatic categories. Oesophagitis 01(01%), fundal ulceration 05(05%), Candida 04(04%), fundal oedema 08(08%), gastric ulcer 08(08%), antral polyp 02 (02%), duodenitis 04(04%), duodenal ulcers 01 (01%), carcinoma oesophagus 07(07%), varices 03 (03%), Barrett oesophagus 01 (01%), cardiomegaly 01 (01%), laryngeal carcinoma 01 (01%), haemangioma 01 (01%) and no disease in 33 (31%). GSJ was at 32- 41 cm in studied cases.

Conclusion

Commonest age group is 40-60 years. 69% of procedure detected a significant pathology. Antral gastritis were detected in 42 (39%) cases and found in all symptomatic categories. Cancer detection rate is 08%. In this regional area the commonest malignancy was oesophageal carcinoma which represented 07 (08%) out of 08 malignancy. UGIE should be widely available as a first line investigation for upper gastro intestinal symptoms.

PP 25

ENDOSCOPIC AND HISTOLOGICAL FINDINGS IN PATIENTS PRESENTING WITH UPPER GASTROINTESTINAL SYMPTOMS

L T C Widiyarathne, F R Riza, D N Samarasekera, S L Seneviratne, M I M De Zoysa
Department of Surgery, Faculty of Medicine Colombo, Sri Lanka

Introduction

Upper gastro-intestinal endoscopy (UGIE) is a frequently

performed procedure. We assessed the common endoscopic and histological findings in a cohort of patients with upper gastro-intestinal symptoms.

Methods

Three hundred and ten symptomatic patients who underwent UGIE at the University Surgical Unit, National Hospital of Sri Lanka from May 2016 to April 2017 were studied. The Sydney classification for gastritis was used to assess the histological findings.

Results

Gastritis was endoscopically diagnosed in 91 (29.35%) patients and gastric biopsies were performed in 36 patients [24 males (66.7%)]. The indications for endoscopy in these 36 patients were: dyspepsia (36.1%), anaemia (13.9%), epigastric pain (8.3%) and dysphagia (5.6%) and the corresponding endoscopic findings were: inflammation (24/36, 66.7%) or ulcer (12/36, 33.3%). Of the 12 gastric ulcers, 10 (83.3%) were in the antrum.

Histology showed chronic inflammation in 32 (88.9%), activity in 5 (13.9%), intestinal metaplasia in 1 (2.8%) and Helicobacter pylori in 1 (2.8%). Gastric atrophy was absent in all patients. Endoscopic diagnosis of gastritis was histologically confirmed in 32 patients (88.9%) but histology was normal in 2 patients (5.6%) and reactive gastropathy was seen in 2 patients (5.6%).

Discussion and Conclusions

Nearly one third of symptomatic patients undergoing UGIE have gastritis. In patients who were biopsied there was good concordance between the endoscopic findings and histology.

PP 26

CHRONIC PANCREATITIS: PROFILE FROM A TERTIARY REFERRAL CENTER

D Subasinghe, S Mathurahan, C Padmaperuma, B Weerakoon, S Sivaganesh
University Surgical Unit, National Hospital of Sri Lanka

Introduction

Chronic Pancreatitis (CP) is characterized by a variable spectrum in terms of aetiology, clinical presentation, complications and consequent management. The profile of CP in Sri Lanka is largely unknown with little published data. This study describes a cohort of patients with CP in a tertiary surgical unit.

Methods

Retrospective analysis of a prospectively maintained database of consecutive CP patients presenting to a single surgical unit from 2011-2017 was done.

Results

A total of 50 patients with CP were included. Mean age was 45.7±14.9 years and M: F was 3.1:1. The commonest presentation was epigastric pain (80%, n=40) followed by cholangitis (10%, n=5), obstructive jaundice (8%, n=4) and weight loss (2%, n=1). Alcohol was the commonest aetiology (50%, n=25) followed by idiopathic calcific CP in 46% (n=23). Mean pain score at presentation was 5.72+/-2.38 (range 0-10) and 10% (n=5) underwent coeliac plexus block. Diabetes was present in 36% (n=18) and exocrine failure in 46% (n=23).

Imaging showed entire gland involvement in almost a third of cases with the head afflicted in 58% (n=28). Calcification (82%, n=41), primarily intraductal and pancreatic duct dilatation (60%, n=30) were the main morphological changes with glandular atrophy in 20% (n=10). Local complications developed in 50% (n=25) at some stage of the disease. These included pseudocysts (22%, n=11), biliary strictures (10%, n=5), pancreaticopleural fistulae (6%, n=3), malignancy (4%, n=2) and pseudoaneurysms (4%, n=2). Endotherapy was performed in 38% (n=19) while 14% (n=7) had surgical procedures.

Discussion

Though alcohol was the commonest aetiology, a large proportion of this cohort had calcific CP of unknown aetiology. Most patients were managed symptomatically while endotherapy and surgery were utilized in selected patients, especially with complications.

PP 27

SUCCESS IN LAPAROSCOPIC ERA: MORE THAN 220 CONSECUTIVE LAPAROSCOPIC CHOLECYSTECTOMIES WITH ZERO CONVERSION RATE

R M M Theepan, B G N Rathnasena, T A D S Perera, M Mathurageethan

WARD 27/38, National Hospital of Sri Lanka

Background

Laparoscopic Cholecystectomy (LC) is the gold standard surgical procedure for removal of gall bladder. However in difficult situations, it is customary to convert it to an open procedure.

Methods

A prospective data analysis was done for 224 consecutive cases of LC performed in a surgical unit at National Hospital of Sri Lanka from September 2012 to March 2017. All surgeries were performed either by consultant surgeon or senior registrar /registrar under direct supervision of consultant surgeon.

Results

Out of 224 patients, 164 were women (73.2%) with a mean age of 48.7 years (range 21-84). Biliary colic (37.5%), chronic cholecystitis (31.7%) and acute cholecystitis (9.8%) were the commonest indications for LC. Twenty one patients who had common bile duct (CBD) stones underwent CBD exploration simultaneously. Among 224 cases 20 had empyema, 9 had mucocoele and 1 had cholecystoduodenal fistula. In 31 difficult cases retrograde cholecystectomy was performed and out of them 9 patients underwent subtotal cholecystectomy. In 1 patient with empyema, laparoscopic cholecystostomy was performed and subtotal cholecystectomy was performed 2 months later. All cases were successfully managed laparoscopically with zero conversion rates. Bile spillage was the commonest complication (21.0%) and there were no bile duct injuries. Average postoperative hospital stay was 2.8 days.

Conclusion

With meticulous technique and timely decision on resorting to retrograde mobilisation with subtotal cholecystectomy, most of the complicated cases can be successfully managed laparoscopically by an experienced surgeon without converting to open cholecystectomy.

PP 28

LIVER HAEMANGIOMA – EXPERIENCE OF THREE YEAR FOLLOW UP

Samantha Shilpage, Rohan Siriwardana, Suchintha Thilakarathna, Chinthaka Appuhami
Professorial Unit, Department of surgery,
Colombo North Teaching Hospital, Ragama, Sri Lanka

Introduction

Hemangiomas are the most common benign tumors of the liver. Majority of hemangiomas are small, asymptomatic, and are incidentally discovered. This study evaluates the outcome of follow - up of liver haemangiomas.

Materials and Methods

Forty-nine patients with hemangioma referred to the hepato-biliary clinic of the North Colombo Teaching Hospital from 2011 September to 2016 December were the subjects. Haemangioma was diagnosed with the typical appearance in Liver CT or MR imaging. All imaging was reviewed in multi-disciplinary meeting. Clearly symptomatic lesions were offered surgery. Others were followed up with three month ultra sound scans (USS) and percentage increase in size was compared.

Results

The median age of the study population was 43 (range 19 – 78) years and 63% were females. The majority (60%) symptomatic and only 26.3% were incidentally detected. On contrast enhanced CT scan of the abdomen the median diameter was 2.85cm (range 1-12). Majority (70 %) had involvement of the right hemi-liver with 54% being located in the right posterior sector. Fifty seven percent were multifocal. 16.3% (8 / 49) underwent resection due to symptoms and histology was confirmatory (Laparoscopy n = 3, Open surgery n = 5). After 36 months of follow up median percentage change in size is 2.5 (Range-19 to 70).

Conclusion

Haemangioma can be confidently diagnosed with appropriate imaging. Surgery should be limited to clearly symptomatic lesions. No significant change in size was noted in follow up group.

PP 29

UNEQUAL DISTRIBUTION OF LIVER FAT WARRANTS CAREFUL SELECTION OF BIOPSY SITE DURING DONOR ASSESSMENT

B K S Bulathsinhala , T Sivasubramaniam, L Paranaheva, M S B Tillakaratne, R C Siriwardana
Professorial Surgical Unit,
North Colombo Teaching Hospital, Sri Lanka

Introduction and Objectives

Non-alcoholic fatty liver disease (NAFLD) is a major health concern. Liver fat deposition seems to have a segmental variation. This can affect invasive and non-invasive detection of NAFLD. The present study evaluates the pattern of fat distribution of the liver using computed tomography (CT) attenuation index.

Methods

Two radiologists evaluated 517 non-contrast CT abdomen and pelvis images. Two 40mm² regions of interest (ROIs) were selected from each segment. The hepatic segmental densities were obtained by calculating the mean densities of areas of corresponding liver segments. The mean hepatic attenuation (MHA) was quantified by obtaining the mean segmental densities. Densities were compared among segments and with the MHA.

Results

The median age was 58 years (min-max: 9-88; IQR: 45-67) and 276 (53.4 %) were males. The overall median hepatic density (i.e. grand median) was 53.05 (95% CI: 52.95 - 53.15) Hounsfield units (HU). Lowest median density was observed in segment IV b, significantly lower compared with other segments (P<0.05). Highest median segmental density was observed in segment V compared to other segments (P<0.05). Segments V, VI and VIII had higher median densities compared with grand median hepatic density (i.e. 53.05); whereas median densities of segments II, III and VII were not significantly different from the grand median.

Conclusion

Liver biopsy taken from segment II, III and VII are likely to be most representative of overall fat deposit

PP 30

ENDOSCOPIC ULTRASOUND (EUS) GUIDED PANCREATIC PSEUDOCYST DRAINAGE WITH ANTI-MIGRATION STENTS – INITIAL EXPERIENCE

B C A R P Bulathsinghela, T G A Priyantha,
N J Nawarathna
Gastro-intestinal Surgical Unit,
Colombo South Teaching Hospital, Sri Lanka

Introduction

Surgery is still the most widely used modality for the drainage of Pancreatic Pseudocysts (PP). However, endoscopic ultrasound guided pancreatic pseudocyst drainage (EUS- PPD) is gaining acceptance as the preferred option especially in tertiary care centers across the world. The objective of this study is to analyze the initial experience of the use of EUS-PPD with anti-migration (NAGI) stents for the management of PP.

Methods

This is a retrospective analysis. Data collected from

patients who underwent EUS-PPD with anti-migration stent from 2015 July to 2017 for pp in a tertiary care center.

Results

Seven patients underwent EUS-PPD and the procedure was completed successful in 05 of them (71 %). There were three males and two females between the ages of 33 to 54 (average 47) years. One of them had severe sepsis due to infected PP and EUS-PPD was undertaken since her condition did not warrant any surgical procedure. Later she died of multi organ dysfunction. Other 04 (80 %) patients remain asymptomatic. Stents were removed after resolution of the cysts in 03 of them.

Discussion

Surgical management of PP has been associated with 35% adverse event and 10 % mortality. Published data suggests that EUS-PPD has a technical success of 90 % and treatment success of 75 to 90 %. We have undertaken EUS-PPD in a patient who was otherwise not fit for surgery. At times it may be lifesaving in some patients.

Conclusion

Our initial experience suggests that EUS-PPD is technically feasible and safe in our hands.

PP 31

SAFETY AND EFFICACY OF THREE PORT LAPAROSCOPIC CHOLECYSTECTOMY; A RETROSPECTIVE ANALYSIS OF A SINGLE UNIT DATA

B P N Wijerathne, D L Piyarisi, N Nawarathna
Colombo south Teaching Hospital, Sri Lanka

Introduction

Laparoscopic cholecystectomy (LC) is practiced by surgeons all over, with minor technical modifications by some. The three-port technique has been practiced on a limited scale. Objective of this study was to assess the safety and efficacy of three-port LC in contrast to four-port LC.

Methods

The bed head tickets and operation theater records of 68 patients who underwent three port LC from April 2016 to April 2017 were reviewed along with at least three months clinic visits. Variables such as operating time, conversion to open procedure, analgesia requirement, duration of hospital stay and post-

operative complications were assessed.

Results

Out of 68 patients, 47 were females and 21 were males. Age range was from 4 to 77 year with a mean of 49.2 years. Mean operating time was 46.2 (SD 14.76) minutes. Eight patients (11.7%) were converted to open procedure. Majority of patients could be managed with Diclofenac Sodium suppository and oral Paracetamol six hourly, except 9 (15%) required additional weak opioid in the first post operative day. Mean Post-operative hospital stay was 1.55 days. Although one patient had myocardial infarction on second post-operative day and stayed longer. Post-operative mortality was zero. There were no major bile duct injuries (In four-port LC -0.26% to 0.6%) and bile leaks (In four-port LC -0.3-0.9%) or bowel injuries (In four-port LC -0.14-0.35%).

Conclusion

Requirement of post-operative analgesics and hospital stay were similar to conventional LC and published data. So avoiding an extra assistant, a port and scar, three port laparoscopic cholecystectomy is an effective and a safe method in experienced hands. A planned randomized study will be more effective before wide acceptance of the technique.

PP 32

ASSESSMENT OF EARLY COMPLICATIONS OF WHIPPLE PROCEDURE – 10 YEARS OF EXPERIENCE IN A TERTIARY CARE HEPATOBILIARY CENTRE

K A N Chanaka, M A C Lakmal, K A P R Kumarasinghe,
A Pathirana
Professorial Surgical Unit,
Colombo South Teaching Hospital, Sri Lanka

Introduction

Whipple surgery, performed for periampullary carcinomas, is considered as technically demanding complex procedure. The aim of this study was to evaluate the surgical clearance and early complications of patients underwent Whipple procedure in our centre.

Methods

Retrospective analysis of patient and surgical characteristics of Whipple surgeries done from 2008-2017 in the professorial surgical unit of Csth was performed.

Results

Seventy four procedures, with equal gender distribution (Male:female 1:1), were performed. Mean age was 53.9(range 32-74 years). All the surgeries were planned after a MDT discussion. Histologically, majority were moderately differentiated adenocarcinoma (65%). Others were mucinous and serous cyst adenomas (5.5% each), duodenal and neuroendocrine tumors(4% each) and 1 squamous cell carcinoma. In 7(9%) specimens, no malignant lesions were found. Pancreatic resection margin was involved in 5 adenocarcinomas (13.1%) and all these tumors were >2cm(not statistically significant p=0.11).

