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ACADEMY OF MEDICINE OF MALAYSIA
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23rd to 25th MAY 2014

VENUE
PULLMAN KUCHING
SARAWAK, MALAYSIA

THEME  Mentoring A Modern Surgeon

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SARAWAK CONVENTION BUREAU
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In the past, surgical training was an apprenticeship. Mentoring played a crucial role in shaping trainees. Mentors not only passed on knowledge, wisdom and technical skills, they were role models of professional and personal integrity. Trainees derived tremendous benefit from their counseling, moral support and career guidance. The old ways were good; however the practice of surgery has changed in recent years. New technologies, changing demographics and disease patterns, increased consumerism, patient empowerment and autonomy have revolutionized health care. Surgical Education has changed; the modern surgeon is expected to acquire a broad range of technical, interpersonal, administrative, and research skills. There has been a dramatic shift in the approach to technical training and knowledge acquisition. The modern surgeon is different from his or her predecessor. There is evidence to suggest that mentoring is still hugely beneficial to the modern surgeon. This paper will reflect on the challenges and solutions in mentoring a modern Surgeon in Malaysia.
GASTROINTESTINAL SURGERY:
FROM CONVENTIONAL LAPAROSCOPY TO SILS

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Over the last two decades, conventional laparoscopic approach been applied in the treatment of almost all gastrointestinal conditions due to the associated definite short term benefits. However, these minimal access approaches still necessitate a number of ports and a mini-laparotomy wound for specimen retrieval. Despite the small skin and fascial incisions, patients still experience pain and wound related complications. In an attempt to pursue excellence and reduce wound-related complications, investigators have recently introduced to use of single port access device such that the number of trocar sites can be minimized. The single port device is introduced via a natural ‘orifice’ the umbilicus, in an attempt to produce ‘scarless surgery’. The technique, known as single incision laparoscopic surgery (SILS), was first reported in simple procedures like laparoscopic cholecystectomy and laparoscopic appendectomy. More recently SILS was also reported for laparoscopic colectomy. Initial experience suggests while SILS colectomy is feasible.

However, Single Incision Laparoscopic Surgery (SILS) still poses a major technical challenge even for the most experienced laparoscopic surgeons. The difficult maneuverability of instruments in the single port platform and the frequent clashing of working instruments would result in limited operating fields. On the other hand, robotic surgery is yet another surgical advance being launched at the turn of the millennium. Robotic arms movement is driven by surgeon’s digital movement, with the signal transmitted and digitalized after anti-tremor filtration from the console. Initial experiences shows that robotic surgery provides a better magnified view and better retraction as compared to conventional laparoscopy.

More recently, robotic single port surgery has been reported with success. The dexterity and freedom of the robotic endowrist helps overcome the ergometry of single port surgery, making it technically simpler and easier to perform.

Meanwhile, it is unclear whether single port colectomy confers any additional advantages compared to standard laparoscopic colectomy, apart from the unproven benefits of fewer scars and scar related complications. Since only the surgical access itself has been modified, it is even doubtful if the oncological or clinical outcomes will be better than those in standard laparoscopic colectomy. Nonetheless, with further advancement in technology lead by our industrial partners, single port colectomy may become technically less challenging and more acceptable to surgeons in future.
Minimally Invasive surgery is firmly established in Urology and majority of Urological procedures are now performed via minimally invasive approaches through endoscopic (natural orifice), percutaneous, laparoscopic and robotic assisted laparoscopic surgery. However, there is still a need for some training in open surgical approaches especially with trauma and reconstructive and complex uro oncological procedures. There is variation in the expectations of training in each country depending upon the patient burden, number of Urologists and degree of subspecialisation. In the US and most Western European countries, Urologists are initially trained as generalists and minimally invasive training is offered as part of subspecialisation training under various subspecialties of endourology/laparoscopy, uro oncology, female urology and paediatric urology.

In Malaysia, the number of Urologists is still small and therefore they have to be trained in both open and Endourological skills during their Board Training. Endourology is not considered as a subspecialty in Malaysia. All Board trained Urologists are expected to be competent in this field since stone work remains substantial. Exposure to laparoscopic training is available during the Malaysian Board of Urology training which can be further enhanced with an overseas fellowship in the final 4th year of training and as Consultant Urologist afterwards. Potentially all Urologists can be fully trained to be competent in laparoscopic procedures. Training in robotic assisted laparoscopic surgery is presently limited since there are only 3 Da Vinci robots in Malaysia. Newer laparoscopic surgery innovation such as HD 3D laparoscopy has now emerged and would have some impact on training. In the future, there will also be other newer technologies and treatment methods and training will have to adapt to these new developments.
In the field of surgery, change and adaptation are important concepts that all surgeons must understand and embrace to continue to advance. Medical knowledge together with new technology and equipment is rapidly advancing especially in the last 20 years. It is driven by both industry as well as patient's expectation of the procedures that are both minimal access and minimally invasive so as to reduce morbidity and mortality.

Vascular surgery has seen tremendous changes in the last 20 years from an open based surgical based discipline to now, a combination of both open and endovascular. In fact many new vascular surgeons and vascular centres are carrying out more endovascular procedures compared to open surgery due to multiple factors.

This paradigm shift in management of patients with vascular diseases with endovascular techniques must also be reflected in the training program of new and young vascular surgeons as well as the re-training of the older ones to meet the future challenges.
Looking back into the history of thyroidectomy, the mortality and morbidity from this procedure was as high as 40% but with more understanding of the disease and improvement in surgical instrument and technique, the mortality is now almost never happened. Thyroid surgery also become one of the most common surgical procedure performed not only by endocrine surgeon but also by the general surgeon. It involves transverse incision along the skin crease of about 6-10 cm depending on the size of the goitre. Because of the exposed area, minimall access surgery especially endoscopic surgery now plays an important role with the attempt to reduce the size or even eliminate the scar in the neck. Gagner successful performed minimally invasive parathyroidectomy with small incision in the neck and since then, various approaches been described either with the incison around or away from the neck. Despite that, endoscopic thyroidectomy has not been widely accepted either by the surgeon or the patient. The main reason is technical difficulty which requires adequate training in open surgery, sutureless surgery and endoscopic procedure, before the gland can be resected safely. Like any other surgery, as the endoscopic or laparoscopic procedure is becoming more common, the opportunity to learn open procedure is getting less. In case of thyroidectomy, perfect anatomical knowledge of the head and neck is utmost important combined with solid surgical expertise in open thyroid surgery before embarking on endoscopic thyroidectomy.
NUTRITIONAL IN MALNOURISHED SURGICAL PATIENTS

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Nutrition has always been an integral part of good surgical management. Among hospitalized patients, malnutrition is an independent risk factor in predicting morbidity and mortality. In surgical patients undergoing major abdominal procedures, as much as 30 percent of may be moderately to severely malnourished. Thus, surgeons have long been advocates of nutrition and metabolic intervention.

Patients at risk should receive adequate nutritional intervention 10-14 days prior to major elective surgery. And in the postoperative period, nutritional intervention should be started 24-48 hours after stabilization. The gastrointestinal tract is always the preferred route of delivery of nutrients. However, in the event that targets are inadequately met, supplemental parenteral nutrition may be required.

Although caloric and protein goals are important, evidence on the utilization of immunonutrients in surgical patients are also beneficial. Thus, glutamine and fish oil supplementation is recommended among surgical patients.
Venous thromboembolism is a global disease. Contrary to the general belief that it is more of a problem in the western world, mounting evidence in literature shows that it is a significant problem in Asia as well. Despite significant advances in the prevention and treatment, pulmonary embolism remains the most common preventable cause of hospital death. High incidence of VTE and the availability of effective methods of prevention mandate that thromboprophylaxis should be considered in suitable hospitalised patients. Though all hospitalised patients across the disciplines are at risk of VTE, surgical patients in particular, are at significantly higher risk in post-operative period. Moreover, in ‘high risk’ surgical patients the risk may persist for days to weeks even after discharge from hospital. All surgical patients should be risk stratified and offered appropriate method of VTE prophylaxis. The various methods of VTE prophylaxis include mechanical and pharmacological approaches. In general IVC filter should not be considered as a primary mode of VTE prevention.
EVOLUTION OF MINIMALLY INVASIVE SURGERY: CONVENTIONAL LAPAROSCOPY TO ROBOTICS

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The advantages of conventional laparoscopic surgery for gastrointestinal diseases are well established and include a reduction in hospital stay and postoperative pain and an improved cosmetic outcome. However, laparoscopic surgery has a long learning curve and an absence of tactile sensation associated with two-dimensional vision and reduced dexterity of movement, particularly in low rectal resection. On the other hand, the recent evolving robotic surgery offers better dexterity of movement, especially when working in a narrow space, such as the pelvis. Its advantages are already well known to urologists. It is not surprising to note that robotic prostatectomy is fast emerging as the gold standard urological procedure, analogous in many respects to the rise in popularity of laparoscopic cholecystectomy almost two decades ago.

The complex anatomy of the pelvis, restricted space and visibility, together with diminished dexterity with laparoscopic instruments makes laparoscopic rectal surgery like Total Mesorectal Excision (TME) one of the most challenging procedures of the minimal access surgery. A robotic approach in theory may offer a solution to this challenge with superior exposure during pelvic dissection, providing a better counter-traction, reduced circumferential margin positivity rates, and improved autonomic nerve preservation as showed in some recent published studies with earlier and better recovery of the sexual and functional outcomes after robotic TME as compared with laparoscopic TME.

Surgical robots may well represent the next major leap in minimally invasive surgery and the acquisition of competency in novel surgical techniques would represent a “learning curve” for each surgeon. Laparoscopic colorectal surgery has been shown to have a lengthy learning curve, and it has been suggested that the intuitive controls of robotic systems, more comparable with open surgery, can shorten the learning curve, even in the hands of relatively inexperienced laparoscopic surgeons in urological procedures. For all these reasons, the concept of robotic surgery seems appealing; however more evidences from the ongoing RCTs are required to draw solid conclusion regarding its role to justify its increased costs.
Ischaemic colitis is an infrequent but devastating complication following AAA repair. The incidence of ischaemic colitis post open elective repair of AAA is 1-3%. The incidence following EVAR is similar. However the risk of ischaemic colitis increases to 10% in cases of open repair of a ruptured AAA. If routine post-operative colonoscopy is performed to screen for this condition the rate of detection dramatically rises to 9% for elective repair and has been reported to be found in up to 60% of patients following surgery for a ruptured aneurysm.

Any reduction in blood flow to the bowel wall mucosa can result in ischaemic colitis. There are two main factors that cause structural damage, (i) hypoxia, due to a reduction in blood flow and (ii) reperfusion injury.

Ischaemic colitis can be seen at the time of open AAA repair. However, presenting features are often insidious. The diagnosis often requires a high index of suspicion with specific investigations to confirm it.

Early detection and treatment of ischaemic colitis is very important. The condition if diagnosed in the initial stages can be reversed.
MANAGING INTRA-ABDOMINAL SEPSIS AFTER COLORECTAL SURGERY

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In managing intra-abdominal sepsis after colorectal surgery, close monitoring and early pick up of the complications is of paramount importance. If there is any suspicious after imaging or failed conservative treatment, diagnostic laparoscopy should be considered early. Nowadays, surgeons are enthusiastic about employing minimally invasive technology in the management of both early and late complications after laparoscopic surgery. The abdomen is likely to be far less hostile after laparoscopic surgery than after laparotomy, thus adhesions to the anterior abdominal wall are minimal or absent. Inflammatory changes and scarring at the operative site are also truncated. These factors may make re-laparoscopy safer and less challenging than re-operative surgery after conventional surgery by laparotomy.

During diagnostic laparoscopy for post-operative intestinal obstruction, cautions should be taken with the manipulation of distended or compromised bowel even with the atraumatic bowel graspers, so as to avoid un-necessary enterotomy and contamination. Laparoscopic repair of minor bowel injuries is feasible using intracorporeal suturing techniques if these surgical skills have been mastered. Alternatively, bowel can be exteriorized through a small incision and addressed directly. In some case, post-operative intestinal obstruction was actually due to minor anastomotic leakage concealed by the surrounding bowel and thus resulted in intestinal obstruction. In such case, carefully examine the anastomosis after the relief of the intestinal obstruction to see whether need to take down and re-do the anastomosis.

For anastomotic leak after laparoscopic colectomy requiring operative intervention, the treatment strategy would depend on the severity of peritoneal soiling and the size of the anastomotic defect. If the peritoneal soiling is localized and the defect is small, we can attempt peritoneal lavage, drainage, and repair with diversion stoma. If the defects are judged to be large for repair and the peritoneal soiling is acceptable, laparoscopic takedown of the anastomosis, washout of the abdomen, and the decision to re-do the anastomosis with a diverting stoma or just end stoma should be individualized. If the surgeon is uncomfortable in recreating or reinforcing the anastomosis using straight laparoscopic technique after mobilization of the colon, the minilaparotomy wound should be re-opened, and the bowel ends can be grasped and exteriorized for extracorporeal anastomosis. Even stoma creation can be conducted in this way using open surgical principles. Each of these ‘hybrid’ techniques may help preserve most of the benefits of a minimally invasive approach.
MANAGING VOICE CHANGE AFTER THYROID SURGERY
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Management of voice change after thyroid surgery starts from before the surgery. Ideally all patients scheduled for thyroid surgery should undergo laryngoscopic examination in the clinic to document normal vocal cord mobility. If this is not possible, pre operative laryngoscopic examination would be mandatory for all patients with any voice abnormality.

Upon noticing voice changes after thyroid surgery the surgeon involved should not panic nor deny any accidental or intentional injury to the nerves. A period of one week should be given for any intubation induced edema of the larynx to settle. After this period if the voice change persists, an ENT referral is warranted.

The normal course is the examination of the larynx in the clinic. Any immobility or decreased mobility in one or both cords is documented. Two important factors then determine the next course of action. The phonatory gap and the need for a clear voice in the patient's occupation would indicate early intervention. Otherwise 6 months is given for any nerve recovery to occur.

In Malaysia, intervention comes in 2 forms. Temporary medialization via injection of hyaluronic acid or open thyroplasty may be deployed. The myth has always been that everyone must wait 6 months before any intervention. In reality speech therapy may be started as early as one month post op. The above 2 techniques of injection and thyroplasty are reversible and can be done early. Hence patients need not wait 6 months before surgical correction. In fact if the patient's occupation needs him to have a clear voice, surgical correction may be considered.

Post thyroid voice changes need proper evaluation and counseling. Various techniques are now available to improve the voice so that patients can carry on with their lives as normal as possible.
Since the introduction of laparoscopic cholecystectomy in 1985, it has quickly overtaken conventional (open) cholecystectomy as the method of choice in cholecystectomy. This rapid change in surgical practice has brought with it associated complications namely biliary tract injuries. Several principles to mitigate these mounting complications have been introduced including cephalad lateral retraction, critical view, intraoperative cholangiogram, low threshold for conversion and judicious use of diathermy.

Management of the jaundiced patient post cholecystectomy involves control of sepsis if present and identification of the cause which may be prehepatic, hepatic or post hepatic followed by definitive therapy.

Review of clinical history and indications for cholecystectomy, operative notes/cholangiograms or operative videos are useful in achieving a diagnosis. Physical examination may reveal stigmata of chronic liver disease or signs of sepsis/peritonitis. Imaging modalities like ultrasound, contrasted CT scan, MRCP have their strengths and weaknesses in delineating the pathology.

Management of prehepatic and hepatic jaundice would be that for the underlying condition. Treatment of obstructive jaundice as a complication of laparoscopic cholecystectomy would include, control of sepsis by fluid therapy, antibiotics, drainage (percutaneous, endoscopic, operative), organ support and re-establishment of bile flow as a temporising measure (eg. percutaneous biliary drainage) or as definitive procedure (eg. biliary reconstruction).
Audit is primarily concerned with quality improvement. The idea of audit is most frequently associated with accounting practice. Typically an examination of the record of representative transactions takes place in a controlled and prescribed fashion. It is independent and has become a statutory component of financial practice.

The parallel idea of auditing surgical practice has the objective of assessing representative performance with a view to inform and improve the quality and safety of care. It should be critical but not censorious. Audit can focus on structure, process or outcome but all three components are interrelated. The overall objectives include the primary aim of improving the quality of care. Education and efficient use of resources are often byproducts of high quality surgical audit.

Assessments against measurable standards are essential and peer review is considered desirable.

Most health care systems providing surgical care have a culture of expecting certain standards and results. Audit provides an opportunity to measure whether the expectations and assumptions are being met. If there is a difference between what is observed and the agreed or expected standards the opportunity to feedback, change practice and reassess allows completion of the audit cycle.

Several examples will be cited to illustrate the value of both local and national surgical audit.
MANAGING SURGICAL MISADVENTURES

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In the landmark report titled To Err Is Human: Building a Safer Health System, the Institute of Medicine (IOM) brought worldwide attention to the magnitude of adverse events in health care. In the report, adverse surgical events accounted for half of all adverse events experienced by hospitalized patients, and 75% of those had their origin in the operating room. The report highlighted the critical importance of patient safety in surgical care, particularly in the operating room. Surgical misadventure is an unrecognised public health issue because of lack of data on the actual incidence rate. Surgeons must document the likelihood and consequences of this devastating mishap in patients undergoing surgery. While there is emphasis on surgical complications and the importance of avoiding it, trainees have little training on the management of surgical misadventures. Surgeons often learn to manage surgical misadventures using personal experience. This paper will address the essential issues in the management of surgical misadventures.

PLENARY 4

GENETIC PREDISPOSITION IN CANCERS – TARGETING THE HIGH RISK SURGICAL PATIENT

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Breast cancer is the commonest cancer in women worldwide and its incidence is increasing at all ages. Around 5% of breast cancer is due to inheriting mutations in single high risk genes such as BRCA1, BRCA2 and TP53, but overall around 30% of breast cancer has a substantial heritable component. The likelihood of a high-risk mutation increases the chances of further primary breast cancer particularly in the contralateral breast, but also ovarian cancer. Around 2-3% of breast cancer in outbred populations are due to mutations in BRCA1 or BRCA2. Contralateral risks increase to around 2% annually (60% at 30 years), although this can be reduced by endocrine therapy and oophorectomy. In some Western populations uptake of contralateral mastectomy is around 50% in those that know their mutation at time of primary diagnosis. Family history and young age at onset have traditionally been the method to target genetic testing, but high grade triple negative breast cancers aged <45 have at least a 10% chance of a mutation with no family history. Similarly High grade comedo DCIS or triple positive breast cancer aged <30 years should raise the possibility of a TP53 mutation which confers even higher risk of contralateral disease and where radiotherapy should be avoided if possible.
Heller myotomy is recognized as having the best long-term outcomes in the management of patients with achalasia\textsuperscript{5,6} due to its ability to decrease resistance through the GEJ and improve esophageal emptying.

In 1991 when we started applying minimally invasive approaches to the treatment of achalasia we used a limited gastric myotomy (0.5cm)\textsuperscript{14}. Re-operation with extension of the myotomy onto the stomach was required for 26%. In 1994, we switched to the laparoscopic approach which allowed extension of the myotomy 1.5cm onto the cardia and performed a partial fundoplication (Dor, 90° anterior) to prevent reflux (SM/Dor). Recurrent dysphagia requiring intervention occurred in 17% at a median follow-up of 46±24 months\textsuperscript{16}. In 1998 we began using an “extended myotomy” which extends the myotomy 3cm onto the gastric cardia to more completely disrupt the LES and sling fibers of the GEJ that might contribute to obstruction. We switched to a Toupet (posterior 270°) fundoplication to further decrease post-operative reflux (EM/Toupet).

The EM/Toupet group had superior reduction of LESP, relief of dysphagia, and fewer patients required interventions for recurrent dysphagia (3% vs. 17%). The EM/Toupet follow up (mean 45±17 months) was similar to that reported for those in the SM/Dor group (mean 46±17 months).

The frequency of dysphagia was not substantially different between the two groups. While 17% of those undergoing a SM/Dor procedure required an endoscopic or surgical re-intervention at the GEJ, only 5% of EM/Toupet patients required an endoscopic dilatation and none required a reoperation nearly 4yrs. after the initial operation. We believe that complete disruption of the sling fibers of the stomach was responsible for the improved results.

Of the 31 EM/Toupet patients surveyed in 2002 and 2005, there was no significant change over time in dysphagia frequency or severity, or in frequency of heartburn, regurgitation, bloating, or chest pain suggesting the operation had excellent results and should be recommended as the ideal current treatment for patients with achalasia.

References

SYMPOSIUM 5 | Breast Surgery

BREAST CANCER GENETIC PREDISPOSITION AND MANAGEMENT IN MALAYSIA

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Family history of breast cancer is one of most significant risk factors for breast cancer and to date, more than 70 genetic loci have been identified which cumulatively account for ~50% of the excess familial risk to breast cancer. In the first part of my talk, I will review our understanding of BRCA1 and BRCA2, which account for approximately 25% of excess familial risk to breast cancer, summarise what we current know about the risks associated with these genes and provide an update of our experience with clinical management of BRCA carriers in Malaysia. In the second part of my talk, I will review our understanding of other genetic loci, including rare high penetrance genes such as TP53, and moderate penetrance genes including ATM, CHEK2 and PALB2, with updates from the Malaysian Breast Cancer Genetic Study. Finally, I will briefly provide an update on our current understanding of other genes and genetic loci identified through genome wide association studies and discuss whether these SNP based testing are ready for clinical practice.
GENETIC COUNSELLING AND TESTING IN MINISTRY OF HEALTH
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Major developments in human genetic research have resulted in almost 2000 different genetic conditions worldwide. These genetic advances help provide information for an individual undergoing genetic testing and has an impact on health and reproductive decision making of the family members. Clinical genetics is defined as the science and arts on the practice of diagnosis, management and prevention of genetic disorders. Genetic counselling is a central activity in clinical genetics. Genetic counselling is a communication process and involve provision of accurate information and genetic risk assessment in the context of a supportive interaction so that the individual or family may be able to make informed choices and the best possible adjustment to the genetic disorder. Cancer is one example of multifactorial conditions which involve the interplay between genetic and environmental factors. 5-10% of cancers are attributed to a genetic predisposition. Genetic risk information is a collection of family history from a constructed family pedigree and information generated from history, physical examination and laboratory investigations including genetic testing which reveals risk to an individual or family. Communication of genetic risk information is a complicated process and is affected by multiple factors including patient’s factors and perceptions, environment and availability of resources. Informed consent, discussion on pros and cons of genetic testing and putting a surveillance plan in place are among the main goals. Genetic testing should be preceded by genetic counselling in view of the ethical, legal and social implications. An audit of the cancer genetic service in Kuala Lumpur Hospital will be presented.
Breast cancer is the commonest cancer in women worldwide and its incidence is increasing at all ages. Around 5% of breast cancer is due to inheriting mutations in single high risk genes such as BRCA1, BRCA2 and TP53, but overall around 30% of breast cancer has a substantial heritable component. NICE guidance in the UK recently confirmed that high-risk thresholds for high risk were a ≥30% Lifetime risk and in moderate risk (≥17% Lifetime). Women at moderate or greater risk are eligible for annual mammography screening in their forties. These guidelines also for the first time recommended offering tamoxifen or raloxifene for breast cancer prevention to high risk women and considering chemoprevention in moderate risk. Most Models rely on women coming forward with a family history, nonetheless many women are unaware of their risk, thus are unable to access prevention or extra screening. There are moves afoot in the UK, Sweden, the Netherlands and other parts of Europe to identify women involved in screening programmes who may benefit from risk assessment. Thresholds for MRI screening can be as low as a 20% lifetime risk in the USA to being as high as only offering MRI to gene carriers and those with a very high chance (≥30% of BRCA1/2 or TP53). Most countries in Western Europe, Australasia and North America will offer genetic testing to those with at least a 10% chance of an underlying mutation.
Blunt abdominal trauma continues to pose a difficult challenge to surgeons and emergency physicians. Key decisions have to be made and they have to be made fast.

In an attempt to simplify this decision making process, the patient should be stratified according to whether there is
i. Isolated blunt abdominal trauma
ii. Blunt abdominal associated with chest trauma and/or pelvic fracture
iii. Blunt Abdominal trauma and severe traumatic brain injury

The first and probably most important decision to be made is: who takes charge?

Subsequent decisions to be made include:
Is emergency laparotomy indicated?
Is the patient haemodynamically stable? If so, what next?
If not, what next?
Is there time for CT? What if CT is not available?
What about the head injury? Head first or abdomen first?
What to do at laparotomy? Can I handle this?

The answers are not always forthcoming but with a clear and calm outlook, the correct decisions can usually be made.
Severely injured patients occur in hospitals worldwide, regardless of the facilities infrastructure or the on call surgeons operative capability. Many times the wrong decision to call for a CT scan or to initiate mass transfusion determines the fate of a trauma patient. On a regular basis extensive surgical procedures rather than damage control surgery overchallenge our patients biomedical resources.

This presentation wants to offer an invasive strategy into polytrauma care where there is an indication to cut. At the same time it wants to identify scenarios where and when to stay away from surgery is the better choice. It wants to give a guideline on polytrauma management when basic algorithms like ATLS or ACLS cannot brake through the competing conflict between exsanguination, the lack of time and the lethal triad of death anymore.
Venous disease: advances in endovenous therapy

Joh Jin Hyun
Korea

Varicose veins are common and affect approximately 25% of Western adults. Standard treatment has been surgery, with high ligation and stripping to knee level, combined with stab avulsion. However, the operation may occasionally be associated with significant postoperative morbidity, including bleeding, groin infection, thrombophlebitis and saphenous nerve damage. Major complications are rare. In the past decade, alternative treatments such as endovenous surgery of varicose vein have gained popularity. The randomized trials of EVLA have shown efficacy comparable to surgery. Recently, an improved version of the first generation of radiofrequency ablation (RFA) device, called ClosureFAST was introduced. After introduction of this device, RFA is commonly used modality for the treatment of varicose veins. A multinational, multicenter “Closure Study Group” reported the excellent outcomes after RFA. Until now, however, there was no registry of RFA using ClosureFast catheter. The Korean RFA Registry is the first study group to evaluate the result of RFA using ClosureFast catheter. Here, I present the results of radiofrequency ablation based on THE KOREAN RFA REGISTRY.

RFA using ClosureFast catheter was done according to the manufacturer’s instructions for use. We retrospectively collected data of the patients demographics, risk factors, and clinical outcome after RFA from March 2009 to March 2013. We investigated CEAP score, venous clinical severity score (VCSS), and quality of life (QoL) score. The paired t-test and bivariate correlation analysis using SPSS Ver. 19.0 (Armonk, NY) were used for statistical analysis.

RFA was done in total 607 limbs in 453 patients). The treated truncal veins were 660 veins. The female patients were 60.4%. The mean age was 52.3±11.6 years (range 19-84). Clinical outcomes of clinical class, VCSS, QoL score were improved significantly, 2.33±0.78 to 1.29±0.96, 3.48±0.98 to 0.63±1.16, 6.91±6.69 to 3.38±4.74, respectively. Occlusion rate after 2 years was 94.5%. There were several types of occlusion pattern. Preoperative mean diameter of saphenous vein was 6.7±1.8mm (3.5-11.2mm). The mean length from the sapheno-femoral or sapheno-popliteal junction to occlusion point was 12.5±8.5mm (0-44.3mm). The correlation coefficient between two parameters was -0.017.

RFA showed the good clinical outcomes in terms of clinical class, VCSS, and QoL score. There was no correlation between the diameter of saphenous vein and the occlusion length.

Reference
COMPARISON BETWEEN OPEN VERSUS LAPAROSCOPIC GASTRECTOMY FOR EARLY AND ADVANCED GASTRIC CANCER: THE PRELIMINARY EXPERIENCE FROM UNIVERSITY MALAYA MEDICAL CENTRE

P C Lau, G Durairaj, C L Yeap, E H Pok, K F Chin
Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

Background
Laparoscopic gastrectomy (LG) is increasingly being accepted as a standard treatment for early gastric cancer (EGC). However, its role for advanced gastric cancer (AGC) is still being debated. This study was conducted to compare our initial experience on the surgical outcomes and survival between totally laparoscopic and open gastrectomy (OG) for early and advanced gastric carcinoma.

Methods
This was a retrospective cohort of patients who had undergone either totally laparoscopic or open gastrectomy (both subtotal and total gastrectomy) between 1 January 2009 and August 2010. Mann Whitney and Chi-square test were used to compare both groups and Kaplan-Meier analysis with log-rank test was performed to compare survival.

Results
We included 14 OG and 12 LG cases. The median follow-up was 12 months (1-24 months). The demographic statistics for both groups were similar. The median number of resected lymph nodes were similar: 11.5 for LG and 12.5 for OG (p=0.98). The recurrence rate was 33.3% (4/12) in the laparoscopic group and 28.6% (4/14) in the open group (p=0.07). The 1 year overall survival rate and recurrence free survival rate were 82.5% and 75.0% for LG compared to 64.3% and 75.0% for OG respectively.

Conclusion
In our initial experience with 11.5% EGC and 88.5% AGC cases, OG and LG had comparable recurrence rates and 1 year overall survival rates.

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<tr>
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<tr>
<td>Mean follow up (months)</td>
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## Advanced Laparoscopic Surgery

### Mean Operating Time (min)

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### Mean Length of Hospital Stay (days)

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### Margins Involvement

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### Complications

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### Recurrence rate

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### Mortality rate

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|          | 0.98 | 0.07 |
LAPAROSCOPIC VS RETROPERITONEOSCOPIC ADRENALECTOMY
Normayah Kitan
Department of Breast and Endocrine Surgery, Hospital Putrajaya, Putrajaya, Malaysia

Laparoscopic adrenalectomy (LA) was first described in 1992 by Gagner et al. The procedure rapidly gained popularity worldwide because comparing to open procedure it definitely decreased hospital stay, faster recovery, decreased pain, and fewer peri and postoperative complications. In Breast & Endocrine Surgical Unit, Hospital Putrajaya it was the standard treatment for benign adrenal masses from 2001 till 2010.

The practice changed dramatically when Martin Walz demonstrated his technique of retroperitoneoscopic adrenalectomy (RA) in 2011. The unfamiliar anatomical landmark was the major problem to overcome especially when no surgeon-mentor to offer on-site supervision to the surgeon-learner. However the familiarity with LA and understanding the anatomical landmark in RA was important to overcome the problem during period of learning curve.

RA has become the procedure of choice in our unit as it demonstrated shorter operative time and fewer complications. However to have a short learning curve the unit must have a significant volume of patients and a good teamwork. LA is chosen when dealing with bigger tumour especially when anticipating difficulty intraoperatively because it is easier and faster when conversion to open surgery is needed.
Objective
Obesity is a major public health concern worldwide. Its results in significant morbidities and socio-economic burden. Bariatric Surgery is the only effective therapy which result in significant and sustainable weight loss. Bariatric surgery has grown in popularity to fight this rising threat. We describe the progress of Bariatric Surgery since its inception in Asia and particularly Malaysia.

