



# ANNUAL ACADEMIC SESSIONS

22<sup>ND</sup> MAY  
2026

## THE BOOK OF PROCEEDINGS & ABSTRACTS

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COLOMBO SOUTH CLINICAL SOCIETY  
COLOMBO SOUTH TEACHING HOSPITAL

# **ANNUAL ACADEMIC SESSIONS 2026**

**The Book of  
Proceedings & Abstracts**



**Colombo South Clinical Society  
Colombo South Teaching Hospital**

# Annual Academic Sessions 2026

## The Book of Proceedings and Abstracts

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# CONTENTS

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<b>01</b>	<b>THE COUNCIL : COLOMBO SOUTH CLINICAL SOCIETY</b>	<b>04 - 05</b>
<b>02</b>	<b>MESSAGE FROM THE PATRON</b>	<b>06</b>
<b>03</b>	<b>MESSAGE FROM THE PRESIDENT</b>	<b>07</b>
<b>04</b>	<b>MESSAGE FROM THE CHIEF GUEST</b>	<b>08</b>
<b>05</b>	<b>MESSAGE FROM THE GUEST OF HONOR</b>	<b>09</b>
<b>06</b>	<b>PLENARIES</b>	<b>10 - 17</b>
	PLENARY 01 : CARING BEYOND CURE: THE ROLE OF PAEDIATRIC PALLIATIVE CARE	10 - 11
	PLENARY 02 : MASTERING THE MENSTRUAL MESS : PRACTICAL MANAGEMENT OF ABNORMAL UTERINE BLEEDING	12 - 13
	PLENARY 03 : CHEST PAIN OF ACUTE ONSET	14 - 15
	PLENARY 04 : SUPERBUGS VS. FAILING ANTIMICROBIALS : ARE WE LOSING THE BATTLE?	16 - 17
<b>07</b>	<b>ACADEMIC PROGRAMME</b>	<b>18</b>
<b>08</b>	<b>ABSTRACTS</b>	<b>19 - 57</b>

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# The Council: Colombo South Clinical Society

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**Standing from Left to Right:**

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**Seated from Left to Right:**

Dr. Saman Gunasekara, Prof. Ruwanthi Perera, Dr. Yasas Abeywickrama, Dr. Samitha Jayawickrama, Prof. Madura Jayawardana, Dr. Sagari Kiriwandiya, Dr. Dhamma Jayasekara, Dr. Amila Walawwatta, Dr. Dinith Galabada, Dr. Malith Nandasena

**Absent** - Prof. Shehan Silva (Editor)



## Message from

*The Patron*

**Dr Sagari Kiriwadeniya**  
**Director**  
**Colombo South Teaching Hospital**

It is a great pleasure for me to write this message as the Patron of the Colombo South Clinical Society for the proceedings and abstract book of the Annual Academic Sessions 2026. I am truly pleased to witness the continued growth of this event from its inception in 2015 to its current esteemed status.

This Annual Academic Session provides a valuable platform for researchers to present their academic work. I am encouraged to see the high quality of presentations delivered by our doctors at this forum, reflecting their commitment to academic excellence and clinical advancement.

On behalf of the Colombo South Teaching Hospital, I would like to take this opportunity to express my heartfelt gratitude to Prof. Susirith Mendis, Dr. Rathna Sri Wijesinghe, the four plenary speakers, and all other presenters for their invaluable contributions in making this event a success. The Society's monthly CME lectures also remain a significant academic highlight and a vital part of our professional development efforts.

I would also like to extend my sincere congratulations and appreciation to the President of the Colombo South Clinical Society, Prof. Madura Jayawardane, and his dedicated council members for their enthusiasm, hard work, and meticulous planning in organizing this event.

I wish the organizers continued success and all participants an enriching academic session that will help broaden your medical perspectives. I look forward to seeing you all tonight at the Annual Doctors' Get-Together and Dinner Dance at the Golden Rose Hotel, Borelasgamuwa.



## Message from

# *The President*

**Professor Madura Jayawardane**  
**President**  
**Colombo South Clinical Society**

It is with great pleasure and pride that I welcome you all to the Annual Academic Sessions of the Colombo South Clinical Society. This gathering marks another important milestone in our continued commitment to advancing clinical excellence, academic collaboration, and professional development, embarking on the journey to the second decade.

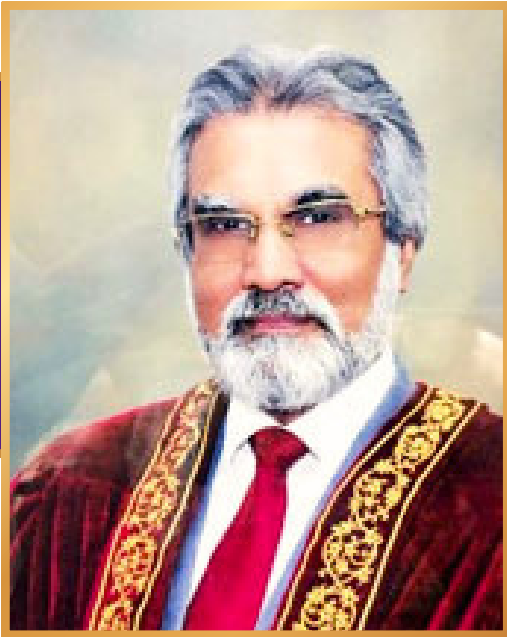
We are honoured by the presence of our chief guest today, Prof. Susirith Mendis, former vice chancellor, University of Ruhuna. We are fortunate to have veteran artist Dr. Rathna Sri Wijesinghe as a guest speaker at this occasion. The four plenaries by local faculty, Dr. Malithi Guruge, Dr. Achintha Dissanayake, Dr. Amila Walawwatta, Dr. Deneeta Shanthakumara will definitely expand our horizons. The academic session consists of free paper session, audit presentation and a poster session.

The annual sessions provide a valuable platform for clinicians, researchers, postgraduate trainees and healthcare professionals to share knowledge, present innovative research, and engage in meaningful scientific discussion. I take this opportunity to congratulate all oral and poster presenters for their excellent pieces of work.

This year, special emphasis has been placed on clinical audits, recognizing their importance in improving the quality of patient care and strengthening healthcare systems. In line with this initiative, we are planning to release a separate Audit Journal featuring the audits presented at this year's sessions. We hope this effort will contribute towards identifying gaps in clinical practice, enhancing hospital infrastructure and services, and promoting evidence-based improvements in patient care in the years to come.

Such an undertaking would not be possible without the generous support of many. I therefore wish to extend my sincerest gratitude to all those who have contributed towards the success of the event. Academic committee who put a lot of energy in compiling the abstract book and the newsletter is acknowledged with much gratitude. All sponsors for their generous financial support are very much appreciated.

A special thank you goes to all the members of my council who put a lot of effort to make this event a success despite their busy schedules.



## Message from

# The Chief Guest

**Professor Susirith Mendis**  
**Emeritus Professor**  
**University of Ruhuna**

It is indeed with great pleasure that I accepted the gracious invitation of Prof. Madura Jayawardene and the Council of the Colombo South Clinical Society (CSCS) to be the Chief Guest at the Annual Sessions 2026. I thank Dr. Damitha Piyadigama, Secretary of CSCS, who happens to be a student of mine many moons ago, for communicating to me the decision of the CSCS Council of their decision.

Not only as a former Professor of Physiology, but also as a medical ethicist, I have endeavoured to instil in my students and as well as taken every opportunity when invited to forums such as this, to keep reiterating our commitment to the great and hoary tradition of the practice of medicine. I have repeatedly emphasised that we have ethical and moral duties to perform professionally which are beyond our expertise in our chosen specialisations. That is what makes us 'true doctors'; that is what makes us stand at the pinnacle of all professions and accepted by society as such.

These are increasingly troubled times. There are too many temptations that drive us to compromise on the ideals of our profession that we hold so dear to us. It reminds me of the classical Greek mythological epic where Ulysses had to negotiate between two dangers - Scilla and Charybdis - in getting away after the conquest of Troy. You, as doctors practicing medicine in this third decade of the 21st century, have to navigate not only the proverbial Scilla and Charybdis, but also many more societal monsters that await to devour your conscience. My plea to you is to be aware of today's pitfalls and navigate your professional life with your conscience and integrity enhanced and retained. Then, one day you can look forward to a retirement in contemplative rest and satisfaction.

I wish the Annual Sessions 2026 of the CSCS every success.



Message from

*The Guest of Honor*

Dr. Rathna Sri Wijesinghe  
Veteran Artist

### ආරෝග්‍ය පරමා ලාභා

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## PLENARY 1

# CARING BEYOND CURE: THE ROLE OF PAEDIATRIC PALLIATIVE CARE

**Dr Malithi Guruge**

Senior Lecturer in Paediatrics, FMS,USJ

Consultant Paediatrician, Colombo South Teaching Hospital

Paediatric palliative care (PPC) is an essential yet underdeveloped component of child health services worldwide, particularly in low- and middle-income countries. The World Health Organization defines PPC as the active total care of the child's body, mind, and spirit, while supporting the family throughout the course of illness. PPC ideally begins at the time of diagnosis of a life-limiting or life-threatening condition and continues regardless of whether disease-directed treatment is pursued. PPC focuses on improving quality of life through prevention and relief of suffering, symptom management, psychosocial support, communication, and holistic family-centred care.

Advance in medicine and technology has improved survival among children with complex chronic illnesses; however, many continue to experience significant physical, emotional, social, and spiritual suffering. Recent global estimates suggest that over 21 million children worldwide needing access to Paediatric palliative care, yet only 5–10% currently receiving it. Among children who needs PPC nearly 98% live in low- and middle-income countries where access to PPC remains limited or unavailable. Conditions commonly requiring PPC include cancer, severe neurological disorders, congenital anomalies, genetic conditions, complications of prematurity, metabolic diseases, and organ failure. The burden of suffering extends beyond the child to families and caregivers, often resulting in emotional distress, financial hardship, and social isolation.

Paediatric palliative care differs significantly from adult palliative care due to the diversity of childhood

illnesses, uncertain prognoses, developmental considerations, communication challenges, and the central role of the family in decision-making. Effective PPC therefore requires a multidisciplinary approach involving doctors, nurses, psychologists, social workers, physiotherapists, spiritual care providers, educators, and community support systems. Core principles include holistic care, effective symptom management, shared decision-making, communication tailored to developmental stage, continuity of care, and bereavement support. PPC may be delivered in hospitals, hospices, community settings, or the child's home depending on the needs and available resources.

Despite growing recognition of its importance, major inequities persist in global PPC service provision. Access to trained personnel, opioids for pain relief, psychosocial services, and community-based support remains inadequate in many countries. Limited awareness, misconceptions thinking that palliative care solely related with death, insufficient training opportunities, and lack of national policies further hinder service development. International bodies including the WHO and global palliative care organizations advocate integrating PPC into universal health coverage and child health policies to ensure equitable access for all children with serious illness.

In Sri Lanka, paediatric palliative care is currently in the early stages of development. Although Sri Lanka has achieved commendable child health indicators, many children continue to live with life-limiting conditions associated with significant suffering.

Emerging local estimates suggest that nearly 34,000 children in Sri Lanka may require some form of palliative care annually, yet only a very small proportion currently have access to specialised PPC services. Existing services are largely centred around tertiary institutions and oncology care, with limited integration into general paediatric practice and community health services. The establishment of initiatives such as Suwa Arana and expanding interest among healthcare professionals have marked important milestones in raising awareness regarding PPC in Sri Lanka.

Recent collaborative efforts involving healthcare institutions, professional colleges, non-governmental organizations, and international partners have created momentum toward strengthening PPC services nationally. Current priorities include developing a national policy framework, integrating

PPC into paediatric and nursing curricula, training multidisciplinary healthcare teams, improving access to essential medications, strengthening communication skills, and establishing hospital- and community-based PPC models. Capacity building and advocacy remain critical to ensuring sustainability and equitable access across the country.