Perineural and lymphovascular invasions were present in 64% and 59% of the specimens respectively. Mean number of 10 lymph nodes (range 1-31) have been harvested. Mean lymph node positivity index was 0.12. Complications were; superficial surgical site infection-15%, pneumonia-8%, transient paralytic ileus-88% and pancreatic leak – 3%. 30 day mortality was 2.7% (n=2).

Conclusions

Surgical clearance and the 30 day mortality rates of our cohort are comparable with the worldwide data of high volume centers. Long term follow up studies should be continued to evaluate overall survival rates.

PP 33

CRITICAL VIEW OF SAFETY (CVS) IN LAPAROSCOPIC CHOLECYSTECTOMY: SRI LANKAN PERSPECTIVE

T A D S Perera, B G N Rathnasena, M Mathurageethan,
R M M Theepan
Ward 27/28, National Hospital of Sri Lanka

Introduction

Concept of establishing Critical View of Safety is currently recommended in Laparoscopic Cholecystectomy (LC) to minimize iatrogenic bile duct injuries.

Methods

A prospective analysis was done on 88 consecutive LCs from April 2016 to March 2017 in a surgical unit at National Hospital of Sri Lanka. All cases were performed either by consultant surgeon or under direct supervision of consultant surgeon.

The hepato-cystic triangle was dissected to establish CVS. Photo documentation of CVS was done prior to division of cystic duct and artery in each case.

Retrograde dissection was performed when establishing CVS was difficult.

Results

Out of 88 cases 65 (73.9%) were females. Mean age was 47.2 (range: 21-79) years. CVS was established in 68 (77.2%) cases which included 5 empyemas, 6 mucocoeles, 5 acute cholecystitis and 17 chronic cholecystitis. Mean time for establishing CVS was 33.8 (range 20-45) minutes. Fibrosis and adhesions in hepato-cystic triangle (65.0%) and doubtful anatomy (19.9%) were the commonest reasons for not establishing CVS.

Three underwent subtotal cholecystectomy including one patient who was initially managed with cholecystostomy for empyema. Bile spillage (19.3%) & gallstone spillage (9.1%) were the commonest complications. Majority (94.3%) were discharged within 48 hours. None had bile duct injuries. Conversion and Mortality rates were zero.

Conclusion

Establishing CVS is currently recommended for safe laparoscopic cholecystectomy to minimize iatrogenic bile duct injuries. However if CVS is not established timely decision on retrograde dissection with or without subtotal cholecystectomy will minimize the risk of iatrogenic bile duct injuries as well as conversion to open procedure.

PP 34

RESULTS ON THIRTY NINE LIVER RESECTIONS FOR METASTATIC LESIONS – SIX YEARS OF EXPERIENCE IN SINGLE HEPATO-BILIARY CENTRE

K A N Chanaka, M A C Lakmal, M S Nandasena,
K A P R Kumarasinghe, A Pathirana
Colombo South Teaching hospital Professorial Surgical Unit, Sri Lanka

Introduction

Liver resection is the treatment of choice in selected patients with colorectal metastasis (CRM) confined to liver. Hepatic resections for metastatic lesions including CRM in our centre were analyzed as local data on this aspect is minimal.

Methods

Retrospective analysis of patient, disease and surgical characteristics of liver resections for hepatic metastatic

lesions from 2010-2015 was done using SPSS 20.

Results

Thirty nine patients underwent liver resections and majority (80%) was for colorectal metastasis. Other indications were metastasis of GIST (5), breast (1), adrenal (1) and pancreas (1). Male female ratio was 9:10. Only one patient had CLCD at the time of surgery. In colorectal group commonest site of primary was sigmoid colon (45%) followed by rectum (38%) and right colon (17%), and majority underwent anatomical resection (64%). Only 2 patients (6%) had the resection at the time of primary surgery and 5(23%) were recurrent metastases. Majority (61%) of the lesions located in the right lobe and out of that segment 5, 6 were involved most. 35% of the metastasis were multifocal. R0 resection was possible in 74% with a mean minimal clearance margin of 2mm. Majority was moderately differentiated adenocarcinoma (82%). Among GIST patients primary was in stomach in 3 and in ileum in 2 patients. In all patients, 30 day mortality was zero.

Conclusions

Majority of the liver resections for metastatic disease was for colorectal metastasis and most of them were found in the right lobe. Further studies are needed to calculate the overall survival.

PP 35

SAFETY AND EFFICACY OF EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY FOR PANCREATIC STONES- A DESCRIPTIVE STUDY

B K S Bulathsinhala, T K Wijeratne, P S Hettiarachchi
Professorial Surgical Unit - Colombo South Teaching Hospital & Asiri Surgical Hospital, Sri Lanka

Introduction

Extracorporeal Shock Wave Lithotripsy (ESWL) is the cornerstone of managing pancreatic stones in developed world. Despite proven advantages it's not well established in Sri Lanka. The study describes the safety and efficacy of ESWL for pancreatic stones.

Methods

Fifteen selected patients who underwent ESWL from 2013 to 2017 were the subjects. Commonest indication was chronic pancreatitis (CP) in 66.7%, where 4(26.7%) had acute on chronic pancreatitis and 1(6.7%) patient had CP with carcinoma of pancreas. Fluoroscopy guided

focused Shocks at a rate of 60/minute (4000 shocks) were used. Demographic data, indications, post-procedure symptom improvement, satisfaction (interviewer based questionnaire) and stone clearance was prospectively analyzed.

Results

Seven out of 15 were males with median age of 39(14-85) years and BMI 21(18-27). Commonest indication was pain in 10(66.7%) and 4(26.7%) had recurrent acute pancreatitis. One had a successful, urgent ESWL to retrieve impacted dormia basket during ERCP. Eleven patients had ERCP prior to ESWL though 4 were directly referred for ESWL. Thirteen (88.6%) required one ESWL session and 2(13.3%) needed multiple sessions. Symptoms were completely relived in 73.5%, relived but recurred in 20% and not relived in 6.7%. Two patients developed mild pancreatitis postoperatively. Twelve (80%) patients had significant satisfaction and 3(20%) were not satisfied. Post ESWL stone clearance in ERCP was good in (8)53.5% and poor in 2(13.3%). Five (33.3%) patients did not have post procedure ERCP.

Conclusion

ESWL is safe, feasible and effective treatment for symptomatic pancreatic stones. It should be widely available for improved patient care.

PP 36

DOES BACKGROUND CIRRHOSIS AFFECT THE OUTCOME OF LIVER RESECTIONS FOR HEPATOCELLULAR CARCINOMA? SINGLE SURGICAL UNIT EXPERIENCE IN A TERTIARY CARE CENTER

M A C Lakmal, K A N Chanaka, R G M S Nandasena,
K A P R Kumarasinghe, A Pathirana
Professorial Surgical Unit, Colombo South Teaching Hospital, Sri Lanka

Introduction

Liver resection for hepatocellular carcinoma (HCC) is technically demanding, due to the presence of background cirrhosis in the majority of cases. We analyzed the outcome of liver resections for HCC in cirrhotic and non-cirrhotic patients.

Methods

Retrospective analysis of liver resections for suspected HCC in cirrhotic (CR) and non cirrhotic (NCR) patients from 2011-2015 was done using SPSS 20.

Results

Thirteen non-cirrhotic and 8 cirrhotic patients underwent surgery. All cirrhotic patients were Child-Pugh A. Gender and age was comparable in two groups. 4 major and 4 minor resections were done in CR patients. 8 major and 5 minor resections were performed in NCR patients ($p > 0.05$). Resection margin positivity was reported in NCR group and no margin positivity detected in CR group. Post operatively no difference found between two groups in reported complications; superficial surgical site infection ($p = 0.71$); transient liver failure ($p = .82$); pneumonia ($p = .77$). Mean ICU stay was; CR-2.7 days; NCR-2.51 days which is not statistically significant. 30 day mortality was zero in both groups.

Conclusions

No difference in post-operative complications, ICU stay and 30 day mortality were reported in our data of cirrhotic and non-cirrhotic patients. The presence of background cirrhosis does not seem to have affected the morbidity or mortality of liver resection in this cohort of patients.

PP 37

ARE WE IN THE CORRECT TRACT OF PERFORMING LAPAROSCOPIC CHOLECYSTECTOMY. EIGHT YEARS EXPERIENCE OF A SINGLE SURGICAL TEAM

Vaseethan Y, Rajendra S, Renushanth T
Prof Unit Surgery, Teaching Hospital Jaffna

Introduction

Laparoscopic Cholecystectomy is the gold standard treatment for symptomatic cholelithiasis, but the possible complications must always be kept in mind for better outcome.

Objective

The study was conducted to evaluate the clinical outcome of laparoscopic cholecystectomies, which were carried out in the University Surgical Unit, Teaching Hospital Jaffna from January 2009 to May 2017.

Method and results

Details of a total of 226 patients were collected from database of laparoscopic cholecystectomy by a single surgical team with regards to patient factors, conversion and complications. Out of 226 patients, 145 (64.16%) were females and 81 (35.84%) were males. The age ranged from 13 to 84 years. Successful laparoscopic

cholecystectomy was performed in 198 (87.6%) patients and conversion to open cholecystectomy took place in 28 (12.4%) patients. Most frequent cause for conversion was difficult dissection due to fibrosis/ adhesion at Calot's triangle.

Overall complication rate was 14.6%. The types of intra operative complications were bile duct injury 2 (0.9%), visceral organ injury 1 (0.4%), gall bladder perforation and bile leak 2 (0.9%) and stone spillage 1 (0.4%). Post operative complications encountered were wound infection 11 (4.9%), retained stone 2 (0.9%), bile leak 2 (0.9%) and post operative bleeding (oozing from gall bladder bed) 1 (0.4%). Mortality was nil. Median post operative hospital stay was 1 day.

Conclusion

The parameters concerned with laparoscopic cholecystectomy were compared with available international data and the results of this study were comparable with international standards.

Key words: laparoscopic cholecystectomy, conversion, complications

PP 38

ANTI-BACTERIAL PROPERTIES OF TURMERIC

G P Rashmila, K T D Kahaduwa, M C Tharaka,
B Thuciyanthan, D D S Chithrananda,
Y S Wijesiriwardhane, R Cassim, S M Wijeyaratne
Department of Surgery, Faculty of Medicine,
Colombo, Sri Lanka

Introduction

Curcumin is an active ingredient of turmeric isolated from the root of *Curcuma longa* and it has been tested for antioxidant, anti-inflammatory and anti-infective properties with mostly positive results. Many researchers have tested various preparations of turmeric to be effective as an antibacterial agent. We tried to demonstrate the bacterial inhibition of commercially available turmeric on agar plates (standard ABST was done).

Method

Four preparations were made for the test using raw and old dried turmeric rhizomes from the same origin.

1. Raw turmeric rhizomes were boiled after washing thoroughly and then sun dried for about a week until

they were sufficiently dried. Then the covering of it was scraped separately to prepare a sample for the test.

2. Then the rest of the rhizome was ground to take turmeric powder.

3. Another raw turmeric rhizome was washed thoroughly and ground freshly after peeling off the covering to a pulp.

4. Old dried turmeric rhizomes were ground to make another sample. Then all four preparations were tested for *Escherichia coli*, *Pseudomonas* and *Staphylococcus aureus*.

Results

All tested organisms (*Escherichia coli*, *Pseudomonas* and *Staphylococcus aureus*) were resistant to all four preparations.

Conclusion

Maybe the concentrations of curcumin in the preparations were not sufficiently enough to show an antibacterial effect. If a series of preparations with increasing concentrations were made we can identify the concentration which gives the antibacterial effect. Further evaluation is suggested.

PP 39

UNDERGRADUATE PERCEPTIONS ON THE END OF COURSE ASSESSMENT IN SURGERY

U Jayarajah, S De Mel, S A Seneviratne
Department of Surgery, Faculty of Medicine,
University of Colombo, Sri Lanka

Introduction

A feedback process with active involvement of the learner is a valuable tool to enhance training and assessments in higher education. This study reports findings from a feedback assessment conducted among final year medical undergraduates on the end of course assessment in Surgery.

Method

A self-administered questionnaire was used among 201 final year medical undergraduates of the Faculty of Medicine, Colombo to collect students' perceptions on clinical assessment (i.e. long and short cases), performance of examiners during clinical assessments and student perceptions on different types of undergraduate assessments in Surgery.

Results

Approximately 90% of undergraduates perceived that both long and short case assessments were fair in assessing their knowledge and clinical skills. On the overall assessment in Surgery, approximately 90% agreed that tasks reflected those taught, assessment covered a wide area of knowledge and skills in Surgery and time given for assessment was adequate. Approximately 95% agreed that assessment provided a true measure of essential clinical skills in General Surgery. Of the types of assessment methods used, most felt long case to be the best method in assessing whether one is a safe doctor with good communication skills and ability to apply knowledge practically.

Conclusion

A majority of students were satisfied with the current assessment system as being fair in relation to the way it is conducted and content that is assessed. Most perceived the clinical component to be superior to all other components in assessing whether a student is suitable to become a good and a safe doctor.

PP 40

SURGICAL SITE INFECTIONS (SSI)/EXPLORING RISK FACTORS

W R P De Alwis, M I Mutharachchi, B Piyasena,
S A G A Jayawardana, K A D Thilaksha,
H R Wickramasinghe
Orthopaedic Unit, North Colombo Teaching Hospital,
Sri Lanka

Introduction

Surgical site infection (SSI) is one of the commonest and preventable causes of morbidity and mortality following surgery. It is defined as an infection occurring up to 30 days after surgery or up to one year post surgery in a case of implants. Studies have categorized SSI risk factors broadly as endogenous and external risk factors. Duration of the surgery, experience of the surgeon, surgical theatre qualities are few of the external risk factors. Operation theater quality includes the sterility of the theater, good ventilation of the theater, theater temperature and humidity.

Methods

An observational study was conducted in orthopedic theatre in NCTH Ragama for duration of four months from 2016 October to 2017 January. Patients with identified comorbidities were excluded from the study.

Results

Sixty one patients (32 females and 29 males) were included in the study. Mean age of the study group was 50.84 (SD 15.9). Mean temperature of the theater was 25.1 0C (SD 3.5). Senior House Officers (SHOs) have done 42 (68.9%) surgeries and 19 surgeries (31.1%) were conducted by VOS.

Temperature of the operation theatre has shown a significant association with the SSI (P = 0.003). However this study group did not show a significant association between SSI and type of surgery, surgeon, duration of the surgery and age of the patient.

Discussion and Conclusion

Limited size of the study group is one of the major limitations of this study. This study did not take into account the potential confounding factors including theater humidity, ventilation and human factor.

