



Annual Academic Sessions 2023



Colombo South Clinical Society

The Book of Proceedings

and

Abstracts



10th March 2023

Dr W G Gunawardene Auditorium

Colombo South Teaching Hospital

Annual Academic Sessions

2023

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EDITORIAL TEAM

Editors:

Prof Ruwanthi Perera

Dr Shehan Silva

Assistant Editor:

Dr Pamudith Karunaratne

Design & Formatting:

Dr Pamudith Karunaratne

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Message from the Patron

**Dr Sagari Kiriwadeniya**

Patron, Colombo South Clinical Society

Director, Colombo South Teaching Hospital

It is a great pleasure for me to write a message as the Patron of the society for the abstract book of the Annual Academic Sessions 2023 of the Colombo South Clinical Society. I am indeed very happy to see the progression of the event since its inception in 2015 to the current status. It is indeed a great achievement to be able to have an event of this calibre despite the enormous barriers created by the pandemic as well as the economic crisis.

This annual academic session will give an opportunity for the researchers to platform academic work. I am glad to see the good quality academic presentations of our doctors at this forum. On behalf of the Colombo South Teaching Hospital, I would like to take this opportunity to express my gratitude to Vidyajyothi Professor Asita de Silva, Deshamanya Professor J B Disanayake, three plenary presenters and all the oral and poster presenters for their valuable contribution to make this event a success. Paediatric updates and monthly lectures will be the other academic highlights of the Colombo South Clinical Society.

I take this opportunity to congratulate and express my sincere gratitude to the president of the Colombo South Clinical Society, Dr Ashoka Gunaratne and his council of spirited members, for all the effort and hard work in making this event a success.

I wish the organisers all the very best, and the participants, an enriching academic session that will aid you to broaden your medical perspectives. Hope to see you all tomorrow at the Golden Rose Hotel, Borelasgamuwa at the Annual Doctors' Get together and the Dinner Dance.

Message from the President: Colombo South Clinical Society

**Dr. Asoka Gunaratne**

President, Colombo South Clinical Society

Consultant Anaesthetist, Colombo South Teaching Hospital

It gives me immense pleasure in announcing the 2023 annual academic sessions of the Clinical Society, Colombo South Teaching Hospital (CSTH). The main sessions will be held on the 10th of March 2023 in the W.D. Gunawardane Hospital Auditorium. Our Chief Guest is Vidyajothi Professor Asita De Silva, Professor of Pharmacology, University of Kelaniya and the Guest of Honour Deshamanya Professor J.B. Disanayake, Professor Emeritus in Sinhala, University of Colombo.

This congress will be a platform for our doctors and post graduate trainees to present their experience and research. This year we have included three plenaries in cardiology, endocrinology and paediatrics to update the knowledge on recent developments in these fields. I take this opportunity to thank Professor Ruwanthi Perera and Dr. Shehan Silva for taking charge of the academic congress.

Academic Programme

8.00 am	Poster presentation
9.00 am	Inauguration ceremony
9.10 am	Welcome speech: <i>Dr Asoka Gunaratne</i> <i>President, Colombo South Clinical Society</i>
9.15 am	Chief Guest's speech: "Social inequality and impact of the economic crisis on NCDs" <i>Vidyajyothi Prof Asita de Silva</i>
9.45 am	Guest of Honour's speech: "Evolution of Sinhala" <i>Deshamanya Prof J B Disanayake</i>
10.15 am	Free paper session
11.15 am	Tea break
11.30 am	Plenary 1: "Poverty complicating acute coronary syndrome: managing with minimum resources" <i>Dr Chandrike Ponnampereuma, Consultant Cardiologist, CSTH</i>
12.00 pm	Plenary 2: "Fussy eater: when, why and how to handle???" <i>Prof Ruwanthi Perera, Professor in Paediatrics, FMS, USJ</i>
12.30 pm	Plenary 3: "Remission of Diabetes" <i>Dr Niranjala Meegodawidanage, Consultant Endocrinologist, CSTH</i>
1.00 pm	Vote of thanks

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Extract of the Chief Guest's speech: Social inequality and impact of the economic crisis on NCDs



Vidyajyothi Prof Asita de Silva

Senior Professor of Pharmacology

Faculty of Medicine

University of Kelaniya

Sri Lanka has a heavy disease burden in terms of non-communicable diseases (NCD). In 2014, a study estimated that the prevalence of hypertension in adults in Sri Lanka to be 23.7%. Another study of 2986 adults between 35 and 64 years of age reported a prevalence of 30.4%, and that of the known persons with hypertension, almost 20% were not on anti-hypertensive medication and only one third were controlled.

Health follows a social gradient with poorer segments of society affected disproportionately. The current economic crisis is impacting our healthcare system with increasing numbers of patients not having access to quality-assured medicines. In addition to poor and at best erratic availability of essential medicines including anti-hypertensives in the state sector, which in turn drives patients to seek private healthcare, the recent steep price increases may result in many simply not taking prescribed medicines. The consequences at a population level could be catastrophic.

Extract of the Guest of Honour's speech: Evolution of Sinhala



Deshamanya Prof J B Disanayake

Emeritus Professor in Sinhala,
University of Colombo.

Sinhala is one of the two national languages of Sri Lanka. The other language Tamil is spoken in India as well. Sinhala was made the official national language of the country in 1956. She belongs to the Indo-Aryan subfamily of the larger linguistic family known as IndoEuropean, spoken both in Europe and India. Sinhala is the southernmost member of this family. She is thus a sister language of Hindi, Bengali, Gujarati, Marati and other NorthIndian languages. Divehi, the language spoken in the Maldives is considered by some as an offshoot of old Sinhala. Genetically it is related to Sanskrit, the classical language of India and to Pali, the vehicle of Buddhism.

Due to various historical cultural and socio-linguistic factors, Tamil had a significant impact on the structure and vocabulary of Sinhala, thus making the latter an excellent example of language convergence. Of the modern European languages, Portuguese, the first European rulers of the island, was the first to have an impact on Sinhala. It was followed by Dutch in the eighteenth century. The contributions of the two languages are, however, confined to the vocabulary.

English which remained the official language until 1956, still exerts a tremendous influence on both the vocabulary and the structure of Sinhala. English brought into being two varieties of language, the Sri Lankan English and 'Singirisi' spoken by the English educated middle class Sinhalese.

Plenary 1: Poverty complicating acute coronary Syndrome: managing with minimum resources



Dr Chandrike Ponnampereuma,
Consultant Cardiologist,
CSTH

We have been following European and American guidelines when managing our patients. The wellbeing of the patient at hand has been our only concern, while we have been blind to the health economic implications of our bedside clinical decisions.

The apparently sudden collapse of the economy took us through many shortages including that of essential drugs, laboratory consumables and cardiac catheterization consumables.

Now we have been forced to use the available meagre resources rationally so that an efficient health care delivery could be maintained for a longer duration for the greater benefit of the society.

Though management of acute coronary syndrome with minimum resources is the example taken, underlying principles need to be applied in day to day clinical practice of all such fields at least until we come out of this economic crisis.

Plenary 2: Fussy eater: when, why and how to handle???



Prof Ruwanthi Perera,
Professor in Paediatrics,
Faculty of Medical Sciences
University of Sri Jayewardenepura

One in three parents describe their child as a picky eater. Typical picky eating starts around 15-18 months and resolves around 5 years. Though they have their favourite food, they do can make up with other options following brief periods of whining and fussing. Extreme picky eating starts early with introduction of solids with complete aversion to certain food groups. It is associated with medical, anatomical, developmental challenges and with sensory processing challenges. It may leads nutritional deficiencies, growth failures, psycho-social development problems as well as family conflicts. Extreme picky eating has been associated with adult serious mental health concerns as well as eating disorders. Many characteristics exist on a continuum, making a clinical differentiation of the two entities difficult.

In 2013, DSM-5 added avoidant/ restrictive food intake disorder (ARFID) as a diagnosable eating disorder. Before a diagnosis of ARFID is made careful consideration of child factors, parental factors and assessments by specialists such as speech and language therapist, child psychiatrist are needed. A diagnosis of ARFID should be made following the exclusion of medical conditions and is not better explained by another psychiatric illness.

Pressuring tactics of feeding often backfire, though initially appear attractive. Parenting style and feeding practices are linked with intake and outcomes. Authoritative and responsive feeding are associated with more positive outcomes than permissive, neglectful or authoritarian feeding and parenting.

Plenary 3: Remission of Diabetes



Dr Niranjala Meegodawidanege,
Consultant Endocrinologist
CSTH

Diabetes has become one of the leading non communicable diseases worldwide. According to the latest consensus published in 2021, there are 537 million people living with diabetes worldwide. This number is projected to rise to 783 million by the year 2045.

Percentage wise, more than 10% of the world adult population has diabetes. Unfortunately, about 80% of them live in low- and middle-income countries including African and Asian continents.

Much to the dismay, Diabetes cost a huge amount of money from the health budget in every country.

Diabetes is not a curable disease; but can go into a long term remission. Remission is defined as achieving glycaemia below the diabetic range in the absence of active pharmacological or surgical therapy. Remission can be partial or complete.

Consistent evidence shows that weight loss is associated with extended life expectancy for people with diabetes, and weight loss of about 15 kg often produces total biochemical remission of type two diabetes, restoring beta cell function.