This academic session aims to provide an overview of paediatric palliative care, discuss its fundamental principles and models of care, review current global evidence and service gaps, and highlight the emerging landscape of PPC development in Sri Lanka. The session will emphasize the importance of integrating PPC into routine paediatric practice to reduce suffering, improve quality of life, and support children and families facing serious illness.



## PLENARY 2

# MASTERING THE MENSTRUAL MESS: PRACTICAL MANAGEMENT OF ABNORMAL UTERINE BLEEDING

**Dr Achintha Dissanayake**

Senior Lecturer in Obstetrics & Gynaecology, FMS, USJ

Consultant Obstetrician & Gynaecologist, Colombo South Teaching Hospital

### Background

Abnormal uterine bleeding (AUB) is one of the most common gynaecological conditions affecting women and remains a major cause of outpatient consultations worldwide. It significantly affects the physical, psychological, social and economical wellbeing of affected women and may result in iron deficiency anaemia, reduced quality of life, and impaired daily functioning. AUB refers to any variation from the normal menstrual cycle in terms of frequency, regularity, duration or volume of bleeding. The underlying causes are diverse and range from benign structural abnormalities to endocrine disorders and malignancies. Therefore, a systematic and evidence based approach is essential for accurate diagnosis and effective management. The International Federation of Gynaecology and Obstetrics (FIGO) PALM-COEIN classification system has improved the standardization of terminology and diagnostic evaluation of AUB. This clinical review discusses the current concepts in the classification, evaluation, investigation and management of abnormal uterine bleeding.

### Clinical Review

Abnormal uterine bleeding may present as acute or chronic bleeding. Acute AUB refers to excessive bleeding requiring immediate intervention to prevent significant blood loss, while chronic AUB describes abnormal bleeding patterns present for more than six months. Common presentations include heavy menstrual bleeding, intermenstrual bleeding,

prolonged bleeding, irregular cycles and postcoital bleeding. A detailed clinical history is essential for identifying the pattern and possible causes of bleeding. Important aspects include menstrual history including regularity, volume and duration of cycles, bleeding severity, associated pelvic pain, pressure symptoms, symptoms of anaemia, and features suggestive of endocrine disorders. A comprehensive medical, obstetric, drug, and family history should also be obtained. Particular attention should be given to the use of anticoagulants, hormonal therapies, bleeding disorders, method of family planning/fertility wishes and the details regarding the last pap smear.

Physical examination plays an important role in the assessment of AUB. General examination should evaluate pallor, body mass index, signs of thyroid disease, coagulopathy, and hyperandrogenism. Abdominal, speculum, and bimanual pelvic examinations help identify pelvic masses, cervical lesions, uterine enlargement, tenderness, and structural abnormalities.

The FIGO PALM-COEIN classification categorizes AUB into structural and non structural causes. Structural causes include Polyps, Adenomyosis, Leiomyoma, and Malignancy and hyperplasia, while non structural causes include Coagulopathy, Ovulatory dysfunction, Endometrial disorders, Iatrogenic causes, and conditions not otherwise specified. This classification system provides a

structured and clinically useful framework for evaluation and management. Initial investigations should include a urine pregnancy test and full blood count to exclude pregnancy and assess for anaemia. Further investigations are guided by the clinical presentation and may include coagulation profile, thyroid function tests, hormone levels, serum prolactin levels, and pelvic imaging. Transvaginal ultrasonography is considered the first line imaging modality for most women with suspected structural pathology. Saline infusion sonography and magnetic resonance imaging may be useful in selected cases. Endometrial sampling remains essential in women with AUB above 45 years of age, women with persistent symptoms despite treatment, younger women with risk factors for endometrial hyperplasia or malignancy and any post menopausal bleeding.

Management of AUB should be individualized according to the patient's age, severity of symptoms, underlying pathology, medical comorbidities, and fertility wishes. Correction of iron deficiency and anaemia is an important aspect of treatment. Medical management includes both hormonal and non hormonal therapies. Tranexamic acid and non steroidal anti inflammatory drugs are effective non hormonal treatment options. Hormonal therapies include combined oral contraceptive pills, oral progestogens, depot medroxyprogesterone acetate, gonadotropin releasing hormone analogues, and the levonorgestrel intrauterine system, which has demonstrated high efficacy in reducing menstrual blood loss.

Surgical management is considered when medical therapy fails, when significant structural abnormalities are present, or when malignancy is suspected. Surgical options include hysteroscopic polypectomy, myomectomy, endometrial ablation, uterine artery embolization, and hysterectomy. Early recognition and timely referral are essential in women with severe symptoms or suspicion of malignant disease.

### **Conclusion**

Abnormal uterine bleeding is a common yet complex clinical condition with a broad range of underlying causes. The FIGO PALM-COEIN classification system provides a standardized and practical framework for evaluation. Accurate history taking, focused clinical examination, appropriate investigations, and individualized treatment are essential for effective management and improved patient outcomes. A multidisciplinary and evidence based approach is important to ensure early diagnosis, timely intervention, and optimal quality of care for women presenting with abnormal uterine bleeding.



## PLENARY 3

# CHEST PAIN OF ACUTE ONSET

**Dr. Amila Walawwatta**

Consultant Interventional Cardiologist, Colombo South Teaching Hospital  
MBBS, MD, MRCP (UK), MRCP (London)

Acute onset chest pain remains one of the most frequent and clinically challenging presentations encountered in emergency and acute care medicine. Although many causes of chest pain are benign and self-limiting, a significant proportion represent rapidly evolving cardiovascular and thoracic emergencies associated with high morbidity and mortality. Acute coronary syndrome (ACS), acute aortic syndrome, pulmonary embolism, myocarditis, pericardial disease, and tension pneumothorax require immediate recognition and timely intervention to prevent catastrophic outcomes. The broad differential diagnosis, combined with variable and atypical clinical presentations, continues to make acute chest pain a major diagnostic and therapeutic challenge for clinicians worldwide.

This presentation explores the modern approach to evaluating and managing patients presenting with acute chest pain, with particular emphasis on rapid risk stratification, early identification of life-threatening conditions, and evidence-based emergency cardiovascular care. The discussion begins by outlining the global burden of cardiovascular disease and the continuing impact of ischemic heart disease as a leading cause of mortality. Emergency departments and acute medical units continue to experience increasing numbers of chest pain presentations, placing substantial pressure on healthcare systems to rapidly differentiate high-risk patients from those with non-cardiac causes.

A major focus of the presentation is the early recognition and management of acute coronary

syndrome, including ST-elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI), and unstable angina. Particular attention is given to the pathophysiology of plaque rupture and coronary thrombosis, the importance of rapid electrocardiographic interpretation, and the expanding role of high-sensitivity cardiac troponin assays in early diagnosis. Current guideline-directed strategies for reperfusion therapy, including primary percutaneous coronary intervention (PCI) and thrombolysis, are discussed in relation to the concept that “time is myocardium.” Delays in diagnosis and reperfusion continue to contribute significantly to preventable myocardial damage, heart failure, arrhythmias, and mortality.

The presentation further examines several critical non-coronary causes of acute chest pain that may mimic myocardial ischemia. Acute aortic dissection remains a devastating condition frequently associated with missed or delayed diagnosis because of its variable presentation. Pulmonary embolism, particularly in high-risk and hemodynamically unstable patients, is highlighted as another major cause of sudden chest pain and cardiovascular collapse. The discussion also addresses myocarditis, acute pericarditis, pneumothorax, and esophageal pathology, emphasizing the importance of maintaining a broad differential diagnosis during initial assessment.

To illustrate the practical clinical challenges encountered in emergency settings, the presentation incorporates case-based discussions. One case involves a middle-aged patient presenting with

atypical epigastric discomfort who was subsequently diagnosed with inferior STEMI after repeat ECG evaluation. Another case highlights a patient initially managed as ACS who was later found to have acute aortic dissection complicated by severe aortic regurgitation. A further case demonstrates the diagnostic difficulty of pulmonary embolism presenting with isolated pleuritic chest pain and nonspecific ECG changes. These examples emphasize the importance of clinical vigilance, repeated assessment, and integration of bedside findings with investigative modalities.

The presentation also explores the role of focused cardiovascular examination, serial ECG monitoring, echocardiography, CT angiography, and risk stratification tools such as the HEART, TIMI, and GRACE scores in guiding management decisions. Special consideration is given to atypical presentations among elderly individuals, women, and patients with diabetes mellitus, where symptoms may be subtle or non-classical, contributing to delayed recognition and poorer outcomes.

In addition to diagnostic considerations, the discussion highlights important systems-based challenges affecting acute chest pain management,

including overcrowded emergency departments, delayed access to PCI-capable centres, inappropriate over-investigation of low-risk patients, and medico-legal implications of missed diagnoses. The growing role of artificial intelligence-assisted ECG interpretation, rapid chest pain pathways, telecardiology, and precision cardiovascular medicine are explored as emerging strategies to improve diagnostic accuracy and patient outcomes.

In conclusion, acute onset chest pain represents a true medical emergency until proven otherwise. Early recognition of life-threatening etiologies, systematic clinical evaluation, rapid investigation, and evidence-based intervention remain fundamental to improving survival and reducing complications. Although advances in diagnostics and reperfusion therapies have significantly transformed cardiovascular care, prompt clinical judgment continues to be the cornerstone of effective management. Through continued education, multidisciplinary collaboration, and implementation of modern chest pain pathways, clinicians can substantially improve outcomes in patients presenting with this common but potentially fatal symptom.



## PLENARY 4

# SUPERBUGS VS. FAILING ANTIMICROBIALS: ARE WE LOSING THE BATTLE?

**Dr Deneeta Shanthakumara**

Consultant Microbiologist, Colombo South Teaching Hospital

Antimicrobial resistance (AMR) has emerged as one of the most significant global public health threats of the 21st century, challenging decades of medical advancement achieved through the discovery and widespread use of antibiotics. Once considered miracle drugs, antimicrobials are rapidly losing effectiveness against a growing number of multidrug-resistant organisms, commonly referred to as “superbugs.” These pathogens can survive exposure to multiple classes of antimicrobial agents, making infections impossible to treat. The escalating prevalence of resistant bacteria, fungi, viruses, and parasites raises a critical question for modern medicine: Are we losing the battle against infectious diseases?

Healthcare-associated infections caused by resistant pathogens are increasingly associated with therapeutic failure, prolonged hospitalisation, increased healthcare costs, and rising mortality rates, particularly among critically ill and immunocompromised patients. This presentation examines the growing conflict between evolving microbial resistance and the declining effectiveness of conventional antimicrobials.

The presentation begins by outlining the global and regional burden of AMR and emphasizes its recognition as a major public health emergency by international health organizations. Particular attention is given to the rising prevalence of resistant Gram-negative organisms and methicillin-resistant *Staphylococcus aureus* (MRSA) in hospital settings. Institutional surveillance data demonstrating persistent carbapenem resistance and MRSA burden

across adult wards and intensive care units illustrate how resistance is no longer a theoretical future concern but an active daily clinical reality.

A major focus of the discussion is the growing challenge posed by carbapenem-resistant *Acinetobacter baumannii*, especially in adult intensive care units (ICUs) and neonatal intensive care units (NICUs). This organism has demonstrated a remarkable ability to survive in hospital environments, persist on contaminated surfaces, and spread rapidly among vulnerable patients. Frequent ventilator-associated pneumonias, bloodstream infections, and device-associated infections caused by resistant *Acinetobacter* species are increasingly difficult to manage because of resistance to carbapenems, aminoglycosides, and multiple other antibiotic classes. In many cases, colistin remains one of the few remaining therapeutic options, despite concerns regarding toxicity and emerging resistance.