Methods
Literature review of World and Asia Pacific Database on Bariatric Surgery trends and progress and telephone interview and available current data on Bariatric Surgery at Major Bariatric Centres in Malaysia.

Results
344,221 Bariatric surgery were performed worldwide in 2008 alone. 220,000 of these were performed in the USA and Canada. In Asia Taiwan performed the first case in 1981. Over a 5 year period from 2005-2009, a total of 6,598 bariatric procedures were performed in Asia with Laparoscopic Adjustable Gastric Banding as the most popular procedure (36%) followed by Laparoscopic Gastric Bypass, Sleeve Gastrectomy and Mini Gastric Bypass. Estimates suggest that more than 500 Bariatric Surgical cases has been performed for the past 8 years in Malaysia with positive trends in major centres in particular.

Conclusion
Bariatric Surgery is expanding to meet the rising threat of obesity in Asia and particularly Malaysia. This is evident with the increasing number of Bariatric surgery performed in major Bariátrics centres. With the rising quantity of surgery, it is essential that the quality is vigorously monitored and upheld.
METABOLIC SURGERY FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS

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Introduction
Diabetes mellitus is a chronic metabolic disorder. Untreated cases of diabetes mellitus leads to serious complications and death. Until the advent of bariatric surgery, the mainstay treatment of diabetes mellitus include diet control and oral hypoglycaemic agents. Remission of diabetes mellitus is a common effect seen after bariatric surgery in the obese and non obese diabetic patient. While the initial believe that remission of diabetes was due to weight loss and the reduction of insulin resistance, current evidence show that remission of diabetes is apparent even before significant weight loss occurs.

Discussion
It is believed that several enteral hormones are produced following surgeries like the Roux en-Y gastric bypass which lead to the improvement of glycaemic control. The foregut and hindgut theories state the different mechanisms of action involved in this glycaemic control. Currently there is mounting evidence such as the STAMPEDE and SOS trials, that metabolic surgery is more effective in the amelioration of diabetes mellitus when compared to intensive medical therapy alone. These trials also show a low surgical morbidity and mortality rate.

Conclusion
In conclusion, metabolic surgery is a feasible and safe option for the treatment of type 2 diabetes mellitus.
Obesity has reached epidemic proportions in the western world. The medical and metabolic consequences are well known. It is clear that a dramatic increase in the provision of bariatric surgical procedures has accompanied this trend. The metabolic effects of commonly used surgical procedures has generated a great deal of research activity and new approaches to achieving weight control and resolution of diabetes are now in clinical trials worldwide.

The duodenal-jejunal bypass liner (Endobarrier) was first reported in 2007. The device is designed to provide a non surgical mimic to some of the mechanical consequences of a Roux-en-Y gastric bypass procedure. The device is an endoscopically placed, single use, plastic polymer sleeve which is delivered by a dual coaxial catheter system under radiological control. The proximal component is anchored in the first part of the duodenum by means of and expanding Nitinol ‘crown’ and when deployed the device extends some 60cm prograde into the proximal jejunum.

Early studies demonstrated weight loss characteristics which were considered encouraging. However the metabolic consequences offer most promise with significant reductions in HBA1c of between 1.3% and 2.3%. Patients typically have a marked reduction in glycaemic pharmacotherapy requirements and substantial improvements in insulin resistance.

The mechanisms subtending these effects are under investigation.

This paper will discuss the clinical experience and outcomes and review the possible mode of action.
Gastrointestinal stromal tumors (GIST) is a mesenchymal tumor originating from the muscularis propria of the gastrointestinal tract wall. It comprises of CD 117 positive cells which is a c-kit proto-oncogene protein, a cell membrane receptor with tyrosine kinase activity. The prognosis depends on the tumor size, mitotic figures and location. Surgical resection that achieves a negative resection margin remains the main stay of treatment for a primarily localised, operable GIST. Surgical techniques depend on the location of the tumour in the gastrointestinal tract. Using case reports and videos, surgical approaches (including Single port laparoscopic surgery) on GIST located at oesophagus, stomach, small intestine, including the strategic location at gastro-oesophageal junction and anorectal junction will be demonstrated. However, in locally advanced, inoperable and metastatic GIST, Imatinib therapy is the standard of care, and continuous imatinib therapy is recommended since prolonged treatment interruption has been associated with rapid disease progression. Complete excision of residual metastatic lesions following Imatinib treatment was associated with improved prognosis but remained dependent on a satisfactory response to imatinib. Phase I and II clinical trials have demonstrated that utility of neo-adjuvant imatinib may induce cytoreduction to reduce surgical morbidities, facilitate R0 resection and to reduce associated complications. Based on recent ACOSOG trial, Z9001, in patients with high risk GIST, administering Imatinib Mesylate as an adjuvant therapy for at least one year have been shown to improve disease free and overall survival. Two other large trials, EORTC 62024 and Scandinavian Sarcoma Group XVIII, are currently defining the optimal duration of adjuvant therapy. In patients who progressed on Imatinib, Sunitinib is currently the second line treatment. In summary, management of GIST is complex and requires the contribution of a multidisciplinary team consisting of surgeons, gastroenterologists, oncologists, pathologists and radiologists.
PROSTATE DISEASE: A MODERN SURGEON’S CHALLENGE

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Sarawak General Hospital, Kuching, Sarawak, Malaysia

There are three common conditions that can affect the prostate gland namely male LUTS due to BPH, chronic pelvic pain syndrome (CPPS / chronic non-bacterial prostatitis) and prostate cancer. As the population ages, the incidence of prostate related illness is expected to rise. In the mean time, advances in understanding the pathophysiology and natural history of the diseases had given us the powerful tool to address some of these conditions more efficiently. The purpose of this presentation is to highlight some of the key advances in treating these three conditions as well as to present a broad overview on the principle and challenges faced by modern surgeon when managing them.

Non-neurogenic Male LUTS is largely but not exclusively due to BPH. Many men with normal size prostate can be disturbed by symptomatic LUTS. The causes for non-prostatic LUTS range from overactive bladder to urethral stricture.

For male LUTS attributable to BPH, the treatment paradigm has been shifted from prostate centric to the entire lower urinary tract, including its neurogenic component. There is higher incidence of erectile dysfunction among men with LUTS comparing to those without. A number of new agents targeting different pathways in the lower urinary tract had been introduced into treatment armamentarium for male LUTS. Recently, PDE5 inhibitors on a small daily dose basis have been found to be effective in improving patient’s LUTS as well as erectile function as measured by IIEF. Use of anticholinergic agents is no longer considered as contraindicated in patients with storage symptoms secondary to BPH.

For patients who failed medical therapy and those with absolute indication of surgical intervention; TURP and laser vaporization or enucleation are currently the standard of care. For patients who are unfit for regional anesthesia or with high surgical risk, an expanding array of minimally invasive treatments (e.g. TUNA, Prostatic stent and Prostatic urethral Lift) are available.

For Chronic pelvic pain syndrome (CPPS)/Chronic non bacterial prostatitis, its treatment remains challenging as the root cause continues to be elusive despite many theories had been advocated. Increasingly, we recognized this is likely to have multi systemic cause with complex interplay between immunologic, inflammatory, neurogenic, myogenic as well as psychological components. The first line therapy for patients with clinical diagnosis of CPPS could either be alpha-blockers or prolonged course of antibiotics usually quinolones in combination with NSAID.

Prostate cancer is the commonest cancer diagnosed in men in developed countries. It accounted for 29% of newly diagnosed cancer in USA in 2012. Fortunately, the age-adjusted death rates from prostate cancer have also declined (~4.1% annually from 1994 to 2001). This could be the result of increased public awareness and treatment of earlier stage of disease.
Prostate cancer is highly prevalent as reported in autopsy series as well as Prostate cancer prevention trial (PCPT) among patient with PSA <4ng/ml and normal DRE.

Aggressive treatment of screened detected prostate cancer can have significant negative impact on the quality of life of many patient who harbor low risk prostate cancer that if left untreated, have little impact on their life expectancy. In the largest RCT on the impact of screening of prostate cancer with PSA on cancer specific mortality, it is reported that in order to prevent one death from prostate cancer at 11 years of follow-up, 1055 men would need to be invited for screening and 37 cancers would need to be detected. There was no significant between group differences in all-cause mortality. Currently, all professional bodies recommend against population screening for prostate cancer with PSA.

In clinical practice, PSA should be offered to patients after proper counseling on the impact of positive PSA test that might trigger a cascade of invasive investigations includes prostate biopsy with its inherent pitfall. Indiscriminate PSA testing on all men above age of 50 should be discouraged.

Diagnosis of low risk prostate cancer (PSA < 10 ng/ml, Gleason score 3+3 and normal DRE) may lead to over treatment which can have significant negative impact on patient’s sexual and urinary function.

Besides considering the probability of cure, the choice of initial treatment is influenced greatly by estimated life expectancy, comorbidities, potential therapy side effects, and patient preference. The primary management options for initial therapy for clinically localized prostate cancer include active surveillance, radical prostatectomy, or radiotherapy. The challenge for clinician on how to individualize treatment will be highlighted.

Advances in surgical technique and the introduction of da Vinci surgical robot has completely changed the landscape of surgical treatment for prostate cancer. Currently more than 85% of radical prostatectomy in USA is done with da Vinci robot (RARP) and less than 1 % is done by conventional laparoscope. Patients who underwent RARP has comparatively less blood loss, shorter hospital stay and has earlier recovery of urinary continence when compared to the open series. One main issue is obviously the prohibitive cost of the robot and its mandatory on-going servicing contract.

For locally advanced prostate cancer (T3a- T4, Nx, M1) disease, surgery is increasingly being advocated as the initial therapy in the context of multimodality treatment. Radical prostatectomy together with extended pelvic Lymph node dissection in combination with adjuvant radiotherapy can achieve excellent local cancer control in selected patient.

Biochemical recurrence after definitive primary treatment for prostate cancer remains a great challenge for urologist. Up to 30% of patients who were initially treated with curative intent for clinically localized prostate cancer will have PSA recurrence during long term follow up. The need to intervene will largely depends on the timing of recurrence and velocity of PSA
doubling. For local recurrence, the treatment will be either salvage radiotherapy or radical prostatectomy. For systemic relapse, androgen deprivation therapy (ADT) can be initiated among patients with short PSA doubling time.

In treating metastatic prostate cancer, ADT remains the corner stone for the last 5 decades. Besides its well-known side effects e.g. osteoporosis, hot flushes, lethargy and sexual dysfunction; long term ADT has significant negative impact on the patient’s cardiovascular health. It significantly increases the risk of cardiovascular events among patients with preexisting diabetes and coronary artery disease. Intermittent ADT has been shown to be non-inferior to continuous ADT in term of cancer control while providing patient with months of drug holiday.

Eventually, all patients with metastatic prostate cancer on ADT will become castrate resistant i.e. progression of disease despite castrate level of testosterone. This is a challenging situation, as up to 2010, there is no viable treatment option beside chemotherapy. A multitude of highly active agents e.g. Abiraterone, Enzalutamide and Radium-223 had been introduced into our clinical practice. These agents work through different pathway to achieve anti neoplastic activity. Patients will live longer even with metastatic castrate resistant prostate cancer. As the cost of these newer agents is prohibitive to most of the self-paying patients, it will pose a huge financial strain to individual as well to society as a whole.
Surgical patients requiring critical care fall into two broad groups. First, there are those who are acutely unwell, having been newly admitted or having suffered an acute deterioration on the ward that require simultaneous resuscitation, diagnosis and then definitive treatment. Second, there are those already on the ward or within HDU who require re-evaluation and formulation of a management plan.

The approach to the assessment of the sick surgical patient should be systematic to ensure that life-threatening or potentially life-threatening conditions and important aspects of the care are not overlooked.

The Care of the Critically Ill Surgical Patient (CCrISP) system of assessment will let you assess all your stable and unstable patients in a similar way. The use of a systemic way of assessment will let you assess patients without overlooking simple and potentially disastrous things.
Sepsis is a common consequence of diseases presenting to the surgeon, resulting in significant mortality and morbidity. Outcomes depend on the complex interplay between the initial insult, patient factors and adequacy of interventions. Septic care bundles focus on early, goal-directed resuscitation, empirical broad-spectrum antibiotics pending culture results, and source control, in concert, for optimum outcomes. While severely septic patients will require intensive care settings for definitive management, many of the initial measures can be delivered by junior staff, provided sound understanding of the pathophysiology of sepsis, and the septic care bundles, is established. This is critical, given that speed of initial intervention has been shown to significantly reduce mortality, and may avoid the need for intensive care. The challenge is to deliver training that empowers initial care providers to make such critical decisions in a timely, but safe, manner. Adult-learning modules, including scenario-based simulations, have a crucial role to play in such conversions from knowledge to practice.
Urosepsis is an absolute emergency requiring early diagnosis and intervention and often involves collaborative management by the intensivist, infectious disease physician, nephrologist and urologist. 20-30% of sepsis in hospitals originate from the urogenital system.

Risk factors include structural and functional abnormalities of the urinary tract (primary UTIs with or without obstructive uropathy) or iatrogenic (nasocomially acquired UTIs (NAUTIs)) due to procedures or indwelling catheters and stents. The risk is further compounded in elderly and immunocompromised patients.

The management of urosepsis involves causal therapy (choosing the right antibiotics, relieving urinary obstruction or drainage of collections), supportive therapy (hemodynamic stabilization, maintaining airway and respiration), adjunctive therapy (glucocorticoids and insulin therapy). If managed well and with urgency most patients with urosepsis should recover. Therefore fatality in urosepsis can be used as one of the quality indicators in hospital practice.

The key to good practice is to employ appropriate preventive measures to minimize the occurrence of urosepsis. Some of these will include judicious use of antibiotic prophylaxis prior to urological procedures, knowledge of the antibiotic resistance patterns in individual hospitals, early removal of indwelling catheters and encouraging the use of intermittent self catheterization when long term catheterization is required, minimizing usage of ureteric stents and early removal, use of closed catheter drainage systems and attention to everyday techniques of asepsis.
MANAGEMENT OF MYCOTIC ABDOMINAL AORTIC ANEURYSMS

G Naresh
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Introduction
Since the first description of mycotic aneurysms by William Osler from an autopsy specimen, the treatment of mycotic aneurysms have changed dramatically. Mycotic aneurysms are often missed as patients may present with pyrexia of unknown origin and be treated with various types of antibiotics. As such, presentation may be late and thus treatment delayed.

Pathology
Mycotic aneurysms may originate from bacterial endocarditis, which is an uncommon condition seen with the routine use of antibiotic prophylaxis in patients with valvular heart disease. It may also occur with colonization of the vaso vasorum, which results in weakening of the aortic wall. Not uncommonly seen are conditions which cause direct extension of purulent material into the para-aortic space like spinal osteomyelitis or psoas abscess. The organisms involved include Staphylococcus aureus, Streptococcus spp, Coliforms, Treponema spp and Salmonella.

Problems
The issue with patients with mycotic aneurysm patients include the emergent presentation of a patient often in a state of hypovolaemia from either a rupture or an aorto-enteric fistula. The patients may be septic from the infective foci. Moreover, most patients will be immunocompromised from diabetes mellitus, post transplantation or malignancy.

Treatment
The goal standard standard of treatment includes excision of the infected aorta, debridement of the surrounding structures and reconstruction. Reconstruction will include extra-anatomical, anatomical with silver or antibiotic impregnated grafts. Over the last decade, the introduction of endovascular aortic repair (EVAR) has changed the management of aneurysms including mycotic aneurysm. This form of treatment may be a form of temporizing procedure or a definite procedure. The issue with this treatment would be the possibility of persistent infection with the septic aorta remaining and the lack of debridement of the surrounding structures.

Keywords
Mycotic Abdominal Aortic Aneurysm, Repair, EVAR
Introduction
The diagnosis of cancers in urology is very dependent on imaging studies. Imaging is used for diagnosis, staging, intraoperative guidance and post-operative or post treatment surveillance. The main challenges in imaging of cancers in urology are in prostate and renal cancers.

Prostate Cancer
For diagnosis and staging, MRI is the most studied modality for imaging the prostate, especially multi-parametric MRI. Other modalities, such as sheerwave scan, are also under investigation for its usefulness in diagnosing prostate cancer. The use of PET/CT scan is relatively new.

Renal Cancer
The clinical diagnosis of renal cancer is based on CT scans. CT guided minimally invasive therapy (radiofrequency ablation, cryotherapy, microwave therapy) are gaining popularity for small renal masses. Intra-operative ultrasound is also used to guide surgeons during partial nephrectomy to localize the target tumour.

Bladder/upper urinary tract, testis and penile cancers: CT scan remained the main imaging modalities for staging and surveillance for these cancers.

Conclusion
Imaging for cancers in urology, specifically prostate cancer, is an evolving field. The best imaging technique is yet to be defined.
MANAGING UROLITHIASIS
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Normah Medical Centre, Petrajaya, Kuching, Sarawak, Malaysia

Urinary stones affects 5-15% of populations, with a 50% recurrence rate over 10 years. There is a slight world wide increase in stone incidence. Managing urolithiasis is an important skill for all doctors. Diagnosis is usually with urinalysis, ultrasound, plain X-ray KUB & noncontrast low dose CT. Prevention is as important as surgery. Ureteric colic is the most severe pain that men can ever experience and the usual analgesia is Diclofenac. However, if this is given continuously for more than 48 hours, there is a nephrotoxic potential, especially in patients who are dehydrated. For small stones (< 6 mm) in the lower ureter, removal can be facilitated by uroselective alpha-blockers (e.g. Tamsulosin, Alfuzosin). This is now known as MET medical expulsive therapy! Stones <5mm usually do not require intervention unless complicated by sepsis whereas untreated large stones eventually cause urosepsis.

The important medical treatment for urinary stones is that of water therapy such that the patient produces 2 litres of urine per day. The fluid intake of the patient depends on his environment. Ideally, such fluid should be distributed throughout the day.

Uric acid stones can be effectively dissolved by medical therapy by urinary alkalinisation, keeping the urine pH at 7.0. Uric acid stones comprise about 20% stones and are radiolucent on x-ray but readily seen on ultrasound and plain CT. Even staghorn uric acid calculi can be dissolved over 6 months. However, the patient should have a good renal function to avoid accumulation of the medications used e.g. potassium, citrate, sodium (in Ural).

Potassium Citrate helps clear stones, eg post ESWL lower pole fragments. In one study Potassium Citrate increased the stone-free rate to 45.5% from 12.5% in control group, over a 12 month period. The citrate in the urine reduces crystallization of calcium and uric acid stones.

Stones associated with infection are called struvite stones. Struvite stones are typically soft and faintly radiolucent. The stone and infection should be cleared by surgery and vigorous antibiotic therapy followed by prophylaxis at night for 6 months, including in children.

For patients who have underlying metabolic effects, the benefit of the specific medications may not justify the side effects and long term costs. The diet recommendations for patients with recurrent stone formation is that of less salt, low oxalate, and normal calcium. Patients with uric acid stones should take less uric acid in their diet e.g. red meat, nuts.

Open surgery for urinary stones now comprises < 5% of surgical treatment eg in large multiple bladder stones in boys, bulky full staghorn kidney stones and giant ureteric stones. The later can also be removed by laparoscopic surgery. The mainstay of stone surgery is endourology viz ureteroscopic lithotripsy, URS and percutaneous nephrolithotripsy, PCNL. URS has a successful outcome in >90% cases but can be hazardous in the upper ureter. The main complications
of PCNL are bleeding & sepsis, occasionally fatal. Main energy sources for lithotripsy include mechanical (“Lithoclast”), ultrasonic and laser. In recent years equipments have become smaller and better enabling miniPCNL, microPCNL and RIRS, retrograde intrarenoscopy. ESWL, extra-corporeal shockwave lithotripsy remains the most significant advance in stone treatment, suitable for most upper urinary tract stones <20mm. Some stones may require ureteric stenting and repeated sessions for clearance. One must use the ALARA (as low as reasonably achievable) in management eg use with ultrasound rather than radiation, surgeon control of fluoroscopy, protection for staff and patient.

Efficient and safe clearance of the stone, with followup preventive measures are needed for proper management of urinary stones.
Arteriovenous fistula (AVF) creation for patients with End Stage Renal Disease (ESRD) is one of the most commonly performed surgery today in view of the increasing number of patients with ESRD. However, the achievement of a functional AVF remains a challenge to vascular access surgeons. Most published data reported an early failure rate that ranges between 20-60%. The most common cause of early failure is thrombosis and failure of AVF maturation.

The success of an AVF surgery depends mainly on preoperative assessment, planning and surgical technique. Clinical examination and Duplex Ultrasound mapping are crucial in the assessment of the venous and arterial vasculature, in the planning of AVF with regard to the site and the type of AVF as well as in predicting the success and potential complications of the AVF.

In this session, a video of the surgical technique of a radio-cephalic fistula creation will be shown and some common pitfalls which may contribute to failure of an AVF will be highlighted.
Ethicon Prize Presentations

24TH MAY 2014, SATURDAY

EP 01  A Prospective Multi-Center Single Blinded Randomized Controlled Trial To Evaluate The Efficacy Of Chitosan Film Versus DuoDerm® Extra Thin On Superficial Wounds
Fatimah M N2,1, Nur Azida Mohd Nasir1, Arman Zaharil Mat Saad1, Bachok Norsa’adah3, Ida Zarina Zaini4, Nik Hishamuddin Ab Rahman4, Farah Hani Imran2, Ahmad Hazri5, A S Halim1
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2Plastic and Reconstructive Surgery Department, Medical Center Universiti Kebangsaan Malaysia Hospital, Universiti Kebangsaan Malaysia, Cheras, Kuala Lumpur, Malaysia
3Biostatistics & Research Methodology Unit, School of Medical Sciences, Healthy Campus, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
4Accident and Emergency Department, Universiti Sains Malaysia Hospital, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
5Pusat Penyelidikan Bioteknologi Perindustrian, SIRIM Berhad, Sepang, Selangor, Malaysia

EP 02  Economic Evaluation Of Laparoscopic versus Open Colectomy For Colorectal Cancer
Vicky Koh, April Camilla Roslani
University of Malaya, Kuala Lumpur, Malaysia

EP 03  A Comparative Study Of The Effects Of Ascorbic Acid, Tualang Honey And Smoking On The Skin Flap Of The Reverse Sural Fasciocutaneous Flaps In Rabbit Model
M H Mohd Shakir1, A S Halim1, K R Anantha2, S Abdul Nawfar2
1Plastic and Reconstructive Sciences Unit, Hospital University Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
2Orthopaedics Department, Hospital University Sains Malaysia Hospital, Kubang Kerian, Kelantan, Malaysia

EP 04  Does The Pre-Operative Use Of Probiotic Prevent Ileus In Patients With Colorectal Cancer After Surgery? A Randomized, Double-Blind, Placebo-Controlled Trial
C K Tan1, Jayasimhan S1, Said S2, Rajandram R1, Malik A A1, C April1, K F Chin1
1Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
2Department of Dietetic, University of Malaya Medical Center, Kuala Lumpur, Malaysia
A PROSPECTIVE MULTI-CENTER SINGLE BLINDED RANDOMIZED CONTROLLED TRIAL TO EVALUATE THE EFFICACY OF CHITOSAN FILM VERSUS DUODERM® EXTRA THIN ON SUPERFICIAL WOUNDS

Fatinah M N2,1, Nur Azida Mohd Nasir1, Arman Zaharih Mat Saad4, Bachok Norsa’adah3, Ida Zarina Zaini4, Nik Hishamuddin Ab Rahman4, Farah Hani Imran2, Ahmad Hazri5, A S Halim1
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2Plastic and Reconstructive Surgery Department, Medical Center Universiti Kebangsaan Malaysia Hospital, Universiti Kebangsaan Malaysia, Cheras, Kuala Lumpur, Malaysia
3Biostatistics & Research Methodology Unit, School of Medical Sciences, Healthy Campus, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
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5Pusat Penyelidikan Bioteknologi Perindustrian, SIRIM Berhad, Sepang, Selangor, Malaysia

Introduction
Chitosan is the N-deacytylated derivative of chitin, which is the structural element of exoskeleton of crustaceans and cell walls of fungi. It has many useful biological properties such as hemostasis, analgeic, wound healing property, reducing scar, bacteriostais, biocompatibility and biodegradibility. So, it is very good prospect to be a kind of wound dressing material

Material & Method
Two hundred and forty four patients (244) were included in the multicentre randomized controlled trial with 70.8% completed the study. Eighty-six (86) was treated with Chitosan Film and eighty-four (84) were treated with DuoDERM Extra Thin. Whereas, 74 patients (35 Chitosan film and 39 DuoDerm Extra Thin) were treated with was discontinued for various reasons.

Result
The primary outcome of this study was the percentage of epithelization, which was measured by repeated measured ANOVA. There are no significant differences between gender, age, antibiotic usage or initial wound size (p>0.05) except for race (p=0.04). There was no significant difference in the mean epitheliazation percentage between groups (p=0.29). Patient using chitosan film experienced more pain during removal of the dressing than those with duoDERM extrathin group (p=0.007). The Chitosan film group showed less exudate (p=0.036) and less odor (p=0.024) compare to control group. Furthermore, there were no significant difference between groups in adherence, ease of removal, wound drainage, erythema, itchiness, pain and tenderness. No edema and localized warmth were observed during the study.

Conclusion
These findings confirmed that chitosan film is equivalent and can be used in the management of superficial and abrasion wounds.
ECONOMIC EVALUATION OF LAPAROSCOPIC VERSUS OPEN COLECTOMY FOR COLORECTAL CANCER

Vicky Koh, April Camilla Roslani
University of Malaya, Kuala Lumpur, Malaysia

Background
Colorectal cancer is the second commonest malignancy in Malaysia. Laparoscopic colectomy has demonstrated superior short-term outcomes without compromising oncological outcome. However, the issue of cost-effectiveness remains unresolved, particularly in developing countries. The objective of this study is to ascertain if laparoscopic colectomy can be done without incurring significantly higher costs than open colectomy in our setting.

Methods
A hundred and ninety eight patients who had elective curative resection for colorectal cancer from 1st January 2007 – 31st December 2011 were reviewed. Demography, clinical outcomes, direct and indirect costs were compared between the two groups. Chi-square analysis or Fisher’s exact test was used for categorical data and Mann-Whitney U test for continuous variables. P values of < 0.05 were considered statistically significant.

Results
Operating time was significantly longer for laparoscopic colectomy compared to open colectomy (209.3 minutes vs. 202.5 minutes, p < 0.05). Patients undergoing laparoscopic colectomy had shorter time to bowel function recovery (3 vs. 5 days, p < 0.0001), earlier discharge (5 vs. 7 days, p < 0.0001) and significantly lower analgesic costs (RM20.00 vs. RM43.00, p < 0.0001). Nevertheless, laparoscopic operating costs were substantially higher (RM3,629.00 vs. RM2,066.00, p < 0.0001) thus resulting in a higher overall hospital cost (RM4,428.00 vs. RM3,334.00, p < 0.0001).

Conclusion
Laparoscopic colectomy is costlier than open colectomy in our setting, despite superior short-term outcomes. A prospective, non-randomized study evaluating opportunity costs with long-term follow-up should be conducted for a comprehensive evaluation.
A COMPARATIVE STUDY OF THE EFFECTS OF ASCORBIC ACID, TUALANG HONEY AND SMOKING ON THE SKIN FLAP OF THE REVERSE SURAL FASCIOCUTANEOUS FLAPS IN RABBIT MODEL

M H Mohd Shakir¹, A S Halim¹, K R Anantha², S Abdul Nawfar²

¹Plastic and Reconstructive Sciences Unit, Hospital University Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
²Orthopaedics Department, Hospital University Sains Malaysia Hospital, Kubang Kerian, Kelantan, Malaysia

Introduction
Lower limb trauma requiring soft tissue cover is a daily dilemma in our practice as the rate of road traffic accident is escalating. Patient with smoking history post a potential threat on the survival of the skin flap due to the deleterious effects of nicotine and carbon monoxide.

Methods
Experimental study conducted using 18 New Zealand Rabbits divided into 3 arms and exposed to cigarette smoke for 2 hours daily for 5 weeks. Control arm only receive cigarette smoke while the other two arm each receives either daily intramuscular injection of 1000 mg ascorbic acid or “Tualang” honey 1gm/kg/day orally on top of exposure to cigarette smoke. Flap elevation was done two week into intervention procedure and intervention continued for another one week. Total of 36 flaps were raised. Observation regarding temperature, capillary refill time, infection and hematoma was done on post operative day 1, 3 and 7. Flap survival was calculated from 2D planimetry on post operative day 7. Statistical analysis was done using SPSS version 21. Data was analyzed using oneway ANOVA test and if \( p < 0.05 \) result was considered as significant.

Results
Improvement noted in the mean temperature, color, infection and hematoma rate. Mean survival in smoking, smoking with ascorbic acid and smoking with “Tualang” honey arm are 62.0%, 88.9% and 81.0% respectively. Improvement of 19 to 27% is seen in the group receiving intervention. However oneway ANOVA test shows \( p = 0.075 \) which could be contributed by small sample size.

Conclusion
Ascorbic acid has potential to improve the survival of skin flap in smokers.
DOES THE PRE-OPERATIVE USE OF PROBIOTIC PREVENT ILEUS IN PATIENTS WITH COLORECTAL CANCER AFTER SURGERY? A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL

C K Tan¹, Jayasimhan S¹, Said S², Rajandram R¹, Malik A A¹, C April¹, K F Chin¹

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It is not uncommon that ileus occurs after abdominal surgery. The aim of this study is to evaluate the efficacy of pre-operative use of probiotic in preventing ileus in patients after colorectal cancer resection.

This is a randomized, double-blind, placebo-controlled trial. Patients were randomised either receiving probiotic or placebo for 7 days prior to elective surgery. The primary end point was the time to return of normal gut function.

Forty patients were recruited. The probiotic group (n=20) demonstrated a significant earlier return of normal gut function compared to control group (n=20), 124.6 (80-250) hours versus 149.9 (94-220) hours respectively, p=0.021. Their length of hospital stay is shorter compared to placebo group which is 9.2 (6.33-12.07) days versus 12.6 (10.06-15.14) days, p=0.012.