This goal can be achieved through intensive lifestyle changes, Bariatric surgery or early intensive insulin treatment. Recognizing remission of diabetes can be a powerful motivator for patients to maintain weight loss.



ABSTRACTS



Colombo South Clinical Society

Annual Academic Sessions 2023



Oral Presentations

OP01 A COMPARATIVE STUDY IN INGUINAL HERNIA REPAIR UNDER REGIONAL ANAESTHESIA VERSUS LOCAL ANAESTHESIA IN A SINGLE SURGICAL UNIT AT DGH NEGOMBO

Janarththan S¹, Wijeyamanna A¹

¹*District General Hospital, Negombo*

Introduction: Lichtenstein's repair for inguinal hernia is one of the commonest surgical procedure at surgical units.

Objective: This study is to compare Lichtenstein's repair performed under local anaesthesia versus regional anaesthesia.

Methods: This prospective study compared 30 patients in two groups ,with 15 patients in each group who underwent Lichtenstein's repair for uncomplicated inguinal hernia under local (group 1) or spinal (group 2) anaesthesia. Results of both groups were analysed.

Results: Median time taken for surgery under local anaesthesia was less (52 versus 73 minutes). Postoperative pain was less in local anaesthesia when compared to spinal anaesthesia at 24,48 hours after surgery, and after 2 weeks of discharge. One patient develops postoperative surgical site haematoma in group 1. Three patients in group 2 develop postoperative urinary retention. None of the group had surgical site infection.

Conclusion: Lichtenstein's repair under local anaesthesia was better concerning post-operative pain, complication and hospital stay.

OP02 HEMOSTATIC RESUSCITATION – ARE WE DILUTING ITS BENEFITS, A SINGLE UNIT RETROSPECTIVE STUDY

Fernando WWWS¹, Sabaratnam VY²

¹Postgraduate Institute of Medicine, University of Colombo

²Teaching hospital, Anuradhapura

Background and Objectives: Haemostatic resuscitation is a widely adopted practice in the resuscitation of patients with severe haemorrhage, includes limitation of crystalloid with early use of blood and fresh frozen plasma in 1:1 ratio. Although this is carried out in emergency department (ED) as a part of damage control resuscitation, dilution of its advantages by crystalloid infusion through damage control surgery (DCS) and intensive care phase is not evaluated.

Method: This was a six month retrospective single unit study of patients who received massive transfusion protocol (MTP) managed with DCS. Major outcome of interest was to analyse the direct impact of 24-hour crystalloid volume on patients who received 1:1 resuscitation as initial management.

Results: Total of 20 patients underwent DCS following MTP of which 70% (n=14) are male and 30% (n=6) are female. Age distribution ranged from 21 - 61 years. 17 patients received >3l of crystalloids during first 24 hours and 3 received <3l. The following complications were evaluated: sepsis, persistent acidemia, adult respiratory distress syndrome, coagulopathies and acute renal failure. >3l crystalloid group, all developed one or more complications with an average intensive care unit (ICU) stay of 7.65(4-21) days. <3l crystalloid group did not develop any of the evaluated complications with an average ICU stay of 2.67(2-3) days.

Conclusion: Our study results demonstrate increase morbidity following infusion of >3l of crystalloid although they received haemostatic resuscitation during ED. Receiving massive transfusion was not a predictor of morbidity, but crystalloid volume was. Caution in overzealous use of crystalloid during first 24 hours is warranted.

OP03 THE VALUE OF OPPORTUNISTIC SCREENING WITH SERUM PROSTATE SPECIFIC ANTIGEN FOR EARLY DIAGNOSIS OF PROSTATE CANCER

Pathiraja PMDS¹, Gunawardene WDMC¹, De Alwis ANL¹, Palihakkara SD¹, Udayakumaran P², Sosai CP³, Abeygunasekera AM¹

¹*Departments of Urology, Colombo South Teaching Hospital*

²*Departments of Radiology, Colombo South Teaching Hospital*

³*Departments of Pathology, Colombo South Teaching Hospital*

Introduction: Prostate cancer (PCa) is the fifth commonest cancer among men in Sri Lanka and 60% are diagnosed at the metastatic stage. To diagnose early National Cancer Control Programme of Ministry of Health published a guideline for opportunistic screening. This guideline was based on expert opinion and not on scientific evidence.

Objectives: To determine the incidence of PCa in patients who are aged between 50 to 70 years with lower urinary tract symptoms and a clinically benign prostate. To identify the number of serum PSA tests and prostate biopsies necessary to diagnose one case of early PCa.

Methods: A prospective study was conducted among all men between 50 and 70 years attending the Urology Clinic for the first time with lower urinary tract symptoms and having a clinically benign prostate. Serum PSA estimation was done as per guideline. Those with persistently high serum PSA had a biopsy of the prostate. Rising PSA despite a benign histology were subjected to a repeat biopsy. Patients on urethral catheter, clinical evidence of prostatitis or urosepsis were excluded from the study.

Results: Study sample included 270 patients. Fourteen did not complete the follow-up and excluded from analysis. Sixty-nine had a high initial PSA. The second PSA was high in 42 Patients and all of them underwent biopsy. One of them had PCa and seven had chronic prostatitis. Rest were benign.

Conclusion: Under the recommended opportunistic screening programme, in order to diagnose one prostate cancer, it was necessary to do nearly 300 serum PSA tests among men with clinically benign prostate.

OP04 “WHAT CAN GO WRONG?” ANALYSIS OF SLIPS AND ERRORS IN DOCUMENTATION IN DRUG CHARTS IN A TERTIARY PAEDIATRIC UNIT

Danisiou T¹, Karunaratne SMIP², Perera TMR^{1,2}

¹Colombo South Teaching Hospital

²Department of Paediatrics, University of Sri Jayewardenepura

Introduction: Drug prescription to delivery of medications possess many avenues for mistakes.

Objective: To analyse the degree of adherence of documentation in the drug chart to WHO standards.

Methods: A retrospective audit was done over one month at the Professorial Paediatric Unit, Colombo South Teaching Hospital. A data collection form based on WHO standards was used.

Results: 923 drugs were prescribed in 200 Bed Head Tickets (BHT) with the mean number of approximately 5 drugs per BHT. 88.5% of prescriptions contained at least one error. Patients' details were mentioned virtually in all BHTs, except the weight of the patient (17%). Date was not mentioned only in 4(2%) drug charts and legible handwriting reached the high standards (98.5%). Allergies were documented in 3.5% of charts, yet questioning the certainty of non-allergies.

Out of 923 drugs, paracetamol and antibiotics were prescribed mostly (17% each), followed by bronchodilator (14%). Spelling mistakes were noted in 15.6% of the total prescribed drugs with antibiotics (40.2%) and antihistamines (20.8%) having the highest errors. Usage of abbreviations was noted in 15% of total drugs prescribed and bronchodilators (61.9%) contributed to the highest. Trade names were used in 8.3% of prescriptions, especially in prescribing vitamins and probiotics. Route, dose, and frequency were documented and contributed to 56.5%, 72% and 89.5% respectively. Incorrect dose (2.9%) and frequency (1%) were minimally noted. None contained the prescriber's signature.

Conclusion: Deficiencies were identified in adhering to the standards of documentation which could lead to disastrous as well as legal issues. It is vital to disseminate the results among doctors as well as nurses and to carry out regular audits to ensure patient safety.

OP05 LENGTH OF PREGNANCY OF SRI LANKAN WOMEN ATTENDING A TERTIARY CARE CENTER IN COLOMBO

Madura Jayawardane^{1,2}, Dewni Rathnapriya¹, Sriskanthan Srisanjeevan², Ajith Fernando^{1,2}

¹Department of Gynaecology and Obstetrics, University of Sri Jayewardenepura

²Colombo South Teaching Hospital

Background & Objectives: The median time from ovulation to birth was estimated to be 268 days (38+2 weeks). However, there is a gestational length variation of range of 37 days.

Previous studies have shown that perinatal mortality and morbidity of the foetus increases after 41 weeks of gestation due to increase in foetal size. It is also believed that South Asian foetuses have a shorter length of pregnancy and a higher risk of mortality when compared with occasions'.

However, induction of labour may be associated with increased risks of complications and higher expenses.

This study was designed to ascertain the length of uncomplicated pregnancy in Sri Lankan women and pregnancy outcomes of those managed expectantly till 41 weeks, as well as identify the cost associated with induction of labour and the safest and most cost-effective time period for induction of labour for Lankan foetuses.

Methodology: A descriptive cross-sectional study was conducted among 922 women who had uncomplicated pregnancies at a tertiary care centre in Colombo.

Results: Out of the 922 pregnant women 93.16% (n=859) underwent spontaneous onset of labour by POG 41 weeks and 3 days. Only 6.83% (n=63) required induction with the expectant management policy. There was 29 (3.14%) SCBU admissions of which only 9 were after POG 40 weeks.

Interpretations and Conclusion: A significant proportion of women with uncomplicated pregnancies underwent spontaneous onset of labour with minimum complications by POG 41+3 weeks. Both the maternal and neonatal health were optimal. Induction of labour in itself poses a risk to both the mother and the foetus and is an economic burden to under-resourced settings especially during economic crisis. Hence it is prudent that we fully understand the true length of pregnancy and number needed to induce when adopting an induction policy in the country. Adopting an induction of labour at 41 weeks instead of 40 weeks will reduce the induction rate by 20% in low-risk pregnancy with no significant morbidity or mortality in Sri Lanka. Further studies need to be conducted to ascertain the true length of pregnancy beyond POG 41 weeks. A uniform policy for timing of induction of labour for Sri Lanka should be formulated by considering local data.