To demonstrate the clinical implications of AMR, the presentation incorporates several case discussions from ICU and neonatal settings. One case highlights a ventilated adult ICU patient with septic shock caused by carbapenem-resistant *Acinetobacter baumannii* following prolonged exposure to broad-spectrum antibiotics. Another case describes a neonatal ICU outbreak involving multidrug-resistant *Acinetobacter* species associated with failed IPC precautions. A third case involving MRSA bacteraemia in a diabetic patient demonstrates the importance of rapid diagnosis, source control, optimised antimicrobial therapy, and careful

monitoring of susceptibility patterns. These clinical examples emphasise the direct impact of resistant pathogens on patient outcomes and hospital infection control practices.

The presentation further explores the major factors contributing to antimicrobial resistance, including excessive and inappropriate antimicrobial usage, delayed diagnostics, poor infection prevention practices, prolonged hospitalization, invasive procedures, and inadequate stewardship programs. The consequences extend beyond individual patients, affecting healthcare infrastructure, antimicrobial costs, and the safety of routine medical interventions such as surgeries, organ transplantation, chemotherapy, and neonatal care.

Despite the seriousness of the situation, the presentation emphasizes that the battle against AMR is not yet lost. Effective antimicrobial stewardship programs, strict infection prevention measures, environmental cleaning, hand hygiene compliance, rapid molecular diagnostics, and continuous resistance surveillance remain essential strategies for controlling resistant organisms. Future directions discussed include newer diagnostics, novel beta-lactam and beta-lactamase inhibitor combinations, phage therapy, microbiome-based interventions, and regional AMR data-sharing networks.

The importance of multidisciplinary collaboration involving microbiologists, clinicians, pharmacists, infection control teams, policymakers, and public health authorities is strongly highlighted.

In conclusion, AMR represents a critical challenge that threatens the effectiveness of modern healthcare. Intensive care units remain important epicentres for the emergence and transmission of multidrug-resistant pathogens, making surveillance, stewardship, and infection prevention indispensable components of healthcare delivery. Although superbugs continue to evolve rapidly, coordinated global action, scientific innovation, responsible antimicrobial use, and strengthened healthcare policies can still preserve the effectiveness of existing therapies. The battle against antimicrobial resistance is becoming increasingly difficult, but with sustained commitment and evidence-based interventions, it is a battle that can still be won.

# ACADEMIC PROGRAMME

<b>8:00 - 8:30 AM</b>	<b>Registration</b>	
<b>8:30 - 8:45 AM</b>	<b>Inauguration Ceremony</b>	
<b>8:45 - 8:55 AM</b>	<b>Welcome Address</b>	Prof. Madura Jayawardane President, Colombo South Clinical Society
<b>8:55 - 9:00 AM</b>	<b>Address by Patron</b>	Dr. Sagari Kiriwandeniya Patron, Colombo South Clinical Society Director, Colombo South Teaching Hospital
<b>9:00 - 9:30 AM</b>	<b>Address by Guest of Honor</b>	Dr. Rathna Sri Wijesinghe Veteran Artist
<b>9:30 - 10:00 AM</b>	<b>Address by Chief Guest</b>	Prof. Susirith Mendis Former Vice Chancellor, University of Ruhunu
<b>10:00 - 10:30 AM</b>	<b>Caring Beyond Cure: The Role of Paediatric Palliative Care</b>	Dr. Malithi Guruge Senior Lecturer in Paediatrics, FMS, USJ Consultant Paediatrician, CSTH
<b>10:30 - 10:50 AM</b>	<b>Tea break &amp; Poster Presentation</b>	
<b>10:50 - 11:20 AM</b>	<b>Mastering the Menstrual Mess: Practical Management of Abnormal Uterine Bleeding</b>	Dr. Achintha Dissanayake Senior Lecturer in Obstetrics & Gynaecology, FMS, USJ Consultant Obstetrician & Gynaecologist, CSTH
<b>11:20 - 11:50 AM</b>	<b>Free Paper Presentation</b>	
<b>11:50 - 12:20 PM</b>	<b>Chest Pain of Acute Onset</b>	Dr. Amila Walawwatta Consultant Interventional Cardiologist, Colombo South Teaching Hospital
<b>12:20 - 12:50 PM</b>	<b>Audit Presentation</b>	
<b>12:50 - 1:20 PM</b>	<b>Superbugs Vs Failing Antibiotics: Are We Losing the Battle?</b>	Dr. Deneeta Shanthakumara Consultant Microbiologist, Colombo South Teaching Hospital
<b>1:20 - 1:30 PM</b>	<b>Vote of Thanks</b>	

# *Abstracts*

# LIST OF ABSTRACTS

## ORAL PRESENTATIONS

<b>RP 01</b>	Clinicopathological Characteristics of Patients with Breast Carcinoma: A One - Year Follow - Up Study	23
<b>RP 02</b>	Correlation Between Mode of Delivery and Neonatal Outcomes of Babies Born at Colombo South Teaching Hospital	24
<b>RP 03</b>	Impact of Mindfulness - Based Tri-modal Prehabilitation on Functional Recovery of Patients with Colorectal Cancer Admitted to Surgical Hospital Wards	25 - 26

## POSTER PRESENTATIONS

<b>PP 01</b>	Eco-sustainability in Surgical Practice: A Cross - Sectional Study Among Doctors in Operating Theatres	27
<b>PP 02</b>	Assessment of Financial, Physical and Psychosocial Burden Among Parents and Siblings of Paediatric Inpatients in a Tertiary Care Hospital	28
<b>PP 03</b>	A Case of Primary Peritoneal Cancer	29
<b>PP 04</b>	Knowledge, Barriers and Factors Associated with Barriers to Insulin Self - Administration Among T2DM Patients in a Selected Clinic in the Colombo District	30
<b>PP 05</b>	Knowledge, Attitudes and Associated Factors of Knowledge on Dengue Among Febrile Patients Attending an Outpatient Department of a Selected Tertiary Care Hospital in Colombo District	31 - 32
<b>PP 06</b>	A Rash that Went in Deeper: A Rare Diagnosis of Elbow Joint Septic Arthritis and Osteomyelitis Following Staphylococcal Scarlet Fever in a Young Child	33
<b>PP 07</b>	A Comprehensive Multivariable Study on Determinants of Disease Severity and Outcomes in Hospitalised Patients with Dengue Infection in a Tertiary Care Centre in Colombo District: An Interim Analysis	34 - 35
<b>PP 08</b>	Pattern of Fetal Structural Abnormalities in a Tertiary Referral Fetal Medicine Unit in Sri Lanka: A Retrospective Study	36 - 37

---

**PP 09** Cephalocentesis in a Case of Trisomy 18 with Severe Hydrocephalus - An Obstetric Challenge 38 - 39

---

**PP 10** Stress and its Associated Factors Among Caregivers of Autistic Children Aged 2 to 14 years Attending Selected Clinics and Centres in Colombo District 40

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## ABSTRACTS

---

**PP 11** The Impact of Cultural Myths and Healthcare Challenges Among Women Diagnosed with Breast Cancer: A Cross - Sectional Study 41

---

**PP 12** Public Awareness of the Exposure and Effects of Microplastics on Humans: A Descriptive Cross - Sectional Study in the Colombo District, Sri Lanka 42

---

**PP 13** Awareness of Genetics and its Applications Among the General Public in the Colombo District, Sri Lanka 43

---

**PP 14** Correlation Between Radiological BI-RADS Scoring and Histopathological Outcomes: A Retrospective Analysis 44 - 45

---

**PP 15** Beyond the Boggy Mass: A Case of Severe Extensive Generalized Dermatophytosis with Atypical Kerion in a Child 46

---

**PP 16** Prevalence of Depression, Anxiety, and Stress and its Associated Factors Among Nursing Officers in a Selected Hospital in Gampaha District 47

---

**PP 17** Evaluation of Iron Deficiency Screening and Evidence-Based Management in Heart Failure Patients at a Tertiary Care Hospital in Sri Lanka 48

---

**PP 18** Evaluation of Adherence to Guideline-Recommended Screening for Microvascular and Macrovascular Complications in Adults with Diabetes at a Tertiary Care Hospital in Sri Lanka 49

---

**PP 19** Evaluation of Adherence to Guideline-Based Diagnosis, Monitoring, and Management of CKD - Mineral and Bone Disorder in Patients with Chronic Kidney Disease at a Sri Lankan Tertiary Care Hospital 50

---

**PP 20** Panuveitis as the First Manifestation of Ocular Syphilis in Undiagnosed HIV Infection 51

---

**PP 21** Right-Sided Boerhaave Syndrome Without Emesis Following a Choking Episode: A Diagnostic Pitfall 52

---

---

<b>PP 22</b>	<b>Beyond the Caesarean Scar: A Narrative Review on Isthmocele and its Prevalence, Etiology, Pathology, Clinical Consequences, Histopathology, Management, and Management Outcomes</b>	<b>53</b>
<b>PP 23</b>	<b>Prevalence and Risk Factors of Isthmocele Among Post- Cesarean Women in a Selected Tertiary Care Hospital in Sri Lanka: a Prospective Observational Study</b>	<b>54</b>
<b>PP 24</b>	<b>Establishment of the First Multidisciplinary Placenta Accreta Spectrum Centre and Referral System in Sri Lanka: Improving Maternal and Neonatal Outcomes Through Centralized Care</b>	<b>55</b>

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## **AUDIT PRESENTATIONS**

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<b>AP 01</b>	<b>Clinical Audit of Current Bowel Preparation Practices for Elective Colonoscopy in a Surgical Unit at Colombo South Teaching Hospital Compared with the 2019 ESGE Guidelines</b>	<b>56</b>
<b>AP 02</b>	<b>Audit on Antibiotic Use and Stewardship in NICU and Postnatal Wards at CSTH</b>	<b>57</b>

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# RP 01: Clinicopathological Characteristics of Patients with Breast Carcinoma: A One – Year Follow – Up Study

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## Introduction:

Breast cancer is the most common malignancy affecting females globally accounting to approximately one in four cancers in females. The clinicopathological profile may differ from region to region.

## Objectives:

This study aimed to determine the patterns of clinical presentation and histological characteristics of diagnosed breast cancer patients.

## Methodology:

A descriptive study was conducted using data extracted from a retrospectively maintained database of diagnosed breast cancer patients who presented to a single surgical unit at Colombo South Teaching Hospital, Sri Lanka, within one year.

## Results:

The mean age was 58.2 years (standard deviation  $\pm 12.9$ ). A sample of 84 was obtained, of which the most common presentation was with a breast lump (89.2%, n=75) while 4.8% (n=4) presented with breast pain and 3.6% (n=3) presented with nipple discharge. A majority of tumours arose in the upper outer quadrant (44%, n=37), followed by 15.5% (n=13) which occurred in the lower outer quadrant. Majority of patients (61.9%, n=52) had T2 lesions. T3 lesions were found in 5.9% (n=5) while 4.7% (n=4) presented with T4 lesions. Nodal positivity was 16.7% (n=14). Perineural invasion was observed in 20.5% (n=15) and lymphovascular invasion in 29.6% (n=24). Co-existent ductal carcinoma in-situ was discovered in 44.2% (n=34) alongside the invasive breast carcinoma. A single case of recurrence was diagnosed in a patient who had defaulted on adjuvant chemotherapy following primary surgery.

## Discussion and Conclusion:

The pattern of presentation and tumour location are consistent with literature published from South Asia. The main burden of patients present with T2 and T3 tumours. Based on the pattern of clinical presentation, patient education regarding prevention strategies such as self-breast examination and seeking early medical advice is essential.

## **RP 02: Correlation Between Mode of Delivery and Neonatal Outcomes of Babies Born at Colombo South Teaching Hospital**

L.C.Weerabhahu<sup>1</sup>, A.Gunasingam<sup>1</sup>, A.Sriskandarajah<sup>1</sup>, S.Mirshan<sup>1</sup>, T.M.R.Perera<sup>1</sup>

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### **Introduction:**

The number of caesarean sections (CS) has gradually been rising globally. Apart from the increased cost, CS can cause complications to both the mother and neonate.