PP 41

AUDIT ON BURDEN OF ANIMAL BITES IN MANNAR

Bingumal Jayasundara, Chathura Gunathilake, Poornima Jayawickrama, Harsha Rajapakse, Dilini Senarathne, Janaka Balasooriya, Shakthi Balan
District General Hospital, Mannar, Sri Lanka

Introduction

District General Hospital, Mannar is the only secondary care centre catering a population of 106000 distributed over 1996 square kilometers in the district. Due to the close proximity to several national wildlife reserves and due to large draining area, work burden caused by injuries due to wild and domestic animal attacks is high.

Methods

We have audited the outcome of all cases presented following animal attacks/bites to our institution from November 2016 to April 2017. Injuries due to snake bites and human bites were excluded.

Results

There were 172 (98 males) admissions with age range from 8 months to 73 years during these six months. Bites by stray dogs (SD) (47; 27.3%), unvaccinated domestic dogs (uDD) (86;50%), vaccinated domestic dogs (22;12.8%), unvaccinated cats (uC) (7;4%), mongooses (1), donkeys (3); and attacks by bears (2), crocodiles (2) and elephants (1) comprised the admissions. Average duration of hospitalization was 1.7 (range 0.3-12) days.

Hundred and thirty seven cases required post exposure prophylaxis (PEP) for rabies and 29 had to be referred to the tertiary centre for human rabies immunoglobulin. Average cost for PEP for a case was 3205 rupees. Twenty seven (15.7%) required surgical intervention under general or regional anaesthesia. Three cases had short-term disability due to extremity injuries. There were two mortalities following bear and elephant attacks.

Discussion and Conclusions

Although PEP of rabies is not a surgical procedure, hospital policies have added unnecessary burden on surgical units in peripheral secondary centres. Ninety two percent of Rabies PEP was following SD, uDD and uC bites. That has added a higher cost to the health budget which is preventable.

PP 42

CORRELATION STUDY ON RELATIONSHIP BETWEEN WAIST CIRCUMFERENCE AND ABDOMINAL PRESSURE VOLUME CURVE CHARACTERISTICS DURING LAPAROSCOPY

R M B Chandrasekara, J R Wijesekera, S Herath
Base Hospital Gampola, Sri Lanka

Introduction

Abdominal compliance (AC) is a critical determinant factor in work space of the abdomen during laparoscopic procedures. This varies among individuals. We performed an observational study to detect correlation between waist circumference and abdominal pressure volume curve characteristics.

Methods

Primary data collection was done on pressure volume relationship of abdomen during CO2 inflation for laparoscopy following full muscle relaxation in 43 patients. Further height, weight, waist circumference, age, and gender data were collected. The study was conducted at Colombo North Teaching Hospital Ragama from November 2015 to May 2016. Analysis of correlation between abdominal pressure volume curve characteristics and waist circumference was done using Pearson product-moment correlation coefficient.

Results

Out of 43 patients 56% were female and 44% were males. Three patients were excluded. Descriptive statistic demonstrated, age [40.1 years (SD 18.01)], waist circumference [83.71 cm (SD 13.75)], height [

167.42 cm (SD 7.85)], weight [66.85 kg (SD 10.60)], resting pressure [4.14 mmHg (SD 1.14)] and AC [.309 L/mmHg (SD .109)]. The study revealed a correlation between waist circumference and resting abdominal pressure ($r = .927$, $p = .003$) and between waist circumference and AC ($r = .557$, $p = .194$).

Conclusion

Resting abdominal pressure showed significant strong positive correlation with the waist circumference. Positive but insignificant correlation noted between abdominal compliance and waist circumference.

PP 43

USE OF MARSHALL COMPUTED TOMOGRAPHY (CT) SCORE IN PREDICTING MORTALITY IN PATIENTS WITH TRAUMATIC BRAIN INJURY- SINGLE NEUROSURGICAL UNIT EXPERIENCE IN A TERTIARY CARE CENTER

H M S S De Silva, K A N Chanaka, K P V R De Silva, D C D Mendis, N Gunasekara
Neurosurgical unit, Teaching hospital Karapitya, Sri Lanka

Introduction

CT plays a pivotal role in assessing traumatic brain injury (TBI), Marshall CT score (MCTS) is widely used scoring system in which initial CT findings and the surgical procedure are grouped in to 6 categories. The aim of this study was to assess the value of MCTS in predicting the mortality in TBI patients.

Method

Retrospective analysis of the TBI patients presented to our unit during January to April 2017 was done. Patients were grouped according in to MCTS (score 1-6) and in-hospital mortality was assessed.

Results

Five hundred and fifty two patients presented with TBI (Male: female was 420:132). Mean age was 46.1 years. Range 13-89 years. Percentage of patients in each score are score 1- 48.55%, score 2- 16.67%, score 3- 7.6%, score 4- 0%, score 5- 22.64% and score 6- 4.52%. The mortality rates were; score 1-0%; score 2- 2.17%,; score 3- 19.04%; score 5- 16%; score 6- 96%. There were no patients in group 4 because all the patients with midline shift are taken up for any form of surgery. Significant association of reduced mortality in patients in score 5 compared to score 6. ($P=0.01$)

Conclusion

MCTS has a positive predictive power for assessing mortality within our study cohort. As the study proves the value of evacuation of mass lesion in patients with TBI in reducing the mortality multicenter studies are needed to evaluate further and to find the other variables that are associated with mortality.

PP 44

THORACOSCOPIC SYMPATHECTOMY; REVIEW

M L M Mushraf, H Sunanda, G R Nirmalasingham, W S Rathnaweera, H K G R Anuradha, B K Dasanayaka, R Perera, V Pinto, K B Galketiya
Surgical Unit, Teaching Hospital Peradeniya, Sri Lanka

Introduction

Hands, head and neck sympathetic supply is from thoracic 1st, 2nd, 3rd and 4th ganglia. Thoracic T2-T4 sympathectomy is therapeutic for upper limb, head and neck hyperhidrosis and upper limb complex pain syndromes and Burgers disease. Thoracoscopic approach reduces morbidity.

Method

A retrospective analysis of thoracoscopic sympathectomies performed from October 2012 to April 2017 was done. In hyperhidrosis bilateral sympathectomy was done and in others on the affected side.

Results

13 patients underwent the procedure. The age ranged from 13 to 62. The indications were hyperhidrosis (5), burgers disease (3), complex pain syndromes (2), Reynauld's 1, adjunct to axillary-brachial bypass 1 and phantom limb 1. The time ranged from 20-45 minutes per side. There was no measurable blood loss. All were mobilized out of bed and fed on the same day. 10 were discharged the next day and 2 after 48 hours. One patient who developed a pneumothorax was managed with an intercostal tube and discharged on 3rd day. None developed Horner's syndrome. Hyperhidrosis, pain of complex pain syndromes, Reynauld's and Burgers had a complete relief. The Phantom limb following an above elbow amputation disappeared. The one after a thrombosed axillary-brachial bypass didn't benefit.

Conclusions

Thoracic sympathectomy provides relief in

hyperhidrosis, burgers disease, complex pain syndromes, Reynauld's and phantom limb. It is approached through a cervical approach at the root of neck, axillary transthoracic route through 3rd intercostal space or a thoracoscopic access. Thoracoscopic approach is feasible and safe with no measurable blood loss, short operating time and early discharge.

PP 45

SELF-REPORTED FUNCTIONAL OUTCOME IN PATIENTS WHO WERE SURGICALLY TREATED FOR BIMALLEOLAR FRACTURES

M R A Nihaj, M Z M Zafras, K P N G Ranasinghe, D Munidasa
Department of Orthopaedic surgery,
National Hospital of Sri Lanka

Introduction

Bimalleolar fractures in ankle joint (AJ) is a debilitating injury. As the locomotion is dependent on the stability and function of AJ, post-operative function of AJ is important.

Aim

To assess the functional outcome of AJ in patients who were surgically treated for bimalleolar fractures.

Methods

A retrospective study of 48 patients with bimalleolar fractures of AJ, managed surgically during the period from January 2014 to January 2016. They were asked to fill Foot and Ankle Disability Index (FADI) score which assess the activities of daily living, functional mobility, gait, occupational performance, pain, sleep and strength.

Results

Forty eight patients included in the study (Average age-44.56 years, male-56.25%). Mean follow-up was 18.43 months. Although all had started physiotherapy at the mean of 4.3 weeks, only 11 (22.9%) patients completed its full course. FADI score was ranging from 37 to 102. Out of them 1 (2.08%) had no functional disability [FD] (FADI ≥ 100), 19 (39.5%) had mild FD (FADI= 80-99), 17 (35.4%) had moderate FD (FADI= 60-79) and 11 (22.9%) had severe FD (FADI ≤ 59). Twenty-six (92.8%) patients, who had either moderate or severe FD, thought that their FD is due to the metal orthopaedic implants (OI) and wanted their OI to be removed.

Conclusions

Postoperatively considerable percentage of patients has functional ankle disability. In literature physiotherapy is linked with a good functional outcome following surgical fixation of bimalleolar fractures, its importance need to be taught to the patients as the physiotherapy follow-up was poor in our study.

PP 46

CHARACTERISTICS AND OUTCOME OF MAJOR LOWER LIMB AMPUTATIONS IN A TERTIARY CARE HOSPITAL

A A Nishanthan¹, P Kalaventhana¹, S Prasath², T D Gooneratne², R Ubayasiri³

1 Postgraduate trainee in Surgery

2 Postgraduate trainee in Vascular surgery

3 Consultant Vascular and Transplant Surgeon,
Teaching Hospital Karapitiya

Background

Amputations are considered the last modality of surgical treatment when limb salvage fails. Amputations are associated with significant physical, psychological, economic and social impact on the patient, family and society. Objectives of our study were to outline the demographic profile, pattern, cause and in-hospital outcome of major lower limb amputations at Teaching Hospital, Karapitiya.

Methods

A retrospective, descriptive study was conducted on patients who underwent major lower limb amputation from October 2015 to October 2016.

Results

88 patients underwent major lower limb amputation during the period of study. Mean age was 63.34(±14.59) years, 47/88(53.4%) were male. Amputations performed were trans-tibial(53.4%,n=47), trans-femoral(44.3%) and disarticulation at knee(1.1%) and hip(1.1%). 1 patient underwent bilateral amputation. Causes for amputation were diabetic foot infection(39.8%,n=35), peripheral vascular disease(22.7%), PVD with infection(11.7%), trauma and mangled limb(10.2%), acute limb ischemia with delayed presentation (6.8%), other infections(6.8%) and malignancy (1.1%).

Hospital stay ranged from 3-62 days (mean 15.3 days). In-hospital mortality was 12.5%(n=11). Mortality was mainly due to myocardial infarction(63.6%) and

sepsis(36.3%). Diabetes was an independent risk factor for mortality($p<0.01$).

36 patients(40.9%) had post-operative stump complications. [stump infection(25.0%), wound dehiscence(8.0%)] Diabetes was strongly associated with stump infection($p=0.03$). 5 patients underwent re-amputation at a higher level during the hospital stay.

Conclusions

Diabetes and peripheral vascular disease were the commonest causes of amputation in our study population. Early identification of at-risk foot lesions, early vascular referral for PVD, optimizing glycemic control and education on foot care will decrease the incidence of amputations as well as postoperative morbidity and mortality.

Key words: Amputation, Diabetes mellitus, Peripheral vascular disease, Flap necrosis

PP 47

USE OF THE DORSO-RADIAL SLAB IN THE MANAGEMENT OF DISTAL RADIUS FRACTURES – A SINGLE UNIT EXPERIENCE

M A M Kulasinghe, D C Palkumbura, J G P J Wijerathna, N Wijesundara, P Y A A N Kumarasinghe, P C Amaraweera, A Appuhamy, M Munfaiz, V Rajeshwaran, C Piyarathne, V Swarnakumar, B Partheepan, S Majooran, I S Kumara
Orthopaedics Unit, National Hospital of Sri Lanka

Introduction

Distal Radius Fracture (DRF) is the most prevalent fracture worldwide (16% of all fractures). Majority of DRFs have been long treated with closed reduction and complete below-elbow cast immobilization. Our unit however utilizes a Dorso-Radial POP slab (DRS) initially. This study aims to evaluate its usefulness.

Methods

A prospective study was conducted at NHSL from 01/01/17 to 27/05/17. 140 patients during this period with selected DRF patterns were managed with DRSs and followed up for 8 weeks using DRF radiographic measurements weekly & assessing patient's wrist range of motion (ROM) after 8 weeks.

Results

41 patients had minimally displaced/non-displaced DRFs (29.3%). Analysis of radial inclinations, radial

heights, ulnar variances & palmer tilts till 6 weeks followed by ROM assessment at 8 weeks revealed a 95.1% success rate with DRSs(2 failures). 55% (n=77) had displaced extra-articular fractures which remained stable initially post-reduction. These had 81.8% success rate after follow-up (14 failures). Age-related analysis of this group revealed the highest success rate (97.2%) in the age>60y category and least success (50%) in 16y<age<30y category. Only 22% (4 out of 18) was successful for DRSs in unstable DRFs in low demand category patients. 3 out of 4 failed in the intra-articular fracture category who didn't want plating. Among the success groups, patient satisfaction at 8 weeks was highest in non-displaced category (100% satisfaction in the end)

Discussion and Conclusions

Using DRSs after fracture manipulation is effective in non/minimally displaced DRFs, displaced stable extra-articular DRFs in elderly & middle-aged. Analysis with larger numbers & control groups are needed to further evaluate its efficacy.

PP 48

NONSPECIFIC LOW BACK PAIN IN ACTIVE ADULTS – A DISABILITY EVALUATION

D C Palkumbura, M A M Kulasinghe, B A I S Kumara
National Hospital of Sri Lanka

Introduction

A retrospective study was carried out in outpatient orthopaedic clinic, evaluating 103 patients age 20-55 years presenting with low back pain for 6 weeks to 1 year excluding the ones with red flag symptoms, sciatica or objective neurological weakness. Disability was categorized as mild, moderate, severe and crippled using interviewer administered 'Oswestry Low Back Pain Disability Questionnaire' (4).

Methods

Average treatment duration at evaluation was 6.3 months. 67.1% had 'mild' disability score while 32.8% had a 'moderate' disability score. 46% had recurrence of symptoms within the last 5 years at least once. 13.5% required at least one hospital admission in moderately disabled group for which the average duration was 3.7 days. Standing for more than 1 hour remained the most affected ADL (76%) in the moderately affected group, while 43% had less than 4 hours of sleep per day. Personal care, walking, social life remained least

affected.

Conclusion

Despite the pathology being uncertain, non specific LBP remains biggest challenge among clinicians who treat LBP. Although most patients with mild symptoms cope with ADL, recurrence of symptoms, difficulties with prolonged standing and sleep disturbance need further emphasize during a multidisciplinary approach during treatment.