OP06 USE OF PLETHYSMOGRAPHIC WAVEFORM TO MEASURE ANKLE BRACHIAL PRESSURE INDEX INSTEAD OF DOPPLER SIGNAL: A COMPARATIVE STUDY

Chandrasiri CH¹, Arudchelvam J¹, Cassim MRN¹, Goonaratne TD¹, Wijayaratne SM¹

¹University vascular surgical and transplant unit, National Hospital of Sri Lanka

Introduction: Ankle Brachial Pressure Index (ABPI) is the ratio of the maximum ankle and brachial pressures at which the doppler signal first reappears when the limb occlusion pressure is lowered more than the systolic blood pressure. This change in blood flow is reflected in pulse oximeter photo plethysmographic waveform (PPPW). The elicited doppler signal varies not only with the blood flow but also with the position and the angle of the probe in relation to the artery, soft tissue oedema, background noise and the operator's experience.

Objective: To assess the accuracy of measuring ABPI using PPPW instead of Doppler signal.

Methodology: 52 inward patients with clinical evidence of peripheral arterial diseases were selected. Patients with non-compressible vessels, overlying wounds or painful skin inflammation precluding cuff application, absent all toes and amputees distal to trans tibial amputations excluded. Standard ABPI measuring was done by the same examiner in the same selected limbs of the same patient using a handheld Doppler and a pulse oximeter. Re-appearance of PPPW following a straight line in was corresponded to the first appearance of the Doppler signal. ABPI values by each method were statistically compared with Pearson Correlation Coefficient.

Results: No statistically significant difference ($R = 0.9921$ and $p < 0.05$) between the two methods.

Conclusion: ABPI can be measured by using PPPW instead of Doppler signal with the same accuracy.

Original Studies / Clinical Audits

PP01 A COMPUTED TOMOGRAPHIC (CT) STUDY ON NORMAL ABDOMINAL AORTIC DIAMETER AND ITS VARIATION WITH AGE, SEX AND BUILD IN A SELECTED POPULATION PRESENTED TO NATIONAL HOSPITAL OF SRI LANKA

Rajapaksha RMHM¹, Udayangani JJ¹

¹National hospital of Sri Lanka

Introduction and Objectives: This study aimed to describe the normal diameter range of the abdominal aorta and its variation based on age, sex, and build in a selected population that presented to the National Hospital of Sri Lanka.

Methods: The data were collected from 325 participants who underwent CT abdomen for non-cardiovascular reasons. The diameter of the abdominal aorta was measured at three levels, and the mean diameter was calculated for each level. Pearson correlation coefficient and independent sample t-test were used to analyse the data.

Results: The results showed that the mean (SD) normal diameter of the abdominal aorta in the selected Sri Lankan population was 16.16mm (1.645), 14.40mm (1.98), and 12.17mm (1.835) at suprarenal, infrarenal, and above bifurcation levels, respectively. The diameter of the abdominal aorta increased with age and was relatively larger in males than females. Additionally, the normal aortic diameter at the infrarenal level was generally larger in taller people and increased with the weight of individuals. BMI and body surface area showed a correlation with abdominal aortic diameter at L4 and L2 levels, respectively.

Conclusion: The study concluded that the normal abdominal aortic diameter in Sri Lankan population is significantly less than in the western population but closer to values in the Indian population. Therefore, it is important to identify the normal values suitable for the Sri Lankan population. Age, sex, height, weight, BMI, and body surface area are important factors that should be considered when interpreting aortic diameter.

**PP02 AN AUDIT ON THE KNOWLEDGE OF MEDICAL EMERGENCY TEAM (MET)
AMONG DOCTORS WHO WORK IN COLOMBO SOUTH TEACHING HOSPITAL,
KALUBOWILA**

Weerakkody DSI¹, Elvitigala KN², Munasinghe MP³, Epasinghe DP⁴

¹*Cancer Institute Maharagama*

²*Molkawa Primary Medical Care Unit*

³*Lady Ridgeway Hospital for Children*

⁴*Colombo South Teaching Hospital*

Introduction: A Medical Emergency Team (MET) consists of doctors and nurses with advanced life skills who respond to emergency calls following the deterioration of a patient's medical condition. An effective MET can reduce mortality and morbidity of patients in a hospital. At CSTH, the rapid response team (RRT) exists in the place of a MET. The RRT consists of one anaesthetic medical officer, who attends to cardiac arrests and performs procedures such as difficult cannulation and intubation.

Objectives:

- 1.To assess the awareness of existence of a MET at CSTH, among doctors from CSTH
- 2.To assess the awareness of MET among doctors from CSTH

Methods: 96 doctors who work in CSTH were selected at random and were given the questionnaire. They were randomly chosen among wards, clinics and OPDs of all specialties irrespective of their experience in the medical field.

Results: Among the participants, all doctors knew about MET and its definition. But 20% (20/96) believed there is a MET in CSTH while 10% (10/96) believed there is a cardiac arrest team. Among the participants, 30% (29/96) believed that the MET consisted of a single doctor and two nurses. While 66% of doctors in the ward setting knew about more than 50% of MET calling criteria, only 35% of OPD doctors knew about more than 50% of MET calling criteria. There was no significant difference between age and the knowledge of MET calling criteria.

Conclusion: Awareness regarding the availability of a MET and its calling criteria among doctors who work in CSTH is minimal.

PP 03 ARE WE READY FOR AN EMERGENCY? AN AUDIT ON EMERGENCY STANDARDS IN A TERTIARY PAEDIATRIC UNIT

Danicious T¹, Karunaratne SMIP², Perera TMR^{1,2}

¹ Paediatric Professorial Unit, Colombo South Teaching Hospital

² Department of Paediatrics, University of Sri Jayewardenepura

Introduction: Emergencies in paediatrics are unavoidable. Hence, it is vital for any hospital treating children to be equipped and staffed to handle an emergency.

Objective: To assess the standards of emergency care at emergency treatment unit (ETU) and paediatric ward.

Method: Cross-sectional audit was carried out during a 24-hour period at Professorial Paediatric Unit and ETU of Colombo South Teaching Hospital, using standards published by RCPCH UK 2018.

Results: An integrated urgent and emergency care system fulfilled 66%. Environment in emergency care setting achieved 40% of standards, however, play specialist, feedback system and patient flow model were not in practice. Workforce consisted of a 24-hour on call paediatrician and middle grade doctor, qualified in BLS and APLS, yet registered children's nurse post was not in place (71%).

In management, the patients were attended within 10 minutes and immediately escalated if needed, despite no priorities for pain management and GP follow-ups, with 55% satisfaction. Safeguarding of children was suboptimal (42%). Attention to mental health warrants definite upgrade with a 30% satisfaction level. Complex medical needs of children were attended suboptimally (33%). Major incidents (0%) and safe transfers(20%) were far inferior from the standards. Handling of a death during emergency care complied 50% with the standards. Information system and data analysis (25%), and research(0%) need greater uplift. Emergency crash trolley revealed 100% availability of emergency medicines and equipment.

Conclusion: Competency of staff and immediate action are to be treasured. Nevertheless, implementation of policies, upgrading environment, setting up of follow up care, and emphasize on mental health and safeguarding to be accomplished.

PP04 EVALUATION OF EARLY COMPLICATIONS OF AVF IN A PERIPHERAL SURGICAL UNIT

HDR Pamoda¹, G Kugaraj¹

¹*District General Hospital, Polonnaruwa*

Introduction: Chronic kidney disease is now increasing at an alarming rate in Sri Lanka. Most of the patients diagnosed with end stage renal disease need haemodialysis (HD) as a temporary treatment. Though renal transplant is considered as the cure for end stage renal disease, patients who are not suitable for renal transplantation are dependent on life-time HD. Gaining vascular access for HD could be problematic if repeated haemodialysis is needed thus AVF are created to gain permanent vascular access for continuing HD.

Methods: This Study was conducted in General Hospital of Polonnaruwa among the patients who have undergone AVF creation by a surgical trainee. Within the period of 1.12.2021 to 30.05.2022, 60 patients were included in the study. The clinical data were evaluated according to their sociodemographic distribution and early post operative complications after 3 weeks of post-operative period. Data analysis was done in a descriptive manner.

Results: A total of 60 patients, aged from 25 to 77 years (median age 55) were included, of them 53 (88.3%) were males. Majority of the fistulae were of brachio-cephalic type (73%) whereas only 2 (3%) were brachio-basilic. 10 out of 60 patients developed complications. But none of the patients had more than one complication simultaneously. 4 patients (6.6%) developed thrombosed fistulae after 3 weeks of post-operative period and 6 (10%) had superficial infections where no surgical interventions were needed. All thrombosed fistulae were observed in the age group of 56-66. Majority of the post-operative infections were also seen among the age group of 56-66 (50%). All the patients who developed infections were male.

Conclusion: Different types of techniques in creating an AVF show varying outcome. Understanding such variation will improve the outcome of the AVF creation. Long term follow-up of such cases will be essential in developing a successful protocol for AVF creation.

PP05 GOOD STORAGE PRACTICES FOR PHARMACEUTICALS: ARE WE ADHERING?