### **Objectives:**

This study aimed to determine the prevalence of various modes of delivery at Colombo South Teaching Hospital (CSTH) and its association with selected neonatal outcomes.

### **Methodology:**

A prospective cohort study was conducted on term neonates born at CSTH, using medical records of the patients. Data analysis was performed using SPSS version 25.

### **Results:**

Of 107 neonates recruited to the study, 50 (46.7%) were born via CS, of which 20 (18.7%) were via elective CS and 30 (28.0%) were from emergency CS. 10 (9.3%) of neonates required resuscitation and 32 (29.9%) were treated as sepsis. CS was found to be a significant risk factor for the development of hypoglycaemia ( $p < 0.05$ ). There was no significant risk associated with the mode of delivery and the need of antibiotics or admission to intensive care.

### **Discussion and Conclusions:**

The results of the study demonstrate a relatively high rate of CS at CSTH, reflecting the growing upward trend of CS. A significant association between CS and development of hypoglycaemia in neonates was observed and this may be due to numerous factors such as delayed metabolic adaptation, delayed establishment of breastfeeding or the confounding effect of maternal diabetes. It is recommended to assess the reasons for the high CS rate as well as to conduct multi-centered studies on the effect of mode of delivery and hypoglycaemia in neonates.

## **RP 03: Impact of Mindfulness – Based Tri – Modal Prehabilitation on Functional Recovery of Patients with Colorectal Cancer Admitted to Surgical Hospital Wards**

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### **Introduction:**

Colorectal cancer surgeries are associated with significant postoperative morbidity, delayed functional recovery, and psychological distress. The use of various prehabilitation modalities, including physical, nutrition-related, and psychological, has become increasingly common; nevertheless, few studies have addressed the incorporation of mindfulness-based interventions.

### **Objectives:**

To determine the impact of mindfulness-based tri-modal prehabilitation on functional recovery in colorectal cancer surgery patients.

### **Methodology:**

A randomised controlled trial was performed among 78 subjects divided equally into an experimental group (n=39) and a control group (n=39). Functional capacity was measured through the Six-Minute Walk Test (6MWT), which involves walking a predetermined distance within six minutes along a flat surface walkway at baseline, preoperative, and four and eight weeks after surgery. Data were analysed using SPSS V.23.

### **Results:**

Participants in both groups had similar average age (intervention: 55.00±10.30 years; control: 55.74±9.68 years), with their age range being about 35-75 years. Except for family support (100% vs 56.4%, p<0.001), there was no statistically significant difference between the two groups. The intervention group had a significantly lower (p=0.019) mean duration of postoperative hospital stay (5.08±1.84 vs 7.82±6.59 days). Significant increase was seen in functional capacity of the intervention group from baseline to pre-operative condition (345.82±42.07 m to 510.82±42.07 m) as compared to the control group (350.33±37.53 m to 395.33±37.53 m). These changes were maintained up to 4 weeks (519.08±46.50 vs 408.10±37.57) and 8 weeks (510.13±57.86 vs 386.28±50.38).

Repeated-measures ANOVA revealed a significant main effect of time ( $F=728.98$ ,  $p<0.001$ ), a significant between-group effect ( $F=83.54$ ,  $p<0.001$ ), and a significant time  $\times$  group interaction ( $F=233.12$ ,  $p<0.001$ ).

**Discussion and Conclusion:**

Mindfulness-based tri-modal prehabilitation significantly improves functional recovery and reduces duration of postoperative hospital stay in colorectal cancer patients. This method can be incorporated into pre-surgery care routines for colorectal cancer to achieve optimal physical results after surgery.

# PP 01: Eco-sustainability in Surgical Practice: A Cross - Sectional Study Among Doctors in Operating Theatres

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## Introduction:

The healthcare sector significantly contributes to environmental pollution. Operating theatres are the most resource intensive hospital units due to their high energy consumption and substantial waste production. In developing countries such as Sri Lanka, Environmental sustainability in surgical settings still remains underprioritized despite increasing vulnerability to climate change. Limited local evidence exists on the awareness and practices regarding sustainable operating theatre practices emphasizing the need of data to implement policies and practices.

## Objectives:

The study aims to evaluate the awareness and current practices regarding environmental sustainability among healthcare professionals working in operating theatres at a selected tertiary care hospital in Sri Lanka. It also identifies individual and systemic barriers that hinder the adoption of "Green OT" practices and identifies gaps and challenges on adapting to environmental sustainability.

## Methodology:

A prospective cross-sectional study was conducted in general surgical theatres of Colombo South Teaching Hospital. Doctors were recruited for the study. Data was collected using an interviewer or self-administered questionnaire. It evaluated demographic profiles, understanding of anesthetic gas influence, waste segregation behaviour and perceived institutional barriers.

## Results:

The study population predominantly comprised early-career professionals. A significant educational deficit in environmental sustainability was identified, as the majority of respondents reported "No" or "Maybe" when queried about prior education in this area. Despite majority of the participants endorsing the need for the establishment of comprehensive sustainability measures, actual compliance with such practices was suboptimal. Marked discrepancies were noted regarding waste management practices, with insufficient recycling services, insufficient hospital/national policies and lack of awareness/training identified as the primary barriers to adopting environmental sustainability in operating theatres.

## Discussion and Conclusion:

Despite positive attitudes, significant gaps exist in education, practice and institutional support for environmental sustainability in operating theatres. Proper training and policy implementation are essential to address this. Interventions should target curriculum reform and provision of facilities for waste segregation.

## **PP 02: Assessment of Financial, Physical and Psychosocial Burden Among Parents and Siblings of Paediatric Inpatients in a Tertiary Care Hospital**

L.C.Weerabhahu<sup>1</sup>, A.Sriskandarajah<sup>1</sup>, S.Mirshan<sup>1</sup>, K.H. Madubhashinie<sup>1</sup>, D.Madurawala<sup>1</sup>, H.Gnanavelrajah<sup>1</sup>, T.M.R.Perera<sup>1</sup>

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### **Background:**

Hospitalization of a child can be a distressing experience, which disrupts the daily routine of families. Lower and middle income families are the main recipients of the free healthcare system. However hospitalization may invariably cause an additional financial burden on families. Caring for a hospitalized child can also increase the physical burden faced by caregivers.

### **Objectives:**

Aim of this study was to determine the financial and physical burden of caregivers of paediatric inpatients.

### **Methodology:**

A descriptive cross sectional study was conducted using a structured interviewer administered questionnaire which contained questions regarding the financial, physical and psychosocial burden faced by parents and siblings. 281 participants were recruited for the study from the parents of inpatients at Colombo South Teaching Hospital, Sri Lanka. Data analysis was done by SPSS version 25.

### **Results:**

Only 118 (42%) of respondents were employed but of those employed, 48.4% had unpaid leave from work. 92 (32.7%) of participants reported that other family members had lost income due to the hospitalization. Majority of patients had reported additional expenses incurred due to transport and food and drink cost. 41.6% of parents reported having less than 2 hours of sleep. 62.6% reported having poor sleep overall. Fatigue was reported in 44.5% and back pain in 31%. 221(78.6%) of the parents reported that they felt emotionally overwhelmed by their child's admission and 191 (67.9%) of the parents had experienced anxiety, sadness or helplessness following the admission.

### **Discussion and Conclusions:**

Most parents of hospitalized children experience physical exertion during their child's period of illness. Despite the provision of free healthcare, many families face an added financial burden from transport costs and purchase of meals. Many parents also experience a psychological toll during their child's period of illness which could affect their own health and the level of care provided. Siblings are considerably less affected compared to the parents, but the stress that they face from being separated from their family members and missing school should be further studied.

## PP 03: A Case of Primary Peritoneal Cancer

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### Background:

Primary peritoneal carcinoma is a rare entity that can present with nonspecific features, mimicking other conditions. The sensitivity of ascitic fluid cytology is limited, and negative results do not reliably exclude peritoneal malignancy. The problem gets even worse if the patient is a one with known liver pathology and having ascites.

### Case Presentation:

A 78-year-old unmarried postmenopausal woman presented with progressive shortness of breath and was found to have moderate ascites. Initial evaluation suggested liver failure. Contrast-enhanced computed tomography (CECT) demonstrated features of portal hypertension with a normal uterus and adnexa. Further investigation revealed a markedly elevated serum cancer antigen 125 (CA-125) level of 923 IU/L, raising suspicion of an underlying malignancy. Diagnostic paracentesis was performed; however, ascitic fluid cytology was negative for malignant cells. Despite inconclusive imaging and negative cytology, the significantly elevated CA-125 prompted further evaluation. Diagnostic laparoscopy revealed diffuse nodular thickening of the peritoneal surfaces suggestive of malignancy. Peritoneal biopsies were obtained, which confirmed the diagnosis of primary peritoneal carcinoma.

### Outcome:

The diagnosis was established through laparoscopic biopsy following inconclusive non-invasive investigations, enabling appropriate oncological referral and management planning.

### Conclusion:

This case highlights the limitations of ascitic fluid cytology and imaging in detecting peritoneal malignancy. A high index of clinical suspicion is essential in elderly patients with unexplained ascites and elevated CA-125. Early diagnostic laparoscopy plays a crucial role in establishing the diagnosis when non-invasive modalities are inconclusive.

## PP 04: Knowledge, Barriers and Factors Associated with Barriers to Insulin Self-Administration Among T2DM Patients in a Selected Clinic in the Colombo District

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### Background:

Type 2 Diabetes Mellitus (T2DM) requires effective insulin therapy to manage complications. However, successful patient compliance is often compromised by deficits in knowledge and multifaceted psychological, logistical, practical, financial barriers.

### Objectives:

To describe the knowledge, barriers, and factors associated with barriers to insulin self-administration among T2DM patients in a selected clinic in the Colombo district.

### Methods:

A descriptive cross-sectional study was conducted among 301 T2DM patients utilizing insulin at the Colombo South Teaching Hospital. Data was collected via an interviewer-administered questionnaire and analyzed using descriptive statistics and chi-square tests on SPSS version 25. Significance was taken as  $p < 0.05$ .

### Results:

Most participants showed good (N=138, 45.8%) or moderate (N=106, 35.2%) knowledge of insulin use. However, practical application and emergency preparedness were lacking. The top four barriers identified were worried about insulin cost (N=134, 44.5%), the belief that insulin is a "last resort" (N=119, 39.5%), travel inconvenience (N=95, 31.6%), and difficulty adjusting doses (N=95, 31.6%). Worries about cost were significantly associated with lower income, longer duration of disease and a lack of medical insurance while the psychological "last resort" perception was strongly associated with a longer disease duration (>5 years) and currently on more than 2 medications ( $p < 0.05$ ). Difficulty in adjusting the dose was significantly associated with those having diabetic complications and those with tremors ( $p < 0.05$ ).

### Conclusion and recommendations:

Despite adequate knowledge financial difficulties, psychological fear and practical difficulties significantly block insulin self-administration. Moreover, structural interventions, such as financial allowances and earlier insulin education, are important in reducing economic burdens and eliminating treatment stigma.

### Key words:

Type 2 Diabetes Mellitus, Insulin self-administration, Treatment barriers, Patient knowledge.

## **PP 05: Knowledge, Attitudes and Associated Factors of Knowledge on Dengue Among Febrile Patients Attending an Outpatient Department of a Selected Tertiary Care Hospital in Colombo District**

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### **Background:**

Dengue fever continues to be a major public health problem in tropical countries such as Sri Lanka, especially in highly urbanized areas like Colombo. Even with ongoing prevention and control programs, gaps in knowledge, attitudes, and preventive practices still contribute to the continued spread of the disease.