PP 49

PATHOLOGICAL SPECTRUM OF LUMPS REFERRED TO AN OUTPATIENT DEPARTMENT CHILDREN'S SURGICAL CLINIC

U A R S Ranawaka, F H Azmy, N L D I Nanayakkara, A M A Nasar
Lady Ridgeway hospital for Children, Sri Lanka

Introduction

Pathological spectrum of lumps in all children referred to OPD Surgical unit of Lady Ridgeway Hospital for Children from 2014/01/01-2017/04/30 was analysed. Lesions pathologically not classified as lumps (e.g.:abscess, hernia/hydrocoele, vascular lesions), despite labelled as “lumps” by referring clinicians were excluded. Multidisciplinary-team discussions and judicious utilization of hematology, histology and radiology facilitated diagnostic accuracy.

Method

Data was collected retrospectively from hospital records.

Results

Total number of new clinic attendees: 14563

Number having pathological lumps: 1413

Spectrum of pathologies:

Pathology	Number
Lymph nodes	498
Congenital dermoid-cysts	191
Mucous retention cysts-mouth	161
Ganglions(palmar/plantar)	93
Fibromas	65
Miscellaneous soft-tissue thickenings	68
Osteomas/osteochondromas	44
Lipomas	44
Parasitic granulomas	36
Thyroglossal cysts	32
Resolving sebaceous-cysts	31

Benign breast lumps	26
Sternomastoidtumours	23
Pilomatrixoma-skin	21
Baker's cyst- knee	18
Adventitious bursae-foot	13
Foreign-body granulomas	13
Implantation dermoids	12
Prepuccial cysts	12
Organised haematomas	12
Neoplasms	8
Benign facial-cysts	5

Distribution and aetiologies of 498 lymph-nodes: 386 cervical (all infective/reactive), 60 axillary (eight BCG adenitis, one lymphoma deposit, others reactive/inflammatory), 52 inguinal (two tuberculous, rest infective).

Locations of 191 congenital dermoids: 71 external-angular, 35 midline-neck, 44 scalp-vertex, 27 post-auricular and 14 chest wall.

Neoplastic lumps included; two pleomorphic-adenomas of parotid gland and, one each of: secondary deposit on skin from intra-abdominal neuroblastoma, nephroblastoma, osteosarcoma of humerus, soft tissue sarcoma of ankle, lymphoma deposit in axillary lymph node and ovarian dermoid with malignant component.

Conclusion

Pathological spectrum of lumps in children ranged from lymph nodes of infective/reactive origin to deposits from disseminated malignancy. The diagnostic accuracy improved as each lump irrespective of size and location was given due pathological respect utilising adjuvant investigations judiciously.

PP 50

DIGITAL REVASCULARIZATION AND REPLANTATION USING THE “WIDE-AWAKE” HAND SURGERY CONCEPT

W Y Abeywickrama, K Ellancheliyapallavan, G B D Sirisena, K P Priyanthi, R Hafrath, K A P Perera, R Indralingam, I N J Dayasekara
Plastic Surgery Unit, Colombo South Teaching Hospital, Sri Lanka.
First case series from a plastic surgical unit in Sri Lanka

Introduction

Conventionally digital revascularization and replantations are done under general anesthesia and

under bloodless field. Nowadays wide awake hand surgery is gaining popularity.

However, where vascularity is impaired wide awake surgery is considered a contraindication. We present our case series of 3 digital devascularizations and 6 amputations (3 fingertip amputations and 3 proximal level amputations.) operated using wide awake anesthetic concept.

Method

9 selected patients with digital devascularizations and amputations admitted to Colombo South Teaching hospital during the period of October 2016 – March 2017 were included for this retrospective study.

Results

Out of 9 cases there were 3 females and 6 males with 15 digits. Mean age was 36.4 years (19 -67). 4 males were smokers. All were work related injuries. 3 were sharp cut injuries, rest being crush – cut and avulsion injuries. 3 cases were multiple digits. Mean ischemia time was 6.9 hours (5-9). One patient needed vein grafts and three needed temporary digital tourniquet. All replants were performed under wrist block without arm tourniquet, under operating microscope using commonly used methods, by consultant and senior registrar. All 3 distal fingertip replants were done using artery only anastomoses. Out of 15 digits, 4 digits failed within five days. 4 cases had minor superficial soft tissue necrosis that healed secondarily. Overall survival rate was 73.33%. Mean follow up period is 4.7 months (2-8)

Conclusion

We conclude that digital re-vascularization and reperfusion can be performed under wrist block without detriment to the traumatized digit provided careful patient selection and adequate operator experience are available.

PP 51

UNCOMMON BREAST MALIGNANCIES – TREATMENT DILEMMA

Kumar Pankaj, Mishra Tushar
AIIMS Bhubaneswar, Odisha, India

Introduction

Though FNAC and core needle biopsies are mostly accurate and well-established modality for diagnosis of breast lesions. However, some uncommon breast

malignancies can present with significant surgical challenge and a final diagnosis can only be established only after surgical removal of lesion.

Cases

We have encountered three cases of unusual breast malignancies, which had posed therapeutic dilemma and required real brain storming to successfully manage them.

The cases are syringoid eccrine carcinoma of male breast, metaplastic carcinoma of breast and Sarcoma of breast. The first case mimicked as Paget disease of nipple, second and third as phylloid tumour.

Conclusion

The paucity of literature created further problems regarding proper management. We would like to review these cases and suggest a treatment algorithm if uncommon breast malignancies are encountered.

PP 52

RATIONALE AND USE OF CRITICAL VIEW OF SAFETY IN LAPAROSCOPIC CHOLECYSTECTOMY

S R Islam, S Rahman, S Sarkar, D Paul
Department of Surgery, Jahurul Islam Medical College, Bjitpur, Kishoreganje, Bangladesh

Introduction

Bile duct injury (BDI) is the most serious iatrogenic complication in Laparoscopic Cholecystectomy (LC). The incidence of BDI is 0.2-4%. The most common cause of serious BDI is misidentification. A method of identification of cystic structures was first described by Steven Strasburg in 1992. Later he named it Critical View of safety (CVS). Three criteria are needed to achieve CVS. We wanted to see the safety of CVS technique as sole method of dissection in laparoscopic cholecystectomy (LC).

Methods

612 cases of LC were done between January 2012 and January 2017. All were operated by CVS dissection technique and none by infundibular view technique. Cases included all acute and elective GB conditions. Data were collected in a retrospective manner.

Results

There was no incidence of BDI in our series. Average operating time was 42 minutes and range being 13 to 80

minutes. Out of 612 cases 564 achieved all 3 criteria of CVS. Rest achieved 2 criteria only. There was no death in our series. Our rate of conversion was 5.4%.

Conclusion

To prove CVS dissection method prevents bile duct injury requires randomized trial involving a large number of samples as rate of complication is very low. Excellent outcome of our study forecasts that CVS method will be the gold standard technique in the dissection of the gallbladder in LC. This technique makes the surgeon feel more secure both with inflamed and uninflamed anatomy. A further dissemination of the technique is necessary to improve safety in LC.

PP53

IS CHRONIC PANCREATITIS AN UNSOLVED ENIGMA OF PANCREATIC MILESTONE? AN OBSERVATION

Purujit Choudhury, B Ponkovan

Gauhati Medical College, Guwahati, Assam, India

Introduction

Chronic pancreatitis is a disease of varied aetiology with high morbidity and remarkably significant mortality if intervention is late and improper. It was said to be a non-surgical disease. No surgical procedure can restore its function or it is unlikely to prevent further glandular destruction. Avoidance of alcohol is determinant of outcome after all operation. Striving to improve quality of life is dismal. There are many surgeries but no one can cure pain in toto which is the main symptom to affect quality of life.

Methods

Thorough history, physical examination, laboratory data and imaging are used to diagnose the cases. CT and MRCP are the imaging commonest used though CT guided FNAC was advocated in doubtful cases of pancreatitis involves head. Conservative and surgical procedures are adopted for the management of the cases according to extent of pathology.

Results

Quality of life is dramatically improved when treated early. Long time follow-up shows recurrence and high morbidity who presented late. Surgical procedures are unable to cure symptoms in toto. Improve quality of life was achieved by surgeries. Recurrence of ductal stones in small % of cases could manage with improved function.

Conclusion

Chronic pancreatitis is a progressive disease with massive parenchymal destruction of both exocrine and endocrine system and replaced by fibrous tissue. Many of the cases might develop carcinoma. Early surgical intervention favors its prognosis. Counselling is mandatory before starting treatment.

PP54

GIANT INTRA ABDOMINAL CYSTS – A CHALLENGE FOR DIAGNOSIS AND LAPAROSCOPIC SURGERY

Mishra S Tushar, Kumar Pankaj

AllIMS Bhubaneswar, India

Intrabdominal cystic conditions are fairly common which include mesenteric cysts, ovarian cysts, paraovarian cysts, pseudocysts of pancreas, hydatid cyst, lymphangiomas, inclusion cysts etc. The correct diagnosis often guides the management. However, in spite of advances in radiology and serum markers many a times an accurate diagnosis remains elusive till the actual surgery. Laparoscopy can be a useful adjunct in both diagnoses and management in the same go. This presentation aims to highlight all intrabdominal cysts operated in our Institute with uncertain diagnosis emphasizing the feasibility of laparoscopic surgery in the management of giant intrabdominal cysts with minimum morbidity.

PP55

IMMEDIATE POST THYROIDECTOMY STRIDOR CAUSED BY PARADOXICAL VOCAL CORD DYSFUNCTION: RESULTS FROM A SINGLE CENTRE CASE SERIES

Samantha Shilpage, Ranil Fernando, B N L Munasinghe, Prabodha Samarathunga, Theekshana Pathirana, Suchintha Thilakarathna, Sandun Bulathsinghala, H M P Herath

Surgery Professorial Unit, North Colombo Teaching hospital, Ragama, Sri Lanka

Background

Immediate post thyroidectomy stridor is a known phenomenon which is, most commonly, caused by bleeding and haematoma formation. Recurrent laryngeal nerve dysfunction, laryngeal oedema and tracheomalacia are the other causes. Paradoxical vocal cord dysfunction (PVCD) is an abnormal adduction of the vocal cords during the respiratory cycle (especially during the inspiratory phase) that produces airflow obstruction at the level of the larynx. PVCD is a rare

cause for stridor following thyroidectomy. We report 6 patients who developed PVCD leading to stridor following total thyroidectomy for multi nodular goitre.

Case series

Six female patients (median age – 50 years; range 27-65) who were clinically and biochemically euthyroid underwent total thyroidectomy for multi nodular goitres (2013 – 2017). All had pre-operative vocal cord assessment which was normal. Intubations were not difficult. They developed stridor immediately after extubation without evidence of haematoma formation. Post-operatively they had paradoxical movement of vocal cords (at laryngoscopy) during tidal breathing. Out of six, three patients were re-intubated and observed in the intensive care unit for 24 hours. Other 3 patients were observed in the ward. Stridor resolved completely in all patients in 24 hours and they were discharged on 3rd day. Speech therapy was started on 2nd day. Re-evaluation done after 2-weeks, revealed normal vocal cord movement in all.

Conclusion

These patients demonstrated the paradoxical vocal cord palsy following thyroidectomy causing stridor.

PP 56

CLINICAL DETERMINANTS OF THE BEST SURGICAL OPTION IN PAPILLARY THYROID MICRO-CARCINOMA

D J D Jayasinghe, A U Wijemanne, R Dassanayake, A Thewarapperuma, M C Perera, A Liyadipita
National Hospital of Sri Lanka

Introduction

Papillary thyroid micro-carcinoma (PTMC) is an indolent form of differentiated thyroid malignancy (DTC) with excellent outcome. It is often incidentally detected and there is ongoing dilemma on optimum management of PTMC. Total thyroidectomy considered obsolete for PTMC according to most recent guidelines and accurate pre-operative diagnosis is key to its optimum surgical management.

Method

A sub-group analysis of a descriptive, cross-sectional study on patients underwent total, partial or completion thyroidectomy for a period of 1 year from January 2015 in all surgical units at a provincial general hospital in Sri Lanka.

Results

PTMC was diagnosed in 30 of 97(30.9%) patients with papillary thyroid cancer (PTC) confirmed at post-operative histo-pathology. Total thyroidectomy is primary surgery in 21(70%) of them. Mean age at diagnosis of PTMC is 42 years (18-60 yrs) and 22(73.3%) were females. All patients had an ultrasound scan of the thyroid within 3-6 months of surgery & only 10(33.3%) had accurately determine the size of suspicious nodule. Among patients who had pre-operative image-guided needle aspiration only 20 of 30(36%) had histological diagnosis of THY-4 or above.

Conclusion

Most of our PTMC patients had total thyroidectomy as primary treatment and it is widely accepted as over-treatment in many up to date guidelines. Age, gender, pre-operative 3rd generation TSH levels have no significant association with PTMC. Pre-operative ultrasound & image guided FNA always not in consistent with accurate pre-operative diagnosis of PTMC. So a novel clinical, bio-chemical or histological marker should investigate for pre-op diagnosis of PTMC.

PP 57

POST TOTAL THYROIDECTOMY PATIENTS' KNOWLEDGE ON THYROXINE REPLACEMENT AND COMPLICATIONS

M H P Godakandage, H S Liyanarachchi,
M A G R Mallawaarachchi, L A Ranasinghe
General Surgical Unit, National Hospital of Sri Lanka

Introduction

Total thyroidectomy is associated with significant short and long term morbidity due to poor compliance to thyroxine and post operative complications. Even though informed written consent is obtained for surgery, patient's long term memory is doubtful. This study assesses knowledge in post total thyroidectomy patients with regard to thyroxine replacement and complications.

Methods

A cross sectional study was carried out in a single surgical unit clinic of NHSL during March 2017. All post total thyroidectomy patients were given a self administered questionnaire. A percentile score was calculated for knowledge on thyroxine and common post operative complications. Pearson's chi square was used to explore associations.

Results

Of the 55, majority were females (50, 90.9%) with age ranging from 20 to 67 (mean 47.11). Median time after thyroidectomy was 1.7 years (0.07-11.5). Majority had a secondary education up to O/L (28, 50.9%) followed by up to A/L (11, 20%), below O/L (10, 18.2%) and tertiary education (6, 10.9%). 48 (87.2%) had a score of more than 50% for knowledge regarding thyroxine replacement and its effects in improper doses. Majority (34, 61.7%) had a score less than 50% for common complications including hypothyroidism, hyperthyroidism, hypocalcaemia, voice change and scar complications. Age ($p=0.039$) and the time after surgery ($p=0.009$) are associated with knowledge on thyroxine while patient's sex ($p=0.034$) was associated with knowledge on complications.

Conclusions

Eventhough knowledge on thyroxine replacement is satisfactory; it can be improved while the patients should be reminded of possible complications even during long term follow up. Clinic visits could be used for opportunistic education of these patients.