Karunaratne SMIP¹, Danisious T², Perera TMR^{1,2}

¹*Department of Paediatrics, University of Sri Jayewardenepura*

²*Paediatric Professorial Unit, Colombo South Teaching Hospital*

Introduction: Proper drug storage is an undeniable component of a good health care system which requires regular assessment and monitoring.

Objective: To assess the compliance of storage requirements with current national policy recommendations.

Method: A one-time audit was conducted at the pharmaceutical storage room of Professorial Paediatric Unit, Colombo South Teaching Hospital. An audit form developed from the guideline published by the National Medicine Regulatory Authority of Sri Lanka.

Results: General facilities achieved only 40% adherence to the standards due to inappropriate location, insufficient space for storage. Storage areas category reached strikingly low value (31%) of adherence to standards, contributed by small dimension of the room, unavailability of written protocols for sanitation and unavailability of restricted area for hazardous materials. Monitoring of storage conditions had never been tracked, making all the standards to null. Nonetheless, documentation (100%) and labelling (100%) were entirely satisfied the standards.

'First Expired First Out (FEFO)' method was used. All the drugs were accurately labelled, free from spills and organized alphabetically (100%). No expired medicine was found, and drug inventory was taken place daily. Stocks were limited; however, minimum and maximum stock levels were not displayed. Refrigerator contained lab specimens in addition to drugs, which led to disruption in organization of drugs.

Conclusion: Poor compliance to standard policies was identified in general facilities, structure of storage areas and noncompliance to monitoring of the storage conditions. Furthermore, inadequate space, improper use of refrigerator and limited stocks of medication could be attributed to current impoverished situation. However, documentation and labelling accomplished the expected standards. Regular audit after dissemination of policies will improve the situation, together with the plan for expanding the room space.

PP06 LET'S MAKE IT LESS SCARY: AN OBSERVATIONAL STUDY ON PAIN PERCEPTION IN KIDS DURING VENEPUNCTURES

Karunaratne SMIP¹, Perera TMR^{1,2}, Dissanayaka NA², Rajapakshe LMKD², Wanniarachchi WKSI², Hettiarachchi HDM², Silva RH², Nelson DN²

¹Department of Paediatrics, University of Sri Jayewardenepura

²Paediatric Professorial Unit, Colombo South Teaching Hospital

Introduction: The pain caused by venepunctures can have a significant negative impact on both children's and caregivers' acceptance of medical care. Therefore, it is crucial to explore possible cofactors and nonpharmacological methods to minimize pain in local settings.

Objectives: During the phase one study, we analysed the cofactors of the child, bleeder, and venepuncture details that might influence the child's perception of pain.

Methods: The investigators performed an observational study where we documented the pain perception of children aged 6 months to 5 years using the FLACC scale. Children aged 5-10 years were asked to analyse the perceived pain using the FACES pain scale (FPS), and a self-administered visual analogue scale (VAS) was used for children aged 11-14 years.

Results: In our sample, 54% of the children were aged 6 months to 5 years and bled at the bleeding room (98%) between 6:00 AM to 12 noon (59%) for cannulation (55.7%). Fifty-four per cent had previous hospital admissions. In 82% of venepunctures, the dorsum of the hand was used and was the first puncture site in 80% of cases. In 88.5% of punctures, it took less than 15 minutes. The mean (SD) pain scores were 7.5 (2.3) in FLACC, 6.9 (2.6) in FPS, and 5.5 (2.3) in VAS, out of 10. There was no statistical significance between the pain score and the relevant age category with confounding factors ($p>0.05$).

Conclusion: Children of all age categories experienced severe pain confounded by other factors. Economically feasible and easily adaptable pain relief methods should be explored for venepunctures.

PP07 PARENTAL KNOWLEDGE AND ASSOCIATED FACTORS ON SYMPTOMS AND FIRST AID FOR SEIZURES IN CHILDREN ATTENDING A TERTIARY CARE HOSPITAL IN COLOMBO DISTRICT

Varatharajah L¹, De Silva KDS¹, Ferdinando KPMVDDS¹, Sanjana KMN¹, Vidanapathirana DS¹, Prathapan S², Wijesekara DS³

¹*Faculty of Medical Sciences, University of Sri Jayewardenepura.*

²*Department of Community Medicine, University of Sri Jayewardenepura.*

³*Department of Paediatrics, University of Sri Jayewardenepura*

Background: Seizures are the most common neurological emergency among children. Knowledge regarding first aid practices is lacking in the general public. Appropriate first aid minimizes the probability of harm during seizures and therefore it is prudent to identify the common malpractices regarding seizures among the parents of children with seizures.

Objective: To describe the parental knowledge on symptoms and first aid for seizures and associated factors of parents with children experiencing seizures attending a tertiary care hospital in Colombo, Sri Lanka.

Methods: A descriptive cross-sectional study conducted among parents of children who experienced seizures attending Colombo South Teaching Hospital. Data was collected through an interviewer administered questionnaire.

Results: Majority (75.4%) had an above average knowledge on symptoms of a seizure. This was affected significantly by the age of the parent. Majority of the respondents (98.4%) had good knowledge on first aid in the event of a seizure. The gender of the parent was found to be significantly associated with the knowledge on first aid. A significant association was also found between the parental knowledge on first aid and their confidence level in performing first aid. Majority (> 90%) of parents were aware of the importance of hospitalization but only 34.9% were aware on the recommended timing after which hospitalization was essential.

Conclusions: Most of the participants had good knowledge on symptoms and on first aid for seizures. The knowledge on first aid was significantly better than identifying a seizure.

Parents above 35 years had significantly better knowledge of symptoms while the females were better in performing first aid for seizures.

PP08 PREVALENCE AND RISK FACTORS OF ERECTILE DYSFUNCTION IN MEN WITH DIABETES MELLITUS AT COLOMBO SOUTH TEACHING HOSPITAL: A PILOT STUDY

Hewanayake WS¹, Dantanarayana VR¹, Mannapperuma VU¹, Indrakumar JI^{1,2}, Silva FHDS^{1,2}

¹Medical Professorial Unit, Colombo South Teaching Hospital

²Department of Medicine, University of Sri Jayawardenepura

Introduction: Erectile dysfunction (ED) is a well-recognized complication of diabetes, with prevalence varying from 30–92% in studies. Apart from age and diabetes, cardiac disease, Hypertension, psychological conditions and infections especially lower urinary tract infections are also associated.

Objectives: The investigators aim to assess the prevalence and severity of ED in men with DM along with other factors with the use of the validated Sinhala IIFE tool.

Method: The International Index of Erectile Function (IIEF) is a 15-item tool adapted and validated to assess dimensions of sexual activity, intercourse, stimulation, ejaculation and orgasm with higher values reflecting good performance. In this pilot study we recruited 50 males (\bar{x} =63.4yrs SD=10.1) with diabetes mellitus attending medical clinics of Colombo South Teaching Hospital.

Results: The mean erectile function score (max 30) was 13.76 (SD=11.6, CI=4.15). The orgasmic function and sexual desire (both max=10) had means of 5.1 (SD=4.87, CI=1.35) and 5.36 (SD=2.44, CI=0.68). The intercourse and overall satisfaction (max=15. 10) had respectively means 5.88 (SD=5.57, CI=1.54) and 8.04 (SD=1.95, CI=0.54).

Conclusion: This study demonstrates that there is a significant level of erectile dysfunction among established diabetic patients. This is also observed in in other domains of sexual activity although the overall satisfaction has been adequate.

PP09 TACKLING THE BED HEAD TICKET: CRUCIAL PAGES IN A HEALTH CARE SYSTEM

Karunaratne SMIP¹, Danisious T², Perera TMR^{1,2}

¹*Department of Paediatrics, University of Sri Jayewardenepura*

²*Paediatric Professorial Unit, Colombo South Teaching Hospital*

Introduction: Bed Head Ticket (BHT) is the ultimate legal document in patient care. Proper maintenance of BHTs will not only minimize medical errors but also safeguard healthcare providers.

Objectives: To assess the compliance in maintaining BHTs with the National guidelines issued by the Ministry of Health, Sri Lanka in August 2022.

Methods: A retrospective analysis of all BHTs was done on an immediate post-casualty day at Professorial Paediatric Unit, Colombo South Teaching Hospital. The standards in the maintenance of BHTs were assessed under three main categories in the National guidelines.

Results: A total of 38 BHTs were audited. Maintaining the front-page standards was assessed in four categories with 50% adherence. Legibility and documentation of allergy were sub-optimal. Maintaining the continuation sheets achieved 60% of the overall standard and errors were specifically found in numbering the pages (5.3%) and subfolders(52.6%).

Documentation of individual entries contained 22 components in the guideline. Analysis revealed 54.5% adherence to the standards and 9% of the standards could not be evaluated as some scenarios were not encountered during the audit period. Both nursing and medical staff were accountable for the entries in the BHTs. The initial entries of the house officers were supervised by the middle-grade officers during second clerking routinely.

Conclusions: Our audit identified several deficiencies of BHTs in maintaining front pages, continuation sheets, as well as documentation of individual entries. BHTs according to the standards will eliminate medical errors and undoubtedly improve patient care. Similar audits need to be carried out at different timelines after dissemination of the findings and providing education to the staff to achieve satisfactory BHT maintenance standards throughout.