Conclusion
Pre-operative administration of probiotic promotes the return of normal gut function in patients with colorectal cancer after surgery and associated with a shorter hospital stay.
# Free Paper Presentations

**24**th **MAY 2014, SATURDAY**

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FP 07 Early Results Of The First Year Of Robotic Thyroidectomy Services In Hospital Kuala Lumpur
N A Hakim, M Kirubakaran, M Suziah, E N Aina
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

FP 08 Training Junior Doctors In Nutritional Care In Surgical Patients. A Realistic Goal
Gunavathy N1, K F Johann1, Chin Shin Chee2, Mohamad Nor M A H2, Farah W3, Andre Das1
1Surgical Department, Kajang Hospital, Selangor, Malaysia
2Department of Pharmacy, Kajang Hospital, Selangor, Malaysia
3Department of Dietetics and Nutrition, Kajang Hospital, Selangor, Malaysia

FP 09 The Prevalence Of Nipple-Areolar Involvement In South-East Asian Women Undergoing Breast Cancer Surgery / Skin-Sparing Mastectomy
J J Saladina1, Nurfaizilah A2, San Moe Thoe3, Chan Ching Wan3
1Department of Surgery, Breast and Reconstruction Division, Endocrine and Breast Surgery Unit, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
2Department of Community Health, Epidemiology and Statistics Unit, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
3Department of Surgery, Breast & Trauma Unit, National University Hospital System, Singapore
THE VALUE OF PAMIDRONATE IN MINIMIZING THE EFFECT OF HUNGRY BONE SYNDROME IN RENAL HYPERPARATHYROID PATIENT UNDERWENT PARATHYROID SURGERY
Tan Jih Huei, Maizatul Rahman Selamat, Heah Tsin Tak, Sarojah Arulanantham
Department of Surgery, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

Introduction
End stage renal failure patients with long-standing haemodialysis will almost always developed secondary hyperparathyroidism with symptoms. When medical treatment exhausted, surgical parathyroidectomy is the next option. After removal of parathyroid glands, the effect of hungry bone syndrome (HBS) will commonly occurred due to the marked influx of calcium into the bone resulting in severe hypocalcaemia requiring intravenous calcium infusion. Therefore, this study is to assess the effect of introducing Pamidronate with the intention to minimize the effect of hungry bone syndrome post-operatively.

Method
This is a retrospective analysis on patients with renal hyperparathyroidism who underwent parathyroidectomy. This study was conducted in Hospital Sultan Ismail Johor Bahru in the year 2013. Single dosage of intravenous Pamidronate was given one week prior to the date of surgery when ALP > 500 or decided by the operating surgeon. The post-operative requirements of calcium infusion were assessed. Mann Whitney test is used for the analysis.

Result
Twenty Eight patients (16 female, 12 male) were included in the analysis. Mean age of the population is 46 years (19-65) with duration of hemodialysis of 10 years (2-21). Pamidronate were infused in 13 patients (46.4%) whereas 15 patients were not given (53.6%) The median requirements of calcium infusion for both groups were 4 days. The difference in duration of calcium infusion requirement between the two groups was not statistically significant (p = 0.926).

Conclusion
The usage of Pamidronate did not reduce the effect of HBS since the duration of calcium infusion requirement was not significantly differ. However, the pre-operative long interval of Pamidronate and the frequency of haemodialysis may alter the study outcome. Therefore, better designed randomized control trial is necessary to prove this hypothesis.
ENHANCED RECOVERY AFTER SURGERY (ERAS) IMPLEMENTATION AFTER PANCREATICODUODENECTOMY

Affirul Chairil Ariffin¹, Ahmad Tarmizi bin Mohammad², Zamri Zuhdi², Azlanudin Azman², Hairol Azrin Othman², Razman Jarmin²

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²University Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Objective
Pancreatoduodenectomy is a technically challenging surgery requiring longer period of recovery post operatively. This study aims to examine the implementation of an enhanced recovery after surgery (ERAS) protocol following pancreatoduodenectomy.

Methods
All patient undergone pancreatoduodenectomy were managed following ERAS protocol. Outcomes measured include postoperative morbidity, mortality, length of stay and readmission rate within 30 days. Protocol targets were: removal of NG tube (PoD1), resumptions of oral fluids (PoD2), mobilization, removal of IV fluids, removal of H-J drain and urinary catheter and discharges from high dependency unit (PoD3), tolerating soft diet (PoD4), removal of P-J drain (PoD5), tolerating normal diet and full mobilization (PoD6) and hospital discharge (PoD7).

Results
Data were collected for 15 patients. Rates of mortality, morbidity and readmission were 7%, 53% and 20% respectively. The median length of stay was 10 days. The proportions of patients achieving key targets were; 40% for NGT removal; 67% for resumption of oral fluids; 60% for urinary catheter removal; 53% for HDU discharge; 53% for tolerating diet; 67% for meeting mobility targets, and 33% and 67% for H-J and P-J drain removal respectively. Four patients were discharged by PoD 7, eight patients by PoD 11 and 2 complicated patients were discharged within day 17.

Conclusion
ERAS protocol implementation in pancreaticoduodenectomy (PD) is feasible and safe. Achieving key target protocol was challenging. A further modification of the ERAS protocol may be needed to ensure more compliance.
PREOPERATIVE LOCALISATION OF PRIMARY HYPERPARATHYROIDISM USING ULTRASONOGRAPHY AND TECHNETIUM-99M SESTAMIBI WITH SPECT/CT

Hazimi A R, Sarinah B
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Introduction
Recent studies reported a high accuracy of sestamibi with SPECT/CT in localizing parathyroid adenoma. We examine the accuracy of ultrasonography and Tc-99m Sestamibi with SPECT/CT to localize the parathyroid adenoma in patients with primary hyperparathyroidism.

Methods
We retrospectively reviewed 27 patients with biochemical evidence of primary hyperparathyroidism, who underwent surgery in Hospital Putrajaya and had dual preoperative localisations; surgeon-performed ultrasound and Tc-99m sestamibi with SPECT/CT. Bilateral neck exploration will be performed if negative localization in both methods. The accuracy of preoperative imaging was compared to surgical and histological findings.

Results
The mean age of patients was 49.8 (range 29 to 88) with a 2:1 female predominance. The mean level for preoperative serum calcium was 2.7 (range 2.5 to 3.6). Of 27 patients, only one patient had double adenoma and others had solitary adenomas. Fourteen solitary parathyroid adenomas were identified preoperatively with ultrasound (54%) and 22 with Tc-99m sestamibi with SPECT/CT (85%). Concordant ultrasound and SPECT/CT findings were found in 12 cases (46%). Combined ultrasound and SPECT/CT has accuracy of 96%. For one patient with double adenoma, both adenoma were seen on ultrasound but only one adenoma on SPECT/CT.

Conclusion
The combination of ultrasound and Tc-99m sestamibi with SPECT/CT has incremental value in accurately localizing solitary parathyroid adenomas. This will improve the success rate of the focus approach parathyroidectomy for primary hyperparathyroidism.
HOW TO PASS MRCS EXAMINATION THE FIRST TIME: A RECENT EXPERIENCE
Akmal Hisham, Yahya Aripin
Clinical Training Centre (CTC), UiTM Hospital, Sg Buloh, Selangor, Malaysia

In January 2014, RCS Edinburgh conducted its first Membership of Royal College of Surgeons (MRCS) Part B examination in Kuala Lumpur held at the Advanced Surgical Skills Centre (ASSC) of Hospital Universiti Kebangsaan Malaysia (HUKM). Successful completion of the MRCS examination is a prerequisite qualification for proceeding to a higher surgical training in many developed countries including the UK, Ireland and Singapore. The average passing rate for MRCS part A is 35% and 58% for MRCS part B. The passing rate for this January sitting in Kuala Lumpur was somewhat lower compared to the UK centres at only 45%.\(^2\) These statistics seemed daunting and most candidates found the exam stressful.\(^3\)Whilst it is not a secret that getting organised early\(^4\) and applying a deep and strategic learning style\(^5\) have been proven to increase the chances to succeed in a medical exam, this presentation aims to provide a structural guide specifically to approaching both parts of the MRCS examination. The presenter passed the MRCS part A during his first year of housemanship and completed the part B during the recent sitting in HUKM, within a year into his MOship training. This presentation is to share the presenter’s experiences on how to specifically prepare for this exam, and more importantly, on how to pass it the first time.

1. Intercollegiate Committee for Basic Surgical Examinations: 2012/13 ANNUAL REPORT. MRCS. The Membership Examination of the Surgical Royal Colleges of Great Britain. [August 2013].
PROSPECTIVE STUDY: THE INCIDENCE OF HYPOCALCAEMIA POST THYROID SURGERY IN ENDOCRINE SURGICAL UNIT DEPARTMENT OF SURGERY HSI JB

I M Izzad, A Sarojah
Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

Objective
1. To find out the incidence of hypocalcaemia in post thyroid surgery patients.
2. To find the association of hypocalcaemia with age, race, gender, type of surgery and identification of parathyroid gland during surgery.

Methods
This is an ongoing prospective study conducted from 1st July 2013 to 30th June 2014. All patients above 12 years old of both sexes undergoing thyroid surgery who fulfilled the inclusion criteria were included. Preoperative and post operative corrected serum calcium was measured at the evening on the day of surgery and then daily as necessary and followed by 1, 3, 6 and 9 months follow up. All patients were examined for age, gender, type of surgery, and identification of parathyroid gland during surgery.

Result
This result analyzes data collected for the first 6 month of this study. Out of 77 patient undergone thyroids surgery only 71 fulfilled the inclusion criteria. The types of surgery are Total thyroidectomy 47(66%), Hemithyroidectomy 13(18%) and Thyroidectomy with bilateral or unilateral or central neck dissection 11(16%). 22(31%) patients had hypocalcaemia post operatively. Analysis using chi square test showed no statistical significant between the association of hypocalcaemia with age, gender, the type of surgery and identification of parathyroid gland during surgery.

Conclusion
In this preliminary analysis it shows that the incidence of hypocalcaemia is within range as reported worldwide and there is no association between the following mentioned risk factor however more data are needed in future.
CANCER STEM CELLS AND CHEMORESISTANCE IN BREAST, PROSTATE AND COLON CANCER

H S Gendeh\textsuperscript{1}, N R Kosai\textsuperscript{1}, S A Watson\textsuperscript{2}, R Kumari\textsuperscript{2}

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Introduction
The cancer stem cell theory suggests that tumours are heterogeneous cells consisting a small proportion of highly tumorigenic cancer cells sharing similar properties to normal stem cells. CSCs are highly tumorigenic in mouse models, with increased metastatic potential and chemo- and radio-resistance. They are emerging as key targets for new therapies, detection and providing prognostic information. CSCs express specific surface markers panels such as CD44 and CD24 (breast cancer), CD133 (colon cancer) and CD44 (prostate cancer). It is hypothesized that the above CSC markers are over-expressed in human cancer cell lines, have enhanced metastatic potential and chemo-resistance.

Methods
A tetrazolium-based, colorimetric cell viability assay assessed the chemo-resistance of a panel of MCF-7 breast and C170HM2 colon cancer cell lines. Cells with enhanced chemo-resistance were subjected to immuno-fluorescent staining for the expression of CSC markers. Breast (MCF-7 and MDA-MB-231), colon (C170HM2 and AP5LV) and prostate (PC3M) xenograft tissue from mouse models of metastasis were subjected to immuno-histochemical staining for the expression of CSC markers.

Results
MCF-7 adriamycin and paclitaxel resistant cell lines were chemo-resistant to the relevant chemotherapeutics. They expressed consistent levels of CD24 whereas the chemo-resistant clones expressed higher levels of CD44 both \textit{in vitro} and when grown as xenografts \textit{in vivo}. There was enhanced expression of CD133 in the AP5LV lung metastases compared to the primary tumour injected in the peritoneal muscle wall. Overall CD133 and CD44 expression was elevated in the poorly vascularised subcutaneous sites compared to more well-vascularised sites including prostate (PC3M), peritoneal cavity (C170HM2), mammary fat pad (MCF-7) and peritoneal muscle wall (AP5LV) suggesting they may be up-regulated in response to stress which has already been suggested for CD133 in certain tumour types.

Conclusion
CD44 is the most robust marker of chemo-resistance in breast cancer \textit{in vitro} and \textit{in vivo} whilst CD133 is less discriminative.
EARLY RESULTS OF THE FIRST YEAR OF ROBOTIC THYROIDECTOMY SERVICES IN HOSPITAL KUALA LUMPUR

N A Hakim, M Kirubakaran, M Suziah, E N Aina
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Introduction
Robotic thyroidectomy services was introduced in Hospital Kuala Lumpur in March 2013. The surgery was performed using the existing da Vinci IS (Standard) surgical robotic system in the institution. We report the early results of robotic thyroidectomy services in Hospital Kuala Lumpur.

Results
Between March 2013 till March 2014, a total of 19 robotic thyroidectomies were performed. Out of this number, 16 were hemithyroidectomies and 3 were total thyroidectomies. Indications for surgery include solitary thyroid nodules, follicular adenoma and unilateral multinodular goiter. Two of the 3 total thyroidectomies were for papillary thyroid carcinomas. Mean operating time was 166.3 minutes (range 105 – 225) for robotic hemithyroidectomy and 236.7 minutes (range 225 – 245) for robotic total thyroidectomy. Means size of tumour was 26.58 millimeter (range 14 – 45). Mean weight of thyroid tissue resected was 21.05 grams (range 11 – 50). All procedures were completed via a single unilateral axillary incision. There were no conversions to open surgery. Recurrent laryngeal nerve was identified and preserved in all cases. Parathyroids were identified in 42 out of 44 glands (95%).

Complications include hypocalcaemia in 2 out of 3 total thyroidectomies; 1 case of flap haematoma; 1 case of wound infection and 1 case of chronic ipsilateral shoulder pain. There were no recurrent laryngeal nerve, tracheal, oesophageal or major vessel injuries.

All patients were satisfied with the superior cosmetic result of “scarless-in-the-neck” surgery.

Conclusion
Robotic thyroidectomy has been successfully introduced in Hospital Kuala Lumpur since early 2013. Early results have been encouraging with report of superior patient satisfaction and minimal complications encountered.
TRAINING JUNIOR DOCTORS IN NUTRITIONAL CARE IN SURGICAL PATIENTS. A REALISTIC GOAL

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¹Surgical Department, Kajang Hospital, Selangor, Malaysia
²Department of Pharmacy, Kajang Hospital, Selangor, Malaysia
³Department of Dietetics and Nutrition, Kajang Hospital, Selangor, Malaysia

Objective
Our main objective is to assess and improve the knowledge, attitude and clinical judgement towards nutrition among surgical house officers in Kajang Hospital.

Methodology
This is a prospective, intervention based study involving 22 surgical house officers of Kajang Hospital. They are randomly subjected to attend a one day Basic Nutritional Workshop jointly organized by the Department of Surgery, Pharmaceutical Department and Department of Dietetics and Nutrition, Kajang Hospital. Following a written consent, participants are asked to answer 2 sets of questionnaire assessing their attitude and knowledge towards nutrition, respectively. Then they undergo the workshop which consists of lectures and bed side teaching. At the end of the workshop, participants were required to re-answer the same set of questions assessing their knowledge. 2 months after the workshop the same participants were evaluated separately using different patients on how to develop a Nutrition Care Plan (NCP) as well as their attitude towards nutrition post workshop.

Results
Our participants showed improved attitude towards nutrition post workshop with the p value <0.001. They also achieved a higher score in the post workshop knowledge questionnaire as compared to pre workshop, and this data is significant as the p value is <0.001. In devising NCP, the mean score was 2.5 for each item (max score 3). Intraclass correlation coefficient between the observers was 0.874.

Conclusion
To our delight, our participants were able to attain significant improvement in their knowledge, clinical judgement and attitude towards caring for patient’s nutrition.
THE PREVALENCE OF NIPPLE-AREOLAR INVOLVEMENT IN SOUTH-EAST ASIAN WOMEN UNDERGOING BREAST CANCER SURGERY / SKIN-SPARING MASTECTOMY

J J Saladina, Nurfazilah A, San Moe Thoe, Chan Ching Wan

1Department of Surgery, Breast and Reconstruction Division, Endocrine and Breast Surgery Unit, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
2Department of Community Health, Epidemiology and Statistics Unit, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
3Department of Surgery, Breast & Trauma Unit, National University Hospital System, Singapore

Introduction
Nipple sparing mastectomy is a relatively new and attractive surgical option in patients requiring mastectomy for early breast cancer. Oncologic safety of this procedure is still debatable, data pertaining to the Asian population particularly South East Asia is scarce.

Study Method
We performed a comparative cross sectional study involving 286 women who underwent either total mastectomy (TM) or nipple skin sparing mastectomy (NSM) in our centre. Preoperative clinical and radiological factors were analyzed to assess and to determine if these factors were sufficient to select suitable candidates for NSM.

Results
The rate of nipple involvement in our series were 10.7%. Preoperative clinical factors such as tumour size and site as well as abnormal NAC appearance was associated with positive NAC involvement (p value< 0.05%). Compared to Western population, ER receptor status and tumour grade has no influenced in nipple involvement in our patient population.

Conclusion
Our results showed, in younger women, with tumour 4cm and above, if the lesion is centrally located within 20mm radius from NAC, the possibility of nipple involvement is high. Therefore caution should be practiced if such procedure is to be offered.
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GALLSTONE ILEUS: A GROSS MISNOMER
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Gallstone Ileus is a rare however important cause of mechanical bowel obstruction accounting for 1-4% of all small bowel obstruction and as much as 25% of non-strangulated bowel obstruction in patients above the age of 65. The condition is a gross misnomer as there is a mechanical small bowel obstruction caused by gallstone as opposed to ileus; a non-mechanical small bowel motility failure. We report a case of gallstone Ileus in a 73 year old woman which was diagnosed and treated successfully with a laparotomy surgery. Pre-operatively we have radiological findings of aerobilia and gallstones in x-rays and CT. There are 3 large gallstones in arrangement on her CT in her small bowel. She underwent a laparotomy and was noted to have a cholecystoduodenal fistula. She underwent a cholecystectomy with roux-loop duodenojejunosatomy, jejunjejunosatomy and a control fistula at the 1st part of duodenum. She had a smooth post-operative recovery. Gallstone Ileus is an important intestinal obstruction especially in the elderly as it is often associated with high rates of morbidity and mortality.
A 46 years old man was diagnosed with AIDS and Hepatitis C infection due to his previous intravenous drug abuse. During screening CT abdomen for hepatoma, a large adrenal incidentaloma (10x8 cm) was detected. Pre-operative biochemical assessment demonstrated a nonfunctional adrenal tumor. Initially infective cause was suspected hence he was treated aggressively with anti-microbial medication. However, follow up CT showed there was no size reduction. In view of large tumor size which was not responding to anti-infective drug therapy, suspicion of malignancy was considered. Open transperitoneal adrenalectomy was performed via right subcostal incision. A 10x8cm well circumscribed firm adrenal tumour was removed. Post-operative recovery was uneventful. Histopathological examination revealed the presence of spindle cells proliferations in consistent with Leiomyoma. The tuberculous and fungal culture from the adrenal sample was negative.

In conclusion, HIV infection with AIDS can be associated with adrenal leiomyoma and is mostly undiagnosed due to its functional inactivity.
VENOUS ACCESS FOR CALCIUM INFUSION POST-PARATHYROID SURGERY IN RENAL HYPERPARATHYROIDISM. WHICH APPROACH IS THE BEST?
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Introduction
In renal hyperparathyroidism patients who underwent parathyroid surgery, a reliable venous access is mandatory, in anticipation of severe hypocalcaemia due to hunger bone syndrome. Central positioning is recommended in view of possible skin necrosis if peripheral line was used. In our institution, it is done using surface landmark technique. Each approach has its own advantages and associated complications. Therefore this study is to determine the preferred route of central venous access when continuous high dosage and long duration calcium infusion is expected.

Methods
This study was conducted in Hospital Sultan Ismail, Johor Bahru in year 2013. Data were collected retrospectively. 31 renal failure patients with hyperparathyroidism underwent parathyroidectomy were enrolled. Subclavian vein (SV), Internal Jugular vein (IJV) or Femoral vein (FV) was used depending on the anaesthetist or surgeon preference. When this technique failed, direct IJV cannulation performed intra-operatively.

Results
Thirteen patients had SV cannulation, 12 using IJV (1 with open technique) and 6 using FV. Three patients (9.7%) had catheter related infection (CRI). Two from the FV (6.5%) and 1 (3.2%) from the SV route. There was no statistically significance when comparing FV with Neck route in term of catheter related sepsis ($p = 0.088$). The onset of infection ranges from day 4 to day 8. The median duration of venous access requirement was 4 days (1 – 17 days) and 7 patients require more than a week. None developed pneumothorax.

Conclusion
In general, IJV and SV cannulation pose low risk of catheter related infection. However these might interferes with operative field due to hematoma formation and may cause pneumothorax. FV route obviate these morbidity and our study demonstrated that the risk of CRI is similar. Therefore, we recommend FV cannulation in these already fragile patients.
PRIMARY DUODENAL CANCER, IS IT A FACT OR MYTH?
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Background
Primary duodenal adenocarcinoma is a very rare malignancy. It represents about 0.35% of all GIT tumors, an incidence estimated to be 0.03%. The diagnosis is usually made late because presentations are often non-specific. The average delay between beginning of symptoms and the diagnosis is about 10 months. Duodenal fibroscopy and biopsy is the key to histological diagnosis.

Case Report
A 66-year-old lady presented with symptomatic anemia for few weeks. She also felt epigastric pain which radiates to right hypochondria, associated with loss of appetite and weight. Upper GIT endoscopy was performed (25/07/2013) and the findings were; an antral ulcer Forest 2C. Colonoscopy was also done and reported as normal. OGDS was repeated two months later to assess the healing of the ulcer. This time the antral ulcer was healed, but a big ulcer at D1 was seen. No biopsy was taken, and a PPI treatment continued. OGDS performed for the third time two months later (21/11/2013). This time, unfortunately, a suspicious looking ulcerative lesion was seen in D1-D2 junction. The growth was biopsied. HPE was reported as poorly differentiated carcinoma. CT Abdomen was done to stage the tumour. It showed D2 mass with regional lymphadenopathy. In view of poor oral intake and incomplete stomach outlet obstruction feature, patient underwent laparoscopic gastrojejunostomy, jejuno-jejunostomy and cholecysto-jejunostomy.

Conclusion
Adenocarcinoma of the duodenum is a rare malignancy accounting for only 0.35% of all gastrointestinal carcinomas. Due to its non specific presentation, diagnosis is often made late. Duodenal fibroscopy allows the histological diagnosis and the differential diagnosis with other duodenal tumours. All lesions in the duodenum including the distal part (3rd and 4th) should be biopsied for early diagnosis. Early full Oesogastroduodenoscopy with biopsy of any suspicious lesion is the only way for early diagnosis and the only hope for curative surgery.
A 64 year old male presented with a left lateral chest and abdominal wall mass which he had for 30 years. Initially presented in 2008 with a left chest wall mass, slowly increasing in size. It was non-tender and there was no difficulty breathing or moving. MRI abdomen in December 2008 showed a left chest wall mass measuring 12x18x19 cm, likely benign. However, patient refused further investigations and defaulted follow up. He represented in June 2013 and the mass has grown 3 times larger, now causing him to be bedridden and, affecting the patient’s daily activities and mental well-being.

On examination, there is a large mass measuring 50x20x15cm, extending from below the left axilla down to the left iliac crest and extending posteriorly to the thoracic spine. There is an ulcer with surrounding cellulitis, discharging pus and necrotic material, with pearly-white tissue and cavitations evident. The impression is of a large soft tissue tumour with ulceration and cellulitis. Biopsy showed fibrochondroma. However, repeat MRI revealed areas of cavitations and necrosis, causing compression of left lung, kidney and descending colon, with no clear fat plane between colon and the mass. There is destruction of the 8th and 9th ribs laterally and also noted a satellite nodule at the 10th rib posteriorly, suggesting malignancy.

Issues/Challenges To Consider – An MDT Approach
1. extent of tumour/?malignant transformation
2. extent of surgery/teams involved and preoperative optimization
3. post-operative follow up

Final HPE: Chondrosarcoma, Grade 2.

Take Home Messages
• Early identification of MDT requirement – general, plastic and cardiothoracic surgeons, and experienced anaesthetists
• Communication between teams and with patient – vital
• Surgical factors – Large tumour posing a challenge for safe resection/ wound closure.
• Patient factor – fitness for surgery, improvement in QOL
• Multidisciplinary input pre op, intra op as well as post operatively
A 10-KG-LIPOSARCOMA
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Introduction
Liposarcoma is not an uncommon tumour as it accounts for 20-25% of adult soft-tissue sarcoma. The peak age of onset is 5th to 7th decade. It shows predilection towards male population. Common site of involvement includes retroperitoneum, inguinal or paratesticular region and the extremities.

Case Report
A 60-year-old man with no known comorbid presented to us for abdominal distension of 2 months duration. Tumour markers were normal and imaging showed no evidence of distant metastasis. Patient underwent exploratory laparotomy and the 10kg tumour was resected. The histopathology report was reported as dedifferentiated liposarcoma, with positive stain for vimentin, CD99, S-100 and PAS stain.

Discussion
WHO classify liposarcoma as well differentiated, dedifferentiated, myxoid, round cell and pleomorphic liposarcoma. Dedifferentiated type is defined by development of a high-grade, non-lipogenic sarcoma in the setting of pre-existing well-differentiated liposarcoma. Recurrence rate is about 40-50% with metastatic rate of 15-20%. Prognosis is better for tumour found anywhere other than retroperitoneum. It is characterized genetically by overexpression of MDM2 and CDK4 protein due to presence of the supernumerary ring chromosomes. Tissue biopsy is essential for therapeutic and prognostic values. Treatment involves multidisciplinary approach. Surgery remains the principle therapeutic modality. Neoadjuvant or adjuvant radiotherapy may be used for local control in high grade tumour and some study has shown marginal benefit of anthracycline-base chemotherapy in selected cases. Treatment for retroperitoneal and visceral sarcoma remains a challenge to most of us today due to invasion to adjacent organs. Survival rate for this type of tumour is 20-40% of that soft tissue sarcoma of the extremity.

Conclusion
Liposarcoma is becoming more common with better understanding of genetic component and its clinical presentation. Diagnosis of liposarcoma is essentially via histopathology.
IDENTIFICATION OF ALPHA-1 ADRENERGIC RECEPTOR IN HEMORRHOIDAL TISSUE

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Objective
To identify the presence of Alpha-1 Adrenergic receptor in hemorrhoidal tissue and analyse the association between the receptor and micronised flavonoid.

Method
Prospective observational study using immunofluorescence method on haemorrhoidal tissue from patient with second to fourth degree haemorrhoid from June 2012 to November 2013. The primary outcome was identifying presence of Alpha-1 Adrenergic receptor in haemorrhoidal tissue.

Result
Total of 34 patients were recruited. There were 18(52.9%) Malay, 14(41.2%) Chinese, 2(5.9%) others. 15(44.1%) were male and 19(55.9%) were female. 4(11.8%) were second degree disease, 14(14.2%) were third degree and 16(47.1%) were fourth degree. Fifteen(44.1%) did not take micronized flavonoid within 6 months prior to inclusion and 19(55.9%) took micronized flavonoid before. Immunofluorescence study showed 8(23.5%) haemorrhoidal tissue didn’t contain Alpha-1 Adrenergic receptor, however 26(76.5%) contained receptors. Two(5.9%) of the receptors produced signal strength at 1+, 12(35.3%) at 2+, another 12(35.5%) at 3+. Of those patients who used micronised flavonoid within 6 months of surgery, there was no correlation between presence of the receptors and subjective clinical improvement of symptoms (Pearson Chi-Square Test = 0.656).

Conclusion
This pilot study showed that Alpha-1 Adrenergic Receptor is detected in most of the haemorrhoidal tissue. However there was no correlation between presence of the receptor and subjective clinical improvement of symptoms with usage of micronized flavonoid. This may suggest that micronized flavonoid does relieve the symptoms even in absence of the receptors. A larger sample in the future would be useful to see the quantitative analysis of clinical improvement with micronised flavonoid in the presence of Alpha-1 Adrenergic receptors.
COMBINED LAPAROSCOPIC AND THORACOSCOPIC REPAIR OF A LARGE TRAUMATIC DIAPHRAGMATIC HERNIA: A CASE REPORT
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Introduction
Mechanisms of traumatic diaphragmatic hernia have been well described after blunt trauma to thorax and abdomen. Diaphragmatic ruptures can occur up to 0.8% to 7% of blunt abdominal trauma, with left hemidiaphragm involvement the commonest; ratio of 9:1.

Conventionally, laparotomy is indicated in all patients with other associated injuries in acute setting. However, when the diagnosis is missed during early post trauma period, thoracotomy and repair was recommended. In this present era of minimally invasive surgery, laparoscopy is useful means to treat diaphragmatic rupture even during acute phase. Here, we have reported a case with a delayed large left diaphragmatic hernia that was repaired with combination of laparoscopic and thoracoscopic approach.

Case Report
A 30 years old gentleman presented to emergency department with sudden onset breathlessness on exertion. Otherwise, he had no other symptoms. He had history of left ribs fracture due to motor vehicle accident four years ago. On examination, the left chest had reduced breath sounds and his abdomen was scaphoid but non tender. Plain chest x-ray showed loops of bowel in the left thorax. Computerized tomography of thorax and abdomen revealed large left diaphragmatic hernia with bowel occupying almost all the left thorax. Elective laparoscopic and thoracoscopic repair of incarcerated diaphragmatic hernia with mesh was performed. The operation was uneventful and the recovery was excellent.

Conclusion
Laparoscopic approach is safe, feasible and effective in the treatment of large traumatic diaphragmatic hernias.
GALLBLADDER VOLVULUS: MIMICKING ACUTE APPENDICITIS
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Introduction
Gallbladder volvulus is rotation of the gallbladder on its mesentery along the axis of the cystic duct and cystic artery. It is an unusual occurrence with a predilection for women in their seventies. Described for the first time by Wendel in 1898. We report a case of gallbladder volvulus mimicking as acute appendicitis and identified intraoperatively.

Case Presentation
42-year-old Chinese female with RIF pain for two days. Pain first started over periumblical region, radiating to RIF. Associated with vomiting and fever. Physical examination, patient was tachycardic and dehydrated. Abdominal examination showed maximum tenderness over the right iliac fossa with guarding. WBC: 8,800 (predominantly neutrophils 84.30). RP and LFT were normal. UFEME: Leu 25, Nitrites: negative, blood 50, UPT: negative. Bedside ultrasounds: free fluid collection in pelvis region. The patient was diagnosed as perforated appendicitis and planned for appendicectomy.