PP 58

DESCRIPTIVE PATTERN OF THYROID MORPHOLOGY IN PATIENTS WITH HASHIMOTO'S THYROIDITIS

Sivasuganthan K, Rajendra S, Renushanth T
Teaching Hospital, Jaffna

Introduction

Thyroiditis is an inflammation of thyroid gland and Hashimoto's thyroiditis is the commonest form. It typically presents with diffuse, firm painless goiter with established or subclinical hypothyroidism, but variation in morphology and biochemical profile have been noted in literature.

Materials and methods

Recording of relevant data of patients with thyroiditis was carried out on a data base from 2012. Using the data base, analysis of thyroid morphology was carried out in 87 cases of Hashimoto's Thyroiditis registered to single surgical clinic at Teaching Hospital Jaffna from 2012 to 2017

Results

Females ($n=79$) were commonly affected than males ($n=8$). Female to male ratio was 9.8:1. The mean age of patients was 39.72 years (range – 13 to 73). 86 patients

(98.8%) presented with lump in the anterior neck and one patient (1.1 %) did not have palpable anterior neck lump.

11 patients (12.6%) presented with clinical features of hypothyroidism. Clinically diffuse enlargement, Multinodular goitre and Solitary nodules were noted in 45 patients (51.7%), 29 patients (33.33%) 12 patients (13.8%) respectively. Though biochemical hypothyroidism predominated in 55 patients (63.2%), biochemical euthyroidism was found in 25 patients (28.7%) and biochemical hyperthyroidism was found in 7 patients (8%). Surgical intervention (Thyroidectomy) was carried out in 9 patients (10.3%) and 3 (3.3%) had Papillary carcinoma. Antibodies done in 15 patients (17.2%) and positivity seen in 13 patients (86.6%). None of the malignant patients had positive antibodies.

Conclusion and recommendation

Thyroid morphology in Hashimoto's thyroiditis, is not unique.

Diagnosis cannot be made on thyroid morphology alone.

Any morphology other than diffuse enlargement needs to be evaluated further to rule out occurrence of thyroid malignancy.

Key words –Hashimoto's Thyroiditis, morphology of thyroid, thyroid functional status

PP 59

ANALYSIS OF PAPILLARY THYROID CARCINOMA PATIENTS PRESENTED TO SINGLE SURGICAL UNIT - TEACHING HOSPITAL JAFFNA

Umaiplan S, Sutharshan V
Teaching Hospital, Jaffna

Introduction

Papillary thyroid carcinoma is the most common thyroid malignancy. Despite its extremely favourable prognosis, there are factors associated with metastasis and local recurrence. The aim of this study is to evaluate the clinicopathological characters of papillary thyroid carcinoma patients presented to single surgical unit, teaching hospital Jaffna

Methods

Data were collected retrospectively from all patients diagnosed to have papillary thyroid carcinoma, in a surgical unit since October 2012 to April 2017

Results

There were 31 patients, underwent total thyroidectomy and central compartment lymph node dissection with or without lateral neck dissection. There were 26 women and 5 men, Mean age was 43 +/- 15 years. 71% of the malignancies were classical papillary carcinoma, 22.5% were follicular variant, and 6.5% were other subtype. 41.9% (n=13) of patients had central compartment lymph node metastasis. Sex, multifocality, extrathyroidal extension, capsular invasion independently correlates with central compartment metastasis. Age, tumour size do not significantly influence the central compartment metastasis.

Conclusion

Male, extrathyroidal extension of tumours, multifocal tumours were significantly associated with central compartment lymph node metastasis in patients with papillary carcinoma of thyroid. This is a limited retrospective analysis; multi centre analysis will predict the risk factors for central compartment lymph node metastasis.

PP 60

COMPARISON OF PAPILLARY MICROCARCINOMA AND COLLOID NODULES OF THYROID: A SINGLE UNIT EXPERIENCE

M H P Godakandage, M A G R Mallawaarachchi,
V D Bamunuarachchi, L A Ranasinghe
General Surgical Unit, National Hospital of Sri Lanka

Introduction

Papillary microcarcinoma of thyroid (PTMC), a subtype of papillary thyroid carcinoma (PTC) has a indolent course and an excellent prognosis in majority, with an unclear clinical significance. This study, the first of its kind in Sri Lanka according to our knowledge, compares PTMC with colloid goiters (CG) with regard to symptoms, preoperative investigations, histology and post-operative follow-up.

Method

This retrospective study compares all PTMCs and randomly selected CGs, from January 2012 to March 2017; available for follow up. All had total thyroidectomy. An interviewer administered questionnaire was used.

Results

15 PTMCs, all females and 30 CGs with 83.3% females

were included in the study. Median ages were 37(18-53) and 48(23-68). The median follow ups are 1.10 and 1.29 years. All PTMCs except one, were unifocal. Median PTMC size was 4.5mm (2-8). There was no significant association of thyroiditis with PTMC (p=0.054). Absence of, pressure symptoms (p=0.028) and retrosternal extension (p=0.027) are significantly associated with PTMC. There was no significant differences in symptom duration (p=0.121), voice change (p=0.168) or family history of goiter (p=0.429) among two groups. Ultrasonography and FNAC did not differentiate benign from suspicious lesions among two groups (p=0.429, p=0.064). Hoarseness (2, 13.3%), hypocalcaemia (2, 13.3%), hypertrophic scar (1, 6.7%) and surgical site infection (1, 6.7%) were the post-operative complications in PTMC. CGs had hoarseness (5, 16.7%), hypocalcaemia (3, 10%) and seroma formation (1, 3.3%). None had recurrence during follow up.

Conclusion

Both PTMCs and CGs have some similar features with regard to presentation, investigations, associated histological features and outcome. However larger studies are recommended for confirmation.

PP 61

PATTERN OF INJURIES IN ROAD TRAFFIC ACCIDENTS: A SINGLE UNIT EXPERIENCE

A M V Rohana, Ranjith Perera, M A Weerasuriya
Teaching Hospital Karapitiya, Sri Lanka

Introduction

Road traffic accident (RTA) victims are common presentation to surgical casualty departments which carries a high mortality and morbidity all over the world. This study assessed the injury patterns in RTA victims.

Method

Data related to demography, accident and injuries area obtained in consecutive, consented patients who were admitted to surgical unit A of General Hospital Matara in 6 months period. Injuries were documented by the Medical Officer in surgical unit.

Results

360 patients were included. Age range was 4-76 years (34.3 years mean age 15.4 SD). Majority of the patients were male (92.5%), drivers (75.8%) in 20-40 age group (49.2%). Motor cycles (50.8%) and three wheelers (20.8%) are the mostly involved vehicles. 46.7% had

head injuries (8.2% skull fractures, 3.4% cervical spine fractures 3.3% SDH, 2.2% contusion, 1.2 % EDH). 11.7% chest injuries (3.4% rib fractures, 2.5% Haemo / pneumo thorax). Lacerations in internal abdominal organs (1.6%) and pelvic fractures (1.2%) were the commonest abdominal injuries (5.8%). 38% had fractures and 17.5% had soft tissue injuries in limbs. Compound fractures were observed in 14.1% of patients. Being a passenger / pedestrian was a risk to sustain abdominal injuries (odds ratio 4.69 95% CI 1.73-3.12 p=0.036).

Conclusion

Head injuries in Young, male, drivers riding motor cycles constituted the major portion of the patients presented after a RTA. Injury pattern identification may improve the surgical care for RTA victims.

PP 62

BEST WAY OF MANAGING MAJOR LIVER TRAUMA

K P V R De Silva, N W B K H De Silva, H M S S De Silva,
H K G R Anuradha
National Hospital of Sri Lanka

Introduction

The liver is the most frequently injured solid abdominal organ following blunt and penetrating injuries. Hence, liver injuries contribute to high mortality and morbidity. Therefore, early diagnosis and pacesetting treatment would minimise the morbidity, mortality and hospital stay. Furthermore, the main modalities of management protocols are surgical (haemodynamically unstable) and non surgical (haemodynamically stable).

Methods

153 patients from 20 to 80 years of age who had liver trauma were analyzed retrospectively. Thereafter, 89 out of 153 were managed non surgically. Similarly 64 patients underwent surgical management. Furthermore, 34 were managed with packing and rest were managed with resection, suturing, haemostat agents like gel foams, surgicel and glues.

Results

21 out of 89 patients ,those who were managed non surgically ,had undergone surgery and subsequent packing due to failure in non surgical management. Moreover 12 out of 30 patient who had undergone surgery without packing ended up in complications like DIC, sub hepatic abscesses, biliary fistulae and 6 were died due to sepsis. However 5 out of 34 patients

developed complications following packing and non of them died.

Conclusion

Thus using packing alone has shown statistically significance (Chi test 94.1with df 2; p<0.01) when compared to surgical management without packing .it has been confirmed that, packing has improved the outcome of major liver trauma.

PP 63

MECHANISM OF INJURY AND LIMB FRACTURES ASSOCIATED WITH MOTORBIKE AND THREE-WHEELER ACCIDENTS; IS THE RISK WORTH THE RIDE?

K G M W Bandara, P D G M C De Almeida, M Udukula,
H M S S De Silva
Orthopaedic Unit, Colombo South Teaching Hospital,
Kalubowila, Sri Lanka

Introduction

Motorbikes and three-wheelers are becoming more popular as transport media during recent past. Due to undisciplined reckless driving and poor road conditions number of accidents have increased significantly.

Methods

Data collected prospectively from patients treated as inward patients for fractures following motorbikes (MB) and three-wheeler (TW) accidents to Colombo South Teaching Hospital Accident Service Unit from 02/04/17 to 07/05/17 and was analyzed using SPSS version 21.

Results

Out of 202 patients 141(69.8%) had limb fractures 106 (75.2%) MB, 22(15.6%) TW, 13(9.2%) were pedestrians. Out of all 12 were females including 2 scooter riding ladies. Among the MB group 89(84%) were drivers, 47(44.3%) had slipped and fall or knocked with a wall or a post 16(15.1%) had collided with another MB and 32(30.2%) had collided with another vehicle. Among the TW group 15(68.2) were drivers and 7 were passengers, 15(68.2%) had fractured due to three-wheeler toppling. 76(53.9%) had lower limb fractures and 58(41.1%) had fractures of Upper limb bones.

56(39.7%) were open fractures and 85(60.3%) were closed fractures. Among these 11(7.8%) had femur 41(29%) had Tibia fibular 8(5.7%) had Humerus 28(20%) had fractures of Forearm bones 12(8.5%) had multiple long bone fractures .Out of 141, 95(67.4%) were under

35 years of age.

Conclusion

Long bone fractures are common following motorbikes and three-wheeler accidents with significant proportion of open fractures. Most of the patients who become disabling (temporarily or permanently) were less than thirty five years of age. Necessary actions need to be taken to reduce these injuries and ensure road safety.

PP 64

THE CIRCUMSTANCES OF MINE-EXPLOSIVE INJURIES THAT CAUSED LIMB AMPUTATIONS WITHIN THE AREA OF WAR IN THE EAST OF UKRAINE

Ievgen Tsema, Artem Bepalenko, Vladimir Mishalov
Bogomolets National Medical University of Ministry of Health of Ukraine, Kiev, Ukraine

Introduction

The hybrid war of Russia against Ukraine has been started in certain districts of Donetsk and Luhansk regions within the Donbas area in 2014. The application of modern weapons against Armed Forces of Ukraine during the hybrid war is resulted in large number of limb amputations among the military personnel.

Aim of the Study

To evaluate the frequency of amputations and to identify circumstances of mine-explosive injuries that caused limb amputations in hybrid war.

Methods

The circumstances of limb amputation in 119 injured have been analyzed. All patients were mine-explosive injured at hybrid war in the East of Ukraine within the period of 01.06.2014 to 30.06.2016. Mean age of patients was 33.7 years (range 18 to 61). There were 118 (99.2%) males and 1 (0.8%) female. The mean term of military service at the moment of injury was 2.02 years (range 11 days to 25.2 years).

Results

The mine-explosive injuries which caused limb amputations in 83 (69.7%) patients were directly related with conducting of the military actions: 69 (58.0%) patients were injured as a result of shelling with mine throwers, self-moving artillery systems and rocket launchers («Grad», «Smerch»); 1 (0.8%) case was a result of tank attack; 13 (10.9%) servicemen had been wounded during a combat but definite circumstances of

the mine-explosive injuries weren't reliably documented.

In 36 (30.3%) cases of mine-explosive injuries their circumstances were not directly related with combat operations: 18 (15.1%) wounded were injured on a tripwire mine; 4 (3.4%) wounded had injuries as a result of careless handling with grenade fuse; 14 (11.8%) patients had mine-explosive injuries resulting from unauthorized detonation of different explosive devices (in weapon storage sites, during of vehicle perquisition at the checkpoints, during of mine wedging in mortar barrel).

Conclusion

69.7% cases of limb amputations in combat-related patients at hybrid war in the East of Ukraine were directly related with artillery and tank attacks. Whereas, 30.3% cases of mine-explosive injuries were received outside of combat (tripwire mine, careless handling with grenade fuse and unauthorized detonation of explosive device).

Keywords: mine-explosive injury, circumstance of injury, hybrid warfare, limb amputation.

PP 65

LIVE DONOR RENAL TRANSPLANTATION (LDRT) – LOOKING BEYOND STANDARD-CRITERIA A NECESSITY?

T D Gooneratne, C P Ediriweera, S Prasath, R A Ubayasiri
Teaching Hospital Karapitiya, Sri Lanka

Introduction

In the absence of a formal cadaveric program and a shortage of live donors we are forced to consider 'beyond-standard' / expanded criteria living donors (ECLD). We investigate the recent trends and outcomes of ECLD donors for LDRT.

Methods

A retrospective study was carried out on all 61 consecutive LDRT performed at our unit. In the absence of a clear definition for ECLD the following were considered 'beyond standard criteria': Age > 60years, BMI > 30kg/m², hypertension, diabetes, eGFR < 80ml/min, associated renal calculi, abnormal vascular / ureteric anatomy.

Results

Overall 21/61(34.4%) donors met ECLD criteria. 5/61

were >60years (eldest 69 years). 4 donors had a BMI>30gm/m². Donors with associated comorbidities included; history of hypertension (1) [without evidence of target organ damage], DM (0); CKD (0). 2 donors had stone bearing kidneys. Both were asymptomatic, diagnosed during workup and were treated before nephrectomy. 10 (16%) had altered renal anatomy [double renal arteries (6), double renal veins (3), duplex ureters (1)]. Ex-vivo anastomotic techniques were used. Mean follow up was 19(1-53) months with 9% follow-up rate loss. There was no mortality or significant morbidity (i.e DVT, MI) amongst donors. Obesity was associated with a higher risk of SSI (p<0.05). None of the stone bearing kidneys had developed calculi. Donors remain asymptomatic and calculus free. Altered renal anatomy was associated with a prolonged cold ischaemia time [58mins vs 29 mins (p<0.05)]. Graft survival, median serum creatinine levels were not affected with use of ECLD grafts.