PP10 WHAT HAVE THEY DONE? AN ANALYSIS OF MATERNAL AND NEONATAL CHARACTERISTICS OF LACTATION MANAGEMENT CENTER REFERRALS IN A TEACHING HOSPITAL

Silva RH¹, Gamage MAMN^{1,2}, Gunawardene TJ³, Ahangama IJ³

¹*Paediatric Professorial Unit, Colombo South Teaching Hospital*

²*Department of Paediatrics, University of Sri Jayewardenepura*

³*Lactation Management Centre, Colombo South Teaching Hospital*

Background: Though Breast milk fulfils the entire requirement of a newborn baby till 6 months of age, exclusive breast feeding (EBF) rates drop significantly during first few months. Lactation management centres (LMC) were initiated in year 2000 to address this issue.

Objectives: To analyse maternal and neonatal characteristics in a teaching hospital LMC during first half of 2022.

Methodology: Data was extracted from the LMC register and analysed.

Results: During first 6 months of 2022, CSTH - LMC has attended to 281 mothers. Out of them, 279 (99.3%) were documented as first visits and 206 (73.3%) were documented as primi mothers. Majority of the mothers (n= 211, 75%.1) were within 20-to-35-year age range. Most (84.7%) were ward referrals. Majority of the babies (n= 209, 74.4%) seen were born between POA of 37 to 41 weeks and most of them (43.4% n= 122) were less than 3 days old at referral. Fifty two percent of them were referred due to difficult attachment and 13.9% were referred due to poor weight gain. Following assessment, 73% of the babies did not have any significant neonatal issues while 74 % of the mothers were diagnosed to have incorrect position and poor attachment. Almost all mothers had received a health education during the assessment.

Conclusion: LMC- CSTH plays a major role in establishing EBF practice among mothers. The commonest reason for referral and commonest cause for lactation failure is poor positioning and attachment of the baby, which could be easily corrected with some support.

Case Reports

PP11 A MYSTERIOUS INCIDENT: TWO INDIVIDUALS FROM THE SAME HOUSEHOLD GETTING SEVERE ANAPHYLAXIS WITHOUT AN IDENTIFIABLE CAUSE

Ariyaratna HTDW¹, Hulathduwa SR¹

¹Department of Forensic Medicine, University of Sri Jayewardenepura

Introduction: Death due to anaphylaxis is not a routine for a forensic pathologist. Finding aetiological factors is highly anticipated in a death due to anaphylaxis though in most practical situations, it seems more difficult than expected.

Case scenario: In this case, emergency department doctors had noticed a chemical smell while sucking nasogastric secretions. The 20-year-old female was first noticed having difficulty in breathing while taking a shower. There was a vague history of application of a facial scrub though the alleged product was never produced before doctors. The nephew of the deceased too had experienced the same symptoms during the shower just prior to her deceased aunt. He was successfully managed in the ward.

Discussion: The scene investigation solely done by the police appeared grossly inadequate. They could not reveal any cosmetic product for chemical analysis. The deceased was treated for three days in the ward with full-blown clinical picture of anaphylaxis. Idiosyncratically, serum tryptase levels were within the normal range. A sample of water tested by the Water Board was found to be free of allergens. A specific sample of water obtained from the overhead tank was never tested and the cosmetic product said to have been used by both of them was never found.

Conclusion: An opportunity for warning the general public regarding the allergic properties of a cosmetic product was missed. This case illustrates the difficulty in delineating the aetiology of anaphylaxis in real-life situations.

PP12 A CASE OF PLACENTAL ABRUPTION AND PREECLAMPSIA; WHAT NOT TO MISS

Perera WPWS¹, Jayawardane M^{1,2}

¹Gynaecology and Obstetrics Professorial Unit, Colombo South Teaching Hospital

²Department of Gynaecology and Obstetrics, University of Sri Jayewardenepura

Introduction: Both preeclampsia and abruption are different manifestations of ischemic placental disease due to abnormal placentation. Coexistence of abruption with preeclampsia greatly increase maternal and neonatal morbidity and mortality.

Case scenario: This case is on a woman on anti-thyroid medications presenting at 36 weeks of her second pregnancy, with sudden onset per vaginal bleeding, with no history of preeclampsia or previous abruptions. Her antenatal follow up was regular with only one high blood pressure value in the past records. Following the clinical diagnosis of abruption, she underwent an emergency caesarean section and fortunately the baby had a favourable outcome. Her immediate postpartum period was complicated with preeclampsia.

Discussion: Both abruption and preeclampsia are diagnosed clinically. Maternal stabilization, cardiotocographic foetal monitoring and immediate delivery are the key management principles. Preeclampsia warrants control of blood pressure, evaluating complications, prevent convulsions, cautious fluid administration, delivery of the foetus and placenta, and vigilance following delivery.

Conclusion: Aggressive monitoring in the antenatal period in women with a single high blood pressure reading and in cases with abruptions, having a high degree of suspicion, clinical diagnosis and immediate interventions can improve outcomes. Close observations following delivery is mandatory, to avoid postpartum complications.

PP13 A HUMP-NOSED-VIPER BITE COMPLICATED WITH VENOM-INDUCED THROMBOTIC THROMBOCYTOPAENIC PURPURA: A CASE REPORT

Semina KWT¹, Silva FHDS^{1,2}

¹Medical Professorial Unit, Colombo South Teaching Hospital

²Department of Medicine, University of Sri Jayewardenepura

Background: Hump-nosed-viper bites are common in Sri Lanka resulting in nephrotoxicity and coagulopathy. Venom induced consumptive coagulopathy (VICC) is a known complication which occurs in absence of nephrotoxicity.

Case Presentation: We report a case of hump-nosed-viper bite complicating with venom-induced thrombotic thrombocytopenic purpura (VITTP) of a 49-year-old previously healthy male. Following envenomation, he developed anuria with acute kidney injury. The blood picture showed microangiopathic haemolytic anaemia with thrombocytopenia while the clotting profile was normal. A plausible diagnosis of VITTP was made per a high PLASMIC score (6/7). The patient underwent therapeutic plasma exchange (TPE) followed by high dose steroids along with renal replacement therapy. He made a full recovery.

Discussion: Various procoagulants activate factors V, X, and prothrombin, and consume fibrinogen with elevated D-dimer levels, prolonged INR and low fibrinogen levels similar to disseminated-intravascular-coagulation (DIC). However, VICC lacks systemic thrombi formation and end-organ failure such as AKI observed in DIC. In some presentations with VICC, a clinical picture compatible with TMA gives rise to end-organ failure, low platelet levels and MAHA. In venom-induced TMA, toxins act on von-Willebrand factor activation. The coexistence of the overlapping features of VICC and TMA in envenomation is the possible explanation for snakebites resulting in DIC. Therefore, TMA may be misidentified as DIC resulting in deleterious management decisions.

Conclusion: VITTP is a manifestation that needs to be differentiated from VICC in hump-nosed-viper bites.

PP14 A PREVENTABLE OCCUPATIONAL DEATH DUE TO ACCIDENTAL INHALATION OF IRRESPIRABLE GASES

Gunasekara IS¹

¹Department of Forensic Medicine, University of Sri Jayewardenepura

Introduction: Oxygen-reduced atmospheres together with inhalation of irrespirable gases in confined spaces can cause asphyxia and acute lung injury leading to immediate or rapid death.

Case scenario: A 32-year-old healthy male was taken to a private hospital in an unconscious state with irregular breathing and bleeding from the nostrils. He had attempted to rescue a fellow worker who collapsed while trying to enter an underground water sump at a construction site. He was resuscitated and ventilated, but died 5 hours after admission.

On post-mortem examination, macroscopic features included gross cerebral oedema, blood-stained pleural effusion, gross pulmonary oedema and severe congestion of both lungs. Cause of death was given as inhalation of irrespirable gases. Air sampling from the bottom of the tank revealed toxic concentrations of methane and carbon dioxide at 5000 ppm and ethane/propane at 500 ppm.

Discussion: Inhaled substances may directly injure the pulmonary epithelium leading to pulmonary oedema. They may also be absorbed, resulting in systemic toxicity. In heavy exposure, upper airway obstruction related death may rapidly follow due to massive alveolar destruction or asphyxiation.

Conclusion: Accidental deaths such as this occur due to lack of awareness of workers and poor occupational health and safety standards at work sites. The workers should be educated on potential hazards when entering confined spaces and the safety precautions to be observed when doing so.

PP15 A RARE CASE OF ENDOGENOUS ENDOPHTHALMITIS DUE TO ARTERIOVENOUS FISTULA INFECTION, WITH OSLER'S NODES, JANEWAY LESIONS & SUBUNGAL SPLINTER HAEMORRHAGES DISTAL TO THE INFECTED ARTERY

Mudithakumara N¹, Udeshika MKPN¹

¹National Hospital Sri Lanka

Introduction: Vision-threatening dreaded ophthalmic emergency of Endogenous endophthalmitis (EE) is a rare presentation of a systemic infection complication. Arteriovenous fistula (A-V fistula) infection may extremely rarely present as EE. (Rarer than vascular-catheter site infection-related EE). Reporting an uncommon EE case following A-V fistula surgical site infection, with Osler's nodes, Osler's nodes, Janeway Lesions & Splinter Haemorrhages distal to the infected artery which is also a rare finding in a non-infective-endocarditis patient.