Intraoperatively
Entered peritoneum via Lanz incision, noted there was hemoperitoneum and reactive appendicitis. Found source of hemoperitoneum tracking down from right upper abdomen. Operation converted to midline laparatomy. Gallbladder grossly distended and gangrenous. Gallbladder twisted (x1) at cystic duct and body is attached to the liver with a long pedicle. Cholecystectomy & appendicectomy done. Postoperatively, patient recovered well and was discharged five days later.

HPE Report : - Gallbladder: Ischemic infracted necrosis, most probably secondary to torsion.
Appendix : Early acute appendicitis

Discussion
It can happen when there is enough mobility of the gallbladder to allow it to rotate around a fixed pedicle by at least 180°. Rotation is also possible when part of the gallbladder is attached to the liver with a long pedicle allowing great mobility (as was the case in this). The treatment of gallbladder volvulus is detorsion and cholecystectomy. Both conventional and laparoscopic technique may be used.
SENTINEL LYMPH NODE BIOPSY IN BREAST CANCER SURGERY USING METHYLENE BLUE DYE

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Background
In breast cancer management, accurate assessment of axillary nodes is mandatory for prognosis and adjuvant therapy consideration. It is conventionally determined by performing Axillary Lymph Node Dissection (ALND). However, it causes distressing morbidity due to the injury occurred on the nerve and lymphatic channel. Therefore Sentinel Lymph Node Biopsy (SLNB) is replacing ALND as the standard management. This study assessed the feasibility of SLNB using methylene blue as a single agent in predicting the status of axilla.

Method
This was a prospective non-randomized study performed on breast cancer patients who were eligible for SLNB in Hospital Sultan Ismail. Patients underwent breast conservation surgery or mastectomy followed by SLNB and ALND at the same setting. Dye was injected into subareolar dermis. The sentinel and axilla nodes were histologically assessed. Intraoperative frozen-section (FS) was done when available. All the surgeries were performed by a single consultant breast surgeon.

Result
Twenty three patients were accrued during the study. Eighteen out of 23 underwent mastectomy. Successful SLNB identification rate was 95.7% (22/23). The sensitivity of SLNB was 100% and the negative predictive factor was 100%. There were no false negative cases. Frozen-section was done on 3 cases and consistent with Haematoxylin-Eosin staining. SLN was found at level 1 in all cases and no adverse reaction to methylene blue was observed.

Conclusion
This study demonstrated that SLNB using methylene blue dye is reasonably safe. Methylene blue as a sole mapping agent in SLNB is also accurate in predicting the negative status of axilla. Furthermore, methylene blue is less expensive and readily available.

Keywords
SLNB, Methylene blue, breast surgery.
MESENTERIC BONES: INTRA-ABDOMINAL HETEROTOPIC OSSIFICATION
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Introduction
Heterotopic ossification is presence of bone in non-ossifying tissue. It is extremely rare, and Wilson et al first described the term in 1999. There are two types, hereditary which is known as Myositis Ossificans Progressiva and acquired which is most often precipitated by trauma (musculoskeletal trauma, fractures or orthopedic procedures) and less commonly abdominal incisions, wounds and the gastrointestinal tract, or a neurogenic cause. We report an asymptomatic case of intra-abdominal heterotopic ossification seen in an individual who underwent multiple laparotomies following a traumatic duodenal injury with grade III liver laceration and pancreatic contusions.

Case Report
A 34 year old Malaysian involved in a motor vehicle accident in October 2013 sustained a D1 transection with Grade III liver injury and pancreatic tail laceration complicated with transverse colon perforation and duodenal stump leak. He required prolonged hospital stay for wound care and parenteral nutrition. His recovery was complicated with persistent hypercalcemia, raised ALP and recurrent episodes of sepsis. A CT scan in December 2013 showed extensive ectopic calcifications in the abdomen with bilateral small renal calculi. In February 2014 he underwent reconstructive surgery for his injuries. Intraoperatively noted multiple calcified plates along bowel mesentery and peritoneum. He has subsequently made a steady recovery and has now started to take orally. A repeat CT in February 2014 showed no recurrence of abdominal calcifications and the serum calcium levels normalized.

Conclusion
Intra-abdominal heterotopic ossification usually develops after abdominal surgery and can cause complications such as bowel obstruction and even intestinal perforation. Bisphosphonates, NSAIDs and even local radiation is used as prophylaxis or treatment. Surgeons must consider heterotopic ossification and its complications as a differential when managing complex multitrauma patients with suspicious radiographic densities.
GRAHAM OMental PATCH IS A SAFE AND RELIABLE TECHNIQUE FOR TREATMENT OF A LARGE DOUBLE DUODENAL – JEJUNAL (DJ) JUNCTION PERFORATED ULCERS: A CASE REPORT

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The annual incidence of peptic ulcer ranges from 0.1% to 0.3%. Perforation of peptic ulcers, more specifically; ulcers of the first part of the duodenum carry mortality up to 11 %, with a higher mortality seen in patients over the age of 50 years and in those who present late to the hospital. Graham patch is a technique widely used for a repair of duodenal ulcer perforation. We reported a case of 48 years old gentleman who presented with acute abdomen with peritonitis. Exploratory laparotomy was performed and revealed a large double perforated ulcer at Duodenal–Jejunal junction (DJ junction) which was successfully repaired with conventional and classical Graham Patch. We have attempted variety of mode to establish leaking of Graham patch repair for DJ junction perforation, but to the extent of re-laparotomy, no evidence may suggest of leaking Graham Patch repair. We concluded that conventional and classical graham patch repair is a safe and reliable technique for DJ junction perforation even with presence of two huge ulcers.
Adrenal incidentaloma is a rare tumor with an autopsy prevalence of 2-9%. Only 15% of all adrenal tumor is functioning, in which majority is pheochromocytoma. Functional adrenal tumor is missed in 7-10%. As a result subsequent patient’s care has been compromised.

We report 2 cases, both presented as adrenal incidentaloma, but one of them turned out to be malignant pheochromocytoma in histopathological examination, even though similar investigations were performed pre-operatively to exclude a functional tumor.

Patient A, a 62-year-old female, presented with a painless abdominal mass without constitutional symptom. CT scan showed left adrenal mass of 11cm x 20cm. Left adrenalectomy was done. Intra-operative blood loss was 12 L and she was admitted to ICU post operatively. HPE turned out to be pheochromocytoma.

Patient B, a 70-years-old man, incidentally found a right adrenal mass while working up for renal calculi. CT scan showed adrenal mass of 5x7cm. Right adrenalectomy was done. Peri-operative was uneventful. He was discharged home well. HPE was lipomyoma.

Incidence of pheochromocytoma is higher than what we expected. Unrecognized pheochromocytoma will result in peri-operative morbidity and mortality. Thus high index of suspicious is required in diagnosing adrenal incidentaloma and more detail investigations should be formulated not to miss a functional adrenal tumor.
A CASE OF DERMATOFIBROSARCOMA PROTUBERANS

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Introduction
Dermatofibrosarcoma protuberans (DFSP) is the most common sarcoma of cutaneous origin arising from cells of mesenchymal origin in the dermal layer of the skin. It is a locally aggressive tumour but rarely metastasizes. It constitute overall less than 1% of human adult solid malignant tumour.

Case Study
A 36-year-old malay lady with no comorbid presented to us for right lumbar painless swelling of 6 years duration. There was no prior surgery or constitutional symptoms. On examination, she is not cachexic or jaundice. The mass was about 5cm X 4cm at right lumbar region and free mobile at the subcutaneous plane and hard in consistency. FNAC showed low grade sarcoma and consistent with DFSP. It was positive for CD34 and negative for desmin, actin and S-100. Patient underwent wide local excision and revealed a 5cm X 4cm hard mass at right lumbar region. However histopathological reported as inadequate clearance of the deep margin. Patient was scheduled for reexcision of the deep margin of the tumour. Histopathological examination showed margins are clear. Patient is still under our surveillance follow up without radiotherapy or chemotherapy.

Discussion
DFSP is seen most frequent in 20-50 years age group with slight bias towards men. It is commonly located at the trunk, followed by limbs and head and neck. It is a slow growing indolent tumour with risk of recurrence despite surgery. The cornerstone of treatment is surgery with wide surgical margins of at least 3cm. Moh’s micrographic surgery is becoming the standard surgical treatment in certain centres. Adjuvant radiotherapy and chemotherapy might be indicated in cases where resection is difficult. New therapy tyrosine kinase inhibitor (Imatinib) shows partial response to DFSP.

Conclusion
Patient with DFSP will need a lifelong follow up. Surgery remains the gold standard of treatment of DFSP and multidisciplinary approach should be used.
“THE SKINNY OLD LADY HERNIA” : A RARE CAUSE OF MECHANICAL INTESTINAL OBSTRUCTION

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Introduction
Obturator hernia is a rare pelvic hernia for which both diagnosis and therapy are difficult. It comprised approximately 0.07 – 1% of all hernias and occurred in approximately 0.2 – 1.6% of small bowel obstruction. Mortality remains high because of incarceration and strangulation with the associated sepsis and bowel resection. Reported mortality ranged from 12% to 70%. It occurs mostly in elderly and multiparous women. Delayed diagnosis and surgical intervention contributed to its high morbidity and mortality.

Case Report
A 78-years-old lady was referred to us from a private centre, after an attempt of abdominal surgery. She presented with a one-week history of abdominal pain and vomiting to a private centre where she was diagnosed to have strangulated inguinal hernia. Upon transferring to our hospital, she was having faeculent material from her nasogastric tube and she was in sepsis. Her body weight was approximately 42kg. The physical examination revealed a soft, mildly distended abdomen which was diffusely tender to palpation without rebound, guarding or rigidity. Computerized tomography showed presence of loop of bowels in the right obturator canal with dilatation of proximal small bowel. She underwent emergency laparotomy and bowel resection with primary anastomosis. Intra-operatively, a segment of gangrenous small bowel, about 5cm, was retrieved from her right obturator canal, after dividing the medial aspect of the canal; primary anastomosis were performed. She was nursed in Intensive Care Unit post-operatively. However, she deceased after 12 days, complicated by DIVC and intraabdominal sepsis.

Conclusion
Obturator hernia is a rare but significant cause of mechanical intestinal obstruction, especially in thin elderly women. Early diagnosis and surgical treatment contribute greatly to reduce the morbidity and mortality rate.
A REVIEW ON DEMOGRAPHY AND TUMOUR CHARACTERISTICS OF COLORECTAL CANCER IN HOSPITAL TENGKU AMPUAN AFZAN (HTAA), KUANTAN, PAHANG

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Background
Colorectal cancer is the most common cancer in men and third commonest cancer in women in Malaysia. In the western population, there is racial predisposition with a peak incidence after 50 years old. The questions are do we, Malaysians share the same demographic features and do our tumours present the same way?

Objective
To determine the demography and tumour characteristics of colorectal cancer in a tertiary colorectal unit.

Method
A retrospective review on all colorectal patients presenting to colorectal unit, HTAA, Kuantan, Pahang from 2012 to 2013.

Results
A total of 116 patients’ records analyzed. Male to female ratio was 2:1. It was more commonly seen amongst Malays (71.6%), followed by Chinese (21.6%) and Indians (3.4%). Peak age was between 61-70 years with a sharp rise from 41 years onwards. Majority of tumours were located at the sigmoid colon (30.2%), rectum (18.1%) and rectosigmoid junction (17.2%). The most common presentation was at Stage III of disease (42.2%). All tumours were confirmed to be carcinoma with 95.7% being adenocarcinoma out of which 83% were moderately differentiated adenocarcinoma.

Conclusions
The demography of colorectal cancer patients around Kuantan, Pahang shows both gender and racial predisposition which differs from other geographical locations in Malaysia. While the peak age of the disease is similar, the sudden rise of disease incidence occurs at an earlier age group locally. However, tumour characteristics appear similar to other parts of Malaysia and the Western world.
TREATMENT MODALITIES IN COLORECTAL CANCER PATIENTS PRESENTING TO HOSPITAL TENGKU AMPUAN AFZAN (HTAA), KUANTAN, PAHANG FROM 2012 TO 2013

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Background
Colorectal cancer is among the rapidly emerging cancers in Asia. It is the most common cancer in men and the third commonest cancer amongst women in Malaysia. The mainstay of treatment remains surgically removing the tumour aiming at an R0 resection with increasing use of chemotherapy and radiotherapy to prevent recurrence and increase overall survival.

Objectives
To determine the anatomic site and stage of presentation of colorectal cancer and treatment modalities (surgery, radiotherapy, chemotherapy) employed.

Method
A retrospective review on all colorectal patients presenting to colorectal unit, HTAA, Kuantan, Pahang from 2012 to 2013.

Results
116 colorectal cancer patients were treated in that period. Majority (70.7%) are situated in left colon with sigmoid colon being the commonest site (30.2%). The commonest presentation was at Stage III of the disease (42.2%). The commonest surgery performed was anterior resection (66 cases) followed by right hemicolectomy (22 cases). 79.3% of surgeries were elective cases with remaining 20.7% performed as emergency. 10.3% of surgeries were done laparoscopically. In terms of adequacy of resection, 64.7% of resected specimens contained 12 or more lymph nodes. 50.9% of the patients received chemotherapy with Mayo’s regime being the commonest (36 patients). Out of 22 rectal cancer patients, 12 received radiotherapy, 9 as neoadjuvant and remaining 3 as adjuvant therapy.

Conclusions
The anatomical distribution and stage of presentation of colorectal cancer appears similar to other parts of Malaysia. Surgery remains the mainstay of treatment with emphasis of adequacy of resection from clear margins to adequate lymph nodes harvesting. Chemotherapy and radiotherapy are used in difficult and advanced cancer either as neoadjuvant or adjuvant therapy.
EVALUATING THE EFFICACY OF PRIMARY TREATMENT FOR GRAVES’ DISEASE COMPLICATED BY THYROTOXIC PERIODIC PARALYSIS

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Introduction
Thyrotoxic periodic paralysis (TPP) is a potentially life-threatening complication of thyrotoxicosis characterized by muscle paralysis and hypokalemia after massive shifting of potassium into the intracellular space. The overall incidence to be around 2%, predominantly affects males, between 20-40 years old. Graves’ disease (GD) is the most common cause of TPP. During an acute attack, immediate potassium supplementation is paramount to prevent cardiopulmonary events.

The definitive management relies on control of hyperthyroidism either by anti-thyroid drugs (ATD), radioactive iodine therapy (RAI) or surgery. TPP does not recur once a patient remains euthyroid.

Objective
The best “primary” treatment in patient with GD after resolution of TPP remains unclear. Hence, we conduct a study specifically compare the efficacy and clinical outcomes between the above 3 treatments.

Methods
Data for this study were retrieved from Clinical Data System at our institution. Clinical data, biochemical profiles, treatment outcomes and the clinical course of eligible patients (rate of thyrotoxic/TPP relapses, surgical complication) were analyzed and compared between the 3 treatment modalities.

Results
Total of 16 patients with GD/TPP were identified. All of them were confirmed to be thyrotoxic at the time of flaccid weakness or paralysis. Mean serum potassium:<3.5mmol/L and mean serum free T4:> 23pmol/L on presentation.

Among the 16 patients, 8(50.0%) patients had ATD, 4(25.0%) had RAI and 4(25.0%) had surgery as “primary” treatment.

Of those completed ATD, all of them(100.0%) developed thyrotoxic relapses and 4 (50.0%) had ≥1 further TPP attack. Of the 4 patients who had RAI, 2(50%) developed thyrotoxic relapse and 2(50.0%) became hypothyroid. The median required RAI dose to control thyrotoxicosis was high: 550(350–700)MBq. Of the 4 patients who underwent surgery, none developed relapses but all required thyroxine replacement.

Conclusion
If the treatment goal is to minimize relapses in GD/TPP, primary treatment such as RAI or surgery is preferred over ATD alone.
OPERATING AN UNDIAGNOSED HUGE EXTRAADRENAL PARAGANGLIOMA IS A NIGHTMARE: A CASE REPORT

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Background
Paragangliomas are rare neuroendocrine tumours which consist of chromaffin cells, derived from embryonic neural crest. These tumours are originated from the extra-adrenal autonomic paraganglia which interestingly has the ability to secrete catecholamine. Most of the paragangliomas are detected based on clinical features of hypersecretion of catecholamine while some are detected based on mass effect symptoms or incidentally on imaging. Managing these tumours require collaboration between surgeons, endocrinologist and anaesthesiologist prior and during the operation. Operating without preoperative optimization is hazardous and a nightmare to everyone.

A Case Report
We had operated a healthy patient with a huge extraadrenal paraganglioma size 12cm x 10cm x7cm which was undiagnosed before operation. This patient has no clinical features of excess catecholamine and Computed Tomography of abdomen failed to raise the suspicion of paraganglioma. The operation was challenging as the patient had hypertensive crisis intraoperatively but was well managed by anaesthetic team. The tumour was successfully removed in a 4-hours operation and 6 months follow up show no recurrence.

Conclusion
Based on the nature of paraganglioma which can originate along peripheral nervous system throughout human body, any extraadrenal-retroperitoneal tumour regardless of size and despite being non functional clinically, will still has to alarm us the possibility of paragangliomas. In managing paraganglioma, preoperative management is absolutely crucial.
This case highlights a rare manifestation of metastatic renal clear cell carcinoma (RCC). Although it is a late feature of the disease, such metastasis may appear as the sole presentation before the primary tumor is established. Clinicians alike are advised to consider underlying solid organ malignancy when encountered a primary skin lesion. Therefore diagnosis definitely requires clinical suspicion and supported by histopathological examination and histochemical staining.
ANORECTAL AVULSION – AT THE WRONG PLACE AND THE WRONG TIME, A BAD CASE OF RECTAL TRAUMA

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Introduction
Anorectal avulsion is rare type of injury. There is limited documentation and also proper management of this injury. From our search there is only a handful of reported case of this injury.

Case Report
A 27 years old Bangladeshi gentleman, who involved in an industrial injury, where a forklift hit him from behind. He underwent wound exploration and debridement on the same day where his anus was pulled down and sutured to the perianal region, a drain was inserted and covering colostomy was created from him. He was treated over the period of one year with monitoring of perineal hygiene and dressings as required and monitored in our clinic and ward. Several functional tests were done and showed intact anal sphincter function. He recently underwent reversal of his colostomy and was discharge well.

Conclusion
There is no guideline at this point for the management of this type of injury. The management of this injury involved multidisciplinary approach and careful monitoring and was successful in restoring back functionality.
DIFFUSE LYMPHANGIOMATOSIS PRESENTING WITH MASSIVE SPLENOMEGALY AND PLEURAL THICKENING

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Introduction
Lymphangiomatosis is a rare clinical entity due to a congenital malformation of the lymphatic systems, and has a wide range of presentations. We report a case of diffuse lymphangiomatosis in a young adult which presented with massive splenomegaly and thickened nodular pleura.

Case Report
A 22 year-old Indian man presented with abdominal distension for 1 year. Physical examination revealed grossly enlarged spleen with reduced air entry of left lung. Full blood film revealed thrombocytopenia. Computed tomography of abdomen, pelvis and thorax showed thickened nodular pleura with marked splenomegaly and few ill-defined non-enhancing liver lesions. Initial possible diagnoses considered were myelofibrosis or lymphoma. He underwent total splenectomy without any complications. Macroscopically the spleen was measured 290mm x 190mm x 110mm. On cut section it showed multiple cysts. Histologically, the spleen is replaced by diffuse cystic dilation of lymphatic vessels with the cells showed positivity for CD31 and negativity for CK on immunohistochemistry, confirming the diagnosis of diffuse lymphangiomatosis. Postoperatively he recovered well.

Discussion
Lymphangiomatosis is a sporadic disorder characterized by cystic lymphangiomias involving multiple organs. The most common sites are the neck and axilla. The splenic involvement, although rare, may result in massive splenomegaly which warrants total splenectomy. Accessory spleen must be sought when splenectomy is performed because they may cause recurrence of the disease. In contrast to single lymphangioma, diffuse lymphangiomatosis has been reported to be progressive and to have poor prognosis especially with the involvement of pleura.

Conclusion
Even though rare, diffuse lymphangiomatosis should be considered in the differential diagnosis of massive splenomegaly with pleural thickening in a young adult.
Solid pseudopapillary tumor (SPT) is a rare cystic pancreatic tumour with low grade malignant potential and uncertain origin. This disease entity accounts for about 1–3% of all pancreatic tumours. It usually occurs in young women in second to third decade of life, with an average female: male ratio which is up to 10:1. Complete removal of the tumor has good prognosis and it seldom recurs and metastasises. This is discussion of a 57 year-old gentleman diagnosed to have SPT with liver metastasis.
ROLE OF PALLIATIVE GEMCITABINE-CISPLATIN CHEMOTHERAPY IN ADVANCED INTRAHEPATIC CHOLANGIOCARCINOMA

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Cholangiocarcinoma is a rare malignant neoplasm of biliary tract epithelium, accounting for less than 2% of all human malignancy. However, its incidence is increasing in Malaysia and worldwide. Most patients present in the advanced stage of the disease, at which point surgical resection is not feasible. Chemotherapy is the mainstay of treatment in this advanced stage. Recent guideline by National Comprehensive Cancer Network (NCCN) recommended the use of Gemcitabine, Capecitabine and 5-fluorouracil as single agent or in combination with platinum analogue (oxaliplatin, cisplatin, with Gemcitabine-Cisplatin combination receiving Category 1 recommendation. Despite this recommendation, Mayo’s regime, consists of 5-fluorouracil and Folinic acid, is still being widely used in most of Ministry of Health hospitals. Here we would like to report a case of advanced intrahepatic cholangiocarcinoma received combination of Gemcitabine-Cisplatin chemotherapy as a palliative chemotherapy. A follow up CT scan post 6 cycles chemotherapy showed a significant reduction in tumour size, with no reported major side effects.
STAGED CLOSURE OF GASTROSCHISIS USING ALEXIS WOUND RETRACTOR: AN EARLY EXPERIENCE IN HOSPITAL RAJA PEREMPUAN ZAINAB II, KOTA BHARU

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Gastroschisis is a congenital abdominal wall defect which results in protrusion of abdominal viscera through the defect without covering membrane or sac. Main goal of treatment is to return the eviscerated organ intact into the abdominal cavity while minimizing complications related to increased intraabdominal pressure. Staged closure of gastroschisis has been practiced if it fails to be reduced primarily usually by silo placement under general anesthesia followed by delayed operative closure. Recently, bedside application of silo without general anesthesia is gaining its popularity due to its benefit. We are sharing our first experience of staged reduction of gastroschisis using Alexis Wound Retractor (AWR) to a term baby girl with a birth weight of 3.5kg. She was undiagnosed antenatally to have gastroschisis and eventually delivered via spontaneous vaginal delivery. She had thick meconium stained liquor which required intubation. There was evisceration of stomach, small bowels, large bowels, uterus and urinary bladder. AWR size XS was applied in the labour room as a silo. After 2 days of gradual reduction, the AWR was removed under sedation and the umbilical cord was used as a biological dressing to cover the defect and reinforced with synthetic dressing. Sutureless closure of the defect was achieved following formation of granulation tissue over the defect. Despite prolonged ileus which commonly seen among gastroschisis patients, the neonate was otherwise extubated early and escaped general anesthesia for the closure.
CASE REPORT: A LEAK IN A DOWNSTREAM VEIN MASQUERADING AS AN ‘ABSCESSE’

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Complications of long line catheters are numerous and include malposition, arterial puncture, thrombophlebitis, extravasation of infusate causing iatrogenic complications such as subdural collection, pleural effusion, ascites and pericardial tamponade. We describe a double lumen central venous catheter (CVC) that was in the left femoral vein, and a PICC that was subsequently inserted distally in the long saphenous vein prior to the CVC removal. Due to the catheter’s tip suspected to be located within the site of entry of the previous CVC, this caused extravasation of TPN presenting as an “abscess” in the groin region. This case emphasises the importance of avoiding placing new lines with its tip’s end near the old one before the former has completely healed.
BREAST CANCER AWARENESS CAMPAIGN: OUR INAUGURAL EXPERIENCE
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Introduction
Breast cancer is the commonest cancer affecting Malaysian women. The National Cancer Registry (NCR) reported overall Age-Standardised Incidence Rate (ASR) in 2004 and 2006 as 46.2 and 39.3 per 100,000 population respectively. A Malaysian woman therefore has a 1 in 20 lifetime chance of developing breast cancer. NCR data, however, excluded Sabah due to paucity of local statistics. Breast-screening programs in Malaysia remains informal and very much opportunistic, targeting women attending wellness clinics, maternal and child-health government clinics. Most campaigns are NGO-driven, predominantly amongst the upper-middle class urban population. Demographically, Tawau is the second largest district in Sabah with a population of 397,673 of which 164,729 are foreigners. Majority of Sabahan women tend to present with advanced disease, originate from poor socio-economic background with a higher tendency for defaulting treatment and seeking traditional therapy. Leading from this, we launched our inaugural breast cancer awareness campaign, coinciding with the designated national breast cancer awareness month of October.

The Campaign
Our one-day campaign was attended by 242 participants, consisting of 215 women and 24 non-Malaysian attendees. 68 women (28%) were examined and 15 were later advised for follow-up at our breast clinic. After triple-assessment, 7 cases were deemed benign. 2 were malignant of which definitive surgery was performed. One case was a non-Malaysian lady who was diagnosed prior with cancer but defaulted surgery- she arrived merely for ‘re-confirmation of diagnosis’ and again defaulted suggested intervention. 5 others defaulted follow-up for various reasons.

Discussion
Default rate is high (40%) even after formal clinical screening. More effort is thus needed to empower women to be ‘breast aware’, especially those who are more likely to present with advanced disease.
Introduction
Gastrointestinal tuberculosis remains a rare entity amongst all extra-pulmonary TB cases (3%). Involvement of the appendix is sporadic, occurring in merely 1% of cases, even in areas of great endemicity. Since the recognition of this presentation by Corbin in 1873, it has only occasionally attracted the attention of clinicians

Case Presentation
A 21 year old Murut lady was admitted for investigation after complaining of a localised right lower quadrant abdominal pain of one month duration with low-grade fever of two days. At presentation, she was haemodynamically stable and afebrile. Examination of the abdomen revealed a tender and palpable firm mass over the right iliac fossa, measuring 3x3cm. Initial blood counts and biochemistry investigations were within normal parameters, with a leukocyte count of 10,900/mm³. Ultrasonography of the abdomen showed a rounded, well-defined heterogenous mass at the right iliac fossa, with free fluid demonstrated in the pelvis. Appendix was not visualised. Appendisectomy and drainage of serous peritoneal fluid collection located retrocaecally was done. No pus was seen. She was discharged uneventfully on post-operative day three.

Tuberculosis was confirmed by histopathologic examination. It described the presence of ‘multiple epithelioid granuloma and Langhans giant cells with caseating necrosis’. Mantoux test showed 24mm skin induration. Anti-tuberculosis treatment was commenced promptly after definitive diagnosis. She is presently well on follow-up of 3 months.

Conclusion
The presentation of tuberculous appendix is an atypical but an important cause of appendicitis. Its presentation may mimic those of appendicitis of other aetiologies. Histopathologic examination is often the only method of clinching a diagnosis. It is thus imperative that clinicians are aware of such presentations.
**TYPE IV SACROCOCCYGEAL TERATOMA – LATE PRESENTATION WITH OBSTRUCTIVE SYMPTOMS**

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Sacrococcygeal Teratoma (SCT) is the most common neonatal neoplasm found predominantly in females. Most cases are detected antenatal by ultrasound or at birth clinically by the apparent external component of the tumour. The rare Type IV which are entirely internal may be missed during early examination leading to delayed diagnosis and complications later. We report a case of a Type IV SCT in a 1 and half years old girl presenting with complains of abdominal discomfort and constipation for 4 months duration. There’s a slight fullness on her abdomen, with a palpable mass compressing on the posterior rectal wall during digital rectal examination. Further investigation reveals a huge SCT compressing onto the rectum and bladder anteriorly along with a high serum Alpha-fetoprotein level. She successfully underwent tumour resection surgery with no postoperative neurological deficit in her lower limbs. However, follow up surveillance imaging later shows presence of a residual tumour mass together with an increasing Alpha-fetoprotein levels, both which responded well to chemotherapy. Type IV SCT may not be detected early due to it hidden inside the pelvis and may only present late with compressive symptoms, which causes higher risk of malignant changes and unresectability. Although a rare tumour and diagnosis proves challenging in a young, it is one of the possible differential diagnosis with a good prognosis when treated early.
SWALLOWED LONG NAIL IN THE GASTROINTESTINAL TRACT – A CASE REPORT AND LITERATURE REVIEW

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Most swallowed foreign objects that have passed into the stomach will eventually pass out through the entire digestive tract without problems. Few published literatures have shown successful conservative management of ingested sharp objects in asymptomatic patients in both young children and adults whom pass out the foreign sharp objects at an average of 5 days without injuries or complications. However the possibility of associated high morbidity and mortality with retained sharps and complication from injuries to the digestive tract have lead to many surgeons attempting to remove them early either by endoscopic or a formal laparotomy. We report a case of a 19-year-old man whom had swallowed a 2-inch sharp nail presented to us with no symptoms. Our endoscopic examination did not find the nail or any injuries in the upper digestive tract despite confirming the position of the nail in the epigastric region on radiographs. On laparotomy, the nail was found lodged in the 4th part of the duodenum and was carefully removed through a gastrotomy opening. He recovers well with no untoward complications from the ingested nail or the surgical procedure itself. The standard management of ingested sharps has been for removal either endoscopic or surgically, however several papers have shown that if it has entered the small bowel, there’s a role for successful conservative management.
CASE OF COMMON CAROTID ARTERY PSEUDOANEURYSM TREATED BY STENT GRAFT

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Common carotid artery (CCA) pseudoaneurysm are rare and potentially lethal. Urgent and appropriate treatment is warranted in order to prevent rupture or neurologic sequelae. The cause of CCA pseudoaneurysm include trauma which could be penetrating or blunt injury, vasculitis, infection, iatrogenic and unknown etiology.

Previously the standard treatment for aneurysm is surgery. However endovascular surgical approaches such as stent graft or coiling have become effective alternative with minimal morbidity and high success rate. Here we report a case of CCA pseudoaneurysm that were successfully treated with stent graft.