Conclusion

Use of ECLD is a safe and feasible option for LDRT. However donors require aggressive pre-habilitation and closer follow-up postoperatively to minimize donor morbidity.

PP 66

A PROSPECTIVE STUDY ON MANAGEMENT AND OUTCOME OF URETERIC CALCULI ENCOUNTERED IN A UROLOGY UNIT

M D Jayawardene, A L A M C Ambegoda,
S Vidanapathirana, S Wijegoonawardena, S Senathan,
A M Abeygunasekera
Urology Unit, Colombo South Teaching Hospital,
Sri Lanka

Introduction

Despite advances in interventional management of ureteric calculi, medical expulsive therapy (MET) remains popular among patients. Aim of the study was to determine the outcome of ureteric calculi managed in a urology unit.

Method

All patients with radiologically confirmed ureteric calculi treated by a single urological surgeon over a 6-month period were included in the study. Data related to demography, stone size and outcome were collected. Patients with evidence of urosepsis and renal impairment were excluded.

Results

There were 238 patients. 182 were men. Mean age was 42 years. At presentation 47 stones were in upper ureter (20%), 57 in mid ureter (24%) and 134 in lower ureter (56%). Majority of stones (81.1%) were less than 10mm. Seven stones (3%) were more than 15mm. 98.3% of patients had a diagnosis by X-ray and/or USS KUB. 92 patients (38.6%) had spontaneous passage of stones within 6 weeks of MET. Another 34.8% passed the stone within the next 6 weeks. 85% of patients with stones less than 10mm had passage of stones with MET. 37 patients (15.5%) required surgical intervention (26 Ureteroscopic Lasertripsy, 9 Ureterolithotomy, 2 Ureteric Meatotomy).

Conclusion

Most ureteric stones can be diagnosed by a combination of X-ray and USS KUB. Only a minority of patients with ureteric calculi require surgical intervention. Contrary to established evidence, uncomplicated ureteric stones up to 10mm can be given a trial of MET initially.

PP 67

THE IMPORTANCE OF FLEXIBLE CYSTOSCOPY IN THE EVALUATION OF HAEMATURIA – A SINGLE CENTRE EXPERIENCE

A M V Rohana, S K Goonasinghe, A Karunanayake
GU unit, Teaching Hospital Karapitiya, Sri Lanka

Introduction

Hematuria is the commonest presentation of bladder cancer (CaB) in Sri Lanka. Although CaB is the most commonly detected malignancy in patients with microscopic hematuria (MicHx), the diagnostic evaluation of MicHx receive less attention than macroscopic (gross) hematuria (MacHx). Flexible cystoscopy (FC) is a day procedure with excellent patient compliance and convenience. This study was designed to evaluate the value of FC in patients with hematuria.

Method

Patients undergoing FC with a history of haematuria at the Department of Urology of a Regional Teaching Hospital between January – June 2016 were analyzed. Chi-square test was used to assess difference between groups.

Results

312 patients underwent FC with a history of haematuria with 197 males (mean age 55.0 years, SD16.3, range 21-

92) and 115 females (mean age 55.2, SD12.8, range 16-89) 126 (64 %) males and 35 (30.4 %) females had abnormalities found during cystoscopy ($p=0.000$). CaB was detected in 33 males (16.8 %) and 10 (8.7%) females ($p=0.046$). Of the 219 patients with MacHx, 121 (55.1 %) had abnormalities in lower urinary tract (LUT). In 93 patients with MicHx, 40 (43 %) had LUT abnormalities. 36 (16.8%) with MacHx and 7 (7.5%) with MicHx had CaB. ($p=0.037$). Abnormalities were higher in patients above 40 years than in the under 40 group ($p=0.001$).

Conclusion

This study shows the importance of performing FC in detecting CaB in patients with MicHx and MacHx. FC must be considered as a mandatory investigation for male patients above 40 years presenting with MacHx.

PP 68

A STUDY ON CHEMICAL COMPOSITION OF RENAL AND URETERIC STONES OF PATIENTS WITH UROLITHIASIS TREATED IN TH, JAFFNA: EARLY RESULTS OF AN ONGOING STUDY

Rajendra S, Thileebphan B, Sathesan B, Vinitharan V, Renushanth T

Introduction

The incidence of urolithiasis varies in different parts of the world. The composition of stones shows geographic variations and the clinical and metabolic patterns of stone disease can change over time.

Aim

To determine the different chemical compositions of renal and ureteric stones of patients with urolithiasis in Jaffna and to assess the chemical composition based on stone morphology, multiple stones and recurrent stones.

Methodology

Patients with renal and ureteric stone (residing in Jaffna more than ten years) treated in all surgical units and the Genitourinary Unit of Teaching hospital, Jaffna from 1st July 2016 were recruited (ongoing study). Stone retrieved were sent for Fourier transform infrared spectroscopy (Mineral determination were made from the pattern of infrared spectrum).

Necessary data were obtained during visits and day of surgery with questionnaire and entered in a data base for analysis.

Results

There were 26 patients (Male 76.9% and Female 23.1%, with mean age of 45 years and range 23 years to 69 years). Of them, 14 patients had renal stone and 12 patients had ureteric stone. When the stone morphology is considered, 4 had staghorn and 22 had non-staghorn calculi. Only one patient was treated for recurrent stone and no one has yet been treated surgically for multiple stones. Following were identified as the chemical composition of the stones: Calcium oxalate monohydrate & Calcium oxalate dehydrate (69.2%), Uric acid (11.5%) Carbonate apatite (7.7%) Carbonate apatite & Calcium oxalate monohydrate & Calcium oxalate dehydrate (3.8%) Penta calcium hydroxoid phosphate & Ammonium hydrogen urate (3.8%) and Cystine (3.8%). Among the stag horn calculi two had calcium components and two had uric acid. The recurrent stone in this study had calcium components.

Conclusion

Majority of the stone composed of calcium components followed by uric acid stone. Existence of the predisposing factors for this stone formation needs to be evaluated.

PP 69

SPARING TOURNIQUET IN CARPAL TUNNEL RELEASE

M Sivashankar, T Gobyshankar, S Sutharshan
Orthopaedic Unit, Teaching Hospital Jaffna, Sri Lanka

Introduction

Carpal tunnel syndrome is the commonest nerve entrapment syndrome in extremities. The standard treatment is decompression of transverse carpal ligament. We have done it by sparing technique under local anesthesia instead of standard tourniquet method.

Methods

Decompression was done in 56 patients from June 2014 to June 2016 at Orthopedic Unit, Teaching Hospital Jaffna. All the patients were confirmed with nerve conduction studies. The decompression was done by a 2-2.5cm surgical incision under local anesthesia with 2% lignocaine (1:200,000) with adrenaline 6cc without pneumatic tourniquet. Duration of surgery was measured from skin incision to closure. Verbal rating pain scores were used to measure the pain during surgery and post-operative period. The procedure was carried out as day surgery and reviewed.

Results

Mean age is 36 years, (male: female ratio 1: 1.33) and mean duration of surgery is 6 minutes and 30 seconds. Patients complained of pain only during infiltration of local anesthesia and pain free throughout the procedure. The post-operative pain score was < 2 in all patients. All the patients were discharged within 4 hours of procedure. 94.6% of the patients were improved clinically. Two patients had scar tenderness on follow-up assessment.

Conclusion

The tourniquet pain is the disgusting thing to the patients during standard procedure. There was no experience in tourniquet pain in our study. Lignocaine with adrenaline reduces the bleeding tendency. This technique was found to be effective and safe alternative to classical tourniquet dependent technique.

PP 70

SECONDARY AMPUTATION: HOW ARE THEY DOING?

G Hyrin Arc, C J G Galappaththy, Y S Wijesiriwardhana, M R N Cassim, S M Wijeyaratne
Vascular unit, Department of Surgery,
National Hospital of Sri Lanka

Introduction

Major amputation is a devastating complication of revascularization. It is usually due to ascending infection or failure of revascularization. In this descriptive study we analyze secondary amputation patients' long term follow up and rehabilitation.

Method

The clinical data and telephone follow-up of 42 patients who underwent amputation after revascularization over a 2 year period were analyzed.

Result

In this cohort of patients 79 % (33/42) are alive. All patients have undergone bypass surgery, which includes Fem-pop, Pop-distal, Fem-distal and Fem-fem cross over; 44%, 42%, 11% and 3% respectively. 70% of them underwent below knee amputation and the rest above knee amputation. The reason for amputation in 28% of cases is graft failure, 58% is sepsis despite a functioning graft and 14% were requested amputations by the patient due to delayed wound healing.

Only 50% of amputees were mobile either with

prosthesis or with crutches. 36% of them are not following foot care advices and 43 % are not taking regular medication for their co-morbid diseases. 30 day mortality is 15%. Overall mortality at one year is 40%. Only 26% of amputees have good quality of life.

Conclusion

Quality of life and mobility with prosthesis less than 50% shows a severe deficit in rehabilitation programme. Poorly attended co-morbidities, lack of social and rehabilitation support must have contributed to high mortality rate. The study confirms the necessity of limb salvage.

PP 71

PREOPERATIVE CONCERNS OF PATIENTS UNDERGOING CARPAL TUNNEL DECOMPRESSION

M A G R Mallawaarachchi, M H P Godakandage,
P Manikavasagam, L A Ranasinghe
General Surgical Unit, National Hospital of Sri Lanka

Introduction

Carpal tunnel syndrome is due to compression of the median nerve at carpal tunnel. It causes pain, numbness and paraesthesia along the distribution of the median nerve. It can cause considerable functional disability and patient morbidity, with loss of working hours. Carpal tunnel decompression, one of the treatment options, is a common surgical procedure performed in general surgical units. This study was aimed at identifying preoperative concerns of patients who are undergoing carpal tunnel decompression.

Methods

An interviewer administered questionnaire used preoperatively on 44 patients who underwent carpal tunnel decompression from April 2016 to March 2017. Carpal tunnel syndrome was confirmed in patients preoperatively both clinically and neurophysiologically. All procedures were performed under an avascular field with local anesthesia and tourniquet control. Chi square test was used in analysis.

Results

Majority were females (32, 72.7%). Median age was 47 (36-65). Their major concerns were time taken to return to normal work (86.4%) perioperative pain (81.8%), post-operative pain (79.5%), suture removal (77.3%), mode of surgery (63.6%), wound dressing (54.5%), post-operative scar (47.7%), waiting list (47.7%), nerve injury (36.4%), waiting time during the day of surgery (34.1%),

giving consent for surgery (29.5%), possible surgical site infections (29.5%) and possibility of reoperation (22.7%). Sex was significantly associated with giving consent for surgery ($p=0.009$) and perioperative pain ($p=0.001$). Young age was significantly associated with concerns about nerve injury ($p=0.298$).

Conclusion

Patients undergoing carpal tunnel decompression have major concerns with regard to surgery which need to be addressed.

PP 72

ISCHEMIC FOOT ULCERATION: WHEN CAN REVASCULARIZATION BE DEFERRED?

C J G Galappaththy, Y S Wijesiriwardhana, G Hyrin Arc, S S Godahewa, M R N Cassim, S M Wijeyaratne
Vascular unit, Department of Surgery,
National Hospital of Sri Lanka

Introduction

Some ischemic foot ulcers heal without revascularization. This has led to some denying their patients revascularization in the belief that they would heal with wound care alone. This study aimed to characterize ulcers that can be safely managed in this manner.

Methodology

Consecutive foot ulcers with absent pedal pulses, but

deemed likely to heal without immediate revascularization i.e. superficial, small (<3cms) or granulating wounds were selected for best wound care and on standby for revascularization in case of deterioration. We report the outcome for 50 such patients presenting to the Colombo University Unit from May 2016 to April 2017. Contribution of multiple variables were studied using SPSS version 22.

Results

The group (50) consisted of 28(57%) males, mean age 65 years (47-79), 86% diabetics, with equal proportions having Femoropopliteal and Tibial occlusive disease. 10/50 (20%) deteriorated resulting in 4 bypasses with salvage, 4 primary proximal amputations, 2 of them dying and 2 other deaths. Deaths (4) were due to delayed presentation with rapid septic deterioration. Regression statistics established deep ulcers >3cms as the only significant factor predicting deterioration. Toe pressures tended to be lower in the same group. 8/20 (40%) of large, deep ulcers deteriorated resulting in 4 bypasses, 1 amputation and 3 deaths.

Conclusion:

In the absence of pedal pulses, foot ulcers >3cms, down to bone/joint and all those with difficult access to revascularization should undergo revascularization without delay. In the absence of pedal pulses, foot ulcers <3cms and not involving bone/joint may have revascularization deferred.

Case Reports

CR01

LAPAROSCOPIC LATERAL PANCREATICOJEJUNOSTOMY: EXPERIENCE OF FIRST CASE IN UTTAR PRADESH, INDIA

Rudra Mani, Vikas Singh

Department of Surgery, UP University of Medical Sciences, Saifai, India

Introduction and Background

A lateral pancreaticojejunostomy, also known as the Puestow procedure, is performed for symptomatic chronic pancreatitis associated with a dilated pancreatic duct secondary to calcifications or strictures. An open approach is used traditionally due to the complexity of the case, and there have only been a handful of laparoscopic case reports. Here, we report our experience of the first case done in north India.

Methods

A 45-year-old female presented with diffuse abdominal pain and progressive loss of body fat. Her pain was worse postprandially and associated with loose stools. A computed tomography scan revealed multiple calcified deposits within the body and tail of the pancreas, and a dilated pancreatic duct measuring 1.2 cm with a proximal obstructing calcified stone. A 5-port technique was used, and a 10-cm pancreatic ductotomy was performed with an ultrasonic scalpel. Calcified stones were cleared from the duct, and a roux-en-y pancreaticojejunostomy was performed using a total laparoscopic approach.

Results

A laparoscopic LPJ was performed successfully with no intraoperative or postoperative complications. The patient was discharged on day 5, and reported complete relief from abdominal pain and a weight gain at follow up after 3 months.

Conclusion

Lateral pancreaticojejunostomy is the surgical procedure of choice for the management of chronic obstructive pancreatitis. The same procedure can be performed laparoscopically; although it is technically demanding, the results are excellent. However, the procedure is still in the early phase of feasibility owing to the limited number of cases reported in the world literature.

CR02

ACUTE INTESTINAL OBSTRUCTION DUE TO VOVULUS OF RIGHT COLON IN AN ADULT WITH MALROTATION OF MID GUT

W S Rathnaweera, M L M Mushraf, Upul De Silva, A Dharmapala

eaching Hospital Peradeniya, Sri Lanka

Introduction

Due to the complex developmental course of the intestine, abnormalities are seen in abundance. These conditions commonly present in neonatal period and in infancy. However, there are a few patients who present late and some even go undiagnosed.