Case scenario: A 52year old female, a known diabetes & end-stage renal failure patient, presents with right eye painful vision loss following left brachio-cephalic A-V fistula (recent) surgical site infection. No light perception. Hypopyon observed. Vitreous tap, intravitreal Vancomycin & systemic antibiotics were administered. Peripheral stigmata of the left hand, distal to A-V fistula developed without infective endocarditis (IE). The Vascular catheter (vas-cath) site/other metastatic infection were excluded. The vitreous fluid & blood culture – were positive with Methicillin Sensitive Staphylococcus Aureus(MSSA), sensitive to Flucloxacillin. The right eye vision was lost & the sclera was perforated, even though the septicaemia settled.

Discussion: Combining signs/symptoms of a distal site infection along with eye involvement should raise the alert of the Emergency of EE. Patient education & preventive measures along with early identification & early appropriate treatment may prevent the devastating complications; even though MSSA EE is disastrous.

Conclusion: EE is both life and vision-threatening emergency. A-V fistula infection may rarely cause a dreadful EE, especially with patients with risk factors like diabetes mellitus, chronic kidney disease, intravenous catheter, etc. Peripheral stigmata may rarely occur distal to an infected artery in non-IE patients. Early identification and early appropriate treatment may prevent devastating complications.

PP16 A RARE CASE OF LONGITUDINALLY EXTENSIVE MYELITIS FOLLOWING FEBRILE ILLNESS

Wettasinghe I¹, Puthra S¹, Rasalingam PV¹, Sugathapala AGH¹, Mendis S¹

¹Colombo South Teaching Hospital

Introduction: Longitudinal extensive transverse myelitis (LETM) is a rapidly progressing demyelinating disease affecting the spinal cord over 3 or more vertebral segments. Most causes are idiopathic while others include autoimmune causes such as neuromyelitis optica, infections and post vaccination.

Case scenario: A 37 year old male presented with fever for 6 days with arthralgia and myalgia and was catheterized at the local hospital for reduced urine output. There were no respiratory symptoms. There was a history of a rat bite 5 days before onset of fever and Tetanus toxoid was given. Rabies vaccine was not given. Exposure to leptospirosis was noted.

On examination he was febrile and icteric. Neurological examination of upper limb and lower limb were normal. 8 hours after admission, he complained of pain and weakness of bilateral lower limbs, but no weakness or sensory loss was detected. Lower limb weakness was first detected 24 hours after admission and there was a sensory level at T4 with loss of proprioception. 2 hours later he was unable to vocalize (aphonia). Uvula was deviated to left and chest x ray showed an elevated left hemidiaphragm. MRI Spine showed Long Segment Myelitis extending from Cervical Spine (C2) to Conus Medularis.

Discussion: Febrile illness is common in the medical setting in Sri Lanka with most patients complaining of myalgia. However, this case shows the unexpected association with LETM.

Conclusion: Since LETM is very rare and is a rapidly progressive disease, a high degree of clinical suspicion is crucial for early diagnosis and initiation of treatment.

PP17 ACUTE HAEMORRHAGIC PANCREATITIS IN PREGNANCY- A CASE REPORT

Balasuriya CD¹, Pathirana LCS²

¹Teaching Hospital, Karapitiya

²Sri Jayewardenepura General Hospital

Introduction: Acute pancreatitis in Pregnancy (APIP) is a rare event. The spectrum of the illness ranges from mild pancreatitis to serious pancreatitis associated with necrosis, abscesses, pseudocysts, and multiple organ dysfunction syndromes.

Case scenario: A 28-year-old woman presented at POA of 35+5 weeks of an uncomplicated pregnancy, with progressively worsening right hypochondriac pain for 12 hours. Examination revealed deep icterus. Basic investigations showed direct hyperbilirubinemia, mild transaminitis and mildly elevated serum amylase level. USS abdomen showed grade 2 fatty liver. Foetal evaluation was normal. With the suspicion of acute fatty liver in pregnancy, the baby was delivered in an emergency caesarean section. Single healthy live foetus was delivered, and the mother was transferred for ICU care. The patient gradually deteriorated with the evidence of AKI, confusion, DIC and ARDS which warranted invasive ventilation. Supportive care was continued following the MDT decision. CECT abdomen revealed features of acute severe pancreatitis. Serum triglyceride levels were done upon CECT diagnosis and were high (635 mg/dL). She succumbed to illness on the day 7 due to multi organ dysfunction and superadded sepsis. Autopsy revealed Severe Haemorrhagic Pancreatitis.

Discussion: A prospective study done on 305,101 pregnancies over 10 years (1992-2001) in 15 hospitals showed an incidence of 0.03% of APIP. Amongst them, none was reported to have acute haemorrhagic pancreatitis. Common aetiologies for APIP were gallstones and Hypertriglyceridemia.

Conclusion: There should be a high degree of suspicion for APIP in severe abdominal pain during pregnancy, and hypertriglyceridemia should be considered as an aetiology.

PP18 BRACHIAL ARTERY AVULSION FOLLOWING CLOSED POSTERIOR ELBOW DISLOCATION

Premasiri SR¹

¹*Accident and Trauma Unit, National Hospital of Sri Lanka*

Introduction: Elbow is one of the most frequently dislocated joints following trauma. However, brachial artery avulsion associated with closed posterior elbow dislocation is a rare occurrence. Hard signs and soft signs of arterial injury are more reliable than capillary refilling time and saturation of the limb. Early detection and urgent surgical intervention to restore the blood flow is limb saving.

Case scenario: A- 38-year-old previously well male had an accidental fall from 6 feet height ladder and was admitted to a peripheral hospital. He did not have any life-threatening injuries. However, he was found to have a right sided closed posterior elbow dislocation which was confirmed by radiography. Elbow was relocated but failed to mention neurovascular status both pre and post reduction. The following day the entire limb was oedematous and radial pulse was impalpable, hence transferred for vascular team opinion.

On tertiary care assessment, both upper arm and forearm showed features of compartment syndrome with absent radial and ulnar pulse. Both colour doppler and handheld doppler showed no blood flow from brachial artery downwards.

Urgent surgical exploration revealed complete avulsion of brachial artery with thrombus at the origin of radial artery. Brachial artery was repaired with 'Reverse Saphenous Venous Graft' and radial artery thrombectomy was performed. Blood flow was restored, and fasciotomy was done. A week after the surgery he was discharged with a good vascular outcome.

Discussion: The literature shows very few cases of brachial artery injury associated with closed elbow dislocation. Neurovascular examination both before and after joint reduction are of equal importance. Vascular reconstruction together with joint immobilisation are vital for better vascular outcome.

Conclusion: In closed reduction of joints, it is vital to assess both pre and post reduction neurovascular status of the limb.

PP19 DIEULAFOY'S LESION: A CASE REPORT OF EXTREMELY RARE CAUSE OF MASSIVE GASTROINTESTINAL BLEEDING IN CHILDREN

Chandrasiri CH¹, Lamahewage AK¹, Atthanayake AMSD¹, Dissanayake GP¹

¹*Department of paediatric surgery, Lady Ridgway Hospital for Children.*

Introduction: Dieulafoy's lesion (DL) is one of the extremely rare causes of obscure but catastrophic gastrointestinal bleeding (GIB) in children posing diagnostic challenge.

Case scenario: 2 years and 6 months old boy presented with class IV hypovolemic shock following 3 episodes of sudden onset, painless haematemesis (240ml) and gross haematochezia. On examination, his abdomen was soft and nontender. Following resuscitation, he underwent oesophagogastroduodenoscopy (OGD) which revealed few blood clots in the stomach but no active bleeding. CT angiography too failed to demonstrate the site of bleeding. Haematochezia developed again after 24 hours with dropping haemoglobin. Repeat OGD showed a submucosal vessel with eroded apex at the fundus-lesser curvature junction with a tightly adherent clot. A polyglactin underrunning stich was placed at the lesion under endoscopic guidance through a transverse incision at the left hypochondrium. The rest of the bowel examination excluded synchronous DL or other causes of GIB such as Meckel's diverticulum. Patient was discharged home with no bleeding or complications recorded post operatively.

Discussion: Although DL is commonest at the stomach, the predominant haematochezia was misleading to the clinical focus of bleeding. The tight adherence of the voluminous clot to the DL makes its removal difficult. The minute nature of the lesion often hinders prompt endoscopic recognition unless bleeding actively. Unless there's active bleeding angiography fails to demonstrate a lesion because there is no specific diagnostic criterion to diagnose a DL on angiography.

Conclusion: DL, though rare can be successfully managed if suspected in massive GIB initially.

PP20 ENTERO-CERVICAL FISTULA A RARE PRESENTATION OF CARCINOMA OF THE CERVIX: A CASE REPORT

Lankachandra PW¹, Jayasundara L¹, Ariyaratne G¹

¹*District General Hospital, Polonnaruwa.*

Background: Carcinoma of the uterine cervix is the 4th leading cause of death among Sri Lankan women. It is the seventh most common cause of death among females worldwide. worldwide including Sri Lanka comprehensive quality assured population screening through the microscopic examination of cellular material obtained from the cervix has significantly reduced the incidence of mortality from invasive cervical carcinoma. But there are reasonable number of deaths that could have been prevented.