The conventional treatment for pseudoaneurysm is resection and placement of a prosthetic or autogenous vein graft. Although surgery is an effective treatment method, it is a technically complicated procedure that requires much experience, and complications such as cranial nerve palsy, stroke, rupture during surgery, or leakage into the surgical area can occur. The rate of stroke or death during surgery is reported to be between 9 and 15%, and the incidence of cranial nerve injuries is reported to be as high as 15%. Recently, endovascular insertion of stent grafts has been developed. In contrast to surgery, general anesthesia is not necessary with a stent graft, thereby allowing for neurological monitoring during the procedure. In addition, since highly problematic areas are more easily treated, faster care is possible. Park et al. reported that stent grafts are a safe and effective way to treat aortic and arterial aneurysms in Bechet’s disease, where the patency of stent grafts were maintained in six of seven patients (86%). In addition, successful treatment of a CCA pseudoaneurysm with a stent graft has also been reported. Stent grafts are also used to prevent carotid artery rupture due to cancer recurrence in the neck.
MESENTERIC LYMPHANGIOMA PRESENTING AS APPENDICULAR MASS: A CASE REPORT

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Introduction
Mesenteric cystic lymphangiomas are rare congenital benign malformation of the lymphatic system. Most lymphangiomas are found in head and neck. Intra-abdominal location are very unusual. They are commonly located at the small bowel's mesentery, and less typically on the omentum, mesocolon and retroperitoneum.

Case Report
We report a case of a healthy 13-year-old Chinese boy, presented with one week history of right lower quadrant abdominal pain, which gradually increased in intensity. Physical examination noted a soft, tender mass at the right lower quadrant of abdomen. Abdominal x-ray is unremarkable. Besides elevated white cell count (14.1 x 10^9/L), his other blood investigations' parameters are within normal range. Abdominal ultrasonography showed right sided abdominal mass with fluid and solid components seen, minimal vascularity noted. CT abdomen showed large multiloculated cystic mass from right hypochondrium extending till the pelvis, measured 24cm x 11cm x 6cm causing small bowel to be displaced to the left side, suspicious of mesenteric lymphangioma. Patient underwent laparotomy and resection of mesenteric cyst and affected small bowel. Histopathology study showed mesenteric lymphangioma of small bowel(mid ileum). Patient had an uneventful post-operative recovery and was well with no sign of recurrence during follow up.

Conclusion
A differential diagnosis of mesenteric lymphangioma should be considered in young patients presented as appendicular mass although mesenteric lymphangiomas are rare intra-abdominal cysts. Surgical resection is the treatment of choice. Prognosis is excellent and recurrence rate is very low if resection is complete.

Keywords
Mesenteric lymphangioma, appendicular mass

Reference
PENILE CARCINOMA: A CASE REPORT
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Introduction
Penile cancer is a malignant growth on the skin or tissues of penis. Squamous cell carcinoma accounts for 95% of penile cancers, others include Merkel cell carcinoma, melanoma are generally rare.

Case Report
We report a case of a 53-year-old Indian man presented to us with multiple painful ulcerations on his penis for 4 years, increasing in sizes, with purulent foul smelling discharge and bleeding. Examination revealed multiple deep ulcerations with rolled edges on the shaft of penis, base is sloughy. Hemorrhages present in some areas of the ulcerations. Glans penis appeared distorted. The scrotum and testicles were normal. The inguinal lymph nodes were not palpable. Wedge biopsy of the penile lesion showed as well differentiated squamous cell carcinoma. CT scan showed bilateral inguinal and right iliac lymph nodes enlargement. Patient had total penectomy with bilateral orchidectomy, perineal urethrostomy and bilateral inguinal lymph nodes excision. Histopathology study showed well differentiated squamous cell carcinoma invading the corpus carvenosum, corpus spongiosum and penile urethra. Both left and right inguinal lymph nodes were free from malignancy. Patient had uneventful post-operative recovery and is currently awaiting oncologist follow-up.

Conclusion
Penile squamous cell carcinoma with absence of inguinal node metastasis had a significant better prognosis. Five-year survival rates for node-negative disease ranges from 65% to 90%, and 30% to 50% for node-positive disease.

Reference
Objective
Blunt traumatic diaphragmatic rupture (TDR) is an uncommon entity, with a reported incidence of 1-3% among the blunt abdominal trauma patients. This type of trauma can happen only with high magnitude of force. Hence, high early morbidity and mortality is inevitable.

Methods
We review 3 patients with blunt TDR treated in our department between January 2013 and December 2013. The mechanism of injury, location of diaphragmatic rupture confirmed via radiological scans, associated injuries of other organs and surgical outcomes were evaluated.

Results
All three patients gave history of high velocity physical trauma where two had blunt thoracoabdominal trauma and one had blunt trauma to the abdomen. All 3 patients sustained left diaphragmatic rupture with additional organ injury. Two patients had diagnosis made within 24 hours of trauma, while one had delayed diagnosis of one week. Diagnosis assured with computed tomography of thorax and abdomen. All 3 patients underwent midline laparotomy and diaphragmatic repair. They all attained full recovery without any complication at a 6-monthly to yearly follow up.

Conclusion
Early diagnosis and prompt surgery lead to good outcome in patients with TDR.
THE IMPLEMENTATION OF VARIOUS SURGICAL APPROACHES IN MANAGEMENT OF RECURRENT INCISIONAL HERNIAS
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An incisional hernia is defined as a postoperative defect of the abdominal wall which the protrusion of intra-abdominal viscera occurs and associated with high recurrence. Despite the advances in surgical fields, the correction of incisional hernia continues to be problematic and has not been able to reach the stage of elimination. Decision making will be more difficult when the recurrences occur at multiple sites within the abdominal wall. The best surgical technique is still remained highly debatable and it is up to the surgeons’ discretion with the current evidences so far.

We reported a case of a 66-year-old man with underlying history of laparotomy for perforated diverticulum presented with 3 episodes of incisional hernias which were repaired with three different methods. The first incisional hernia was repaired in 2009 with open inlay mesh repair while the recurrences in 2011 was repaired by open onlay repair.

He was again presented in 2013 for recurrent incisional hernia at three places of defect. Laparoscopic hernia repair was then done. 30x30 cm composite mesh was inserted into the peritoneal cavity through 10 mm port site, anchored to the abdominal wall using protack with approximately 5 cm margin. Follow up for 1 year showed no recurrence.

The principles and goals of the hernia repair should however remain unchanged: reduction of the hernia content into the abdominal cavity with incorporation of the remaining abdominal wall in the repair to prevent hernia eventration, provision of dynamic muscular support and restoration of abdominal wall continuity in a tension-free manner with sutures or mesh.
Laparoscopic cholecystectomy is the gold standard treatment for patients with gall stone disease. It offers the benefit of decreased postoperative pain, decreased length of stay and a faster recovery. However, biliary injury associated with laparoscopic cholecystectomy is relatively higher 0.6% as reported worldwide. Therefore, surgeons should be familiar with the surgery itself and know the management of biliary injury, especially referral to HPB center. Here we are reporting a case of CBD injury complicated with sepsis and biloma which has been managed conservatively.
**A YOUNG GIRL WITH FATAL INTRAPERITONEAL TUMOUR:**  
**A CASE REPORT**

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**Introduction**  
Malignant peritoneal mesothelioma (MPM) is a rare type of intraperitoneal tumor. It originates from mesothelial cells lining the peritoneal cavity. We present a case of MPM who presented to us with abdominal pain and alteration in bowel habit.

**Case History**  
A 24 year-old lady presented with a 3-month history of left sided colicky abdominal pain associated with vomiting, alteration in bowel habit, anorexia and weight loss. Examination did not show any significant abnormalities. Initial blood work-up revealed raised ESR and CRP. Abdominal and chest radiographs were unremarkable. Abdominal ultrasonography revealed free fluid in the paracolic gutters and pelvis. Computed tomography of the abdomen showed a left lumbar inflammatory mass with peritoneal and mesenteric lymphadenopathies and complex ascites. A provisional diagnosis of peritoneal tuberculosis was made. However, all tuberculosis work-up were negative. Subsequent colonoscopy and oesophagostroduodenoscopy failed to show any significant abnormalities. Diagnostic laparoscopy was performed, showing multiple peritoneal seedlings and thickened omentum. Biopsies of the omental mass and peritoneal seedlings were taken. Histopathology report came back as malignant peritoneal mesothelioma, epithelioid type.

A trial of chemotherapy (Pemetrexed) was started, however she developed severe side effects with just a single cycle. She deteriorated rapidly and passed away almost 6 months after initial presentation.

**Discussion**  
MPM is a rare aggressive tumor of the peritoneum.\(^1\) It is invariably fatal with median survival of 6 to 12 months. It is poorly understood, and presents with vague symptoms of abdominal pain, anorexia, weight loss and ascites.\(^2\)

RARE COMPLICATION OF APPENDIX: SMALL BOWEL GANGRENE CAUSED BY APPENDICULAR KNOT

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Intestinal knot formation was first described by Riverius in 16th century and later by Rokitansky in 1836. We report a very rare cause of small bowel gangrene caused by appendiceal knotting on to the ileum in a previously healthy mid aged lady. Patient underwent laparotomy and right hemicolecetomy and primary anastomosis. The intra operative findings were the appendix was twisting (knotting) the small bowel about 40cm from the terminal ileum and causing gangrene to the segment of small bowel. Appendicitis is a common condition and management is usually straightforward. However we must be aware of rare complications which may arise that require a change from the standard treatment of acute appendicitis.
A RETROSPECTIVE EVALUATION OF CHEMO-PORT INSERTION AND USE AMONG ONCOLOGY PATIENTS: A SINGLE CENTRE EXPERIENCE
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Objectives
Despite providing benefits to cancer patients, chemo-port may cause inevitable complications. We report our incidence of complications related to chemo-port insertion and use, and evaluate factors that might contribute to these complications.

Methods
We retrospectively reviewed all patients who underwent chemo-port insertion performed by general surgeons in Putrajaya Hospital from 2009 to 2013. Their clinical data were analysed with regards to clinicopathological features, treatment received, surgical techniques and complications.

Results
A total of 207 patients underwent 211 episodes of chemo-port insertion. Their mean age was 49 years (ranged from 14 to 73 years). Majority were breast cancer patients (85.8%). A close technique of insertion was performed in 72.0% of patients. Thirty-one complications occurred (14.7%): infection in 13 cases (10 local infections, 3 systemic infections), malposition or migration of port in 7 cases, thrombosis in 4 cases, haematoma/bleeding in 4 cases and pneumothorax/haemo-pneumothorax in 3 cases. A total of 6 chemo-ports needed to be removed due to infection and 5 chemo-ports underwent readjustment or reinserction for malposition. Infection occurred more frequently in patients with body mass index ≥ 30.0 (7 out of 13 cases), and in patients who had already started on chemotherapy prior to chemo-port insertion (6 out of 13 cases). All 3 cases with pneumothorax/haemo-pneumothorax had chemo-port inserted via close technique and 2 out of 3 cases had chemo-port inserted at subclavian vein.

Conclusion
Chemo-port is a safe tool to function as an intravenous access for chemotherapy. Its insertion is preferably done before commencing chemotherapy. Extra care should be given to obese patients who are subjected to chemo-port insertion.
Liver abscess is uncommon in neonates. It may present with nonspecific clinical signs with ongoing sepsis which poses a difficulty in making a diagnosis. In older children it is commonly caused by an ascending infection from perforated appendicitis whereas neonatal liver abscess may result from ascending infection from umbilicus and portal veins, following umbilical catheterization or septic conditions such as necrotizing enterocolitis (NEC), from hematogeneous spread, or the biliary tract. We present a case of a baby girl who was brought in at the age of 1 month with a 2 week history of loose stool, abdominal distension and fever. She was diagnosed with multiple liver abscess after a month in hospital with ongoing unremitting fever. A decision was made based on this for treatment with long term intravenous antibiotics. However, she did not improve and instead developed signs of partial intestinal obstruction which prompted us to do an exploratory laparotomy. Intraoperatively there was a mass of dense adhesions between the caecum, terminal ileum and urinary bladder, causing an adhesive obstruction. Upon release of the adhesions, the appendix was not seen, the caecum and terminal ileum had perforations. A limited right hemicolectomy with end to end anastamosis was performed and child recovered well postoperatively.
Intussusception is a rare cause of intestinal obstruction in neonates. Its presentation might mimic other common causes of intestinal obstruction. Without high suspicion towards the diagnosis, intussusception can be an incidental finding intraoperatively. We present a case of neonatal intussusception who was referred to us at day 4 of life for persistent bilious vomiting. She was a 3.3kg term baby delivered via spontaneous vaginal delivery with good Apgar score and discharged home well. She presented on day 2 of life with persistent bilious vomiting. Initially she was treated as presumed necrotizing enterocolitis (NEC) but due to continued high bilious aspirate she was referred to the surgical team on day 4 of life for possibility of intestinal obstruction. A laparotomy was done on day 6 of life and she had ileoileal intussusception with gangrenous intussusceptum. Bowel resection and end-to-end anastomosis was performed. She recovered well postoperatively and histopathological examination showed no significant bowel abnormality to suggest lead point.
VIDEO-ASSISTED THORACIC SURGERY (VATS) FOR IATROGENIC LUNG INJURY
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Introduction
Video-Assisted Thoracoscopic Surgery (VATS) has an established role in elective thoracic surgery. However, its application in emergency clinical situation is still uncommon. We would like to share our experience performing VATS in emergency thoracic surgery.

Case Report
Our patient is a 35 year-old man, who presented to Hospital Tengku Ampuan Rahimah’s medical department with symptoms and signs suggestive of community acquired pneumonia with right pleural effusion. Needle thoracocentesis was done to aspirate the effusion for diagnostic and therapeutic intent. Pleural effusion worsened after the thoracocentesis and second needle thoracocentesis show 70 ml of fresh blood at day 3 of admission. Patient’s condition slowly deteriorated with worsening respiratory distress and pallor. CT thorax showed a right sided massive pleural effusion with total collapse of right lung, tracheal and mediastinal deviation to left. A tube thoracotomy was done, and 2 litres of blood drained out almost immediately. Patient was intubated for impending respiratory collapse, was resuscitated and stabilized for an emergency VATS. Intra-operatively we noted a puncture wound over the middle lobe of lung with active bleeding. Puncture wound was sutured thorascopically and the bleeding arrested. Post-operatively patient recovered well without any immediately or early complications.

Conclusion
In similar emergency conditions, instead of open thoracotomy, VATS is a safe and acceptable treatment option.
TORSION OF WANDERING SPLEEN: A PRESENTATION MIMICKING APPENDICITIS IN A YOUNG PATIENT

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Wandering spleen is a rare surgical condition which is due to extreme laxity or absence of the ligaments that fix it at its normal anatomical position at left hypochondrium. This laxity permits the spleen to descend into the abdomen or even into the pelvis. The incidence in Malaysia is unknown and discussions in the literature about this condition are limited to isolated reports and small case series. The patients usually asymptomatic except episodes of minor abdominal pain. However, a serious complication, pedicle torsion may occur which will result in splenic ischaemia and infarction. Clinical suspicion and urgent investigation and intervention are important, so as to salvage the spleen and to prevent late complication. We report a case of torsion of wandering spleen in a 19 years old lady, presented with acute abdomen.

The patient, with no previous illness, presented with right iliac fossa pain which increased in frequency and intensity in one week. As the patient presented with acute abdomen and physical examination mimic perforated appendicitis, emergency laparotomy was done. Operative findings reveals huge and mobile infarcted spleen situated low in the abdominal cavity, with torsion of the pedicle. Splenectomy was performed. Her recovery post-operatively was uneventful.

Torsion of wondering spleen is probably not thought to be one of differential diagnosis of perforated appendicitis due to its anatomical origin and location. Torsion may cause engorgement of spleen and ischemia. Inflamed ischaemic spleen in turn can irritate parietal peritoneum which causes pain at right iliac fossa. The pain progress to generalized peritonitis as the ischemia progress to necrosis. This is the most probable explanation of current presentation.

Splenectomy was treatment of choice for this patient as circulatory damage of the spleen already sustained and the huge size will predispose it to traumatic injury. However, laparoscopic exploration and splenopexy becoming more popular treatment for wandering healthy spleen.
CHALLENGES IN MANAGING ACUTE SURGICAL ABDOMEN IN IMMUNOCOMPROMISED PATIENTS

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Introduction
Managing acute surgical abdomen in immunosuppressed patients is very challenging. We report 2 cases related to this problem; systemic lupus erythematosus (SLE) with bowel ischaemia and Cushing’s disease with acute pancreatitis.

Case 1
A 37-year-old lady, with underlying SLE since 2005 was admitted to medical ward for flare of SLE. She also had vomiting and diarrhea with non-specific abdominal pain. Clinically, she was afebrile and showed no peritonism. She was treated as lupus enteritis as CT-scan revealed thickened small bowel. However, despite intravenous methylprednisolone, the abdominal pain persisted and abdominal x-ray showed worsening of ileus. Exploratory laparotomy revealed multiple gangrenous patches at small bowel; bowel resection with primary anastomosis done. Post-operatively she recovered very slowly. She developed nosocomial pneumonia with worsening septic parameters, which required prolonged ventilation and inotropic support. She succumbed to her illness after a month in ICU.

Case 2
A 24-year-old lady with underlying ACTH-dependent Cushing’s disease was admitted to medical ward for hypertensive crisis and uncontrolled diabetes mellitus. She was then transferred to CCU for acute coronary syndrome with heart failure. A few days later, she developed severe abdominal pain and CT-scan showed haemorrhagic pancreatitis with peri-pancreatic collection. She was treated conservatively. However her conditions worsened and required ventilation. She further deteriorated and finally succumbed to death.

Conclusion
Systemic inflammatory responses are blunted in immunocompromised patients. The typical manifestations of abdominal sepsis may be absent or delayed, and may lead to late diagnosis resulting in increased patient’s morbidity and mortality. Clinicians must develop a high index of suspicion for potential early abdominal surgical interventions in these groups of patients.
The author presents a case of breast tuberculosis in a lactating woman. Breast tuberculosis is common in lactating women and the choice of treatment will be anti tuberculosis treatment. Our report shows how the diagnosis of breast tuberculosis was made and the treatment offered to the patient. Patient presented with non healing breast abscess where further investigation via tissue biopsy revealed tuberculosis of the breast. Patient was then started on anti tuberculosis treatment. The author suggest that all the non healing breast abscess should be investigated for breast tuberculosis and this can be done via tissue biopsy.
THE EPIC EFFECTIVENESS OF BREAST CAMPAIGN STUDY
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Breast cancer campaign is being held yearly in Kuala Terengganu to create awareness among the local population regarding breast cancer. This study evaluates the effectiveness of the campaign. The campaign was held for 4 days, where posters and pamphlets were distributed to the local population and they were screened for risk factors and were given a mammogram/US date within a period of 3 months. A total of 55 female patients (47.27% malays, 52.73% chinese, 0% Indians) with risk factors (10.9% 1st pregnancy >30 years old, 7.27% nulliparity, 38.2% taking OCP/HRT, 5.45% menopause > 55 years old, 7.27% menarche <12 years old, 80% pre menopausal >40 years old / post menopausal >50 years old, 3.64% history of proliferative breast disease, 12.7% family history of breast cancer, 23.6% radiation exposure), were given mammography/US appointment. Out of 55 patients, 47 went through the imaging screening, while 8 defaulted their appointment. Out of 47 imaging screening, there are 15 (14.9% malay, 17% chinese, 0% Indians) with positive findings. Out of those, 5 findings were suspicious while 10 are benign findings. In conclusion, breast cancer campaign is an effective method in creating breast cancer awareness and early detection among the local population.
MINIMISING MINIMALLY INVASIVE SURGERY
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Introduction
Minimally invasive surgery has been great changes over the last few years. In the world of laparoscopy there were a lot of innovations to further minimise the incision.

New approach comes with increased demand on technical skills, a need for training technique and the potential for new possible complications and adverse outcome.

Objective
Reduce port surgery offers the opportunity for the surgeon to progress in his or her field of work as well as offering an effort to further reduce morbidity and improve acceptance by current generation of patients.

Discussion
Minimising the number and the ports size to perform laparoscopic cholecystectomy can improve post-operative pain control, rapid return to the activity and work, patient satisfaction and cosmetic result.

We report few cases of all 5mm port for laparoscopic cholecystectomy done by a single surgeon.
SURVIVING THE IMPOSSIBLE:
LAVAGE AND CONTINUOUS PERITONEAL

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Haemorrhagic pancreatitis is a lethal systemic inflammatory condition and has been labeled as hard-to-treat disease, with mortality up to 30%. This is a sharing of 3-case series experience in Sandakan managing acute haemorrhagic pancreatitis.

All three patients came at different times within year 2012 to 2013 presented as acute abdomen and exploratory laparotomies were undertaken. Only to the surgeons’ nightmare of worst-case scenario: haemorrhagic pancreatitis. Necrosectomies were not done but a gentler approach was embarked on.

Peritoneal lavages were done with copious amount of normal saline and three-drain systems were set up. First drain was inserted into the lesser sac from the left paracolic gutter from the skin, the second drain was inserted from the lesser sac into the Morrison's pouch to the skin, and lastly a pelvic drain was instituted.

Post-operatively, continuous drainage using sterile warmed normal saline into the first drain was done for a week until the drain were clear. Those drains were kept for another day to look for any haemorrhage or pus. Those patients were kept nil by mouth for 3 to 4 days before restarting feeding. Patients were kept at normothermia and all electrolyte imbalances were corrected, in unison with the anaesthetists.

All three patients were nursed in intensive care unit for about a week, follow-by rehabilitation in the ward. None of them developed pseudocyst. During clinic follow-up, they are well, able to continue with their daily activities. Two patients had cholecystectomies while the other gave up on alcohol.
IMAGING IN OPERABLE BREAST CANCER: WHAT MRI COULD SEE AND MAMMOGRAPHY COULDN’T

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Introduction
Magnetic resonance (MR) imaging has been increasingly used for diagnosis as well as screening for breast carcinoma, particularly in situation where conventional imagings namely mammography and breast sonography are inconclusive or yield discrepancies.

Case Report
We present a 69-year-old lady with a two week history of painless hard mass in the right breast. Ultrasonography and mammogram revealed a 2.8 x 1.9 cm hypoechoic mass with irregular border at the 12 o’clock position. Preoperative MRI showed an enhancing speculated mass with heterogenous internal enhancement pattern with perifocal oedema. There were areas of linear non-mass enhancement extending posteriorly from the mass. On the kinetic curve analysis, there is rapid initial rise, followed by a drop-off with time (washout) in the delayed phase consistent with type 3 curve.

We performed wide local excision (WLE) and axillary clearance for this patient. The WLE included 1 cm rim of normal tissue surrounding the mass, and a column of breast tissue extending from the mass down to the pectoral fascia.

Histopathology report confirmed poorly capsulated breast carcinoma, with extension of cancerous tissue from the deep surface of the tumour.

Conclusion
MRI has the ability to detect perilesional extension of the tumour hence could be better than conventional imagings in assessing operability of breast carcinoma especially when breast conserving surgery is intended.
A CASE OF GLOMUS TUMOUR FOUND FROM EXCISION BIOPSY OF SEBACEOUS CYST
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Introduction
Glomus tumour are hamartomatous proliferation of modified smooth muscle cells and is of uncommon occurrence in daily practice. Among those lesions on buttocks are uncommon and those showing malignant potential is extremely rare.

Case Report
A 47 year old lady presented to us with swelling at right buttock 6x5 cm and tender on palpation. Swelling has been there for past one year and slowly increasing in size. It resembled a sebaceous cyst and excision biopsy was done. Intraoperatively appeared as large sebaceous cyst 5x3 cm with intact capsule. Hpe came back as glomus tumour of uncertain malignant potential (due to large tumour size >2mm). Patient defaulted follow up and came back 7 months later with painful swelling 1x1 cm at lateral margin of the operative scar.

Conclusion
This stresses the fact that excision biopsy are important in soft tissue lesions due to uncommon presentation of rare soft tissue diseases which can mimic commonly seen lesions.
CAVERNOUS SINUS THROMBOSIS: TWO CASES OF DEADLY PIMPLES FROM THE DANGEROUS AREA OF THE FACE

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Background
Cavernous sinus thrombosis is defined as thrombosis of cavernous sinus due to septic or aseptic thrombophlebitis. Cavernous sinus thrombophlebitis is a rare, dangerous, and historically difficult condition to diagnose and treat. Knowledge of the imaging findings and the importance of early diagnosis and treatment are emphasized.

Objectives
We would like to familiarize clinicians with the clinical features of cavernous sinus thrombosis and emphasis the need of early antibiotic treatment to prevent further morbidity and mortality.

Patients
Here we report 2 cases of cavernous sinus thrombosis secondary to facial cellulitis at the dangerous area of the face. Both cases started as an acne, 1 over the nose and another at the left infraorbital region. One patient survived from cavernous sinus thrombosis as antibiotics was initiated early in the recognition of the disease.

Discussion
The anatomy of the cavernous sinus and its relationship with the “dangerous area of the face” dictates the natural history and diagnosis of cavernous sinus thrombosis. Antibiotics selected should be broad-spectrum, particularly active against S aureus, and capable of achieving high levels in the cerebrospinal fluid

Conclusion
Diagnosis from clinical features mainly, blood investigation of the causative agent and supported by imaging techniques to diagnose this condition. Management should be in the intensive care unit with prompt recognition of the condition, so that early goal directed therapy with high dosage of antibiotic can be initiated.
NON-OPERATIVE MANAGEMENT OF UNCOMPLICATED ACUTE APPENDICITIS IN PREGNANCY: IS THIS A FEASIBLE OPTION?
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Introduction
Acute appendicitis in pregnancy is associated with higher morbidity to both mothers and fetuses, and most authors recommend early appendicectomy to reduce risk of morbidity and mortality. Despite carefully planned surgeries and advancement of general anaesthesia, rate of fetal loss and premature labour is still high after open or laparoscopic appendicectomy.

Objective
We intend to report a series of 3 cases of uncomplicated acute appendicitis in pregnancy presented to Hospital Universiti Sains Malaysia (HUSM) between June 2013 and March 2014 who refused appendicectomy despite counseling.

Results
3 cases of uncomplicated acute appendicitis in pregnancy were diagnosed based on clinical assessment and ascertained to be uncomplicated by radiological assessment with ultrasound. All 3 cases reported have refused to consent for appendicectomy and treated with a course of intravenous antibiotics successfully. All 3 patients were discharged without complications or recurrence of appendicitis.

Conclusion
The role of non-operative management of acute uncomplicated appendicitis in pregnancy has yet to be established due to lack of reports and studies. The key strategies in managing the 3 patients were accurate diagnosis, both clinical and radiological, appropriate choice of antibiotics and close monitoring to detect complications. Further studies are required to define the criteria of patient selection, gold standard imaging in pregnant patients and choice of antibiotics.
A 68 year old lady with background of hypertension, diabetes mellitus and renal failure presented multiple times complaining of vomiting blood and black stools for the past 2 months. Her first 2 OGD revealed multiple ulcers at antrum, Forest III ulcers at incisura, D1 and D2. Biopsy at the ulcer edge revealed adenocarcinoma diffuse type. Subsequent OGD performed revealed a fungating ulcer extending from the proximal mid lesser curvature until the incisura, no growth was seen. Computed tomography (CT) scan found focal enhancing thickened bowel wall at the greater curvature of the stomach, the pancreas is atrophic with foci of calcifications and a unilocular cystic lesion seen in head of pancreas. The patient consented for Whipple’s procedure and subtotal gastrectomy. Intraoperatively, a tumor was noted at the lesser curvature extending till the incisura. There was presence of enlarged nodes at station 3. Histology of the stomach revealed gastric adenocarcinoma, diffuse type. 2 lymph nodes from the lesser curvature was involved with extranodal extension. Her gastric carcinoma was stage T2 N1 Mx. Histopathologic finding of the pancreas showed pancreatic mucinous cystadenoma. On post operative day 13, the patient developed hematemesis and fresh malena with no episodes of bleeding subsequently and the patient responded well on PPI with no evidence of active bleeding on CT angiogram and mesenteric angiogram. The patient was discharged well on post operative day 25 and was referred to an oncologist for adjuvant treatment.

In conclusion; surgeons need to be aware of the possibility of a synchronous second primary cancer with gastric cancer because the prognosis of early gastric cancer is adversely affected by the presence of a second primary cancer.
ONCOPLASTIC LUMPECTOMY: PRELIMINARY EXPERIENCE AND OUTCOMES FROM A SINGLE SURGEON SERIES

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Purpose
Evaluate the early surgical outcomes and patient satisfaction.

Methodology
Prospective analysis of oncoplastic lumpectomies from 01 January 2013 to 31 December 2013.

Results
106 oncoplastic lumpectomies of various techniques were performed in 94 patients.

Final histology confirmed 63 benign and 43 malignant pathology. There were 69 Level 1 glandular advancement and 37 Level 2 volume displacement procedures.

2 patients (4.6 %) required salvage mastectomy. Tumor free resection margin was 86.1%.

Mean size of malignant tumor was 32 mm (range of 10 to 55 mm) and 73 mm for benign lesion (range of 33 to 250 mm)

There were no Nipple Areolar Complex (NAC) related complications. There was an incidence of flap necrosis (0.9%), 3 cases (2.8%) each for surgical site infection (SSI) and mastitis.

Patient satisfaction was high (90.5%) with majority of patients choose to have the same surgery and would recommend the procedure to others.

Conclusion
Our rate of 4.6% positive margin and overall complication rate of 6.6% are comparable with published rates. Fitting the patient to surgery ensures a good outcome and patient satisfaction.
EARLY DETECTION OR SIMPLY LUCK?
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Introduction
Pregnancy Associated Breast Cancer (PABC) was defined as breast cancer diagnosed within 9 months prior to delivery date or up to 2 years after birth. It was associated with increased mortality compared with those diagnosed not near pregnancy.

Case
This is a 20 weeks pregnant, 36 year-old lady initially presented with 2 right breast lumps at a private hospital. Triple assessments performed. Ultrasound breast and the fine needle biopsy reported as benign proliferative breast lesion. She was encouraged for excision biopsy under general anaesthesia. However, histopathological report came back as mucinous carcinoma with infiltrating ductal carcinoma for both lesions involving surgical margin. She was then referred to our centre for further management. Multidisciplinary team was involved including obstetrician, neonatologist, oncologist, surgeon and breast care nurse. She underwent right mastectomy and axillary clearance on 23/11/13. Postoperative period was uneventful. At 24 weeks of gestation, she started her chemotherapy for 4 cycles then rested for 4 weeks while waiting for spontaneous labour. Periodically, she had multidisciplinary team meeting and counseling for better understanding and adherence to the treatment.

Discussion
Breast cancer in pregnancy adds complexity to the treatment mainly due to the concern of the unborn baby and the mother. Our concern is the effect of the drugs on the developing fetus and long-term complications after in utero exposure to anti-cancer drugs. Breast-conserving surgery can be performed preferably in the 2nd and 3rd trimester because of ensuing radiotherapy should be delayed up until after delivery. Anthracyclines-based regimens proved to be safe in 2nd and 3rd trimester.