### **Objective:**

To assess the knowledge and attitudes regarding dengue and to identify factors associated with knowledge among febrile patients attending the outpatient department of a selected tertiary care hospital in the Colombo district.

### **Methodology:**

A descriptive cross-sectional study was carried out among 384 febrile patients aged 18 years or above attending the outpatient department of Colombo South Teaching Hospital. Participants were selected using a random sampling method. Data were collected using an interviewer-administered questionnaire. Knowledge and attitudes were assessed using scoring systems and categorized accordingly. Data analysis was performed using Statistical-Package-for-Social-Sciences version 26, and associations were tested using the Chi-square test at 5% significance level.

### **Results:**

Of the 384 participants, the majority were female (53.9%). Overall, 77.3% (n=297) demonstrated a 'Good' level of knowledge and 52.9% (n=203) showed a 'Good' attitude towards dengue prevention. 90.6% correctly identified mode of transmission as mosquito bites and 95.6% were aware that dengue can be fatal. However, only 22.4% identified Aedes mosquitoes as the vector and 45.8% were aware of their peak biting times. Low levels of preventive practices were observed. While 73.4% reported eliminating mosquito breeding sites, only 42.2% used mosquito nets and 13.8% used repellents. Delayed health-seeking behavior was also observed. Only 14.3% were seeking early medical care on the same day of the onset of the fever. Significant associations with knowledge were found for gender (p=0.011), educational level (p<0.001), monthly income (p=0.012), residential area (p=0.016), and attitude (p<0.001). No significant association was observed between knowledge and preventive practices (p=0.660).

**Conclusions and Recommendations:**

Although most participants had a good level of knowledge about dengue, vector-related knowledge, preventive practices, and early healthcare-seeking behavior were at a relatively low level. This highlights that knowledge alone does not lead to appropriate preventive actions. There is a need to strengthen health education programs with more focus on practical behavioral changes. Improving awareness of mosquitoes and encouraging early healthcare seeking behavior may help to improve dengue prevention.

**Keywords:**

Dengue; knowledge; attitudes; preventive practices; associated factors; Sri Lanka

## PP 06: A Rash that went in Deeper: A Rare Diagnosis of Elbow Joint Septic Arthritis and Osteomyelitis Following Staphylococcal Scarlet Fever in a Young Child

De Silva B.M<sup>1</sup>, Ganeshan S<sup>1</sup>, Chryshanthi-Ethiraj M<sup>1</sup>, Selvakumar L<sup>1</sup>, Arulkumaran R<sup>1</sup>, Sri Ram S.V<sup>1</sup>

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### Introduction:

While Scarlet fever, due to *Streptococcus pyogenes* is presented with fever, pharyngitis<sup>[1]</sup> atypical presentation with *Staphylococcus aureus*<sup>[1]</sup> attribute to severe complications, septic arthritis (SA) and acute osteomyelitis (AO) due to hematogenous spread<sup>[2]</sup>. Following is a child with Staphylococcal Scarlet Fever (SSF) resulting in right elbow joint (R/EJ) SA and osteomyelitis.

### Case Presentation:

6.5 years old male child presented with 4-day history of fever and constitutional symptoms. He had sustained right side non-displaced closed distal radial fracture 5 days ago and POP cast was applied. With stable vitals, generalized sandpaper like rash, inflamed tonsils noted. Typical strawberry-like tongue wasn't prominent, but desquamation in palms and toes were present later. CRP was 61mg/dl with WBC of  $17.67 \times 10^9$ . Throat swab culture was *Staphylococcus aureus* diagnosing SSF. Oral Amoxicillin started, later escalated to oral Co-Amoxycylav. Following transient improvement, continuous high fever spikes by D14 along with risen ESR of 124mm/1<sup>st</sup> hr noted. Comprehensive septic screening (blood, cerebro-spinal fluid, and urine) was negative. Intravenous (IV) Cefotaxime was initiated. By D17, worsening right upper limb (R/UL) pain noted, POP was removed. D18, R/EJ had inflammatory changes, Xray revealed periosteal reaction with irregular marking on distal radius. USS revealed septated collection, subtle irregularities in margins suggestive of R/EJ SA with osteomyelitis. Contrast Enhanced Computer Tomography (CECT) of R/UL confirmed the diagnosis. Day 20, he underwent an R/EJ arthrotomy. Intraoperative pus aspiration cultures were negative. Post-operative recovery was uneventful. Completing 2 weeks of IV antibiotics, he was transitioned to a 6-week oral course. At 10-day follow-up, the surgical site was healthy, full functional range of motion was restored. He referred to immunology for evaluation of possible immunosuppression with close follow up.

### Conclusion :

SSF requires early recognition due to complications. Pediatric elbow SA is rare. Prompt surgical and pharmacological intervention is essential to prevent permanent damage.

### Keywords:

Elbow Joint, Septic Arthritis, Osteomyelitis, Staphylococcal Scarlet Fever

# PP 07: A Comprehensive Multivariable Study on Determinants of Disease Severity and Outcomes in Hospitalised Patients with Dengue Infection in a Tertiary Care Centre in Colombo District: An Interim Analysis

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## Introduction:

Dengue infection remains a major public health burden in Sri Lanka, with severity ranging from uncomplicated Dengue Fever (DF) to Dengue Haemorrhagic Fever (DHF) and Dengue Shock Syndrome (DSS). Early identification of clinical and haematological predictors of progression is essential for timely management and optimal resource utilisation. This interim analysis reports findings from an ongoing study evaluating determinants of dengue severity in hospitalised adults.

## Objectives:

To describe the clinical profile of hospitalised adult dengue patients and identify clinical and haematological predictors associated with progression to DHF.

## Methodology:

An interim cohort of 239 patients aged  $\geq 14$  years with confirmed dengue was recruited at Colombo South Teaching Hospital. Patients were classified according to WHO criteria into DF and DHF (with or without shock). Clinical, socio-demographic, and haematological data were prospectively collected. Statistical analyses were conducted using IBM SPSS. Chi-square/Fisher's Exact tests compared categorical variables, while Mann-Whitney U tests assessed continuous variables. Logistic regression identified predictors of DHF, and a multivariable model with key predictors was evaluated using ROC analysis.

## Results:

Of 239 patients, 146 (61.1%) were male. Diagnoses included DHF without shock (52.7%), DSS (13.0%), DF with bleeding (6.3%), and DF without bleeding (28.0%); 65.7% were classified as DHF. Most patients (89.5%) recovered fully, with 1.3% having residual complications. HDU admission was strongly associated with DHF (84.1% vs. 29.3%,  $p < 0.001$ ). Abdominal pain ( $p < 0.001$ ) and vomiting ( $p = 0.021$ ) were significantly more common in DHF. Among WHO warning signs, rapid rise in haematocrit was the strongest predictor (OR 8.70,  $p < 0.001$ ), followed by lethargy/restlessness (OR 4.35,  $p < 0.001$ ) and liver enlargement ( $p = 0.014$ ). Platelet nadir was significantly lower in DHF ( $p < 0.001$ ), whereas WBC nadir showed no difference.

A multivariable model incorporating these predictors demonstrated good fit ( $\chi^2=52.51$ ,  $p<0.001$ ; Nagelkerke  $R^2=0.273$ ) with satisfactory discriminatory performance.

**Discussion and Conclusion:**

WHO warning signs particularly rapidly rising haematocrit, lethargy/restlessness, and hepatomegaly are significant predictors of DHF in this interim cohort, while platelet nadir reflects but does not alone determine severity. Full recruitment and validation of the predictive model are ongoing.

## PP 08: Pattern of Fetal Structural Abnormalities in a Tertiary Referral Fetal Medicine Unit in Sri Lanka: A Retrospective Study

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### Introduction:

Early detection of fetal structural abnormalities is a key component of modern obstetric care, enabling timely counselling, targeted investigations, and appropriate delivery planning. Tertiary fetal medicine units commonly receive pregnancies with suspected anomalies from surrounding obstetric centers, resulting in a higher risk population compared with routine screening services. However, published data from Sri Lankan referral centers remain limited.

### Objectives:

To evaluate the prevalence and pattern of fetal structural abnormalities among pregnancies referred for specialist anomaly assessment at a tertiary fetal medicine unit in Sri Lanka.

### Methods:

This retrospective descriptive study included all pregnancies referred to the fetal medicine unit at University Hospital KDU, Colombo, from August 2024 to November 2025 for detailed ultrasound anomaly assessment. Data collected included gestational age at referral, referring hospital, and ultrasound findings. Cases were categorized as normal or abnormal, and detected abnormalities were classified according to organ system. Descriptive statistical analysis was performed.

### Results:

A total of 224 pregnancies were referred during the study period. Structural abnormalities were confirmed in 31% of referrals. Cardiac defects were the most common abnormalities (n=19, 8.4%), followed by renal/urinary tract anomalies (n=16, 7.1%), multiple congenital abnormalities (n=16, 7.1%), gastrointestinal anomalies (n=15, 6.6%), and central nervous system anomalies (4.4%). Hydrops fetalis was identified in 8 cases (3.5%).

Among cardiac abnormalities, ventricular septal defect (VSD) accounted for 47% of congenital heart defects, followed by echogenic intracardiac focus (EIF) (24%), pericardial effusion (14%), and atrioventricular septal defect (AVSD) (5%).

University Hospital KDU accounted for 122 referrals, of which 31 had confirmed structural anomalies, giving an anomaly detection rate of 25.4%. BH Mahiyanganaya demonstrated the highest positive referral proportion (75%), although based on only four referrals. BH Thambuththegama contributed

51 referrals, of which 33 had confirmed anomalies, corresponding to a detection rate of 64.7%. Anomalies detection rates according to trimester were 27.3% in the first trimester, 28.3% in the second trimester, and 42.5% in the third trimester.

**Conclusion:**

Nearly one-third of referred pregnancies had confirmed structural abnormalities, reflecting the high risk nature of a tertiary referral population. Cardiac, renal, and gastrointestinal anomalies were the most frequent findings, highlighting the importance of meticulous assessment of these systems during routine screening ultrasonography. The relatively lower proportion of CNS anomalies may reflect limited use of dedicated neurosonography. Strengthening early referral pathways and expanding access to specialist fetal imaging services may further improve prenatal diagnosis and subsequent management in Sri Lanka.

## PP 09: Cephalocentesis in a Case of Trisomy 18 with Severe Hydrocephalus – An Obstetric Challenge

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### Objective:

Trisomy 18, also known as Edwards syndrome, is the second most common autosomal triploidy chromosomal disorder associated with a poor prognosis, multiple fetal anomalies and low postnatal survival rate. Although prenatal detection has improved with cell anomaly screening, some diagnoses are still made late, complicating perinatal decision making. Hydrocephalus is an uncommon but significant finding in trisomy 18 that can influence the mode of delivery.

### Case Report:

A 30-year-old primigravida was referred to the Maternal Fetal Medicine clinic at University Hospital - Kotelawala Defence University at 28 weeks gestation due to fetal hydrocephalus and pyelectasis. A detailed anomaly scan confirmed severe ventriculomegaly. Amniocentesis was performed at 32 weeks and Whole genome ploidy analysis by Next generation sequencing revealed Mosaic (80%) gain of Chromosome 18p was detected. Chromosome 18q and all other chromosomes appear euploid. After counselling, the pregnancy was managed expectantly. At 35 weeks and 5 days, the patient presented with pre-labour rupture of membranes. Labour was induced using oxytocin.

During labour, significant enlargement of the fetal head due to hydrocephalus raised concerns of cephalopelvic disproportion. Given the poor perinatal outcome and maternal risks, cephalocentesis was performed intrapartum to decompress the fetal skull.

Despite decompression the patient developed chorioamnionitis with signs of systemic infection. An emergency lower segment caesarean section was performed due to chorioamnionitis and lack of progression of labour. A viable female fetus with multiple dysmorphic features suggestive of Edward's syndrome was delivered.