Case scenario: We report the case of 67-year-old female who had subtotal hysterectomy 12 years back due to failed medical management of heavy menstrual bleeding presented with the complaint of vaginal discharge and later clinically diagnosed as entero- cervical fistula. Exploratory laparotomy done to establish definitive diagnosis. It was diagnosed as fistula tract connecting the distal ileum and the cervix uteri. later histological diagnosis confirmed that the locally infiltrating poorly differentiated carcinoma of the cervix uteri infiltrated through the serosa of the distal ileum leading to a connecting the distal ileum and the cervix uteri.

Discussion: first presentation of the cervical carcinoma with the fistula is very rare. Nevertheless, fistula originated from small bowel is extremely rare. Although Sri Lankan preventive health care institutions offer cervical cytology screening program free of charge, compliance of the women is not at reasonably higher level. our patient also not done at least a single pap smear during the last 12-year period following subtotal hysterectomy.

Conclusion: In Sri Lanka cervical cytology screening program is conducting through well women clinics of the offices of the medical officers of health and women should be encouraged to attend this program. on the other hand, health care staff should take the reasonable steps to educate women regarding the necessity of continuing cervical screening even after subtotal hysterectomy.

PP21 EOSINOPHILIC SOLID AND CYSTIC RENAL CELL CARCINOMA- A CASE REPORT OF A NOVEL TUMOR ENTITY

Yulugxan T¹, Jayani M¹, Sathiskumar T¹, Abeygunasekera A²

¹Postgraduate Institute of Medicine, University of Colombo

²Colombo South Teaching Hospital

Introduction: Eosinophilic solid and cystic renal cell carcinoma (ESC RCC) is described as a separate entity in the latest World Health Organization (WHO) classification of urogenital tumours for its unique characteristics in clinical, histopathological, immunohistochemical and molecular aspects. ESC RCC is mostly sporadic while 10% of cases are associated with tuberous sclerosis complex (TSC).

Case scenario: Abdominal ultrasonography of a 78-year-old woman with epigastric pain revealed a tumour in her left kidney. A CT Urogram confirmed a mass of 5×3×4cm, surrounded by a clearly visible capsule in the upper pole of the left kidney, suggestive of renal cell carcinoma. She underwent left partial nephrectomy. Histology showed an eosinophilic solid and cystic renal cell carcinoma with lympho-vascular invasion. Findings corresponded with pT1b stage. Immunohistochemistry was negative for both cytokeratin 20 and cytokeratin 7.

Discussion: ESC RCC is usually a solitary, low-staged tumour that has a low potential for metastasis. Histology shows solid and cystic architecture, voluminous eosinophilic cytoplasm and granular cytoplasmic stippling. Immunohistochemistry reactivity for CK20 is present in 80% of cases with a negative or focally positive CK7. Sporadic ESC RCC is associated with somatic TSC 1 and 2 mutations. There is limited data regarding radiological characteristics of the tumour. Surgery remains the curative treatment option.

Conclusion: Characteristic morphologic features and immunohistochemical profile are sufficient for the diagnosis of ESC RCC. Although, majority of tumours appear to exhibit an indolent course increased awareness among clinicians and further studies about clinical characteristics and behaviour of this new entity is warranted.

PP22 GASPING WITH CLEAR LUNGS: SALBUTAMOL-INDUCED LACTIC ACIDOSIS IN THE EMERGENCY DEPARTMENT

Mudithakumara N¹

¹National Hospital Sri Lanka

Introduction: Salbutamol (Albuterol), a short-acting beta 2 agonist, has been identified as a potential cause of increased lactate production. Salbutamol-induced lactic acidosis (SILA) even though is acknowledged is a rarely diagnosed clinical entity. We present a case of SILA, due to overuse of Salbutamol.

Case scenario: A 45-year-old female, a known diabetes patient, presented to the emergency department gasping. She had excessively used a combination of oral(12mg/d) and nebulized (20mg/d) salbutamol over 3 days following treatment for influenza. Tachypnoeic with clear lungs, without desaturation and tachycardia & Severe lactic acidosis of 8.9mmol/L with respiratory compensation, were identified.

No point-of-care ultrasound evidence of free-fluid or cardio-respiratory conditions. No alcohol, substance or toxin use. Neurologically normal. Type A & B lactic acidosis causes were excluded. Her routine metformin dose (500mg bd), was an innocent bystander.

The Lactic acidosis was transient and reduced to 3.9mmol/L in 1 and half hours, and spontaneously resolved with supportive measures and following omitting the culprit. The tachypnoea and tachycardia completely settled within hours.

Discussion: Paradoxical dyspnoea with clear lungs, with salbutamol use, raises suspicion of SILA, which is a diagnosis of exclusion. SILA can be often forgotten or misdiagnosed. Prompt clinical identification avoids both severe & fatal outcomes.

Conclusion: Identification of the phenomenon of “regression of bronchospasm with simultaneous aggravation of dyspnoea” in SILA Click or tap here to enter text. helps to avoid a vicious respiratory alkalosis cycle with further dosing of salbutamol, which worsens dyspnoea and exhausts the patient.

PP23 HAEMOPHILIC ARTHROPATHY INVOLVING MULTIPLE TARGET JOINTS IN A 60-YEAR-OLD PATIENT: WHAT AN ORTHOPAEDIC SURGEON CAN DO?

Danisious AJ¹, Senevirathne SB¹, Samaraweera YR³, Ranasinghe NN², Amarasinghe NK²

¹*Postgraduate Institute of Medicine, University of Colombo*

²*Colombo South Teaching Hospital*

Introduction: Bleeding into the joint either spontaneously or after trauma in a haemophilia patient is a known complication. It can be managed medically, yet if there is joint deformity, then orthopaedic intervention will improve the functional status of the joint. We report a case with multiple target joints, in which two of them warranted arthroplasty and arthrodesis.

Case scenario: A 60-year-old man with severe haemophilia A, without developing inhibitors, with recurrent joint bleeding since early childhood, sought orthopaedic attention for left ankle joint swelling and pain. His examination revealed swollen, warm ankle joint with mild equinus deformity with zero range of motion. His X-ray showed complete destruction of talo-tibial articular cartilages and subtalar joint destruction.

He was on medical follow up with poor compliance, although his early childhood and adulthood had limited resources. He underwent left knee arthroplasty three years ago, without any complications to date.

After detailed assessment, he was staged 5 according to Arnold- Hilgartner staging, and he was proceeded with ankle arthrodesis with peri-operative factor transfusion. His condition improved significantly indicated by pain free joints with restoration of alignment.

Discussion: Haemophilic arthropathy is a systemic arthropathy with joint destruction caused by bleeding into a joint. Proper clinic follow up and prophylactic factor replacement to prevent hemarthrosis would avert development of arthropathy. If arthropathy is developed can be managed surgically with number of options including synovectomy, synoviorthesis, arthroplasty and arthrodesis.

Conclusion: In the current world with multiple efficient medical management, development of hemophilic arthropathy is rare. However, once it is diagnosed as having joint destruction, early orthopaedic referral and appropriate intervention will improve the joint function, and thereby patient's quality of life.

PP24 INTERHEMISPHERIC SDH, A RARE FORM OF INTRACRANIAL HEMORRHAGE

Gunawardena APEK¹

¹National Hospital of Sri Lanka

Introduction: An interhemispheric subdural hematoma (ISDH) is a rare form of intracranial hemorrhage that classically presents as an isolated paresis of one leg or a hemiparesis worse in the leg than the arm. It is most likely caused by traumatic venous tearing, commonly involving parasagittal bridging veins that are stretched by tangential forces after frontal and occipital impacts.

Case scenario: A 62-year-old female with a medical background of type 2 diabetes, hypertension, and left-side ischemic CVA presented with severe headache following a fall. There was no history of loss of consciousness or nausea, vomiting, seizures, or any other neurological symptoms after the event. Three days after the fall she developed progressive left-sided hemiparesis.

Neurological examination revealed a GCS of 14 (E4M6V4), Pupils were 3mm equally reactive, the power is grade 3/5 in the left side upper limb and 1/5 in the lower limb. Her pulse rate was 84/min, blood pressure was 208/106 mmHg.

NCCT brain revealed SDH in the falx cerebri extending into the tentorium. Neurosurgical opinion was sought to evaluate and decompress the patient; however, she was deemed a candidate for conservative management given her stable neurologic status.

Discussion: The interhemispheric subdural hematoma was first described by Aring and Evans in 1940. It accounts for about 6% of all traumatic SDH and 0.8% of all hospitalized patients following head trauma. Coagulopathies, anticoagulant therapies, and alcohol abuse have all been identified as risk factors for the development of ISDH. Contralateral hemiparesis of the leg or falx syndrome, a hemiparesis in which the leg is more severely affected than the arm, is the most recognizable clinical manifestation of ISDH.

Conclusion: The most common cause of ISDH is trauma. Management of these rare hematomas consists of non-operative treatment for neurologically stable patients and surgical treatment for those with pronounced symptoms or deficits.

PP25 INTERNAL HERNIATION OF SMALL BOWEL THROUGH THE APERTURE BETWEEN THE ARC OF RIOLAN AND TRANSVERSE MESOCOLON - A CASE REPORT

Chandrasiri CH¹, Seneviratne SA^{1,2}

¹University surgical unit, National Hospital-Sri Lanka

²Department of Surgery, University of Colombo

Introduction: Small bowel obstruction due to an internal hernia is rare, prompting the pre-operative diagnosis a challenge. Internal herniation is protrusion of a viscus through a normal or abnormal mesenteric or peritoneal aperture, resulting in encapsulation of viscera in another intraperitoneal compartment.