Conclusion
With multidisciplinary approach, breast cancer in pregnancy is no more a dilemma.
OVARIAN TUMOR: RARE PRESENTATION OF BREAST CANCER METASTASIS
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Introduction
Ovarian metastasis in breast carcinoma is uncommon. It accounts for 6-7% of ovarian malignancy in which 10% of cases involved bilateral ovaries.

Case
This is a 39 years old Malay lady diagnosed as left breast invasive lobular carcinoma with initial clinical staging of T2N1M0 in 2010. Initially she had lumpectomy with axillary clearance but due to involved surgical margin she underwent completion of mastectomy. Progestrogen receptor is positive. Estrogen and HER2 receptor was negative. Subsequently, she completed FAC regimes for 6 cycles and radiotherapy for 25 cycles. She was also on Tamoxifen since 2010. In January, she presented as painless abdominal distension for 4 months without bowel or urinary symptom. CT scan showed bilateral ovarian mass, likely malignant. Exploratory laparotomy, total abdominal hysterectomy bilateral salphingoophorectomy and omentectomy done by gynaecology team. Intraoperatively, there was bilateral ovarian tumor with pelvic lymphadenopathy and ascites. Histopathological reports came back as metastatic ovarian invasive lobular carcinoma with positive pelvic lymphadenopathy with no omentum involvement. After oncologist consultation, we planned for second line of chemotherapy, Doxitacel for 6 cycles.

Discussion
Ovarian metastases are detected in 10%-20% of autopsies and 30% of therapeutic oophorectomy specimens from cases of breast carcinoma. Although invasive lobular carcinoma has a much greater tendency to metastasize to the ovary, 75% of ovarian metastases are from invasive ductal cancers due to its higher prevalence. It can occur long after treatment for primary breast cancer, with intervals ranging from 1-19 years, in which it can be mistaken as ovarian primary during intervention.

Conclusion
Early breast carcinoma had good prognosis but long term follow-up is important to look for local and distant recurrence.
Obturator hernia was first described by Ronsil in 1724, is a rare pelvic hernia with incidence of 1%. It is a significant cause of intestinal obstruction in multiparous and emaciated elderly women due to a wider pelvis and enlarged obturator canal. The other risk factors include chronic obstructive pulmonary disease, chronic constipation and ascites. The cardinal clinical symptom is acute intestinal obstruction. We present a case of obturator hernia manifesting as acute intestinal obstruction. In our case, in view of no CT availability (which has superior sensitivity and accuracy) and patient presented with acute intestinal obstruction with peritonism, emergent operation was performed. Therefore diagnosis was only confirmed postoperatively. The incarcerated intestine was reduced and obstruction was successfully relieved. Obturator foramen was repaired by simple suture and mesh application. The patient recovered uneventfully and no recurrence occurred during the follow-up. The obturator hernia should be included in the differential diagnosis if clinically suspected in elderly female with acute intestinal obstruction. Early diagnosis and prompt surgical treatment are essential to reduce the morbidity and mortality associated with obturator hernia. Recently, laparoscopic surgery for obturator hernia became another alternative approach if diagnosis is confirmed earlier.
THE UNUSUAL PRESENTATION OF CECAL CANCER WITH SYNCHRONOUS TUMOUR AT DESCENDING COLON

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Synchronous colorectal cancer is rare and only occurs in 2% to 11% of all colorectal cancers. By definition, the tumours are detected either pre / intraoperatively, or in a 6 months period postoperatively.

We reported a case of a 48 year-old Malay male, presented with chronic lumbar pain for 6 months duration associated with significant loss of weight, loss of appetite and generalized fatigability. Clinically, there was a vague mass at the right iliac fossa. Colonoscopy showed fungating mass at the caecum and another fungating mass at descending colon about 40cm from anal verge. CT scan revealed synchronous colonic tumours in the caecum and descending colon. Laparotomy confirmed synchronous tumours at the caecum and descending colon for which subtotal colectomy with ileorectal anastomosis was performed. Histopathological examination reported both tumours as moderately differentiated adenocarcinoma.

Preoperative or intraoperative detection of synchronous tumour is vital because once they are not recognized, they may present at advanced stage, thereby reduced the probability of cure at the time of detection. Early identification of synchronous tumour may alter the extensiveness of the surgical procedure in order to decide for strategic therapeutic management.
MULTIPLE HUGE SPLENIC CYSTS
– HOW DO WE APPROACH?

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We are reporting our laparoscopic experience in managing a teenager with a rare case of multiple huge splenic cysts. She was presented to us with progressive enlargement of a left hypochondrium mass with discomfort and compressive symptoms. Laparoscopic deroofing of the splenic cyst was performed for her with no evidence of recurrence up to 12 months followup. However, there are persistent smaller splenic cysts which noted intraoperatively and are managed via expectant management. There is lack of algorithm of management guidelines for splenic cysts due to the rarity of the disease. Splenectomy is currently out of favour as we apprehend the possible post-operative catastrophic consequences. Percutaneous splenic cyst aspiration is the simplest of all especially for those cyst that is located anteriorly which easily accessible via ultrasound guidance. However, it is associated with high recurrence rate and risks of splenic abscess formation. Laparoscopic management has all the advantages of less post-operative pain due to smaller incision, shorter hospitalization and earlier returned to work. Laparoscopic unroofing or deroofing of the splenic cysts was believed to have higher recurrence rate when compared to laparoscopic decapsulation and also marsupialization and packing technique. We understood that the laparoscopic decapsulation of the splenic cyst yields the best result of the low recurrence rate but it has a steep learning curve. We concluded that laparoscopic deroofing of the splenic cyst is easier to master with a reasonable recurrence rate. Hence, it can be performed at a budding laparoscopic centre.
ROBOTIC-ASSISTED TRANSAXILLARY THYROIDECTOMY FOR A PATIENT WITH SUBSTERNAL GOITRE
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Introduction
Thyroid surgery for benign diseases mainly involves young women, thus cosmetic considerations have motivated the development of ‘no scar in the neck’ procedures. Robot-assisted transaxillary endoscopic thyroidectomy is a technically feasible and safe procedure that results in a ‘scarless neck’ for patients undergoing thyroidectomy. However, its use in substernal and retrosternal goitres have been limited due to technical difficulties.

Patients and Methods
A 25-year old woman presented with a right sided anterior neck swelling. She was clinically euthyroid with no compression symptoms. Examination revealed a right solitary thyroid nodule measuring 2 x 5 cm which was firm and non tender. Ultrasound showed a right complex thyroid nodule in the lower pole measuring 3.7 x 5 x 5.3 cm. An ultrasound-guided fine-needle aspiration cytology was inconclusive. A diagnosis of a right complex thyroid cyst was made and the patient was planned for a robotic-assisted transaxillary endoscopic right hemithyroidectomy.

Results
Right gasless transaxillary hemithyroidectomy was performed using the daVinci IS surgical robotic system. Intra-operatively, the right thyroid lobe measured 3.5 x 2 cm with a 5 x 3 cm substernal thyroid cyst attached to the right lower pole by a fibrous band (type A II based on the ‘Putrajaya Classification’). The whole procedure was successfully performed via the robotic approach. Total operating time was 3 hours with minimal blood loss. Postoperative recovery was uneventful and she was discharged after 3 days.

Conclusion
Robot-assisted transaxillary endoscopic thyroidectomy offers better cosmetic outcome compared to traditional open thyroid surgery. Here we report its successful use in a patient with type A II substernal goiter.

Keywords
Robotic-assisted transaxillary endoscopic surgery, Gasless, Substernal goitre
MEDIAN RAPHE CYST MIMICKING A PENILE HEMANGIOMA: A CASE REPORT

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Median raphe cyst is an uncommon congenital embryonal developmental defect that can occur anywhere from penis to perineum. Only slightly over 200 cases have been reported since 1913 till this date, owing to its asymptomatic nature. Of those cases, only one case has been reported to resemble penile hemangioma as the clinical presentation. We reported a case of a young man presented with a penile nodule that mimicked a penile hemangioma. The clinical presentation and its management will be discussed.

A 21 year old man presented with a 3x2 cm penile nodule located at glans penis very close to the urethral meatus which was tender and bluish in color. The nodule was present since childhood, but got bigger and associated with pain.

Our initial diagnosis was penile hemangioma that may have complicated with thrombosis or intrallesional rupture. We performed excision of hemangioma and meatoplasty and postoperatively patient recovered well without complications. Histopathology later revealed a median raphe cyst of the penis.
Obesity is a pandemic disease now. Once a disease of developed countries, its prevalence is now rising in developing countries. It is estimated that one third of Malaysian adults are obese. Obesity can either exist on its own without any comorbidities or being associated with systemic hypertension, diabetes mellitus or dyslipidaemia, a condition now known as Metabolic syndrome (Syndrome X).

A huge proportion of obese patients have impaired cardiac functions, as a result of chronically raised afterload and also by other mechanism. Similarly impaired cardiac functions are also observed among Metabolic syndromes patients, regardless being obese or having a normal BMI. We have both group of patients presented to our clinic, though the latter made up a smaller proportion. Bariatric surgery was performed on the morbidly obese group and metabolic surgery on the metabolic syndrome group. Their cardiac status were assessed routinely prior to the surgery by ECG and also Transthoracic echocardiogram, along with other blood tests and imaging investigations.

We therefore conduct a descriptive study to look at the prevalence of impaired cardiac functions among the morbidly obese group and the metabolic syndrome group.

We aim to identify the prevalence of impaired cardiac status in both groups and therefore hoping preventive measures can be carried out before they actually develop into full blown cardiac diseases.
Duodenal diverticula are common anatomical entities, first reported by Chomel in 1710. They are often identified incidentally at endoscopy and have a reported prevalence rate of 22%. Small bowel diverticula may present with similar complications as colonic diverticulosis albeit rare. Here we present a case of recurrent upper gastrointestinal bleeding secondary to duodenum diverticulum. The patient is a 62 years old chinese gentleman who presented with maelegen stools and anemia. OGDS done twice during his admission showed bleeding D2/D3 diverticulum. Endoscopic hemostasis was secured with clips. He was admitted late 2012 with UGI and similar endoscopic findings as well. We planned an elective diverticulectomy and feeding jejunostomy which intra-operatively showed small D2 diverticula < 1 cm from ampulla and large D2/D3 diverticulum, 4 cm in length with broad base. He recovered well from post-operatively and discharged day 5 post op. Duodenal diverticula bleeding is rare and usually managed non operatively. Recurrent bleeding however, justifies definitive surgical management.
A CASE REPORT OF LARGE CELL NEUROENDOCRINE CARCINOMA OF THE THYROID

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Background
Thyroid cancers are usually classified according to their histopathological characteristics: papillary, follicular, medullary, anaplastic. There are other rare subtypes such as large cell neuroendocrine carcinoma of the thyroid.

Methods
The study design was an observational study. We reported a rare case of a man with large cell neuroendocrine carcinoma of the thyroid.

Results
A 63 year old gentleman had presented with a thyroid swelling for 3 months that is increasing in size. Computed tomography of the neck and thorax showed thyroid carcinoma with superior mediastinal nodes and lung metastatic nodes. Ultrasound guided trucut biopsy of the thyroid gland showed high grade large cell neuroendocrine carcinoma. He subsequently underwent total thyroidectomy and given a course of carboplatin and etoposide. Unfortunately he succumbed to his illness due to neutropenic sepsis.

Conclusion
Diagnosis and treatment of large cell neuroendocrine carcinoma are controversial, difficult and still evolving.
A CASE OF SYNCHRONOUS RECTAL TUMOR
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Introduction
Synchronous colorectal cancer is the presence of two or more lesions simultaneously at the
time of diagnosis or they are diagnosed within 6 month period. The presence of synchronous
rectal tumors is usually uncommon compared with other types of synchronous tumors.

Case Report
Mr AR 60 yr old gentleman presented with altered bowel habit and per rectal bleeding for
1 year. His colonoscopic evaluation was incomplete due to inability to pass the scope beyond the
tumor. Patient planned for ct scan thorax, abdomen and MRI pelvis and underwent neoadjuvent
chemoradiotherapy followed by Abdominoprineal resection in which intraoperatively was
discovered the patient having a synchronous colorectal cancer.

Discussion
Synchronous Rectal cancer diagnosis depends on the conventional preoperative colonoscopy
and the management will depend on the index lesion grading and staging. The prognosis and
5 year survival is still not clear whether it is worse than single lesion cancer or not.

Conclusion
there is a need for more studies regarding the synchronous rectal cancers to study the
epidemiological aspects, management and prognosis of such cases.
A 10 YEAR RETROSPECTIVE REVIEW OF AUTOLOGOUS BREAST RECONSTRUCTION: HKL EXPERIENCE

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Breast reconstruction after mastectomy results in improved self image, psychological well being and restoration of physical form after mastectomy. Aim of this study to review option of autologous reconstruction in our setting.

Materials And Method

All patients who underwent breast reconstruction with autologous reconstruction at the Department of Plastic and Reconstructive Surgery at the Hospital Kuala Lumpur between 2002 and 2012 were reviewed. These patients were referred from breast and endocrine surgery team after assessment and patient agreed for breast reconstruction after mastectomy.

Data included patient age, smoking status, radiation therapy, reconstruction timing (immediate versus delayed) and autologous tissue type (free deep inferior epigastric perforator (DIEP) flap, free transverse rectus abdominis musculocutaneous (TRAM) flap, pedicled TRAM flap and pedicled lattisimus dorsi myocutaneous flap).

Complications in these groups of patients were identified and rates of flap and donor site complications were compared.

Results

A total of 42 patients (29 pedicled flaps and 13 free flaps) were performed. The pedicled flaps were TRAM flap and lattisimus dorsi flap and free flap of choice are TRAM flap and DIEP flap.

Flap complications occurred in 10 cases with partial flap loss, delayed wound healing, venous congestion and total flap loss.

Delayed wound healing that required surgical debridement and closure are most common donor site complications in both pedicled and free flaps. There is no seroma and abdominal hernia reported.

In delayed breast reconstruction due to radiotherapy treatment, there was increase risk of wound related complications in free flap breast reconstruction.

Conclusion

In our review, we found that immediate TRAM flap is the procedure of choice for most patients after mastectomy. Most of the breast cancer patient presented in advanced stage as they seek for other treatment and breast reconstruction usually not an option during this stage.
RETAINED RECTAL FOREIGN BODY – AN UNCOMMON SURGICAL EMERGENCY, SARAWAK GENERAL HOSPITAL EXPERIENCES
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Retained rectal foreign bodies is an uncommon surgical referral. It presents itself with a spectrum of problems and diagnosis challenged. Patients often make up excuses or do not confide in the attending doctor vital information especially if there was any mischief leading to the event. In this case series, we intend to share our clinical experiences in diagnosing & managing of retained rectal foreign bodies which represent different clinical scenarios and course and subsequently outlining the suggested flow of management on case basis

Keywords
Rectal foreign body, rectal perforation, perineal necrotizing fasciitis
UNFORSEEN ACUTE ABDOMEN: ABDOMINAL APOPLEXY
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Spontaneous hemoperitoneum following a bleeding from short gastric artery pseudoaneurysm is a rare and may be fatal condition. Here we describe an unusual cause of spontaneous hemoperitoneum caused by bleeding short gastric artery pseudoaneurysm.

Introduction
Spontaneous hemoperitoneum or also known as ‘abdominal apoplexy’ is a rare condition but may be catastrophic if not managed promptly. It is a blood loss in the peritoneal cavity resulting from variety of disease processes affecting the arterial or venous abdominal vasculature in the absence of traumatic event. It is usually noted on imaging modalities; however, in some instances the diagnosis is only made during a surgical intervention.

Case Report
A 26 year old, healthy young man, presented to Emergency Department with 1 day history of sudden severe generalized abdominal pain. He was noted to be dehydrated, mild pallor and persistently tachycardic. His abdomen was distended, generalized tenderness with guarding. Erect CXR showed no hemoperitneum. He underwent diagnostic laparoscopy which revealed 1.5L hemoperitoneum, large hematoma at lesser sac and spurting short gastric artery pseudoaneurysm. Otherwise, adjacent organs showed no abnormalities. Hemostasis secured with laparoscopic energy source (Ligasure TM) and peritoneal washout done. He was transfused with 2 pints of packed cell intraoperative. He tolerated the procedure and was discharged well 2 days later.

Conclusion
An acute abdomen caused by bleeding short gastric artery pseudoaneurysm remained a rare cause. However, early recognition of abdominal apoplexy in the Emergency Department is very important and when in doubt, diagnostic laparoscopy may be helpful.
FOURNIER’S GANGRENE WITH A TWIST
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Introduction
A case report on a patient with perforated Richter's hernia presenting deceptively as Fournier's gangrene.

Case Report
A 48-year-old gentleman, an illegal immigrant, presented with a one-week history of painful left scrotal swelling with pus discharge. On examination, he was not septic but emaciated and dehydrated. Abdomen was soft, non-tender, and scaphoid. His scrotum was gangrenous, swollen, with foul smelling pus discharge. Wound debridement for Fournier's gangrene was scheduled. Intraoperatively the left scrotum and testis were necrotic with abscess. After debridement, faeculent material was seen coming from the left inguinal region. Suspecting colocutaneous fistula, we proceeded with flexible sigmoidoscopy, which was normal. We then planned for a CT abdomen thinking of abdominal tuberculosis. However, he developed small bowel obstruction the following day. Exploratory laparotomy revealed part of the small bowel and omentum had herniated and perforated into the left deep inguinal ring with no contamination of the peritoneum. Small bowel resection, primary anastomosis and herniorrhaphy were done. The patient recovered well postoperatively.

Discussion
Richter's hernia is a protrusion of part of the circumference of a bowel through an orifice. Therefore, cardinal signs of intestinal obstruction are usually absent but strangulation is the key feature. In this case, despite the bowel perforation, the patient showed no signs of peritonism because of the accompanying omentum around the bowel sealing the inguinal ring. In addition to his emaciated condition and no history of inguinal hernia, there was no suspicion of Richter's hernia. It was a diagnostic dilemma in view of its misleading presentation. In conclusion, Richter's hernia should be considered when dealing with a Fournier's gangrene with faeculent discharge.
Adrenocortical carcinomas remain one of the few poorly understood diseases in mankind. It has an incidence of 2/1,000,000 worldwide and is associated with hereditary genetic disorders. We report a case of an unfortunate 28 year old diabetic gentleman who presented with left hypochondrium pain to a private hospital. Clinical examination revealed a vague left hypochondrium mass. Contrast enhanced computed tomography of his abdomen showed a left adrenal mass measuring 5.9 x 5.7 cm. Laboratory investigations of interest; urine catecholamines, SynACTHEn test, iPTH and BUSE were collectively normal. He was subjected to a trucut biopsy which was initially reported as pheochromocytoma. MIBG scan however, did not show evidence of MIBG avid disease. Second opinion of the trucut biopsy specimen in Penang General Hospital further raised suspicion of an adrenal neoplasm. He was subjected to a laparotomy and left adrenalectomy. Finding intraoperatively showed a 6 x 7 golden coloured adrenal tumour. The patient recovered well post operatively. Histopathology of the tumour confirmed it to be a poorly differentiated adrenocortical carcinoma. He was referred to the Oncology team and subjected to adjuvant treatment with mitotane. He is planned for a follow up CECT Abdomen in 3 months. Literature review discussed.
**PRIMARY RECTAL LYMPHOMA: A CASE REPORT**

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**Objectives**
Primary lymphoma of rectum is a rare disorder comprising of 0.2% of large intestinal malignancy. Its clinical presentation is indistinguishable from rectal carcinoma.

**Methods**
We report a 48-year-old man, presented to our institution with 4 months history of per rectal bleed, altered bowel habit and weight loss. Digital rectal examination showed a mass at 2cm from anal verge.

**Results**
Endoscopy biopsy confirmed Diffuse Large B-cells Lymphoma (DLBCL). Immunohistochemical profiles favour Germinal Centre-like (GCB) molecular subtypes. Computed tomography scan of abdomen and pelvis revealed extensive bulky pelvic mass encasing major blood vessels with extensive para-aortic and peritoneal nodules. Patient was subsequently referred to hematologist for chemotherapy.

**Conclusion**
High level of suspicion is required for accurate diagnosis of primary rectal lymphoma as clinical presentation is indeterminate.
PRIMARY ANGIOSARCOMA OF THE BREAST:
A CASE REPORT
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Angiosarcoma is a rare form of malignancy occurring in the breast. It account for about 0.05% of all malignant breast tumor. Angiosarcoma arises from the inner lining epithelium of blood vessels. It has a poor prognosis as it is usually an aggressive form of malignancy and is usually detected late after spread to multiple sites. This form of malignancy also has a high chance of recurrence locally. Angiosarcoma is most commonly found on cutaneous tissue of face and scalp but also occur at liver, spleen, breast and deep tissue. Hereby we present a case of right breast angiosarcoma in a patient who develops cutaneous recurrence at the mastectomy site. The objective of this case report is to discuss the diagnosis and management of angiosarcoma of the breast.
ESOPHAGEAL PERFORATION SECONDARY TO SENGSTAKEN-BLAKEMOORE (SB) TUBE
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The author presents a case of esophageal perforation following treatment of Sengstaken-Blakemoore (SB) tube in massive esophageal varices bleeding. Esophageal rupture is a known complication of SB tube treatment which often due to iatrogenic misplacement of the tube. Our report indicates that despite additional guidelines to verify correct placement and new treatment modalities, lethal esophageal rupture still occurs. In this case, simple auscultation was used to guide the SB tube insertion with chest radiograph obtained only after complete inflation of gastric balloon. This patient died because of mediastinitis. The author suggest that confirmation of SB tube placement by auscultation alone may not be adequate. Routine chest radiograph should be obtained before and after full inflation of the gastric balloon to confirm tube position and to detect tube dislocation.
FRACTURED TESTES: A RARE COMPLICATION OF TESTICULAR TRAUMA

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Introduction
Scrotal trauma accounts for less than 1% of all trauma related injuries, because of the anatomic location and mobility of the scrotum. The peak occurrence of scrotal trauma is in the age range of 15 to 40 years. Blunt trauma is the most commonly occurring form and usually results from sport injury, motor vehicle collision or assault. The right testes is injured more often than the left one, because of its greater propensity to be trapped against the pubis or inner thigh. Testicular rupture (also called fractured testes) is a rip or tear in the tunica albuginea resulting in extrusion of the testicular contents. It is a rare complication of testicular trauma. Early surgical exploration and repair of the ruptured capsule is recommended for the best results.

Case Report
We report a case of a 17 year old boy who presented with painful swelling over his left scrotum after alleged motor vehicle accident. Urgent ultrasound shows enlarged and lobulated left testes with loss of its normal configuration and outline. Surgical exploration revealed transected left testes with extrusion of testicular content. Intratesticular hematomas were evacuated and the necrotic tubules and parenchyma was debrided. The tunica albuginea was then closed with a 4-0 vicryl continuous suture. Recovery was uneventful and patient was discharge after day 3 post surgery.
DENGUE FEVER AND UPPER GASTROINTESTINAL BLEEDING – AN ENDOSCOPIC EXPERIENCE

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Introduction
Dengue fever (DF) and the life threatening variant, Dengue Haemorrhagic Fever (DHF) have seen a rise in incidence these past few years. Upper gastrointestinal bleeding (UGIB) in DHF patients is associated with a higher morbidity and mortality however, there is no consensus on its management.

Objectives
This study aims to audit our local practice in dengue patients with upper gastrointestinal bleeding (UGIB), endoscopic interventions received and their outcomes.

Methods
We conducted a retrospective study of severe dengue patients admitted to the Intensive Care Unit (ICU) in Hospital Sultanah Aminah, Johor Bahru from January 2013 to February 2014. Of these cases, those with UGIB and had oesophago-gastroduodenoscopy (OGDS) done were identified from the endoscopy database. We then compared those with endoscopic therapeutic intervention and diagnostic endoscopy only.

Results
A total of 85 patients with dengue fever were admitted to ICU during our study period, of which 13 patients (15.3%) had UGIB requiring OGDS. Seven patients developed UGIB during the critical phase (53.8%), 4 in the febrile (30.8%) and 2 in the recovery phase (15.4%). Eight patients (61.5%) had signs of shock at the onset of UGIB. Median packed cells transfused was 7 units (IQR 8.5) and median length of ICU stay was 4 days (IQR 4.5). Thirteen patients underwent endoscopy where bleeding ulcer were found 7 patients (53.9%) and mucosal erosions only in 6 (46.1%). Nine patients required therapeutic intervention and there were 2 mortalities. There was no association between the platelet level and the amount blood product transfused (r=0.487) but more blood products were transfused among those who received endoscopic intervention (U=3.5, p=0.014).

Conclusion
UGIB in DHF patients warrants endoscopic assessment as there is an incidence of bleeding peptic ulcers that are amenable to intervention. The true benefit of intervention however needs to be assessed in a larger series.
KIKUCHI'S DISEASE (NECROTIZING LYMPHADENITIS)
PRESENTING AS A CHRONIC INFECTED ULCER

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Kikuchi’s disease, or necrotizing histiocytic lymphadenitis, is a rare disease that presents predominantly in young adults in their 20s and 30s from the Far East. We report a case of a middle aged Malay man who presented with a chronic infection of a huge axillary ulcer which turned out to be a Kikuchi Fujimoto necrotising lymphadenitis. Since the rarity of the disease in Malaysia, we focus on the clinical presentation, together with laboratory and pathological tests specifically the utilization of immunohistochemistry in establishing the diagnosis. We advocate the importance of excision biopsy in chronic lymphadenopathy. Here, surgeons and physicians should be aware of this rare entity in managing chronic ulcer with lymphadenopathy.
SILS EXPERIENCE IN HOSPITAL TAIPING
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Introduction
SILS (single incision laparoscopic surgery) has been around since the 1990’s, however its application has only recently gained popularity. There are 2 main approaches of performing SILS that is through the use of a single natural orifice (umbilical) port with multiple lumen and another method of using multiple ports (multiports) through a single incision.

Methods
A total of 34 patients underwent SILS based surgery from January 2013 to December 2013 in Hospital Taiping. Total of 28 SILS appendicectomy and 6 SILS cholecystectomy was performed.

Results
No intraoperative complications were documented, however 1 patient developed post operative surgical site infection that was treated conservatively with antibiotics. Total mean time for SILS appendicectomy was 53 mins and mean time of SILS cholecystectomy was 133mins. 4 cases of SILS appendicectomy needed additional ports and 2 cases of SILS cholecystectomy needed additional ports.

Conclusion
SILS is a feasible method of performing cholecystectomy and appendicectomy. However, to be competent in SILS, the operator needs to be first well versed in conventional laparoscopic surgery. SILS can be used safely provided the availability of the right equipments and skilled operator.
A CASE REPORT OF HEPATO-CHOLEDOCHOLITHIASIS
24 MONTHS AFTER INTERVENTION

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This is a case report of a 28 year old Bangladeshi male who presented with acute intermittent right hypochondriac pain, jaundice and fever for 4 days. After further work-up, we found out that this unfortunate gentleman has acute hepatitis and acute cholecystitis secondary to hepato-choledocholithiasis due to a stent placed in his common bile duct via endoscopic retrograde cholangiopancreatography (ERCP) 24 months ago. This naïve Bangladeshi male believed that he was totally cured after the stenting procedure 24 months ago, hence defaulted follow-up. Endoscopists are expected to have knowledge in potential ERCP complications and be ready to explain them to their patients while taking consent. Hepato-choledocholithiasis secondary to ERCP placed stent is one possible complication of ERCP stenting. We recommend that knowledge of patient in the nature of disease, purpose of stenting, and the duration of stenting must be well informed to the patient. The aforementioned points are crucial during consent taking in order for us to make sure that the patient understands the procedure, ultimately preventing similar mishap in the future.
LAPAROSCOPIC BARIATRIC SURGERY FOR OBESITY: HOSPITAL TAIPing EXPERIENCE
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Introduction
Obesity has been in the past few decades been the bane of modern society. Based on the Malaysian National Health and Morbidity Survey (NHMS) 2011, the number of overweight and obese adults (18 years and above) in Malaysia are 33.3% and 27.2% respectively. Hospital Taiping has been offering bariatric surgery since 2007 through our monthly obesity clinic.

Methods
A total of 95 patients underwent various laparoscopic bariatric procedures from November 2007 to March 2014. These procedures are adjustable gastric bands, sleeve gastrectomy, gastric bypass (Roux-en-Y) and mini gastric bypass and gastric plication.

Results
82.5 % of our patients are females and the rest males. The mean age of the patients was 40 years (range 18–59), mean BMI was 45.2 (range 33.2–67.1). All procedures were completed laparoscopically. No intra-operative complications were noted. Post op complications include wound complications, thromboembolism, nutritional complications, herniation, anastomotic leak and band related complications.

Conclusion
Bariatric surgery is a highly rewarding field as the patients are given a second lease in life. Nonetheless, these are high risk procedures for the patients and for the surgeon a potential medicolegal minefield. Thus, adequate preoperative counseling must be done involving both patients and family informing potential risks and expected benefits.
SOLITARY CALVARIAL METASTASIS FROM THYROID FOLLICULAR CARCINOMA

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Objective
Brain metastasis from thyroid cancers is rare with the incidence of 1.3%. We report a case of a solitary calvarial metastasis from thyroid follicular carcinoma.

Methods
A 74-year-old lady known case of thyroid follicular carcinoma presented with swelling over the left frontal region. Magnetic resonance imaging (MRI) of brain showed a solitary intracranial extra axial lesion arising from the left frontal bone. Patient undergone excision of the calvarial tumor.

Results
Histopathological examination confirmed metastatic follicular carcinoma of thyroid. Subsequent whole-body scan shows no reuptake at the tumor site. She is currently followed up under Nuclear Medicine Department Kuala Lumpur Hospital for further ablation therapy.

Conclusion
Early detection and prompt surgical excision promise a good outcome for calvarial metastasis of thyroid carcinoma.
EXTRAMAMMARY PAGET'S DISEASE: RARE DISEASE WITH LATE DETECTION DUE TO MASQUERADING CLINICAL FEATURES MISLEADING PRIMARY HEALTH CARE PERSONNEL
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ExtraMammary Paget's Disease (EMPD) is a rare intra-epidermal malignancy involving the apocrine gland which mimics eczema or fungal infection. Late diagnosis is often made following years of poor response to topical steroid or antifungal creams. Surgery is the mainstay of treatment, adequate margin clearance must be emphasized in view of the high recurrence.

Method
We reviewed all our cases from year 2000 till 2013 with confirmed histopathological diagnosis of EMPD. Retrospective information regarding demography, initial diagnosis, time lapse till accurate diagnosis, investigative procedures, surgical procedures and margin clearance were gathered from the case files of patients. Data was then analyzed using statistical calculation method.