Neonatal death occurred on Day 2 of life. Placental swabs taken for culture revealed coliforms and antibiotics were administered according to sensitivity. The mother and her spouse were both referred for genetic counselling in view of future pregnancies.

### Discussion:

Mosaic trisomy 18p is a rare chromosomal condition, with limited data on late pregnancy outcomes [1].

Hydrocephalus in such cases can severely impair vaginal delivery. Intrapartum cephalocentesis, though ethically complex, may reduce maternal risk when prognosis is incompatible with life. Chorioamnionitis adds urgency to delivery plans and complicates care. This case underscores the importance of careful antenatal planning, ethical considerations, and tailored intrapartum care in lethal anomalies.

**Conclusion:**

This case highlights the complexities involved in the late diagnosis of fetal anomalies and the rare use of cephalocentesis in modern obstetrics. It emphasizes the importance of early anomaly detection, multidisciplinary planning with neonatology team, genetic counseling, and the balance between maternal safety and ethical considerations in delivery management.

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**RETRACTED**

## **PP 10: Stress and its Associated Factors Among Caregivers of Autistic Children Aged 2 to 14 years Attending Selected Clinics and Centres in Colombo District**

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### **Introduction:**

Autism Spectrum Disorder is a group of complex brain developmental disorders, detected in childhood, requiring extra support and care. Caregivers of such patients face added burdens.

### **Objectives:**

This study aimed at finding the stress levels and its associated factors among caregivers of autistic children aged 2 to 14 years attending selected clinics and centres in Colombo District.

### **Methodology:**

A descriptive cross-sectional study was designed to assess stress levels and its associated factors with a sample size of 108. Stress levels of caregivers were assessed through the use of Parental Stress Scale (PSS); a standardized and a recognized 18 item questionnaire. To assess the coping strategies, brief resilient coping scale was used which consisted of four statements. Our study was conducted using the interviewer administered questionnaire (IAQ) method on participants selected according to systematic random sampling. Ethical clearance was obtained from Ethics Review Committee of University of Sri Jayewardenepura. (CM/12/22)

### **Results:**

As per the trend, a majority (55.6%,n=60) of the caregivers were under high stress with an overwhelming number of participants (81.5%,n=88) taking part in the research being mothers. Type of employment of caregiver(p=0.000), caregivers being worried/feared about job opportunities of autistic child(p=0.005), having an autistic child with social interaction issues (p= 0.044) and blame being put on mother for giving birth to an autistic child(p= 0.025) were significantly associated with high stress levels.

### **Discussion and Conclusion:**

As expected, caregivers showed high stress levels, highlighting the importance of mindfulness sessions and coping strategies to deal with stress. Furthermore, programmes to educate caregivers on autistic behavioural issues seem appropriate given how child's social interaction issues was significantly associated with high stress. Implementation of awareness programmes among the public that could increase the understanding of the society towards the nature of the disease as well as the hardships experienced by these caregivers is recommended.

# PP 11: The Impact of Cultural Myths and Healthcare Challenges Among Women Diagnosed with Breast Cancer: A Cross – Sectional Study

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## Introduction:

Breast cancer is the commonest cancer among women in Sri Lanka and is a leading cause of cancer related morbidity and mortality. Despite advances in diagnostic techniques and availability of newer treatment modalities the overall outcome depends on the disease stage at detection which is largely determined by timely presentation and diagnosis. In this study we aim to investigate the factors associated with delayed presentation and diagnosis of women with confirmed breast cancer, attending the breast clinic Csth

## Objectives:

To assess the prevalence of delayed presentation and delayed diagnosis among women with histologically confirmed breast cancer, attending the Breast Clinic Csth and to identify the associated factors.

## Methodology:

A cross-sectional study was carried out among 174 women with histologically confirmed Breast Cancer. An interviewer administered questionnaire was used to collect data. Presentation delay was defined as a duration of  $\geq 3$  months between the onset of initial symptoms and first medical consultation. Diagnosis delay was defined as  $\geq 1$  month between first presentation and confirmation of diagnosis. A multivariable logistic regression analysis was conducted to explore the association between delays, cancer stage and factors.

## Results:

Among the participants, 65 (43.3%) experienced a presentation delay, while 97 (64.7%) had a delay in diagnosis confirmation. Presentation delay was associated with an increased likelihood of being diagnosed at an advanced stage (OR 2.21, 95% CI 0.97–5.01;  $p = 0.059$ ). The most frequently reported reasons for delayed presentation included lack of awareness regarding the cause of symptoms (41.5%), low perceived severity of symptoms (27.7%), and fear of surgical intervention (26.2%).

## Discussion and Conclusion:

These findings highlight a substantial burden of delays in both presentation and diagnosis which are linked to advanced disease at diagnosis. Poor awareness, misconceptions and fear of treatment were key contributing factors. Public health interventions focusing on improving awareness, addressing misconceptions, and alleviating fear of treatment are essential to reduce delays and improve breast cancer outcomes in Sri Lanka.

## PP 12: Public Awareness of the Exposure and Effects of Microplastics on Humans: A Descriptive Cross-Sectional Study in the Colombo District, Sri Lanka

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### Introduction:

Plastic particles less than 5mm in size are a growing global concern, making the environment more vulnerable. Raising public awareness of their harmful effects might help to reduce plastics entering the environment.

### Objectives:

The study aimed to assess public knowledge and attitudes towards microplastics and their adverse health effects in the Colombo District, Sri Lanka. Methodology A descriptive, cross-sectional study design was used, and data were collected from the general public using an online Google Form. The online questionnaire included questions on knowledge and attitudes towards microplastics.

### Results:

A total of 510 responses were received; after excluding 21 incomplete responses, 489 (95.8%) were included in the analysis. The responses were analysed for descriptive statistics: frequencies and percentages with SPSS version 26. Out of 489, 405(82.8%) had a university degree, and 313(64%) were females. Regarding knowledge, 473(96.7%) and 446(91.2%) recognized that microplastics harm human and marine life, respectively. Only 228 (46.6%) identified improper disposal as a primary cause. Even though 363 (74.2%) knew about the toxicity of microplastics, only 179(36.6%) and 212(43.4%) knew about its crossing into gastric epithelium and food chain integrations, respectively. Regarding attitudes, while 370(75.7%) considered living with fewer microplastics, only 37(7.6%) believed they could completely live without them. All individuals (n=489[100.0%]) advocated for biodegradable alternatives. However, 6(1.2%) individuals firmly expressed their unwillingness to reduce the use of microplastics.

### Discussion and Conclusions:

The study identified knowledge gaps and uncertain behavior to reduce pollution, highlighting the need for effective public education and stronger waste management policies.

## PP 13: Awareness of Genetics and its Applications Among the General Public in the Colombo District, Sri Lanka

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### Introduction:

The field of genetics is fast advancing in carrier screening, diagnosis and prognostication of many diseases including cancer. However, the usage of available genetic services depends on public awareness of its' applications.

### Objectives:

This study aimed to assess knowledge and attitudes towards genetics, genetic testing and cancer genetics of the general public in Colombo, Sri Lanka.

### Methodology:

An self-administered questionnaire (hard copy and google questionnaire) was used to collect data from a sample of 1027 participants. Knowledge and attitudes were evaluated under 3 subsections of basic genetic concepts, genetic testing and genetics related to cancer. Ethical approval was obtained from the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura (application number: 07/18).

### Results:

Participants had a good knowledge score with a median of 69%. Younger age ( $p=0.034$ ), female sex ( $p=0.000$ ) and having received tertiary education ( $p=0.000$ ) were significantly associated with better scores. Attitudes regarding genetic testing were mixed with a median score of 50%. Participants who had received tertiary education ( $p=0.010$ ), were employed ( $p=0.000$ ), had prior awareness about genetic testing ( $p=0.000$ ) and had higher knowledge scores ( $p=0.000$ ) were more likely to have positive attitudes.

### Discussion and Conclusion:

Participants had generally good knowledge about genetics, including genetic testing and cancer genetics. Although attitudes towards testing were mostly mixed, this negative outlook may be transformed with proper education from reliable sources.

# PP 14: Correlation Between Radiological BI-RADS Scoring and Histopathological Outcomes: A Retrospective Analysis

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## Introduction:

The Breast Imaging-Reporting and Data System (BI-RADS) is a risk assessment and quality assurance tool that provides a reporting schema for imaging of the breast. Although a high BI-RADS score (4 and 5) usually mandates urgent histological evaluation, the agreement between radiological prediction and resultant histopathological findings might be different in various regions due to demographics, tumor biology and institutional imaging protocols. It is important to understand this correlation in order to guide multidisciplinary team (MDT) decisions and optimize surgical planning.

## Objectives:

To determine the correlation between preoperative BI-RADS classification and final histopathology for patients presenting with breast lesions and to establish the positive predictive value (PPV) of high-risk BI-RADS categories in our surgical cohort.

## Methodology:

A retrospective analysis of a prospectively maintained database of 99 patients was conducted. We included only patients who had documented pre-operative BI-RADS scores and subsequent definitive histology diagnoses in the final analysis. Data regarding patient age, presentation, BI-RADS category (1-6), and histological malignancy status were collected. Data was analyzed with descriptive statistics and cross-tabulation.

## Results:

Of 99 patients (mean age 58.0 years), 63 had complete paired data for both a definitive BI-RADS score and final histology. Most confirmed malignancies were invasive breast carcinomas. Distribution and correlation of BI-RADS score with histologically proven malignancy was as follows:

- BI-RADS 3 (Probably Benign): 5 had biopsy/surgery and 4 of them were found to have cancer
- BI-RADS 4 (Suspicious for Malignancy): 24 patients were classified as BI-RADS 4. 22 had confirmed malignancy with a Positive Predictive Value (PPV) of 91.7%.
- BI-RADS 5 (Highly Suggestive of Malignancy): 31 patients were classified as BI-RADS 5. In 29 cases, histopathology revealed cancer, resulting in a 93.5% PPV.
- BI-RADS 6 (Known Biopsy-Proven Malignancy): Three patients, all of whom had surgical excision to confirm severe or persistent malignancy characteristics.

**Discussion and Conclusion:**

According to our data, there is a strong association (91.7% and 93.5%, respectively) between confirmed malignant histology and BI-RADS classifications 4 and 5 matching global standards. The greater incidence of cancer found in our BI-RADS 3 cohort emphasizes the significance of clinical correlation as symptomatic patients carry a higher probability for cancer. Preoperative BI-RADS score shows excellent concordance with decisive histology and is a highly reliable predictor of breast cancer. However, clinical judgment remains essential, and tissue diagnosis must be pursued regardless of radiological reassurance in symptomatic patients.

## PP 15: Beyond the Boggy Mass: A Case of Severe Extensive Generalized Dermatophytosis with Atypical Kerion in a Child

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### Background:

Dermatophyte infections are common superficial fungal infections in children while extensive involvement is uncommon, indicating delayed diagnosis, inadequate therapy, reinfection, or host susceptibility. Inflammatory variant of kerion presents atypically, increasing the risk of misdiagnosis, scarring alopecia, and chronic disease [1,3]. Emerging evidence from South Asia, highlights a rising burden of chronic dermatophytosis associated with poor adherence, intrafamilial transmission, and adverse socioeconomic conditions [6,7].

### Case Presentation:

A 2.5-year-old girl, fifth child of non-consanguineous parents, presented with a 3-month history of progressively worsening generalized annular pruritic rash, with only transient response to multiple short treatment courses including a 2-week course of oral griseofulvin. Examination revealed infected extensive lesions causing intense distress. Marked ulceration with inflamed edges noted on scalp instead of a boggy mass owing to partial treatment and reinfection. Potassium-hydroxide microscopy demonstrated dermatophytes. Both parents had chronic poorly-treated tinea corporis and poor hygiene. She also had chronic malnutrition, severe iron deficiency anemia, global developmental delay, and microcephaly. A diagnosis of extensive tinea corporis, faciei, and kerion was made. Management included prolonged oral griseofulvin, antibiotics, topical therapy, antihistamines, hygiene measures, family treatment, nutritional rehabilitation, with evaluation of underlying immunological or genetic conditions.