Case report

A 70 years old male presented to the emergency department with features of acute large intestinal obstruction. He was tachycardic and had distended abdomen with tenderness in right lower quadrant. Supine radiograph of the abdomen showed grossly distended right colon with dilated caecum.

An emergency laparotomy was performed and there was strangulated right colon with impending rupture in a mesentery of its own continuing with transverse mesocolon. Further survey revealed that the duodeno jejuna flexure (DJF) was in the right side of the mid line. A right hemicolectomy was performed and ileo-colic end to end anastomosis was performed. Patient completely recovered and was discharged.

Discussion

Volvulus of the mid gut with malrotation is a common paediatric emergency. Congenital abnormalities of the mesentery presenting in old age are rare. Presence of a mesentery in entire right colon made it to twist around its vascular pedicle resulting in strangulation, which would not have happened if the colon was fixed to the posterior abdominal wall. Presence of DJF in the right side confirmed malrotation.

These abnormalities can complicate the interpretation of imaging studies and can result in life threatening conditions.

CR 03

INFLAMMATORY MYOFIBROBLASTIC TUMOUR OF THE OESOPHAGUS PRESENTING WITH HAEMATEMESIS AND MELAENA: A CASE REPORT

U Jayarajah, Rasika Bulathsinghala, D N Samarasekera
Department of Surgery, Faculty of Medicine, University of Colombo, Sri Lanka

Introduction

Oesophageal inflammatory myofibroblastic tumours (IMT) are extremely rare and the understanding on the clinical presentation and management is limited. We report an unusual case of IMT of oesophagus in a young male presenting initially with haematemesis and melaena.

Case Presentation:

A 33-year-old otherwise healthy male presented with an episode of haematemesis and melena. He had no history of swallowing difficulty or weight loss and the physical examination was unremarkable. He was evaluated with upper and lower GI endoscopy, which showed a small mucosal bulge in the mid oesophagus with intact overlying mucosa. He later developed progressive dysphagia, three weeks following the endoscopic assessment. The upper gastrointestinal endoscopy was repeated which showed a significant mucosal bulge with intact overlying mucosa obstructing the lumen along the upper half of the oesophagus. CT scan of the neck, thorax and abdomen and endoscopic ultrasound examination showed a well-demarcated submucosal-tumour. The cytological analysis of the lesion was inconclusive. The patient underwent excision of the oesophageal mass through the left anterior sternomastoid approach. A pedunculated longitudinal mass protruding into the lumen was identified and complete enucleation of the lesion was done. The histopathological and immunohistochemical features were in favour of oesophageal IMT.

Conclusion

Oesophageal IMT is extremely rare and can vary greatly in terms of clinical presentation. IMT of the oesophagus should be considered as a differential diagnosis in the context of unexplained upper gastrointestinal bleeding and rapidly progressing dysphagia in young patients. Complete surgical resection and regular follow up is necessary for successful management.

CR 04

SALVAGING SEVERE BURNS IN A RESOURCE POOR COUNTRY WITH CONSERVATIVE MANAGEMENT

C Perera, M I C Perera, S Vinojan, R P A K Ranasinghe, K H S Maduranga
Burns and Reconstructive Surgical Unit, National Hospital of Sri Lanka

Introduction

Severe burns are a common occurrence in low and middle income countries. In Sri Lanka self-immolation with kerosene is a common cause of burns in young adults. Facilities are limited for isolation and critical care, and no skin substitutes or skin bank for early excision and grafting which is the current gold standard in management. These severe burns have to be salvaged using conservative measures based on scientific principles for burn wound management.

We present the cases of two young females with severe burns managed conservatively. Both were 16 years old, with kerosene flame burns over 50%TBSA with inhalation injury.

Methods

The conservative management consisted of:

1. Isolating the patients in surgical wards away from other severe burns in burns unit
2. Single caregiver, preferably mother or close relative who provides psychological support
3. No indwelling lines, no urinary catheter and no nasogastric tube
4. Protocol of non ventilatory management of inhalation injury
5. Silver sulphadiazine for initial wound care followed by rotational antiseptics for colonized burn
6. Low calorie low protein oral fluid based diet during acute phase
7. Acute burn reconstruction technique for maximizing the use of autograft

Results

Both patients were salvaged. Post burn two months both patients are ambulatory. Patient case one was autografted and discharged; case two is awaiting autografting.

Conclusion

In resource limited countries, techniques that minimize patient handling and cross infection, along with minimal

disturbance of the physiologic response to burns can be used to salvage selected cases of severe burns.

CR 05

COLONIC INTUSSECEPTION DUE TO SUBMUCOSAL LIPOMA IN AN ADULT: A RARE CASE REPORT

J H M M Ranaweera, K Senanayake, S P B Thalaspitiya, D Wickramaratne
Teaching Hospital Kandy, Sri Lanka

Introduction

Intussusception of bowel is defined as the telescoping of a proximal segment of the gastrointestinal tract within the lumen of the adjacent segment. It was first reported in 1674 and is common in children but rare in adults. Adult intussusceptions represent 5% of all cases of intussusception and accounts for 1%-5% of intestinal obstructions.

Case Report

34 year old male presented with progressive left flank pain for two months duration with abdominal distension with episodic per rectal fresh bleeding and constipation. On examination, found to have a vague mass in left flank but rectal examination was normal. Biochemical investigations were normal. USS of abdomen showed intussusceptions in proximal descending colon. CECT abdomen showed colo-colic intussusception in left colon where leading point is a large lipoma lying in the sigmoid colon with features of early obstruction. Exploratory laparotomy performed and found intraluminal mass lesion in the mid descending colon. Incision made along the taenia and large pedunculated lipoma arising from splenic flexure noted. It descended upto distal descending colon. Peritoneum was normal. Submucosal resection with primary suturing did for both incisions without bowel resection. Patient recovered uneventfully. Histology confirmed as submucosal lipoma.

Discussion

In adults, secondary intussusception commonly initiates from pathologic lesion of the bowel wall that alters normal peristaltic activity and serves as a lead point. Gold standard of diagnosis is CECT. Reduction is not advisable for adults and bowel resection is recommended. Particular patient was young and benign nature lead to bowel sparing submucoasl resection.

CR 06

LAPAROSCOPIC LADD'S PROCEDURE FOR INTESTINAL OBSTRUCTION DUE TO MALROTATION OF THE GUT IN AN ADULT

Tushar S Mishra, Pankaj Kumar
Department of Surgery, AIIMS Bhubaneswar, India

Malrotation of gut is an uncommon cause of intestinal obstruction in adults. The management of such cases is more than just the release of the obstructing band. The relative unfamiliarity of the condition among the surgeons, who deal less frequently with pediatric patients, increases the risk of inadequate management thus increasing the possibility of recurrent obstruction. Contrast enhanced CT is extremely helpful in diagnosing this condition and should be strongly considered in patients with recurrent intestinal obstruction. If diagnosed preoperatively or even intra-operatively, a Ladd's procedure can be done successfully in adults as has been devised for pediatric patients in whom it is more common. A 63 years old lady presenting to us with recurrent intestinal obstruction was diagnosed as suspected malrotation of gut causing small gut volvulus on a Contrast enhanced CT scan. Laparoscopy confirmed the findings and the presence of the band of Ladd. A Ladd's procedure was successfully completed laparoscopically following which the patient made an uneventful recovery. Reports of laparoscopic Ladd's procedure in adults are few. Hence this video presentation is being presented to demonstrate the steps of the procedure and to reemphasize that if expertise is available laparoscopic Ladd's procedure is an effective and safe procedure for intestinal malrotation presenting in adults.

CR 07

EFFICACY OF DYES IN INTRA - OPERATIVE IDENTIFICATION OF LYMPHATICS

Sunanda Hadiwattage, K B Galketiya, Sooriyatchige Pradeep Manjula Peiris, Lakshman Watawana
Teaching hospital, Peradeniya, Sri Lanka

Introduction

Intra-operative identification of lymphatics is almost always relied upon color enhancement with subcutaneously injected dyes. The study was designed to determine the specificity of the color enhancement of "lymphatics". Lymph does not contain blood cells. Red cell count per high power field of the fluid coming out of divided structure was used as the determinant to decide

the accuracy of the microscopic identification of a lymphatic following dye enhancement.

Method

The effluent coming out from the distal end of the divided color enhanced tubular structures, which are considered to be lymphatics intra-operative microscopic observation of dye enhancement, was examined under light microscope. The sample for examination was carefully obtained avoiding contamination with the blood in the surgical field. The mean red cell count per high power field was calculated for each sample. Air dried smears of the effluent from 103 structures during 11 lymphovenous anastomosis surgeries, performed at teaching hospital, Peradeniya were inspected under light microscope.

Results

Depending on the red blood cell count per high power field 98 color enhanced structures were confirmed to be lymphatics (less than 20 red cells per high power field) and 5 structures were identified to be veins (Field full red blood cells).

Conclusion

Use of subdermal dyes to enhance lymphatics is a reliable method to identify lymphatics with positive identification in 95% of cases.

CR 08

CLINICAL PRESENTATION OF PAPILLARY CARCINOMA THYROID AS A BRANCHIAL CYST: CASE REPORT

J K Pathirana, D K L R Gunawardena, C Hingalagoda, H Pathirana, A Liyanapatabendige, Y Manikkage, G M P C P Kurukulasooriya

Department of surgery, Base Hospital Mahiyanganaya, Sri Lanka

Introduction

Papillary carcinoma accounts for 85 % of all thyroid malignancies. Most patients are euthyroid and present with painless Goiter. Cervical cystic mass is a rare presentation of papillary thyroid carcinoma.

Methods

A 67 year old male patient presented with gradually progressed swelling in the right upper lateral neck for 6 months. On examination a solitary cystic swelling of approximately 5X6 cm in the right submandibular region. Rest of the neck and mouth were unremarkable.

USS of the swelling showed cystic lesion arising from right submandibular gland and CECT revealed 6 X 5.5 X 5.cm well defined cystic lesion in favour of infected second branchial cyst.

FNAC was nondiagnostic. Haematological investigation were within normal limits.

Results

Patient underwent surgery under general anaesthesia. Complete cyst was carried out without evidence of extension to deep structures as in a branchial cyst. Histopathological assessment of the specimen showed a metastases from a papillary carcinoma of thyroid. Subsequently patient underwent total thyroidectomy with central lymphnode dissection. Histology of thyroid and lymph nodes showed 15mm classical papillary carcinoma in the right lobe (pT1bN1aMx) and a single metastases in a lymph node. Patient is currently on suppressive dose of thyroxine while awaiting adjuvant treatment.

Conclusion

This case highlights the importance of considering thyroid metastasis in the differential diagnosis of cystic lateral neck mass. We present a rare case of cystic papillary thyroid carcinoma, which presented as a branchial cyst.

CR 09

PATHOLOGICAL FRACTURE OF THE HUMERUS SECONDARY TO FOLLICULAR THYROID CARCINOMA

Raviraj S, Tishanthan P

Teaching Hospital, Jaffna

A pathological bone fracture is defined as a bone fracture which occurs without adequate trauma and is caused by a preexisting pathological bone lesion. The Causes include secondary deposits from various primary sites, local bone destruction due to tumorous growths, resorption of bone mass (osteoporosis), reduction of bone quality (osteomalacia, osteonecrosis), insufficient bone production (osteogenesis imperfecta, fibrous dysplasia), augmented bone resorption (giant cell granulomas, aneurysmal bone cyst) and pathological bone remodeling (Paget's disease).

Most of the bone malignant lesions are secondary deposits rather than primary bone malignancy the common primary sites for bone deposits are breast,

thyroid and prostate. Follicular thyroid cancer is the second most common thyroid carcinoma and its main mode of spread is hematogenous. In cases of bone metastasis, the incidence is only 2–3% and axial skeleton is preferentially affected.

We describe a case of a patient with follicular thyroid carcinoma who presented with pathological fracture of the humerus without preceding illness.

In conclusion, despite the relative rarity of causing pathological fracture in the humerus, thyroid cancer should be considered during assessment of the patient with pathological fractures of unknown primary origin.

Key words: Pathological fracture, follicular thyroid carcinoma.

CR 10

URINARY BLADDER PHAEOCHROMOCYTOMA PRESENTING WITH MALIGNANT HYPERTENSION AND HYPERTENSIVE RETINOPATHY

H M K B Herath, U Jayarajah, D M H Fernando, S A S Goonewardena

Department of Urology, National Hospital of Sri Lanka, Colombo, Sri Lanka

Introduction

Phaeochromocytoma of the urinary bladder is an extremely rare tumour that typically presents with the triad of sustained hypertension, haematuria and post-micturition syncope. We report a case of a 15-year-old male who presented with malignant hypertension and loss of vision.

Case Presentation

The patient presented with progressive bilateral loss of vision for 2 weeks duration and was found to have elevated blood pressure of 200/120. However, he denied any urinary symptoms. Examination of the abdomen was unremarkable. His abdominal CECT scan revealed a 5.3x4.3cm enhancing lesion in the right lateral bladder wall with no lymphadenopathy. His urinary VMA (Vanillylmandelic-acid) levels was 30mg/24hours (normal: 2-7mg/24hours).

A phaeochromocytoma of the bladder was suspected. The exploration of the bladder revealed a 6.5x4.5cm mobile, oval shaped lesion on the dome of the bladder with exophytic component on the peritoneal surface.

Partial cystectomy was done with complete excision of the mass. Histology revealed a neuroendocrine tumour suggestive of phaeochromocytoma. Reduction of blood pressure with subjective improvement of the vision was noted in the immediate post operative period and was discharged without antihypertensives. At one year follow up his blood pressure was persistently normal with a visual acuity of 6/9.

Conclusions

Although typically phaeochromocytoma of bladder presents with painless haematuria and symptoms of sympathetic over activity related to micturition, it was not observed in this patient probably because of its subserosal origin. As 10% of tumours may metastasize, long-term follow up to exclude a possible recurrence is mandatory.

CR 11

INFERIOR EPIGASTRIC ARTERY INJURY IN LAPAROSCOPIC INGUINAL HERNIA REPAIR

Lodha Mahendra

AIIMS, Jodhpur, India

Introduction

Inguinal hernia surgery is now being done more and more laparoscopically. Learning curve in laparoscopic inguinal hernia surgery is long and is associated with increased injury to various structures. Inferior epigastric artery is an important landmark in Total Extraperitoneal Repair (TEP) and transabdominal preperitoneal repair (TAPP). It is an important structure which helps in anatomical orientation in laparoscopic inguinal hernia surgery. It helps in identification of direct and indirect hernia. Injury to this artery may occur while doing a hernia dissection; while separating the sac from the vas deferens and other structures.