Results
We had a total of 7 patients with EMPD between 2000 and 2013. All patients were of Chinese ethnicity. Male to female ratio was 6:1. Lesion involved peno-scrotal area in males and vulva in female. Mean age of diagnosis was 64.9 years and average time before accurate diagnosis was 41.6 months. Allergic dermatitis, Hailey-Hailey disease, squamous cell carcinoma and eczema were among the initial diagnosis. Wide local excision (WLE) with split thickness skin graft was performed in 4 patients, 2 patients underwent WLE with primary closure and 1 patient had WLE and groin dissection. No patient received chemo or radiotherapy. Surgical margin clearances were obtained in 3 out of 7 cases. Mean follow up time was 38.4 month and 5 out of 7 patients were lost to follow-up. The remaining two patients shows no evidence of recurrence.

Conclusion
EMPD is a rare clinical condition that mimics common skin inflammatory or infective pathology. Reported local recurrence rates range from 15–61%, and positive margin involvement range from 36 – 71%. A high index of suspicion is required to identify this condition and wide surgical margin should be taken to ensure margin clearance and reduction in recurrence rate.
ACUTE ABDOMEN IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS A NEW CHALLENGE

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Acute abdomen remains a problem in patients with human immunodeficiency virus (HIV) infection. In Asia almost 5 million people are living with HIV infection. About 15% - 18% of HIV patients present with abdominal pain. The commonest cause of abdominal pain in HIV infected patients are, 1) gastro-intestinal opportunistic infection by mycobacterium avium complex, cytomegalovirus, microsporidia. 2) Cholecystitis 3) Abdominal abscesses. 4) Sexually transmitted disease. 5) Peritonitis. 6) Pancreatitis. 7) Abdominal Tuberculosis

We are presenting two cases of HIV patient presented with acute abdomen

Case 1
40 year old malay male, known case of HIV positive, hepatitis C. Who presented with upper abdominal pain for 2 weeks, vomiting, fever, dyspeptic symptoms and diarrhea. Abdominal examination shows epigastric tenderness, guarding, not distended. Mantoux test was positive. OGDS reveal that patient has GERD and Duodenitis. CT abdomen shows enlarged mesenteric lymph nodes, thickening of small bowel wall, no free gas seen, all solid organs are normal.. This patient was treated conservatively with antibiotics and analgesia. Patient was discharged home well on day 9 of hospitalization.

Case 2
46 year old malay male, active IVDU, smoker, HIV positive and hepatitis C. This patient presented with sudden onset of severe generalized abdominal pain, colicky in nature, vomiting, diarrhea and fever. Abdominal examination shows distended abdomen, tender and guarding upper abdomen. Abdominal x-ray shows dilated large bowel. CT abdomen shows multiple micro-perforation of the transverse colon and free abdominal air. This patient was treated with broad spectrum antibiotics and analgesia. This patient was discharged well.

In conclusion various investigative modalities should be employed in assessment of abdominal pain in HIV-infected patients and it may highlight regions of disease not usually suspected clinically and also prevent unnecessary laparotomy.
FATAL PERFORATED GASTRIC ULCER SECONDARY TO ASCARIASIS INFESTATION
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Objectives
Ascariasis infection has wide ranges of clinical presentations. It can be asymptomatic or uncommonly may present as bowel obstruction, perforation or others like appendicitis, cholecystitis and pancreatitis.

Methods
Case report

Summary
More than 1.4 billion people reported to have helmintihic infections worldwide mostly from developing countries like Asia and America Latin. Nearly 20000 death per year resulted from various clinical presentations of this infection. Ascariasis lumbricoides or better known as roundworm is reported as the most highly prevalent parasitic infections. While most infested patients are asymptomatic, a wide range of manifestations like bowel obstruction, appendicitis, cholecystitis, pancreatitis and perforations have been reported. There was still scarce literature on incidence of perforated gastric ulcer secondary to ascariasis. The intestine has an immense capacity for dilatation and can possibly accommodate 5000 worms without any symptoms. Intestinal obstruction is due to worm bolus and commonly occurred in children. Gangrene or perforation may occur as a result of pressure necrosis by round worms or due to localized volvulus. The perforation can be divided into primary or secondary perforation in which primary perforation is when the worm perforates through a healthy intestine and secondary perforation happened when it associated with intestinal disease like enteric fever or weakness in intestinal wall. We present to you a case report of a patient who presented with perforated gastric ulcer with ascariasis infestation which eventually has a fatal outcome.

Conclusion
Ascariasis infestation commonly asymptomatic but wide ranges of clinical presentation are reported. Prevention by deworming program should be initiated early to prevent its undesirable fatal complications.
Isolated aneurysm of common iliac artery is rare. Growth is unfortunately silent. Iliac artery aneurysms are managed aggressively as it is highly fatal. Option of treatments includes open surgical repair or endovascular approach. We reported a case of isolated right common iliac artery aneurysm discovered incidentally during ultrasonography for lower urinary tract symptoms. He subsequently underwent an open repair of right common iliac artery aneurysm with prosthetic graft. Sixth month post operation he remains alive and well.
EFFECTIVENESS OF NECK EXPLORATION FOR TOTAL PARATHYROIDECTOMY IN RENAL HYPERPARATHYROIDISM

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Introduction
Renal hyperparathyroidism is a common and serious complication in long term hemodialysis patients. Despite the initiation of new therapeutic agents, several patients will still require parathyroidectomy (PTX) especially in developing countries where limited resources result in late presentation with severe bone disease. We report on the outcomes for bilateral neck exploration at our center.

Methods
A total of 230 patients who underwent total PTX from February 2004 - September 2012 for renal hyperparathyroidism were retrospectively accrued. The patients characteristics, operative outcomes, and laboratory indices were analysed.

Results
Eighty-five percent of our patient had total parathyroidectomy (TPTX) and the remaining underwent total parathyroidectomy and autotransplantation (TPTX + AT).

All 4 glands were identified in 198 (86%) patients. Re-exploration was performed in 22 patients, of which 19 were missed glands from the initial operation, 2 were supernumerary glands and 1 was hyperplasia of the autotransplanted gland.

The frequent most complication noted in 19 patients were prolonged hypocalcemia seen in both operative groups.

Conclusion
Our successful neck exploration rate is comparable with other centres. However the number of missed glands may be reduced by sending the removed specimens for frozen section examination. This method may increase operative time but it may prove to reduce the missing gland rates and indirectly reduce re-operative rates. Both TPTX and TPXT + AT are safe surgeries to be performed in renal hyperparathyroidism.
LARGE BILATERAL ISOLATED ILIAC ARTERY ANEURYSMS – A CASE REPORT

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Introduction
Iliac artery aneurysms (IAAs) occur frequently in continuity or associated with abdominal aortic aneurysm. Isolated iliac artery aneurysms (IIAAs) are rare, comprising less than 2% of all abdominal aneurysmal disease. The natural history of IAA is to progressively enlarge and rupture. Rupture is associated with significant morbidity and mortality

Case Summary
We are presenting a case report of a 66 year old male with large bilateral unruptured isolated iliac artery aneurysm presented with abdominal pain and managed successfully with open repair.

Discussion
Isolated iliac artery aneurysm, while uncommon, warrant repair for symptoms, when the aneurysm measures 3.5cm or larger, or if it is expanding rapidly. Ultrasound or CTA is needed to establish the diagnosis and determining the anatomical extent of the disease. Conventional repair of iliac artery aneurysm was with open surgery which offers the greatest assurance of a lasting repair; however endovascular repair is now a preferred approach for many patients with proven good early and mid-term results.

Conclusion
Although relatively uncommon, IIAs are associated with significant risk of rupture and mortality. Therefore, an early diagnosis and treatment is crucial.
Objective
The objective of the study is to demonstrate that weight reduction surgery is an effective modality for treatment of type 2 diabetes mellitus (T2DM). Studies show that it can cure majority of T2DM associated with morbid obesity, in which population the risk of acquiring T2DM is 10 times greater than in normal individuals.

Study Design
The data was collected both prospectively and retrospectively. Total of 78 patients, with 39 diabetics (50%), underwent bariatric surgery between January 2012 and December 2013.

Inclusion Criteria
1. Ages between 18 to 60 years
2. BMI >35kg/m² with T2DM

Exclusion Criteria
1. T2DM with end organ damage
2. Uncooperative and poorly motivated patients

Results
Among the 39 diabetic patients, 3 were lost to follow up and 4 had incomplete medical records, thus the 7 patients had to be excluded from the study. A reduction of BMI was witnessed, maximal during the first 3 post-operative months. Similarly the glycaemic control of patients also improved over the one year period, most prominent within the 3 months postoperative period. A total of 12 patients achieved glycaemic control with cessation of medications (37.5%). 15 patients (47%) had a reduction in the number or dosage of treatment medications.

Conclusion
Restrictive procedures (LSG) reduce gastric volume and restrict the intake of calories by inducing satiety. Intestinal bypass procedures (LRYGB) restrict caloric intake and results in malabsorption of fat and nutrients as the small intestine is shortened. Both procedures reduce insulin resistance, which is observed in central obesity, thus effective in treating T2DM. Based on the promising results, bariatric surgery should be offered as an option of management for T2DM in the obese.
Polyarteritis nodosa (PAN) is a systemic necrotizing vasculitis preferentially targeting medium-sized arteries and not associated with glomerulonephrosis or small vessel involvement. Clinical manifestations of PAN are multisystemic. Involvement of the gastrointestinal tract, kidney, heart and central nervous system are associated with higher mortality.

We described a case of 44 year old lady, presented with gangrenous small bowel and peripheral sign of vasculitis. Our management was combined with rheumatology. Her immunological screening showed positive for rheumatoid factor. She was treated with high dose of immunosuppressant. Even with high dose of immunosuppressant, she succumbed to her disease progression. The etiology, pathology, symptomatically, and surgical management of this condition are reviewed and discussed.
OBJECTIVES

1. To describe the clinical presentation and outcomes of paediatric intussusceptions in this region
2. To determine the effect of time to diagnosis on the clinical outcome

METHODS

This is a retrospective review of patients presenting to our centre with a diagnosis of paediatric intussusceptions over a period of 1 year.

RESULTS

A total of 13 cases met the inclusion criteria and yielded a median age of 2.2 years with a male to female ratio of 2:1. Only 1 case presented with the classical triad of vomiting, abdominal pain and passage of blood per rectum. Vomiting was the predominant feature in all cases followed by abdominal pain. Clinical examination of the abdomen revealed a palpable mass in 2 cases. Median time to confirmation of diagnosis from the onset of symptoms was 26 hours. Abdominal sonography was the method employed for radiological confirmation in all cases. Hydrostatic reduction was employed in 80% of the cases with a success rate of 60%. Among the 3 cases that required bowel resection, the median time from onset of symptoms to diagnosis was 29 hours.

CONCLUSION

Children with intussusceptions might not frequently present with the ‘classical’ textbook described clinical picture. A tendency to focus on the presence of these ‘classical’ symptoms alone may delay the diagnosis which will lead to poorer clinical outcomes.
TRAUMATIC DIAPHRAGMATIC INJURY: A CASE REPORT IN BATU PAHAT
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Introduction
Surgical intervention is necessary for traumatic diaphragmatic injury (TDI). Although this injury is common according to limited statistical data, TDI is not common in our center as a secondary health care provider. We encountered a case presented with intra-abdominal injury with associated TDI intra-operatively. The TDI was repaired with available facility in which noted to be appropriate after literature review.

Case Report
A 28-year-old, Vietnamese man presented with a stab wound at left side of the abdomen, 2 hours after assaulted by an acquaintance. He was stabbed once by a sharp object at left hypochondriac region, close to anterior axillary line. On initial assessment noted patient was normotensive but tachycardic, stabilized with resuscitation. Assessment of abdomen noted 6 cm horizontal wound with straight edge and protruding viscera probably omentum at left hypocondrium close to left mid axillary line. Patient was vomited out blood during resuscitation. Proceeded with exploratory laparotomy. The intraoperative finding was, diaphragmatic tear at left lateral part of the dome in correlation to the wound associated with intercostal muscle bleeding. The diaphragmatic tear was repaired with non-absorbable polypropylene suture with continuous method. Other concomitant injury was posterior gastric tear after completed the repair, a left chest drain was inserted.

Conclusion
The TDI should be manage appropriately, from early resuscitation, surgical intervention to post-operative period. Surgical approach can be done via laparotomy, laparoscopy or thoracoscopy, however from most of the review, laparotomy considered the best choice. The repair should be done with non-absorbable monofilament suture via continuous or interrupted fashion. Expected post-operative complication should be addressed and manage appropriately.
INTRA-OPERATIVE DILEMMA OF UNDIAGNOSED TUMOR OF APPENDIX
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Introduction
Tumor of appendix is an uncommon disease, thus it is rarely suspected or diagnosed prior to the surgery. Carcinoid tumor of appendix is the commonest type that is of interest. The dilemma usually occur intraoperatively with regard to the type of surgery either be a simple appendicectomy or a proper right hemicolecotomy.

Case Report
A 30 year old man presented with severe right iliac fossa pain. Based on clinical assessment a diagnosis of perforated appendicitis was made. Intra-operatively there was an appendiceal tumor involving the body and tip, sparing the base of appendix. There was no other tumor mass found elsewhere during the laparotomy. A decision for right hemicolecotomy was made.

Discussion
In this review we will discuss regarding the operative type and outcome of appendiceal tumor in general.
Introduction
Benign esophageal stricture is a narrowing of the esophagus tube that causes swallowing difficulties. Patient will be presented with dysphagia and persistent cough if it is complicated with respiratory tract fistula.

Case Report
We presented a case of a 41 year old Malay Man with two months history of progressive dysphagia from solid to fluid. It was associated with constitutional symptoms and on and off cough. He had no history of corrosive ingestion and work out for tuberculosis was negative.

OGDS done at initial presentation shown fibrotic stricture at esophagus at 27 cm from the upper incisure with the small opening passage. HPE confirm it was a benign squamous epithelial with no granuloma and no malignancy.

Barium swallow performed with finding of esophageal stricture with irregular musosal outline at 5 cm from gastroesophageal junction. There were also evidence of multiple sites of bronchiolfistula. Then CT Scan was proceed with conclusion of oesohageal stricture with oesophagobronchial fistula at the level of lower lobe bronchial tree.

Here, we would like to discuss regarding bening esophageal stricture and the difficulty in making the diagnosis as well as the choice of available treatment for the oesophagobronchial fistula.

Conclusion
Benign esophageal stricture is a non malignancy condition, the common causes are mediastinal inflammation due to tuberculosis or trauma. Oesophagobronchiol fistula is commonly due to malignancy, and benign condition is rare.
Testicular tumors in pediatric population are a rare entity as compared to adults and accounts for 1% to 2% of all pediatric tumors. There is a bimodal age distribution for the incidence of testicular tumors, with one peak occurring during the first 2 years of life and a second, larger peak occurring in young adulthood. In both cases, the tumors usually present with a testicular mass and are initially treated with excision of the primary tumor. We present a case of a 1 year old infant with primary yolk sac tumor of the right testis & related literature about the management of this condition will be described here.
PERIAMPULLARY CANCER AUDIT IN SARAWAK GENERAL HOSPITAL
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Objectives
A single institution experience in managing periampullary carcinoma in term of demographic data and surgical outcomes.

Methods
A retrospective analysis of all patients diagnosed with periampullary carcinoma in Sarawak General Hospital from 2009-2013

Summary
Periampullary carcinoma is referred to a neoplasm that occurs around the ampulla of Vater. It is rare at the age less than 45 years old and 80% occurs at the age between 60-80 years old. It is noted to be more common in men. Pancreaticoduodenectomy with or without pylorus preservation is still the appropriate resectional procedure and it should be confined to a tertiary hospital in order to increase resection rates and reduce its morbidity and mortality. Surgical bypass (duodenal and biliary by pass) should be considered in palliative cases. Other options will be biliary stenting to improve symptoms. From 2009-2013, total of 77 cases were diagnosed with periampullary carcinoma and 46 cases were subjected for curative surgical treatment. Data analyzed include the age and gender distribution, types of surgical treatment options, post operative complications and post operative mortality.

Conclusions
Periampullary carcinoma should be better managed at a hospital with Hepatobiliary Center for better outcomes. PPPD is a safe curative procedure with minimal complications. Surgical bypass and biliary stenting are the other options for palliation.
HEPATIC STEATOSIS IN LIVER SURGERY, AN ALOR SETAR EXPERIENCE
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Background
There has been limited description of the prevalence of hepatic steatosis (HS) in Malaysia. HS is often associated with diabetes, metabolic syndrome and obesity. With the epidemic increase in obesity, HS will play an important role in liver surgery as it affects hepatocyte haemostasis and possibly impair recovery of steatotic livers.

Objective
This retrospective review evaluates the degree and radiological detection of hepatic steatosis in patients undergoing liver surgery over a period of two years at our institution.

Method
Presence of hepatic steatosis in histopathological and radiological reports for patients undergoing liver surgery in 2012 and 2013 were reviewed. Data of 10 variables of interest were reviewed (gender, age, alanine transaminases, aspartate transaminases, gamma-glutamyl-transferase, international normalized ratio, hypercholesterolaemia, diabetes mellitus, hypertension and radiological detection of HS).

Results
52 histopathology reports were reviewed of which 27 (51.9%) patients were found to have steatosis. Mild steatosis were reported in 20 (38.4%) and moderate steatosis seen in 7 (13.5%) patients. Out of the 27 patients, radiological steatosis were only reported in 4 (14.8%) contrast enhanced CT abdomen reports and 2 (7.4%) transabdominal ultrasound reports. Radiological reporting of mild steatosis was seen in 1 (3.7%) patient and moderate steatosis 3 (11.1%).

Conclusion
High prevalence of hepatic steatosis was seen in patients at our institution with low radiological detection rate. Further studies required to evaluate the prevalence and factors causing non alcoholic steatohepatitis among our population.
CONGENITAL DIAPHRAGMATIC HERNIA WITH STOMACH PERFORATION: A COMPLICATION OF LATE PRESENTATION

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Congenital Diaphragmatic Hernia (CDH) is an anomaly in which a defect in diaphragm allows abdominal viscera to pass through into thoracic cavity thus restricting lung development. More than 95% of CDH are Bochdalek hernia, a postero-lateral hernia and majority of it occurs on left side. Most cases are seen within 24 hours of life but 10% may have a delayed presentation, usually with complications. We are reporting a case of late presentation of CDH complicated with stomach perforation. The case was undiagnosed antenatally and he was discharged home well after delivery. On day 3 of life, he presented with one day history of persistent vomiting, reduced breast feeding and abdominal distension. Clinically he was in respiratory distress which required intubation. Air entry was reduced on the left lung and abdomen was distended. Plain radiograph showed evidence left CDH with pneumoperitoneum. Intraoperatively, a huge diaphragmatic defect seen and upon reduction of the viscera, a large stomach perforation was noticed at posterior wall with gross contamination. Left CDH repair, primary closure of stomach perforation and Stamm gastrostomy was done. After a period of sepsis, child recovered slowly and was discharged home well on day 32 of life.
AMYAND’S HERNIA: ALL THAT SWELLS IS NOT A COMMON HERNIA – A CASE SERIES

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Amyand’s hernia refers to the presence of vermiform appendix in hernia sac. This is an uncommon condition which occurs about less than 1% of overall inguinal hernia and less than 0.1% of overall appendicitis. It is a rare but an interesting condition presenting to surgeons. It presents with two common presentations in general surgery; inguinal hernia and appendicitis. We report a series of 3 cases of Amyand’s hernia that presented to our centre. All cases were diagnosed intra-operatively.
PHYLLODES TUMOUR OF BREAST: A CASE SERIES

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Background
Cystosarcoma phyllodes, also known as phyllodes tumour, is a rare tumour of the breast, accounting for less than 0.5% of all breast tumours. The histological classification into benign, borderline and malignant subgroups is based on the degree of stromal cellular atypia and mitotic index. Unfortunately the histological classification does not reliably predict its clinical behaviour.

Patients And Methods
We aim to report the experience of Penang General Hospital acquired during a 6-year period (January 2008 – February 2014) by analyzing retrospectively clinical, radiological, histopathological and therapeutic features as well as outcome in a series of 30 cases diagnosed with phyllodes tumor.

Results
All patients were females with a mean age of 49 years. Right breast was affected slightly more (56 %) than the right and a painless lump was the commonest presentation. Surgical treatment was used in all cases. 37% of patient had benign disease; 33% borderline and 30% malignant disease. A 50 % concordance was seen between the preoperative tissue diagnosis (core needle biopsy) and the final histological diagnosis. Local recurrences were seen in 9% of patients with borderline and benign disease. For malignant phyllodes, 44% of patient had recurrence and metastases. 23 % of patient underwent adjuvant radiotherapy.

Conclusion
Phyllodes tumors of the breast have an unpredictable outcome and it resembles fibroadenoma. A wide local excision, with adequate margin of normal breast tissue is the preferred initial therapy.
RECURRENT GASTROINTESTINAL HEMORRHAGE FROM DUODENAL DIVERTICULUM: A CASE REPORT

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Duodenal diverticula are common and are often incidentally found during routine imaging. Complication can occur but few require surgical intervention. We present a 65 years old Chinese gentleman with multiple admissions for symptomatic anemia secondary to upper gastrointestinal hemorrhage from duodenal diverticula and intractable to conservative management. He underwent elective duodenotomy, diverticulectomy and feeding jejunostomy with a successful outcome.

Different diagnostic technique and management options available are also discussed.
EXPERIENCE OF PELVIC PACKING (PP) AND INTERNAL ILIAC ARTERY LIGATION (IIAL) IN PATIENTS WITH EXSANGUINATING PELVIC INJURY IN KAJANG HOSPITAL

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Objectives
Pelvic fractures are rare injuries (3-8%) compared to fractures in other body regions but it is accompanied by high mortality (5-20%). The primary aim of this study was to assess the outcome of patients admitted in our institution previously with exsanguinating pelvic injury who underwent pelvic packing (PP) and/or internal iliac artery ligation (IIAL) in a centre without angiography services.

Design And Method
This is a retrospective review evaluating all patients with exsanguinating pelvic injury in the period of 2012-2013 in Kajang Hospital. Data were collected from our institutional registry. Data included demography, associated injuries, blood loss, Injury Severity Score (ISS), Revised Trauma Score (RTS), TRISS probability of survival, transfusion requirement, duration of stay in ICU and hospital, mortality and wound complications.

Results
Four out of five patients underwent PP and IIAL. There was no in-hospital mortality in the PP and IIAL group. One patient didn’t undergo ligation and had an ISS of 75 (only mortality).

Conclusion
Pelvic packing and/or internal iliac artery ligation is a standard procedure in patients with exsanguinating pelvic injury in centres without angiography based on Advanced Trauma Life Support (ATLS) principles. The most important aspect is the decision and timing of surgery. Our own experience showed that the outcome of patients who underwent PP and IIAL was good.
Objective
To study the predictors of rebleeding 60 days post intervention endoscopy in respect to ulcer risk and Modifiable Risk Factors (MRF)

Methods
Retrospective review of all endoscopy records of patients whom underwent emergency OGDS for indications of UGIB in Hospital Sultan Ismail, JB between January 2009 till May 2013. OGDS findings of non-variceal bleeding high risk ulcers (Forrest 1A, 1B, 2A) and low risk ulcers (2B, 2C, 3) was included in this study. Patients was further subcategorized into MRF of Smoking, NSAID, Alcoholism, Traditional Medication intake and patients that had 2 or more risk factor mentioned above.

Results
526 patients was included, 69% male with total mean age of 60.7 years. 153 patients (29.5%) had high risk ulcers; 62 had no MRF (40.8%) and 90 had at least 1 or more MRF (59.2%). The low risk ulcer group had 364 patients (70.5%); 154 patients had no MRF (42.3%) and 210 had at least 1 or more MRF (57.7%). 20 patients in the high risk ulcer with MRF (22%) showed highest percentage of rebleeding.

When comparing Ulcer risk and MRF against rebleeding 60 days post intervention showed those with high risk ulcers are at 2.70 (95% CI: 1.60, 4.56) odds of having presence of rebleeding post intervention compared to those of at low risk ulcers (p-value<0.001). Ulcer risk alone was an independent risk factor of rebleeding compared to low risk ulcer (p-value<0.001). MRF independently does not predict rebleeding with insignificant statistical value.

Conclusion
High risk ulcers (1A,1B,2A) alone is a predictor of rebleeding 60 days post endoscopic intervention(p-value<0.001).

Modifiable risk factors does not increase the risk of rebleeding within 60 days in high or low risk ulcers.
Background
Acute appendicitis is the most common intraabdominal emergencies in surgical practice. The first open appendicectomy was performed by McBurney in 1889. The first laparoscopic appendicectomy however was performed by a German Gynaecologist in 1983 by the name of Kurt Semm. Laparoscopic appendicectomy has been widely practiced for uncomplicated appendicitis, and has demonstrated great advantages, particularly in assisting diagnosis, reducing post operative pain and analgesic requirement. However, its role in complicated appendicitis is undefined. Currently, the choice of operative approach in complicated appendicitis is mostly at surgeon’s discretion.

Method
We did a retrospective review of 130 patients who had complicated appendicitis and underwent laparoscopic appendicectomy, between January 2010 till December 2013 at Hospital Raja Permaisuri Bainun Ipoh, being performed by surgeons and surgical trainees of varying experiences. Outcomes such as operative time, intraoperative findings, time to diet, length of hospital stay, post operative complications were analyzed.

Conclusion
Laparoscopic appendicectomy is feasible in complicated appendicitis and should be considered as one of the alternatives in dealing with this condition.
NEONATAL GASTRIC PERFORATION: A CASE REPORT
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Introduction
Gastric perforation in neonatal period is a rare surgical emergency. Aetiology of this condition is unclear, but three mechanisms have been proposed for neonatal gastric perforation: traumatic, ischemic and spontaneous.

Case Report
We report a case of a 2-day-old premature boy with 35 weeks gestational age, normal vaginal delivery, weighing 1880g at birth. He was admitted in neonatal intensive care unit after birth due to respiratory distress syndrome and prematurity, assisted ventilation was applied for one day. At second day of admission, his abdomen became distended and unable to tolerate enteral feeding. Examination revealed abdominal distension, bowel sounds were absent. Abdominal X-ray showed gross pneumoperitoneum. Urgent laparotomy was performed, revealed a perforation 2cm along the greater curvature of stomach. Primary repair was done in two layers and abdomen was closed. Histopathology of the margin of perforation area showed features of congestion, haemorrhagic and mucosal ulceration. The baby made uneventful recovery and was discharged on 16th postoperative day.

Conclusion
Three mechanisms have been proposed for stomach perforation: traumatic, ischemic and spontaneous. Most gastric perforations are due to iatrogenic trauma. The most common injury is caused by vigorous nasogastric or orogastric placement. Ischemic perforations are associated with extreme prematurity, sepsis and neonatal asphyxia. Spontaneous gastric perforations have been reported in otherwise healthy infants, usually within the first week of life particularly between the first 2 and 7 days of life. In our case, there were many risk factor such as prematurity, some degree of hypoxia and this entity was presumably in conjunction with ischemic causes. Among the sites of gastrointestinal perforation in neonates, stomach had reported as 8.9%.

Keywords
Neonates, gastric perforation, prematurity

Reference


THE INCIDENCE OF MALIGNANCY IN MULTINODULAR GOITRE: A RETROSPECTIVE ANALYSIS

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Objective
To assess the incidence of malignancy in patients who underwent thyroidectomies for a multinodular goiter.

Method
A retrospective analysis was performed on patients operated for multinodular goiter (MNG) at the General Surgery unit of Hospital Raja Permaisuri Bainun, Ipoh, Perak from January 2010 to December 2012. All patients presented to surgical clinic with a multinodular goiter with or without thyrotoxicosis were evaluated based on clinical examination or neck ultrasound. FNAC of any dominant or suspicious nodule was taken. All patients were offered surgery as the treatment for suspicious findings, cosmesis, compressive symptoms and thyrotoxicosis irrespective of the age. Total thyroidectomies were done and the specimens were subjected to histopathological evaluation.

Results
In this 3 year period, a total of 134 patients with multinodular goiter were operated. Histopathology of 16 patients showed malignancy with an incidence of 11.9% and age group between 30-64 years. Among the malignancies, 80% were of papillary, 13% of follicular and 7% were of lymphomas.

Conclusion
The incidence of malignancy in MNG is in accordance with the data reported in published reports and is quite significant. Therefore risk of malignancy in MNG should not be underestimated, especially in cases with a dominant nodule. If non-surgical option is chosen, it should be followed up closely.
SECONDARY AORTO-ENTERIC FISTULA FOLLOWING AN ENDOVASCULAR AORTIC REPAIR (EVAR) OF THE COMMON ILIAC ARTERY ANEURYSM: A CASE REPORT

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Secondary aorto-enteric fistula is a serious but rare complication of an abdominal aortic aneurysm (AAA) repair. We report a case of a 72 year-old gentleman who presented to our casualty complaining of deep pelvic pain with history of laparotomies for infrarenal abdominal aortic aneurysm, anterior resection for rectal carcinoma and an endovascular repair of bilateral common iliac artery aneurysm many years back. CT Angiogram showed a large type II endoleak of the left internal iliac artery aneurysm measuring 9.8 cm. DSA with attempts of angioembolization were performed. A later reassessment due to his persistent pain revealed a fistulous communication between sigmoid colon and the aneurysmal sac upon which we performed an open exploration. This case report discussed the atypical presentation of the fistula development and it's management.
Introduction And Objectives
Since it was first recognized in 1969 by Storey, access related ischaemia has been a significant problem. Reported incidence is between 2-20%. The treatment goals are to reverse the ischaemia and salvage the access. One of the recognized treatment strategies is banding of the fistula. We would like to present our result for the past year in employing this strategy in our local community in Kuantan, Malaysia.

Materials And Methods
All banding procedures identified from theatre lists and cross referenced with the theatre log book. (We performed our banding using PTFE graft, placed around the access and sutured in a tapered manner using a non-absorbable material). Resolution of symptoms and salvation of access reviewed using medical notes supplemented with a phone call to the patient. Statistical analysis performed using SPSS® v15.

Results
We performed 4 banding procedures in 4 patients, 2 men, mean age 48.5 years, between June 2012 and June 2013. All presented with grade II steal syndrome. Complete symptoms resolution and salvage access occurred in all cases.

Conclusion
In our experience, employing banding as a flow limiting procedure has been a success in dealing with access related ischaemia.
BLUE TOE SYNDROME:
A RARE PRESENTATION OF ATRIAL MYXOMA

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Blue toe syndrome is a condition in which patient presented with cyanotic toe caused by fibrino-platelet micro-emboli occlusion of the small digital arteries. Atrial myxoma is the most common primary cardiac tumour. Most patients with atrial myxoma present with emboli to blood vessel of the brain causing ischaemic stroke.