This case illustrates unusually severe dermatophytosis driven by inadequate treatment, reinfection, poor hygiene and host vulnerability. Kerion requires prolonged (6-8weeks) systemic antifungals, while systemic therapy is also indicated in extensive cutaneous disease [1,2]. Multiple factors including intrafamilial transmission compounds persistence and recurrence [4-6].

### Conclusion:

Severe pediatric dermatophytosis reflects convergence of therapeutic, environmental, and host factors. Early recognition, adequate antifungal therapy, and comprehensive holistic management—including family treatment, hygiene, nutritional optimization are quintessential to prevent chronicity and recalcitrant forms. Conscientious community care is key in prevention.

**Keywords:** Tinea, Kerion

# PP 16: Prevalence of Depression, Anxiety, and Stress and its Associated Factors Among Nursing Officers in a Selected Hospital in Gampaha District

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## Background:

Nursing officers play an essential role in the healthcare system, ensuring effective patient care services. However, continuous exposure to various occupational stressors, such as excessive workloads, emotional demands, long and irregular working hours, and complex decision-making responsibilities, can significantly increase the risk of developing mental ill health, which can disrupt both personal and professional life.

## Objectives:

To describe the prevalence of depression, anxiety & stress and to determine its associated factors among nursing officers in a selected hospital in Gampaha district.

## Methods:

A cross-sectional descriptive study was conducted among 248 nursing officers selected using simple random sampling from the District General Hospital, Gampaha. Data were collected using a pretested self-administered questionnaire consisting of sociodemographic, work-related, and health-related information, and the Depression, Anxiety, and Stress Scale 21. Associations between selected variables were assessed using the Chi-square test, with statistical significance set at 95% confidence level.

## Results:

The response rate was 100% (n=248). From the total number of nursing officers, 22.2% (n=55) had anxiety ranging from mild to extremely severe intensity. Among them, 23.8% (n= 59) showed depressive symptoms and 21.4 % (n=53) had stress levels higher than normal scores. Age (p<0.009) and work experience (p<0.03) showed a statistically significant association with depression, while marital status (p<0.01), working unit (p<0.004), and sleep disturbances (p<0.001) showed a significant association with anxiety. Age (p<0.001), working unit (p<0.001), and sleep disturbances (p<0.005) showed a significant association with stress.

## Conclusion:

Work experience and working unit, poor sleep, were identified as modifiable associated factors for mental health problems among nurses. Addressing those factors with timely and appropriate preventive interventions and support for nurses is necessary to avoid serious mental illnesses.

**Keywords:** Depression, Anxiety, Stress, Nursing Officers, DASS 21

# PP 17: Evaluation of Iron Deficiency Screening and Evidence - Based Management in Heart Failure Patients at a Tertiary Care Hospital in Sri Lanka

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## Introduction:

Iron deficiency (ID) is a prevalent and clinically significant comorbidity in patients with heart failure (HF), contributing to reduced functional capacity, poorer quality of life, and increased hospitalizations. Despite strong international guideline recommendations for routine screening and intravenous iron therapy, adherence in resource-limited settings remains suboptimal.

## Objectives:

To assess the prevalence of iron deficiency in HF patients, evaluate adherence to guideline-recommended screening and treatment practices, and identify barriers to optimal management at a tertiary care hospital in Sri Lanka.

## Methodology:

A retrospective cross-sectional clinical audit was conducted in cardiology and internal medicine units at Colombo South Teaching Hospital. Adult patients with confirmed HF (HF<sub>r</sub>EF, HF<sub>m</sub>rEF, HF<sub>p</sub>EF) over a 6-month period were included. Data were extracted from clinical records using a structured tool capturing demographics, HF characteristics, iron studies (ferritin, TSAT), treatment modalities (oral vs intravenous iron), and clinical outcomes. Audit standards were based on ESC and AHA/ACC guidelines. Descriptive statistics and subgroup analyses were performed.

## Results:

Among 180 HF patients included, 52% were screened for iron deficiency, of whom 48% were found to have ID. Screening rates were significantly lower in outpatient settings. Only 34% of eligible patients received appropriate iron therapy, with intravenous iron administered in 18% and oral iron in 16%. Patients receiving intravenous iron demonstrated greater improvement in NYHA functional class and reduced hospitalization rates compared to those receiving oral or no therapy. Major barriers identified included limited availability of intravenous iron, cost constraints, and lack of routine screening protocols.

## Discussion & Conclusion:

This study highlights significant gaps in adherence to guideline-recommended screening and management of iron deficiency in HF patients. Underutilization of intravenous iron therapy and inconsistent screening practices represent key areas for improvement. Implementation of standardized protocols, improved resource allocation, and clinician education are essential to optimize patient outcomes in this setting.

# PP 18: Evaluation of Adherence to Guideline – Recommended Screening for Microvascular and Macrovascular Complications in Adults with Diabetes at a Tertiary Care Hospital in Sri Lanka

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## Introduction:

Diabetes mellitus is associated with significant microvascular and macrovascular complications, contributing to substantial morbidity and mortality. Early detection through systematic screening is essential to prevent disease progression; however, adherence to guideline-recommended screening practices remains inconsistent in routine clinical care, particularly in resource-limited settings.

## Objectives:

To assess adherence to guideline-recommended screening for diabetes-related complications and to identify gaps in clinical practice.

## Methodology:

A retrospective cross-sectional clinical audit was conducted at Colombo South Teaching Hospital. Adult patients with diabetes attending outpatient clinics or admitted to medical wards over a 12-month period were included. Data were extracted from clinical records using a structured tool capturing screening for retinopathy, nephropathy (uACR/eGFR), neuropathy (foot examination), cardiovascular risk factors, peripheral arterial disease (PAD), and heart failure. Audit standards were based on ADA 2025 guidelines.

## Results:

Two-hundred patient records were reviewed (mean-age  $58 \pm 12$  years; 54% female). Retinal screening within the past year was documented in 46% with retinopathy in 28%; however 61% with abnormal findings had documented referral to ophthalmology. Screening for kidney disease was more consistent, with eGFR assessed in 72% and uACR in 58%; among those tested, 34% had kidney involvement, yet guideline-directed therapy (ACEi/ARB or SGLT2 inhibitors) noted in 57%. Comprehensive foot examinations were performed in 39%, with loss of protective sensation identified in 22%, with limited podiatry services referral (18%). Blood pressure was recorded in 88%, although 52% achieving targets. Lipid profiles were available in 62%, with suboptimal statin use (68%). PAD and heart failure screening were poorly documented (<30%). Major barriers included limited resources, lack of structured screening protocols, and inadequate documentation systems.

## Discussion and Conclusion:

This audit demonstrates substantial gaps in adherence to recommended screening practices for diabetes-related complications. Strengthening systematic screening protocols, improving documentation, and implementing recall systems are essential to enhance early detection and reduce long-term morbidity.

# PP 19: Evaluation of Adherence to Guideline - Based Diagnosis, Monitoring, and Management of CKD - Mineral and Bone Disorder in Patients with Chronic Kidney Disease at a Sri Lankan Tertiary Care Hospital

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## Introduction:

Chronic-Kidney-Disease–Mineral-and-Bone-Disorder (CKD-MBD) is a common systemic complication of CKD, characterized by abnormalities in calcium, phosphate, parathyroid hormone (PTH), and vitamin D metabolism. These disturbances contribute to bone disease and vascular calcification, increasing morbidity and mortality. Despite established KDIGO guidelines, adherence to recommended monitoring and management practices remains uncertain in routine clinical care.

## Objectives:

To evaluate adherence to guideline-recommended diagnosis, monitoring, and management of CKD-MBD across all stages of CKD, including dialysis patients.

## Methodology:

A retrospective study was conducted in nephrology clinics and medical wards at a tertiary care hospital in Sri Lanka. Adult patients with CKD, including those on dialysis, were included. Data were collected from clinical records using a structured proforma assessing biochemical monitoring (phosphate, calcium, ALP, PTH, vitamin D), therapeutic interventions, and bone health evaluation. Standards were based on KDIGO 2017 guidelines.

## Results:

A total of 120 CKD patients were evaluated (mean age  $56 \pm 13$  years; 60% male), including 38% on dialysis. Monitoring of serum phosphate/calcium was performed in 68% and 72% respectively, while PTH measurement was documented in 41%. Vitamin D levels were assessed in 36%. Among patients with biochemical abnormalities, hyperphosphatemia was observed in 44% and elevated PTH in 52%; appropriate treatment with phosphate binders or vitamin D analogues was initiated in 58% and 49% respectively. Use of calcimimetics in eligible dialysis patients was limited (22%). Bone-health-assessment was suboptimal, with evaluation performed in less than 15% of high-risk patients. Adherence to recommended monitoring frequency was significantly lower in non-dialysis CKD stages. Key barriers included limited access to laboratory testing, medication availability, and lack of standardized monitoring protocols.

## Discussion and Conclusion:

This demonstrates suboptimal adherence to guideline-based CKD-MBD management. Strengthening structured monitoring protocols, improving access to essential investigations and therapies, and enhancing clinician awareness are critical to optimize patient outcomes and reduce complications.

## PP 20: Panuveitis as the First Manifestation of Ocular Syphilis in Undiagnosed HIV Infection

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### Introduction:

Ocular syphilis is a vision-threatening manifestation of systemic infection and may occur at any stage of disease, particularly in patients with HIV coinfection.

### Methodology:

We report a 48-year-old male presenting with inflammatory arthralgia and constitutional symptoms for several months, followed by acute onset bilateral painful red eye with progressive visual impairment.

### Results:

Clinical examination revealed panuveitis, posterior cervical lymphadenopathy, and a papular truncal rash. Initial differentials included infectious and autoimmune etiologies. Investigations demonstrated elevated erythrocyte sedimentation rate (115mm/hr), reactive VDRL (1:2048), and positive TPPA. HIV infection was newly diagnosed. Cerebrospinal fluid analysis showed lymphocytic pleocytosis with reactive VDRL, confirming neurosyphilis. Other causes were excluded. The patient was treated with intravenous benzylpenicillin for 14 days, resulting in significant visual improvement, and antiretroviral therapy was subsequently initiated.

### Discussion:

This case highlights the protean manifestations of syphilis and its ability to mimic other systemic diseases. The coexistence of ocular involvement, systemic features, and HIV coinfection creates diagnostic complexity. Neurosyphilis should be considered in all cases of unexplained panuveitis irrespective of disease stage.

### Conclusion:

Syphilis should be considered in unexplained uveitis, especially in the presence of systemic features. Early diagnosis and prompt treatment are essential to prevent irreversible visual loss.

## PP 21: Right-Sided Boerhaave Syndrome Without Emesis Following a Choking Episode: A Diagnostic Pitfall

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### Introduction:

Boerhaave syndrome is a rare and life-threatening emergency classically associated with forceful vomiting and left-sided pleural involvement. Atypical triggers and right-sided presentations are uncommon and may delay diagnosis.

### Methodology:

We report a 60-year-old female with diabetes mellitus and dyslipidaemia presenting with acute chest pain and dyspnoea immediately following a choking episode while eating, without preceding emesis.