I report my own case of inguinal hernia surgery from early part of my career. While doing the dissection of hernia sac I injured inferior epigastric artery. It was a partial injury of inferior epigastric artery. We were able to manage by using monopolar electrocautery. Various methods which can be utilized to control bleeding from this artery are clipping, hemoclips, and ultrasonic energy probe.

Conclusion

Inferior epigastric artery injury must be avoided by careful dissection and proper identification of anatomy,

that the procedure must not go disrepute.

CR 12

A CASE REPORT OF SUCCESSFUL ABO INCOMPATIBLE RENAL TRANSPLANTATION FROM A WELL TREATED HCV POSITIVE DONOR WITH SVR TO HCV NEGATIVE RECIPIENT WITHOUT ANY VIRAL TRANSMISSION

Sapana Verma^{1,2}, Kentaro Ide¹, Lalit Kumar Das^{1,2}, Hideki Ohdan¹, Pukar Chandra Shrestha², Rakesh Verma²

1 Department of Gastroenterological and Transplant Surgery, Applied Life Sciences, Institute of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan

2 Department of Urology and Transplant Surgery, Human Organ Transplant Center, Bhaktapur, Kathmandu, Nepal

Introduction

Renal transplantation is an optimal choice of treatment for end stage renal disease practiced worldwide. However, the availability of well-matched living donor remains a mainstream problem as the ratio between donor pool and awaited list of recipient is disproportionate. Renal transplantation from hepatitis C positive donors to hepatitis C negative recipient are often considered to be a contraindication in renal transplantation because of all the probable chances of transmission of Hepatitis C virus to the recipient which may further lead to liver disease and liver dysfunction. Treatment for HCV has gained a milestone now as it can be completely treated with the use of antiviral therapy that consists of Interferon and Directly-Acting Antiviral agents (DAA). Therefore, out of many choices, successfully treated hepatitis C patient may serve as a donor for a hepatitis C negative recipient without any viral transmission. In this scenario, we present a case report of ABO incompatible renal transplantation done from an anti HCV antibody positive (HCV Ab+) donor who was completely treated and had attained sustained virologic response (SVR) to HCV antibody negative (HCV Ab-) recipient. The recipient remained viral free with intact liver function even 8 months after transplantation.

Case presentation

A 67 year old male with polycystic kidney disease with chronic renal failure underwent primary renal transplantation 8 months ago. He received the graft from his spouse who was a 62 year old female with a past

history of HCV. She was treated for HCV and had attained SVR 12 years back. She had persistently normal liver function since then. After all the proper pre-operative investigations this ABO incompatible renal transplantation was done. The intra operative and post-operative period was uneventful. The patient was discharged with normal renal function and continued standard immunosuppressive regime. On follow up HCV was not detected even on repeated tests. The recipient remained viral free even 3 years after transplantation.

Conclusion

In conclusion, our report supports the actuality that we may need to consider anti-HCV antibody positive but HCV RNA negative candidate as a credible donor for living renal transplantation and may contribute to expand donor pool.

Keywords- Renal transplantation, Hepatitis C Virus (HCV), Donor pool

CR 13

COMPLEX COLO-CUTANEOUS FISTULA DUE TO INFLAMMATORY BOWEL DISEASE IN A YOUNG MALE

W S Rathnaweera, Upul De Silva, M Peiris
Teaching Hospital Peradeniya, Sri Lanka

Introduction

Entero cutaneous fistula is a rare complication of Crohn's disease with high morbidity. Definitive treatment is debatable as surgery can result in development of new fistulae and, anastomotic failure.

Case report

A 22 years old male who was diagnosed to have chronic inflammatory bowel disease developed 2 persistent sinuses in his right loin since 5 years. The condition has been managed conservatively with disease modifying drugs and antibiotics without a success. Contrast CT abdomen and contrast sinography revealed a colo cutaneous fistula from hepatic flexure with involvement of right ilium and adjacent muscles. Colonoscopy revealed mildly inflamed right colonic mucosa with longitudinal ulcers. An exploratory laparotomy was performed and internal connection of fistula was identified at hepatic flexure which did not involve the Gerota's fascia or right ureter. An extended right hemicolectomy with en block excision of fistula tracts, posterior abdominal muscles, iliac wing and scarred skin was performed. Ileocolic anastomosis was performed

with a defunctioning ileostomy. Post operative partial abdominal wound dehiscence occurred which was managed conservatively. The patient is now in convalescence.

Discussion

Problems of enterocutaneous fistulae are mainly due to nutritional deficiencies and its psychological impact. Crohns disease, tuberculosis, actinomycosis, cancer and trauma are common causes. Crohn`s- enterocutaneous fistulae are often complex. It is rare to have a fistula in posterior abdominal wall involving ilium. Surgical resection is a treatment option, used as the last resort as novel therapies such as Infliximab has shown reasonably high fistula closure rates. But involvement of bone precludes the use of it here.

CR 14

LAPAROSCOPIC ROUX-EN-Y HEPATICOJEJUNOSTOMY IN MALROTATION OF GUT: A RARE CASE REPORT

Vikas Singh, Rudra Mani

Department of Surgery, UP University of Medical Sciences, Saifai, India

Introduction

The laparoscopic approach for long biliary strictures is technically challenging and intraoperatively incidentally found congenital anomaly makes it difficult further. Asymptomatic malrotation, as an anatomic variation in adults compromising roux- loop length for hepatico-jejunosotomy is one of them. Minimal dissection attaining the adequate length is the key to success. Here, we present the rare case, to the best of our knowledge done laparoscopically i.e. choledocholithiasis with benign long biliary stricture and malrotation of gut managed with Roux-en-Y hepaticojejunosotomy.

Methods

We present a case of 45-year female resident of Uttar Pradesh in Northern India with progressive obstructive jaundice for 6 months and palpable cystic gall bladder lump. MRCP & CECT revealed choledocholithiasis with long strictured common bile duct (CBD), just distal to the confluence of common hepatic duct. The patient was planned for laparoscopic choledocholithotomy with roux-en-Y hepaticojejunosotomy. Surprisingly, apart from choledocholithiasis with long stricture CBD, malrotation of the gut was found. The entire small bowel was peritonised in bands and folds & whole large bowel was cuddled to the left side of abdominal cavity (this was not

reported in any of the preoperative radiological studies). It was a big challenge to prepare the jejunal roux-loop laparoscopically due to thick peritoneal folds and short vascular supply. A roux loop of approximately 30 centimeters was prepared and preferred over loop hepaticojejunosotomy in view of retrograde cholangitis. Side to side jejuno-jejunal anastomosis was done using Endo GIA staplers and 4-0 PDS on 2cm CRB was used for hepaticojejunosotomy. Postoperatively and to the follow up of 1 month the patient is doing well.

Conclusion

Congenital midgut malrotation is rarely encountered outside the pediatric population. We believe that teamwork, expertise on intracorporeal suturing and hepatobiliary surgery are central issues for this operation.

CR 15

A RARE CASE OF MUCOEPIDERMOID CARCINOMA OF THE ACCESSORY PAROTID GLAND

G D S R Wijerathne, K A M P Jayasekera,

P Pitigalaarachchi, M M Bandusena, A J Thanenthiran
Surgical oncology, Apeksha Hospital, Sri Lanka

Introduction

Although accessory parotid glands are present in 20% of population, accessory parotid gland tumours comprise only 1-7% of parotid neoplasms. We present a rare case of mucoepidermoid carcinoma of the accessory parotid gland.

Method

A 43 year old male presented with an infrazygomatic mass, which was attached to the right masseter muscle for 6 months duration. The CT showed a heterogeneously enhancing 2*1.6cm mass, which was separately seen from the parotid gland. The FNAC showed a mucoepidermoid cancer. We proceeded initially with a superficial conservative parotidectomy through standard modified Blare incision, extended anteriorly along the upper cervical skin crease. After identifying all five branches of the facial nerve we carefully raised the skin flap beyond the lesion taking care not to damage the nerve branches. The mass was arising from the accessory parotid gland and it was lying in between the two buccal branches. We excised the mass with a rim of normal tissue without damaging the buccal branches. The cavity was filled with a mini sternocleidomastoid flap and the wound was closed

over a suction drain.

Results

Histopathology confirmed that it was a mucoepidermoid carcinoma. Patient had an uncomplicated recovery.

Conclusion

Tumours in the accessory parotid gland need to be considered in differential diagnosis of infrazygomatic tumours. Although carrying out a superficial conservative parotidectomy didn't add to the oncological clearance, it was an important part of surgery which enabled us to identify and preserve the branches of the facial nerve.

CR 16

A RARE PRESENTATION OF ACUTE ABDOMEN; PERFORATION OF PRIMARY JEJUNAL GASTRO-INTESTINAL STROMAL TUMOR

P Kurukulasooriya, M Dissanayaka, M A P S Jayathilake, W D C Arunapriya, T P Samarakoon, S R Palihakkara
Surgical Unit, Base Hospital Mahiyanganaya, Sri Lanka

Gastro intestinal stromal tumours (GIST) are the most common mesenchymal tumour of the gastrointestinal tract and most of them are asymptomatic, hence they are incidental finding in routine endoscopy or radiological imaging. Primary treatment includes surgical excision with adjuvant treatment. We present a case of an acute general surgical emergency led to an emergency laparotomy following spontaneous perforation of small intestinal GIST.

Forty five year old man admitted to the general surgical ward with acute severe abdominal pain and distension for 6 hours with preceding symptoms of nonspecific central abdominal pain over last 3 months. He was systemically unwell and anemic. Abdominal examination revealed generalized peritonitis signs. All the inflammatory markers were high. He underwent emergency laparotomy after acute resuscitation. Operative finding was 10X10 cm bowel mass arising from the proximal jejunum attached to its mesentery with perforation and active bleeding. Free blood and jejunal contents were in all four quadrants in the peritoneal cavity.

Mass was resected enblock with its attached mesentery and small bowel was anastomosed end to end. There

was no evidence of enlarged lymph nodes or liver metastasis macroscopically. Patient had uneventful recovery after and was discharged on day 7th post-operative day. Histo-pathology found to be a GIST arising from muscularis propria of the jejunum with evidence of focal necrosis and hemorrhage. Immuno-staining confirmed the diagnosis with strong cytoplasmic positivity for CD117 and negative CD34. Patient is being followed up with Imatinib treatment and screened for other tumors with endoscopy and colonoscopy which were negative.

CR 17

RECURRENT GIANT LIPOMATOUS SWELLING: A THERAPEUTIC DILEMMA - A CASE REPORT

Pankaj Kumar, Tushar S Mishra
AIIMS Bhubaneswar, India

A 53 years old female presented with a huge swelling in the anterior and lateral aspect of the left thigh for two years. She had a history of undergoing surgery for similar swellings in 1999 and in 2009 for lipoma of the left thigh where a 12 kg and 9 kg tumor were respectively excised. This time she presented with complaints of a recurrence of the swelling at the site of previous surgery, which was soft and measuring approximately 35*30*30 cm. There was no strong clinical suspicion of a liposarcoma given the huge size of the swelling and the rapidity of growth, although neither multiple core needle biopsies nor the radiological investigations including CT and MRI scan could conclusively suggest it. Per operatively the lipomatous components were seen infiltrating the muscles and so a left lateral and anterior compartmentectomy was performed and a 14kg tumor was removed.

The post-operative period was uneventful and she is able to walk with little difficulty. The final histopathology report suggested a well differentiated liposarcoma, but all the margins were involved with tumor. The patient refused to consent for disarticulation, hence the patient is being given chemotherapy with radiotherapy.

The case highlights the therapeutic dilemma in giant lipomatous swellings and the possibility of elusive diagnosis even with best of efforts. Wide local excision or compartmentectomy can be a safe option in ambiguous situation when the clinical suspicion of malignancy is strong.

CR 18

A REPORT OF TWO RARE CASES OF INTRA-ABDOMINAL AGGRESSIVE FIBROMATOSIS

G D S R Wijerathne, K A M P Jayasekera, M M Bandusena, AJ Thanenthiran
Surgical oncology, Apeksha Hospital, Sri Lanka

Introduction

Aggressive fibromatosis is a rare type of soft tissue sarcoma which is not capable of metastasis yet has a high ability to repeatedly recur due to its huge capacity of local invasion. We present two rare cases of intra-abdominal aggressive fibromatosis.

Methods

First patient was 47 year old male, presented with a mass overlying an appendectomy scar which was rapidly enlarging for five months. Clinical examination and CT scan were suggestive of a tumour inside an incisional hernia sac. It turned out to be a tumour arising from the small intestinal mesentery which was herniating into the sac, during exploratory laparotomy. Second patient was a 48 year old male presented with right hypochondrial pain and tenderness with no constitutional or sinister features. CT scan showed a solid homogenous mass on the right side of the root of the mesentery. During exploratory laparotomy we found a mass on the right side of the mesentery just inferior to the third part of the duodenum. Both underwent complete excision of masses and histopathological analysis.

Results

First one had a desmoid type fibromatosis on histology report with a 5% Ki 67 index. Second one had a mesenteric type fibromatosis with a <1% Ki 67 index. The immune profile was almost similar in both. Both underwent colonoscopic assessment as these might be associated with familial adenomatous polyposis but only the first one had a single adenoma in the ascending colon.

Conclusion

Aggressive fibromatosis can rarely occur intra-abdominally and should be considered in differential diagnosis in vague cases.

CR 19

DESMOID TUMOR OF SMALL BOWEL MESENTRY

Mahendra Lodha
AIIMS Jodhpur, India

Tumors of mesentery are very rare. Most of these tumors present as an incidental mass without any signs and symptoms. These tumors usually present as an asymptomatic mass either detected by the patient himself or during a clinical examination for some other complain.

I report a case of mesenteric mass detected by a patient with a typical history of a painless mass without any gastrointestinal symptoms. His complain was a highly mobile mass in abdomen. There was a large lump in the abdomen with mobility perpendicular to the mesenteric attachment. Lump was firm with irregular margin. It was encapsulated with no involvement of major vessels.

Lump was excised with approximately 50 centimeters of small intestine and end to end anastomosis of small intestine was done. Biopsy was sent for histopathological analysis. Postoperative period was uneventful. Biopsy came out to be a desmoid tumor.

Desmoid tumor is a mesenchymal tumor which is benign in nature but has a high tendency to invade locally, without any propensity of malignancy. Most tumors are sporadic in nature. Some are associated with FAP syndrome. When these tumors occur with FAP syndrome, prognosis is very poor.

We did the colonoscopy to rule out FAP syndrome. We had three monthly clinical follow up and post operative CT scan which does not show any residual tumor. Close follow up of these tumor should be done so as to look for recurrence.

**For excellent ability
to fight against
 β -lactamase producers**



Cipla

Relief like never before



Once-Daily
Urimax

Tamsulosin hydrochloride 0.2/0.4 mg
Modified Release Capsules