Although there are classical peritoneal or mesenteric apertures through which the small bowel could herniate, this is the first case reported about a small bowel herniation through an aperture between the arc of Riolan and the posterior leaf of transverse mesocolon leading to obstruction.

Case scenario: A 64-year-old female with a virgin abdomen presented with episodic periumbilical colicky pain over a month. It was associated with post-prandial bilious vomiting and constipation. Her appetite remained same despite weight loss of 6kg. Symptoms never had been changed over time. Abdominal examination was unremarkable. Contrast CT showed distal small bowel obstruction with a suspicion of malrotation. Diagnostic laparotomy revealed distal small bowel herniation through a gap between the posterior leaf of transverse mesocolon and an anastomotic artery between the middle colic artery and the left colic artery (arc of Riolan). Bowel reduced back successfully while preserving the artery.

Discussion: The pre-operative diagnosis is challenging due to the low sensitivity and specificity of clinical and radiological signs thus, obstruction is the common mode of presentation leading to a mortality exceeding 50% with delayed interventions.

Conclusion: A high index of suspicion regarding an obstructed internal hernia is essential in the presence of small bowel obstruction in a previously non-operated abdomen.

PP26 MANAGEMENT OF ENTEROCUTANEOUS FISTULA FOLLOWING APPENDICECTOMY

Sutharshan G¹, Kavishankari J¹, Umaipalan S¹, Sutharshan V¹

¹*Surgical Unit, Teaching Hospital Jaffna*

Introduction: The development of an enterocutaneous fistula is a rare phenomenon after appendicectomy but it is a very challenging complication for both the patient and the surgeon.

Case scenario: Previously healthy 54-year-old male underwent open appendicectomy, and on postoperative day 7, limited right hemicolectomy and ileocolic anastomosis as he developed sepsis and was found to have ileal and appendicular stump perforation. Five days later, he developed an enterocutaneous fistula involving the terminal ileum. After excluding the cause for persistent fistula and optimization, the patient was offered laparoscopic assisted terminal ileal resection and ileocolic anastomosis, and abdominal wall reconstructed with inferior epigastric artery base rectus muscle flap and onlay mesh repair done to correct the loss of abdominal wall.

Discussion: An enterocutaneous fistula is an abnormal connection between the skin and the bowel, that is associated with significant morbidity. The usual sites are appendix base or caecal wall. The aetiologies are appendicular stump leak (suppurative/perforated appendicitis), IBD, tuberculosis, malignancies, and distal obstruction. In our case, the fistula in the terminal ileum and stricture distal to it prevent it from healing. Fistula can be managed conservatively or surgically; that is a long-term process, involves nutritional support, control of sepsis, delineating the anatomy, and a definitive plan of management.

Conclusion: Management is difficult and distressing to patient and surgeon. Main cause is iatrogenic injury to bowel. Preventing the development of fistulae by meticulous surgical technique is paramount importance.

PP27 NON-IDENTICAL PRESENTATIONS OF HIRSCHSPRUNG'S DISEASE IN MONOZYGOTIC PRETERM TWINS: A CASE REPORT

Chandrasiri CH¹, Lamahewage AK¹, Atthanayake AMSD¹, Prasanga RPS¹

¹*Department of paediatric surgery, Lady Ridgway Hospital for Children.*

Introduction: Hirschsprung's disease is a heterogenous developmental disorder characterized by the aganglionosis in the enteric nervous system (ENS) of the distal gut of varying length, leading to bowel obstruction. It is considered rare in preterm neonates. It is extremely rare in twins.

Case scenario: Monozygotic male twins were delivered at 33rd week and 4th day of gestation. Both passed meconium within first 48 hours. Both developed necrotizing enterocolitis and constipation which were managed conservatively. Contrast studies of the first twin showed dilated transverse colon and transition zone at the splenic flexure. Diagnostic laparoscopy and a sigmoidoscopy excluded strictures or congenital bands causing obstruction. Over time his constipation was difficult to manage and sustained one episode of colitis. He underwent a transverse colostomy. Serial biopsies confirmed correlation of aganglionosis with the affected segment radiologically. He underwent open Swenson ileal pull-through successfully because discrepantly dilated, remaining short length of right colon precluded colo-anal anastomosis. Rectal biopsy and the contrast study of the second twin revealed short segment HD. He underwent laparoscopic Swenson primary pull-through successfully.

Discussion: The short segment involvement is common in HD affected twins, but disease concordance is rare. The genetic predisposition and environmental interplay influencing on the successful colonization of ENS make the HD concordance, severity and the length of the aganglionic segment variable.

Conclusion: The presentation of HD in preterm infants is relatively frequent but is often overlooked by the co-existent problems of prematurity and its treatments. Bilious emesis is more reliable than delayed passage of meconium to suspect HD in preterm infants.

PP28 PARKINSONISM SECONDARY TO IATROGENIC HYPOPARATHYROIDISMMadubashini LADT¹, Senevirathne SAA¹, Silva FHDS^{1,2}¹*Medical Professorial Unit, Colombo South Teaching Hospital*²*Department of Medicine, University of Sri Jayewardenepura*

Background: Parkinsonism is a clinical syndrome characterized by bradykinesia, rigidity, and tremor. Many causes have been identified for secondary parkinsonism. Among them, hypocalcaemia due to hypoparathyroidism is one of the rarer causes. Here, we emphasized a patient presented with reversible secondary parkinsonism caused by hypocalcaemia due to iatrogenic hypoparathyroidism following thyroidectomy.

Case Scenario: A 56-year-old female diagnosed with hypothyroidism and parkinsonism was admitted following a lower respiratory tract infection. She had undergone a total thyroidectomy 10 years ago, following which there were intermittent episodes of hypocalcaemia. The patient was found to have hypocalcaemia, hypophosphatemia, and low parathyroid hormone level. The noncontrast computed tomography of the brain showed diffuse brain calcification with a predilection to basal ganglia. Her diagnosis was refined as parkinsonism due to cerebral calcification secondary to iatrogenic hypoparathyroidism.

Discussion: Postoperative hypoparathyroidism leads to hypocalcaemia resulting in basal ganglia calcification, and parkinsonism is a rare occurrence, seen in only a handful of cases. Hypoparathyroidism is associated with low calcium-to-phosphate ratio and long-term hyperphosphatemia will cause downregulation of phosphate transporter in basal ganglia leading to colloid precipitation in cerebral blood vessels and brain calcification. This can lead to neuronal degeneration ultimately causing Parkinson-like features.

Conclusion: This case emphasized the importance of evaluating treatable secondary causes of parkinsonism at diagnosis.

PP29 Pneumoperitoneum due to missing diaphragmatic hernia

Isthiyak ARM¹, Banagala ASK¹, Jayasekara A¹

¹*National Hospital of Sri Lanka*

Introduction: A diaphragmatic hernia is a condition where the abdominal contents can protrude into the thorax. Despite their rarity, hernia-related complications can have fatal results if treated late. In literature, the hernial contents of the stomach, spleen, pancreatic tail, small intestine, and colon are frequently mentioned.

Case Scenario: We provide a case of a 33-year-old patient who had a diaphragmatic hernia who was undetected. The patient complained of severe epigastric pain and abdominal pain, which was later determined to be an ischemic gastric perforation.

Discussion: Unlike the congenital diaphragmatic hernia, which is the commonest type, acquired ones are commonly seen in the setting of trauma. Most of the congenital types come into light during intrauterine period or soon after the delivery presenting with neonatal respiratory distress if missed can present during adulthood. Diaphragmatic hernias can appear in a variety of ways, from an asymptomatic hernia to a fully developed acute abdomen. Interestingly, respiratory complaints are commoner than abdomen. Massive hematemesis and splenic vein thrombosis being the other modes of presentation of herniated gastric fundus. The highlight of this case report is diaphragmatic hernias should be suspected in adults even when there's no history of chest or abdominal trauma.

Conclusion: High degree of suspicion and early detection of diaphragmatic hernia drastically decrease the morbidity and mortality and improve the patient outcome.

PP30 Wilms' Tumor Presenting with Solitary Pulmonary Metastasis

Isthiyak ARM1, Srineethan S¹

¹*Ashraff Memorial Hospital Kalmunai*

Introduction: Wilms' tumour is a common intra-abdominal paediatric neoplasm. Incidentally detected abdominal mass is the commonest presentation.

Case Scenario: This is a case report of 4-year-old boy who presented with macroscopic haematuria. Ultrasound scan followed by contrast enhanced computer tomography of abdomen and chest performed and diagnosed to have stage IV Wilms' tumour. Image guided biopsy confirms the histological diagnosis.

Discussion: Wilms' tumour can grow for a long time without any characteristic symptoms. Parents typically notice this when bathing their children. After all, a child's physical habits also matter. Imaging can detect lesions early in time and allow us to decide on further management. CT and MRI display the "claw sign" when tumour tissue pushes normal renal tissue to the periphery. Ideally each patients need multidisciplinary discussion to decide on chemotherapy which gives survival benefit.

Conclusion: When a child exhibits painless haematuria, more testing is required because 80% of Wilms' tumours manifested as incidentally discovered abdominal masses. It is advised that USS abdomen be performed as the first imaging technique in suspected situations to rule out renal pathology.

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