### Results:

Initial clinical impression favoured aspiration and acute coronary syndrome. Examination revealed reduced air entry on the right side. A supine AP chest radiograph demonstrated a deep sulcus sign suggestive of pneumothorax with concurrent pleural opacity, in keeping with hydropneumothorax. The patient deteriorated with worsening respiratory distress. High-resolution CT revealed right-sided hydropneumothorax, pneumomediastinum, and collapse of the right middle and lower lobes. Contrast-enhanced CT demonstrated a distal esophageal wall defect with oral contrast extravasation into the right pleural cavity, confirming esophageal rupture. An intercostal chest drain was inserted, and broad-spectrum intravenous antibiotics were commenced prior to urgent cardiothoracic referral.

### Discussion:

This case highlights an atypical mechanism of esophageal rupture precipitated by choking without vomiting, with unusual right-sided pleural involvement. The presentation closely mimicked aspiration, highlighting the potential for misdiagnosis. Recognition of early radiographic clues and timely CT imaging is essential. Absence of vomiting should not exclude the diagnosis when radiological features are suggestive.

### Conclusion:

Boerhaave syndrome should be considered in patients presenting with acute chest pain and respiratory distress following choking or aspiration. Early imaging and prompt multidisciplinary intervention are critical to improving outcomes.

## **PP 22: Beyond the Caesarean Scar: A Narrative Review on Isthmocele and its Prevalence, Etiology, Pathology, Clinical Consequences, Histopathology, Management, and Management Outcomes**

M.A.M.M. Jayawardane<sup>1</sup>, R.C. Fernandopulle<sup>1</sup>, C.N. Colombage<sup>1</sup>, T.D. Vithanage<sup>1</sup>, M.P. De Silva<sup>1</sup>, T.G.D.P.R. Senarathna<sup>1</sup>, N. Chandrakumar<sup>1</sup>, H.D.G.S. Thirimanna<sup>1</sup>

<sup>1</sup>Department of Obstetrics and Gynaecology, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

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### **Introduction:**

Global rise in caesarean section rates lead to the development of isthmocele, increasingly recognized as a significant late complication. It is associated with a range of obstetric and gynecological problems, including placenta previa, placenta accreta spectrum, scar pregnancy, uterine rupture in subsequent pregnancies, abnormal uterine bleeding, pelvic pain, subfertility, and adverse obstetric outcomes.

### **Objective:**

To summarize current evidence on clinical features, etiology, pathology, management strategies, and outcomes of isthmocele, and to identify existing gaps in literature.

### **Methodology:**

This narrative review evaluates published literature from 2015 to 2025 focusing on isthmocele, including its clinical presentation, underlying mechanisms, diagnostic considerations, and treatment approaches.

### **Results and Discussion:**

Evidence indicates that isthmocele is a clinically significant condition with diverse presentations, ranging from asymptomatic cases to severe reproductive and obstetric complications. Multiple management strategies have been proposed, including medical, hysteroscopic, laparoscopic, and combined approaches, with varying success rates. However, heterogeneity in diagnostic criteria, treatment selection, and outcome reporting limits comparability across studies. Gaps remain in standardized management protocols and long-term outcome data.

### **Conclusion:**

Isthmocele has become an important condition in the context of rising caesarean section rates. While various treatment options exist, there is a need for standardized diagnostic criteria and high-quality studies to guide optimal management and improve patient outcomes.

## **PP 23: Prevalence and Risk Factors of Isthmocele Among Post – Cesarean Women in a Selected Tertiary Care Hospital in Sri Lanka: A Prospective Observational Study**

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<sup>1</sup>Department of Obstetrics and Gynaecology, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

### **Background:**

Isthmocele is a pathological condition that develops at the site of a cesarean section (CS) scar, characterized by a pouch-like indentation in the myometrium associated with a range of complications, including abnormal uterine bleeding, secondary infertility, chronic pelvic pain, and obstetric risks such as placenta accreta spectrum (PAS) disorders. However, despite its growing relevance, the prevalence and impact of isthmocele remain understudied, particularly in countries like Sri Lanka with limited data on the long-term sequelae of this surgical intervention. By conducting this study, we aim to generate epidemiological data on isthmocele in Sri Lanka, facilitating the development of targeted interventions to minimize its burden.

### **Objectives:**

To estimate the prevalence of isthmocele among post-cesarean women using transvaginal ultrasound (TVUS) from March 2025 to February 2026.

### **Methods:**

A prospective observational study was conducted among all pregnant women who underwent cesarean section (CS) deliveries at Colombo South Teaching Hospital in ward 21 during the study period of March 2025 to February 2026. Transvaginal scan (TVS) was done using standardized imaging protocols to assess for the presence of isthmocele. Data were collected prospectively using clinical records and operative notes and analyzed using SPSS (Statistical Package for the Social Sciences).

### **Results:**

Prevalence of isthmocele among the study participants was 31.2% out of 187 participants.

Discussion- Isthmocele is found to be a relatively common finding among women with a previous cesarean section highlighting the growing clinical importance of isthmocele in parallel with rising cesarean section rates worldwide. Early identification is important due to its association with gynecological symptoms, subfertility, and complications in subsequent pregnancies.

### **Conclusion:**

This study, emphasizes the significant prevalence of isthmocele. Increased awareness, appropriate imaging evaluation, and timely management are important to reduce associated gynecological and obstetric complications. Further large-scale studies are recommended to identify risk factors and preventive strategies for cesarean scar defects.

## PP 24: Establishment of the First Multidisciplinary Placenta Accreta Spectrum Centre and Referral System in Sri Lanka: Improving Maternal and Neonatal Outcomes Through Centralized Care

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### Background:

Placenta Accreta Spectrum (PAS) is a life-threatening obstetric condition with significant maternal morbidity and mortality, rising with increasing caesarean sections. Optimal management requires early diagnosis, multidisciplinary support which are often limited in decentralized healthcare systems. This study describes the establishment and impact of the first dedicated multidisciplinary PAS center in Sri Lanka at Colombo South Teaching Hospital.

### Objectives:

To evaluate maternal and neonatal morbidity and mortality following establishment multidisciplinary PAS center.

### Methods:

A prospective observational study was conducted among patients with a diagnosis of PAS, either suspected antenatally or confirmed intraoperatively, were included, and managed according to standardized institutional protocols. Planned delivery was undertaken in a dedicated operating theatre with availability of a multidisciplinary surgical team. The choice between uterine-preserving surgery and hysterectomy was made preoperatively based on MDT consensus and intraoperative findings. Data were collected prospectively using clinical records and operative notes and analyzed using SPSS (Statistical Package for the Social Sciences).

### Results:

25 PAS cases were managed, 4 direct admissions and 21 referrals from across the country. There were no maternal deaths. Maternal morbidity included hysterectomy in 9 cases (37.5%), massive postpartum hemorrhage in 12 cases (50%), and bladder injury in 7 cases (29.2%). There was one neonatal death. Neonates who survived included 1(4.2%) with very severe morbidity admitted in NICU for more than 10 days, 8, (33.3%) with moderate morbidity, 5, (20.8%) with mild morbidity, 2, (8.3%) with no morbidity. 22 (91.7%) mothers in our cohort were highly satisfied with the service provided and claimed that mother and child was saved by the care of the unit.

### Conclusion:

The establishment of a centralized PAS have improved clinical outcomes despite resource limitations. This model underscores the value of centralization, multidisciplinary collaboration, and protocol-driven care in managing PAS.

# AP 01: Clinical Audit of Current Bowel Preparation Practices for Elective Colonoscopy in a Surgical Unit at Colombo South Teaching Hospital Compared with the 2019 ESGE Guidelines

KRKLK Ranaweera<sup>2</sup>, D.M.C.H.B Dissanayake<sup>1</sup>, Ghajhanee Vigneswaran<sup>1</sup>, Wibodha Silvapulle<sup>1</sup>, Nimasha Jayalath<sup>1</sup>, Kanchana Wijesinghe<sup>1</sup>

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## Introduction:

Colonoscopy is a key diagnostic and therapeutic procedure in colorectal disease, and adequate bowel preparation is essential for optimal lesion detection, patient satisfaction, and reduction of healthcare costs. The 2019 European Society of Gastrointestinal Endoscopy (ESGE) guidelines recommend split-dose regimens, timing, adjunct use, and enhanced patient education to improve bowel preparation quality and patient experience.

## Objectives:

To assess adherence to the 2019 ESGE guidelines, evaluate bowel preparation quality, assess patient tolerability and satisfaction, and identify areas for improvement in bowel preparation practices.

## Methodology:

A prospective clinical audit was conducted over two months at the Professorial Surgical Unit, Colombo South Teaching Hospital. Adult patients undergoing elective colonoscopy were included. Data were collected using a standardized tool from clinical records and patient feedback. Variables assessed included bowel preparation regimen, timing, adjunct use, instructions, Boston Bowel Preparation Scale (BBPS) scores, outcomes, and patient-reported experience. Findings were compared against ESGE standards.

## Results:

Twenty-three patients were included (mean age 60 years). Polyethylene glycol was used in all patients, with high adherence to clear fluid dietary instructions (95.7%). However, only 13% received split-dose preparation, enhanced instructions were provided to 30.4%, and adjunct use was low (8.7%). The mean BBPS score was 6.91, indicating acceptable bowel cleanliness, and ileal intubation was achieved in 82.6% of procedures. Despite acceptable preparation quality, patient experience remained suboptimal: 43% rated the preparation poorly, 52.2% reported side effects, and 78% experienced sleep disturbances.

## Discussion:

Although bowel cleanliness achieved acceptable standards, adherence to ESGE recommendations was suboptimal, particularly regarding split-dose regimens and patient education. This likely contributed to poor patient tolerability and satisfaction. Implementation of standardized bowel preparation protocols, improved patient education, optimized preparation timing, and increased adjunct use may improve both preparation quality and patient experience. A re-audit is recommended to complete the audit cycle.

## AP 02: Audit on Antibiotic Use and Stewardship in NICU and Postnatal Wards at CSTH

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### Introduction:

Neonatal infections remain a leading cause of morbidity and mortality in Sri Lanka. Early empirical antibiotic therapy is recommended due to nonspecific presentation; however, rational use is essential to reduce antimicrobial resistance and improve outcomes.

### Objectives:

To evaluate antibiotic use and stewardship practices in neonates, including documentation, blood culture practices, guideline compliance, timing of administration, 48–72 hour review, and discontinuation.

### Methodology:

A retrospective clinical audit was conducted at CSTH NICU and postnatal wards from 1st February to 31st March 2026. Thirty-three neonates ( $\leq 28$  days) on antibiotics were included. Data were collected using a structured proforma. Audit standards were: blood cultures prior to antibiotics  $\geq 90\%$ , guideline-compliant empirical therapy  $\geq 85\%$ , review at 48–72 hours  $\geq 90\%$ , and appropriate duration  $\geq 80\%$ .

### Results:

Most neonates (93%) were treated for suspected early-onset sepsis. Indications were documented in 96% of cases. Blood cultures were obtained prior to antibiotics in 100%. Empirical antibiotic choice was guideline-compliant in 54%. Antibiotics were administered within one hour in 51% of cases. All neonates had review at 48–72 hours (100%); however, blood culture results were available at review in only 24%. Antibiotics were discontinued at 48–72 hours in only 15.5% of clinically well neonates with negative cultures. Antibiotics were escalated in 30% of cases. Appropriate duration of therapy was seen in 82%.

### Conclusion:

While initial assessment and review practices were satisfactory, significant gaps exist in antibiotic stewardship, particularly in guideline adherence, timely administration, availability of culture results, and discontinuation practices. Strengthening these areas is essential to optimize neonatal care and reduce antimicrobial resistance. Re-audit will be followed in due time.



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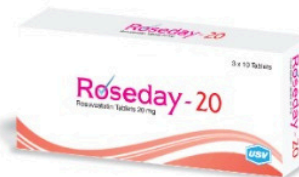
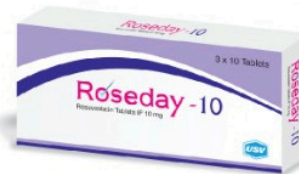


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