We report a case of a 37 year old gentleman who presented with blue toe syndrome affecting right second and fourth toes without any symptoms and signs of cardiac insufficiency or other embolus elsewhere. Further investigation and echocardiography revealed a mass over the left atrium that lead to the provisional diagnosis of atrial myxoma. He underwent excision of the left atrial myxoma with repair of interatrial septum within the same admission. Surgery was uneventful and he was discharged home well.
CHALLENGES IN MANAGING ADRENOCORTICAL CARCINOMA
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Introduction
Adrenocortical carcinoma (ADCC) is a rare malignancy with often unfavourable prognosis. The aim of the study is to review our experience and to discuss the challenges in diagnosing and managing ADCC.

Patients And Methods
We retrospectively reviewed 9 patients who underwent adrenalectomy for ADCC in Hospital Putrajaya from 2001 to 2013. Data was analysed with respect to the clinicopathological features, operative findings and outcome of the treatment.

Results
There were 9 patients (3 males and 6 females) with a mean age of 43 years (range 18 - 65). Eight patients were non-functioning and presented with mass related symptoms, while one patient had Cushing's syndrome with signs of virilisation. Six patients presented at stage III and 3 patients at stage IV. Eight patients underwent adrenalectomy (including one together with distal pancreatectomy and nephrectomy, one with hepatectomy, one with IVC thrombectomy). One patient noted unresectable intra-operatively. The mean tumour size was 21 cm. All stage IV patients died within 3 months post-operatively. Of 6 stage III patients, 5 received mitotane and one defaulted treatment. Of 5 patients on mitotane, 3 developed distant metastasis within 7-12 months and died at 24-30 months. One patient underwent re-surgery for local recurrence after 1 year and died a year later with distant metastasis. Another one patient had adrenalectomy for contralateral metastasis after 4 months surgery and still alive after 7 months.

Conclusion
The diagnosis of ADCC is often delayed especially with nonfunctioning tumours. Therefore, most patients present at advanced stages and the outcome is poor. Radical resection of the tumour and adjacent involved organ is the mainstay of treatment, which sometimes requires multidisciplinary teamwork. Mitotane should be given in patients with metastatic disease or incomplete resection.
HAEMOLYTIC ANAEMIA TOWARDS SILVER SULFADIAZINE DRESSING IN A MAJOR BURNS PATIENT WITH GLUCOSE-6-PHOSPHATE DEHYDROGENASE DEFICIENCY: A CASE REPORT

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Individuals with glucose-6-phosphate dehydrogenase (G6PD) deficiency have a risk of developing haemolytic anaemia due to oxidative injuries to the red cell membrane. This can be brought about by exposure to oxidative agents. The silver sulfadiazine (SSD) dressing is commonly used for burn patients. It is one of the many agents that can cause haemolytic anaemia in G6PD deficient patients. However, there are very few reported cases of burn patients suffering from haemolytic anaemia after SSD application.

A 49 year-old male patient suffered 80 per cent total body surface area burns of his face, trunk, both upper and lower limbs from a flame injury. The severities of the burns were deep dermal to full thickness. He was intubated for airway protection in view of the possibility of inhalational injury. His wounds were dressed with SSD dressing daily. On day 3 of his injury, he developed clinical jaundice and pallor. His liver enzymes were deranged and there was a fall in his haemoglobin and haematocrit levels. Samples of his blood were taken for glucose-6-phosphate dehydrogenase level and were found to be deficient. He succumbed to his injuries 7 days after admission as a result of multi-organ failure due to overwhelming sepsis.
Background
Hypertension is the most common medical disorder associated with obesity. The relationship between dietary weight loss and the reduction of blood pressure is well established. However, the effect of surgery on blood pressure has not been well studied.

Objective
To define the role of bariatric surgery in hypertension

Methods
We evaluated the relationship between weight loss and blood pressure in patients with hypertension who had gastric bypass surgery for morbid obesity. Patients were defined as hypertensive (must come out with definition). The relationship between postoperative changes in blood pressure status and mean weight loss, percent excess weight loss, and body mass index were examined at pre determined intervals at the clinic

Results
Number of patients
Average blood pressures
Mean nBlood pressures
Pre and post operative pressures at certain weeks (to be defined) interval

Conclusions
We conclude that postoperative weight loss in patients undergoing gastric bypass surgery was associated with a significant reduction of medication and mean blood pressures.
THORACOSCOPIC SYMPATHICOTOMY FOR
HYPERHIDROSIS: OUR EXPERIENCE
IN HOSPITAL SULTAN ABDUL HALIM

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Introduction
Thoracoscopic sympathectomy is the reference treatment for primary hyperhidrosis, and is performed in Hospital Sultan Abdul Halim (HSAH).

Objectives
The aims are to evaluate the efficacy and the complications of thoracoscopic sympathectomy for primary hyperhidrosis, and to serve as an audit for improvement in the future.

Methods
A retrospective review of 13 patients who were previously afflicted with bilateral thoracoscopic sympathectomy in HSAH in 2013 was conducted. The levels of sympathectomy were determined by patient’s distribution of sweating, ranging from R2 to R5. Patients were followed up for at least 3 months and interviewed by questionnaire regarding the results and complications.

Results
The review consisted of 7 males (54%) and 6 females and the mean age was (18±3 years). The main indication was palmo-plantar hyperhidrosis (62%). The mean operating time was (67±19 minutes) and there were no intra-operative complications. No mortality occurred. Bilateral chest drains were inserted in all patients intra-operatively, with 92% removed within 24 hours post-operatively. The mean hospital stay was (34±17 hours). No Horner’s syndrome occurred, but 3 patients developed mild neurological complications. The results for axillae were favorable in 100% and 77% for hands, but only 46% for feet. Compensatory sweating occurred in 9 patients (69%) but was tolerable. 1 patient developed gustatory sweating. Overall 11 patients (85%) were satisfied with significant improvement in the quality of life.

Conclusions
Thoracoscopic sympathectomy is a suitable form of treatment for primary hyperhidrosis. A larger scale of study is recommended in the future to assess its efficacy.
MELIOIDOSIS PRESENTING AS PSEUDOANEURYSM OF FEMORAL ARTERY – ALOR SETAR EXPERIENCE

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Mycotic aneurysm of the common femoral artery are rare. Commonly occurs in intravenous drug abusers who use the femoral vessels for injection. Rarely occurs after interventional radiological procedure through the femoral artery. Primary pseudoaneurysm of femoral artery secondary to melioidosis infection are caused by *Burkholderia pseudomallei* with only 5 reported cases in the English literature.

We present a 77 years old male Malay man with no medical comorbid illness presenting with right upper thigh swelling for the past one month which was progressively increasing in size with no history of trauma or non drug abuser.

**Investigations**

Contrast Enhanced Computed Tomography Thorax / Abdomen / Pelvis:
Large heterogenous mass noted at right inguinal region measuring 9.4cm x 13.0cm with contrast blush noted within the mass with contrast extravasation appears to be arising from the right femoral artery.

He underwent wound exploration and right common femoral artery ligation. Intraoperatively noted ruptured right common femoral artery aneurysm which was ligated.

He was treated with Intravenous Piperacillin sodium + Tazobactam sodium 4.5 gm TDS for 10 days. On day 22 post operatively he was re admitted for unhealthy and dirty wound. Tissue culture and sensitivity: *Burkholderia pseudomallei*

He underwent 2nd wound debridement 25 days following the initial surgery and was started on Intravenous Ceftazidime 2gm TDS which was completed for 6 weeks.

Currently he’s on daily Aquacell dressing and planned for split skin thickness grafting.

**Conclusion**

Mycotic femoral artery aneurysm due to melioidosis remains a difficult disease to manage as it carries high risk of morbidity and mortality. Correct diagnosis with high index of suspicion followed by aggressive surgical and medical management required.
AN UNUSUAL PRESENTATION OF METASTATIC MALIGNANT PHYLLODES TUMOUR OF THE BREAST: A CASE REPORT AND ARTICLE REVIEW
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Introduction
Phyllodes tumour of the breast are rare fibroepithelial lesions that account for less than 1% of all breast tumours. These tumours are common among women aged between 35 to 45 years old. It is difficult to delineate between a benign fibroadenoma and a phyllodes tumour clinically, however, a rapidly growing benign tumour should raise suspicion of a phyllodes tumour.

Case Summary
A 55 year old lady Type II Diabetes Mellitus, Essential Hypertension and Hypercholesterolemia and background history of left mastectomy done more than 10 years ago presented to Queen Elizabeth Hospital accident and emergency department with progressive abdominal distention and worsening constipation. On examination, she was haemodynamically stable, an old mastectomy scar was visible on the left chest and a large intraabdominal mass was palpable. The abdominal mass was located centrally measuring 15cm by 20cm, firm in nature with restricted mobility. CT abdomen and pelvis revealed a large intra-abdominal mass at the omentum and pancreas. She was subsequently operated and histopathology revealed metastatic malignant phyllodes tumour.

Conclusion
Phyllodes tumour has varied histopathological characteristics, from a benign tumour to an aggressive malignant tumour. The key to successful management is early detection and prompt treatment with surgical resection.
A RARE CASE OF METASTATIC SPLENIC ANGIOSARCOMA: A CASE REPORT AND ARTICLE REVIEW

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Introduction
Splenic angiosarcoma is an extremely rare neoplasm that arises from vascular endothelium of the spleen. So far, less than 100 cases of primary splenic angiosarcoma have been reported worldwide. Langhans reported the first case in 1879 that was described as a pulsating cavernous neoplasm of the spleen.

Case Summary
We report a case of metastatic primary metastatic angiosarcoma of the spleen in a 63 year old Chinese male who presented with progressive worsening left hypochondrium pain for two months. On admission, he was haemodynamically stable. Laboratory results revealed microcytic hypochromic anemia, leukocytosis and elevated liver enzymes. CT scan of the abdomen and pelvis revealed giant cavernous haemangioma of the spleen with multiple smaller cavernomata in the liver. He was scheduled for elective splenectomy but prior to it being performed, the hemangioma ruptured. An emergency exploratory laparotomy performed revealed 5 liters of haemoperitoneum. The spleen was huge which weighed about 1.3 kilograms and the liver was studded with multiple haemangiomases. Emergency splenectomy and packing was done. About 10 hours post operatively, he bled again evidenced by fresh blood in the drain, relaparotomy revealed bleeding haemangioma from segment 2 of the liver, thus, segment 2 liver resection was performed. Histopathological examination revealed primary splenic angiosarcoma with metastasis to the liver.

Conclusion
Primary splenic angiosarcoma is an aggressive malignant tumour that carries a poor prognosis. It is difficult to diagnose clinically and radiologically. Confirmation is always via histopathological examination. Current mode of treatment is splenectomy.
OGILVIE’S SYNDROME WITH NEAR CEACAL PERFORATION FOLLOWING CAESAREAN SECTION: A CASE REPORT

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Ogilvie’s Syndrome or also known as an acute colonic pseudo-obstruction syndrome is a rare phenomenon and this condition has been reported in few occasions which associated with significant morbidity and mortality especially in a case associated with peritonitis following perforation of colon.

We report a case with rapid progression of colonic pseudo-obstruction post Caesarean section of 27 years old Malay female, Gravida 1 Para 0 at 37 weeks of gestations, who underwent an emergency Caesarean section due to fetal distress. Intra operatively was uneventful however less than 24 hours post Caesarean section patient developed complete intestinal obstruction which indicated for further exploratory laparotomy, intra operative findings revealed grossly dilated ceacum (with serosal tear), ascending colon and transverse colon, with uterus compressed on top of the rectum, however there was no significant findings of obstructions due to mechanical causes. Bowel decompression was done and few days post op patient was discharged with complete resolution.

Early detection and proper assessment are requires to determines an accurate diagnosis in highly suspicious cases of developing post op complication that is rare as Ogilvie’s Syndrome, even though the true incidence of Ogilvie’s Syndrome is still unknown. It is needed to prevent from unwanted event to occur in the case of delayed in management, furthermore to ensure the right decision is made regarding the treatment whether patient is indicated for conservative management or surgical intervention.
Perforation of caecum may occur as a result of intestinal obstruction, trauma, inflammation and tumor. Spontaneous perforation of the caecum is rare. Usually caused by passage of hard faeces lead to ischemia, which usually seen in elderly or immunocompromised patients. However spontaneous perforation in adolescent is even less common.

We report a 16-year-old girl who presented with sudden onset of right lower abdominal pain for 1 day with palpable right iliac fossa mass. Patient was initially treated conservatively for appendicular mass. Due to persistent pain, we proceeded with diagnostic laparoscopy which revealed perforation of caecum near ileocaecal junction which was covered with slough and crumpled mesentery. Appendix was normal. Limited right hemicolecction was done.

Histopathology examination showed perforated caecum as a consequence of suppurative inflammation which we found extremely rare in a young healthy patient. This case report discusses the rarity of this presentation and the most likely etiological factors.
Solid pseudopapillary neoplasm is a rare pancreatic tumour. It usually affects young women with nonspecific clinical presentation. Compared to the more common pancreatic cancer variant; the pancreatic adenocarcinoma, it is a low malignant tumour with excellent prognosis after complete surgical resection.

We encounter a case of solid pseudopapillary neoplasm in an 18 years old girl at our centre. She presented with symptoms of chronic abdominal pain for 5 years with poor appetite and significant loss of weight. Physical examination was unremarkable; there were neither abdominal mass nor jaundice. Abdominal computed tomography revealed a mass at head of pancreas and uncinate process with multiple small mesenteric lymph nodes surrounding the mass. Intra operative finding revealed a firm head of pancreas mass with no local tumour infiltration. She underwent Whipple’s procedure with pyloric preserving pancreaticoduodenectomy(PPPD). Postoperatively she recovered well. Histopathological examination came back as solid pseudopapillary neoplasm.

The confirmation of this tumour only can be done from histopathology as clinical presentation and CT scan is unspecific. It is a low malignant tumour and there is potential for recurrence. Patient requires proper follow up and surveillance post operatively. We are presenting this rare and exciting case to the medical community.
A RARE PRESENTATION OF SMALL BOWEL NEUROENDOCRINE TUMOUR (NET)
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Introduction
Small bowel NET is a rare disease, but still prevalent among small bowel neoplasms, and the most common cause of carcinoid syndrome. It arises from enterochromaffin cells (Kulchitsky cells). Many are benign, while some are malignant. Small bowel NET accounts about 5% of GI malignancy. Study showed that 37.4% of small bowel malignancies are NET. We are reporting a rare case of small bowel NET in HRPZ II

Case Report
A 32 years old Malay man, present with acute intestinal obstruction and no other symptoms suggestive of carcinoid syndrome. We proceed with CT abdomen and the imaging studies showed jejunojejunal intussusception. As results we opted for laparotomy and bowel resection with primary anastomosis. But result of histopathology examination revealed neuroendocrine tumor grade 3. Postoperatively he was well and did not developed any signs and symptoms of carcinoid syndrome. He was started on IM Sandostatin LAR 30 mg monthly and still under treatment.

Conclusion
Small bowel NET is also called a midgut carcinoid. Small bowel NET are the second common after appendiceal carcinoid tumor around 28%. However, it represent the most common (90%) cause of carcinoid syndrome. 10% of cases are associated with other malignancy. 10% of cases also associated with MEN I. Typically carcinoid tumor are slowly grow tumor. It is usually asymptomatic 60-70% of cases. Thus, like in this case, 30-45% of patient are diagnosed of small bowel NET presented with intestinal obstruction or intussusception that requiring surgery.
Breast tuberculosis (TB) is a rare disease, with an incidence of less than 0.1% of all breast lesions in Western countries and 4% of all breast lesions in TB endemic countries. We report a case of a breast abscess in a 31-year old Malaysian lady, para 2 attributed to a tuberculosis infection. Equivocal histology, negative Ziehl-Neelsen stain, and culture for acid-fast bacilli resulted in the abscess initially being diagnosed as granulomatous mastitis and treated accordingly. The subsequent increase in the size of the breast lump despite of being treated with multiple antibiotics with 1 episode of incision and drainage raised the suspicion of a Tuberculous infection. A Trucut biopsy was then done, which revealed tuberculous granuloma. Treatment with standard antituberculous drugs resulted in the resolution of the breast abscess. Although this case was diagnosed as a tuberculous infection of the breast, it could easily be misdiagnosed as a breast abscess or breast cancer due to the similar method of presentation, false negative results during culture inoculation and also due to the rare occurrence of tuberculosis infection of the breast.
BREAST CANCER AUDIT IN SARAWAK GENERAL HOSPITAL, A 6-YEAR REVIEW

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Objective
Breast cancer is a major cause of death worldwide and locally in women. There is still relative scarcity of data on breast cancer in the Sarawakian population, hence the creation of our audit.

Methods
Breast cancer cases detected in Sarawak General Hospital were collected from July 2007 – July 2013. Demographics, history, clinical, operative and histopathological data were collected.

Results
We evaluated 606 patients with age ranging from 17 – 91-year-old and a peak age group of 41 – 55-year-old. Malay and Chinese women make up more than 70% of our patients. Although the majority of Sarawak population is Dayak, their women made up only a quarter of our patients (24.7%).

While the majority (57.09%) of patients with lump seek medical attention within three months of detection, more than a quarter of patients (26.89%) still waited for more than 6 months before seeking help for their breast lump. There is an increasing trend of tumours detected through screening mammogram, 8% of the cancers were detected in 2013 compared to only 3.3% from the previous 5 years.

Conclusion
Sarawakian women are becoming more aware of breast cancer however there is still a number of women who presented late in the disease. More awareness programmes should be organised because early detection saves life.
PANCREATIC TRAUMA IN ADULT PATIENTS: WHAT OUR REGISTRY TELLS US

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Background
Pancreatic injury secondary to trauma is uncommon (0.2 % in blunt and 1-2% in penetrating injury). The aim of this study is to investigate the clinical course, management and outcome of adult patients with pancreatic trauma in Hospital Sultanah Aminah Johor Bahru.

Method
We identified 12 cases of pancreatic trauma (0.6% from all trauma cases) in our Trauma Registry over 3-year period. The diagnostic, operative information, clinical course, complications and outcome were reviewed.

Result
Twelve patients (10 males and 2 females), median age 30 years (range 18 - 44 years) were identified. Majority, 11 cases (91.6%) were a result of blunt trauma. The most commonest mechanism etiology was through road traffic accidents. Median serum amylase level was 213 U/L (range : 15-808 U/L). Nine (75%) patients had other associated abdominal injuries. Four patients (28.6%) had AAST Grade I, 6 patients (42.9%) had Grade II injuries and Grade III injuries were found in 2 patients (14.3%). Patients with Grade III injuries underwent ERCP and MRCP to assess main pancreatic duct integrity. The site of pancreatic injury was located in the head (28.6%), neck (14.3%), body (14.3%) and tail (28.6%). One patient developed a pseudocyst and 2 patients had peripancreatic abscess collection, all of which treated successfully by percutaneous drainage. Two patients had laparotomies for haemorrhage control (stab injuries and peripancreatic packing) and managed with wide closed drainage of lesser sac. Two patients required feeding jejunostomy (14.3%) and 4 patients (28.6%) required TPN for prolonged ileus. The median length of stay was 11 days (range 6-78 days). There was no mortality.

Conclusion
Pancreatic injuries are uncommon in our trauma registry. Non-operative management appears to be safe in selected patients who are haemodynamically stable and has a favourable outcome.
A COMPARATIVE STUDY ON OUTCOME OF UPPER ARM NATIVE ARTERIOVENOUS FISTULA AND PROSTHETIC GRAFTS

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Background
In Malaysia, a total number of 26,067 end-stage renal failure (ESRF) patients were recorded in year 2012, showing an increase of 218% over the past decade. End-stage renal failure requires renal replacement therapy and haemodialysis, is one of the three renal replacement therapy available for ESRF patients. Creation of a functioning arteriovenous fistula (AVF) is crucial prior to initiating long term haemodialysis.

Objective
To evaluate and compare the outcomes and patency rates between the native arteriovenous fistula and prosthetic (using PTFE or semisynthetic) graft for long term haemodialysis.

Methodology
This is a 3 years retrospective, and single-centered study done in February- March 2014. We have collected 290 cases of upper arm fistulas that was created in Hospital Serdang from January 2010 until December 2013 through the OTMS (Operation Theater Management System). The sociodemographic data, comorbidities, type of fistula, complications, duration and type of patency were collected and evaluated. The exclusion criteria were uncontactable patients with intra-operatively abandoned procedures. RESULT: 257 cases of native AVF and 33 cases of prosthetic AVF were collected. Prosthetic grafts had a 39% greater risk of primary failure compared to native AVF (17%). At 1 year, native AVF demonstrated superior primary patency compared to prosthetic AVF. Thrombosis, stenosis and infection were among highest complications demonstrated.

Conclusion
Native AVF have significantly higher patency rates compared to prosthetic grafts. On top of that, native AVF has a lower complication rates compared to prosthetic grafts. The complications identified were thrombosis, steal syndrome, central vein stenosis and obstruction and AVF site infection. This study supports the contention that the native AVF should be the first choice before considering prosthetic fistula.
OUTCOME OF BREAST CONSERVING SURGERY VS MASTECTOMY FOR EARLY BREAST CANCER
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Introduction
Breast-conserving surgery (BCS) with post-operative radiotherapy has been accepted as one of the standard treatments for early-stage breast cancer. We aim to assess the outcome of BCS compared to mastectomy in our centre.

Methods
We retrospectively reviewed 404 patients who underwent surgery for early breast cancer (stage I and II) from 2000-2009. Their clinical data was analyzed with respect to the clinicopathological features and treatment given. The locoregional-recurrence, distant-recurrence and overall survival were compared between BCS and mastectomy group.

Results
Of 404 patients, only 166 completed their treatment and continued follow up in our centre (70 for BCS, 96 for mastectomy). For BCS group, the median age was 51. Twenty patients in stage I, 26 in stage IIa and 24 in stage IIb. Tumour grade 3 seen in 30 patients (43%). 47 patients were ER/PR positive (67%). All of them received radiotherapy and 56 patients had adjuvant chemotherapy. For mastectomy group, the median age was 54, 16 patients in stage I, 29 in stage IIa and 48 in stage IIb. Tumour grade 3 seen in 29 patients (30%). Forty-eight patients were ER/PR positive (50%). 53 received chest wall radiotherapy and 65 patients had adjuvant chemotherapy. At a median follow up of 48 months (range 12 – 108 months) 7 patients had relapse in BCS group (3 locoregional-recurrence, 4 distant-recurrence) vs 7 patients in mastectomy group (2 locoregional-recurrence, 5 distant-recurrence). The overall survival was 92% in BCS group vs 96% in mastectomy group.

Conclusion
Outcome of BCS is comparable to mastectomy as a surgical modality in early breast cancer. Patient selection remains an important factor in deciding for BCS.
Factors Affecting Limb Salvage After Vascular Trauma: Our Kuantan Experience

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Morbidity associated with vascular injury is important as rate of limb salvage does not translate to overall functionality of the limb. The majority of vascular trauma in Malaysia is associated with motor vehicle accident or industrial injuries.

We will present the result of our limb salvage from 2012-2013 and we will also discuss regarding the factors associated with favorable outcome. The association with MESS scoring and outcome to our result will be highlighted.
QUALITY OF LIFE OF GASTRIC CANCER PATIENTS IN PENANG HOSPITAL SIX MONTHS POST-GASTRECTOMY – RES IPSA LOQUITOR

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Introduction
Stomach cancer was the second most common cause of cancer death in 2008 globally and in Malaysia, has a relatively higher incidence in males of Chinese ethnicity. It is treated with gastrectomy, chemotherapy, radiotherapy, palliative chemoradiotherapy or supportive care, depending on the stage of tumour spread. We conducted a clinical audit to investigate the demographics and quality of life (QoL) of post-gastrectomy patients in Penang Hospital (HPP), Malaysia.

Method
A prospective audit was carried out involving all patients who were diagnosed with stomach malignancy requiring gastrectomy between January 2012 and December 2013 in HPP using a standardised Excel form to collect patient demographic data. The European Organization for Research and Treatment of Cancer (EORTC) core cancer (QLQ-C30 version 3.0) and gastric cancer (QLQ-STO22) modules were used to assess the QoL of patients after 6 months following gastrectomy.

Results
19 patients were operated on during the audit period. Most of the patients were male (63.2%) and Chinese (73.7%). The modal histopathological diagnosis is poorly differentiated adenocarcinoma (42.1%). 10 patients (52.6%) were at stage IV at the time of diagnosis. 10 patients were of Subjective Global Assessment (SGA) nutritional class C. 8 patients were interviewed using the questionnaires. The global health status was high relative to the audit standard. Impairments were noted for pain, financial difficulties and eating restriction scales.

Conclusion
Gastric cancer patients in our centre have overall good QoL 6 months after gastrectomy with the demographics concurring with the general epidemiological pattern of the Malaysian population.
Epiphrenic diverticulum is a rare form of oesophageal diverticulum involving the distal part of the oesophagus. We report the case of a 51 year-old lady who initially presented with nocturnal coughing and volume reflux. Clinical examination was unremarkable as were initial routine blood investigations. A plain chest radiograph, barium swallow, and computed tomography were performed which demonstrated features of a large oesophageal diverticulum. Oesophagastroduodenoscopy (OGD) revealed a wide neck, single diverticulum within the lower third of the oesophagus. Oesophageal manometry undertaken revealed normal oesophageal peristalsis and lower oesophageal sphincter pressure. An elective total transhiatal laparoscopic diverticulectomy with Heller’s cardiomyotomy and fundoplication was performed with good symptomatic improvement. The patient made an uneventful recovery and remains symptom free two years post-operatively.
HUGE BREAST PAPILLOMA: A CASE REPORT AND LITERATURE REVIEW

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Breast papilloma is traditionally considered as benign breast disorder. However recent data has showed it has malignant potential twice than normal population. Thus adequacy of recent treatment need to be update based on recent study.

We present a case of a 25 years old lady presented with long standing history of bilateral breast lump (11 years) which noted unilateral increment in size of the left breast lump for the past 8 month. She has been admitted to surgical ward HUSM for further radiological and pathological assessment. Clinically there is Lt breast lump occupying whole Lt breast about 10x10cm with presence of single Lt axillary Lymph node. We attempted for tru-cut biopsy however noted oily fluid came out which has no diagnostic material. As for diagnostic imaging, Her bilateral breast sonography shows two mass on the left breast about 8.6x6.8x8.9cm, not hypervascular and another mass is 2.6x1.6x 2.8cm which is hypervascular. Mass occupy whole left breast quadrants. Axillary tail, there is single lymph node with Impression of BIRADS III lesion. MRI of bilateral breasts which shows huge well defined heterogenous mixed cystic and solid lesion with the impression; probably malignant bilateral breast lesions (BIRADS IV). She has undergone excision biopsy and her histopathology examination reveal features of breast papilloma with cellular atypia.

Many studies shown that, although breast papilloma is a benign breast disorder, surgical excision is recommended especially when there is radiological-pathological discordance and cellular atypia as it has higher risk of malignant transformation later and to prevent missed diagnosis of cancer component of the lesion.
GIANT HIATAL HERNIA WITH INTRATHORACIC GASTRIC PERFORATION

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Hiatal Hernia is a commonly encountered in our daily practice. However a huge hiatal hernia (gastrothorax) is rarely seen. It still remains a challenge in term of initial diagnosis as it might exert a wide spectrum of clinical presentations which mimicking acute cardiovascular-pulmonary event.

We present a rare case of giant hiatal hernia with intra thoracic perforation who presented with acute respiratory distress syndrome. A 56 years old gentleman, chronic smoker, previously healthy, presented to ED with complain of progressive epigastric pain associated with epigastric fullness which getting worse post prandial for one week. He also complain of central chest pain and shortness of breath which worsen 3 days prior to admission. Otherwise no history of trauma prior to presentation. Clinically patient has SIRS component and per abdomen there was epigastric fullness and tenderness. On auscultation, generalize rhonchi heard all over the lungs with reduce air entry on left lower and middle zone, however no bowel sound heard. CXR shows elevated left hemidiaphragm with bowel shadow occupying left lower zone which across midline. Initial resuscitation was initiated accordingly. Patient was subjected for urgent NCCT and CECT Thorax and Abdominal CT scan which shows distended with thickened wall and air fluid level within the stomach at the region of posterior mediastinum. Free air anterior to the liver suggestive of pneumoperitoneum. Intra operatively revealed there was sliding hiatal hernia which involve proximal half of stomach with 1.5cm x 1.5cm perforation (intrathoracic) on the anterior stomach wall. Defect on the diaphragm (esophageal hiatus) was repaired with nylon, while perforated gastric ulcer was primarily repaired with graham patch. Patient subsequently monitored in ICU and recovered will post operatively.

We review few literatures and discuss on common presenting symptoms and current treatment commendations on giant hiatal hernia.
HEPATOCELLULAR CARCINOMA WITH POST-OPERATIVE CUTANEOUS METASTASIS – A RARE PRESENTATION

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Introduction
Hepatocellular Carcinoma (HCC) with cutaneous metastasis is very rare, occurring in 2.7 -3.4% of HCCs and accounts for less than 0.8% of all known cutaneous metastasis. Majority of the cutaneous metastasis originate from needle track or surgical wound contaminations. Distal cutaneous metastasis is very rare.

Methods
We report a case of an elderly gentleman who was diagnosed with hepatocellular carcinoma and developed cutaneous metastasis 3 months after surgery. A comprehensive literature search and review was made to investigate the nature of this presentation.

Results
The patient presented to our institution with loss of appetite, loss of weight and a palpable liver mass. Multiphasic computed tomography (CT) scan of the liver showed a large right lobe liver tumor with probable portal vein thrombosis intrahepatic duct dilatation. Subsequent portal venogram excluded left portal vein thrombosis and right portal vein embolisation was done to simultaneously to obtain adequate liver volume for resection. An anterior approach right hepatectomy with an en bloc resection of the diaphragm was subsequently done. Histopathological examination (HPE) confirmed hepatocellular carcinoma with diaphragmatic involvement. Upon follow up three months later, cutaneous over the chest wall, arms and thighs was noted. Incisional biopsy of these swellings proved that these were metastatic hepatocellular carcinoma. Sorafenib started but was unable to tolerate its side effects. The patient succumbed to his illness 2 years after surgery.

Conclusion
Extrahepatic cutaneous metastasis of hepatocellular carcinoma is very rare and confers poor prognosis and survival rate.
A 2-YEAR AUDIT OF PAEDIATRIC TRAUMA CASES MANAGED IN A GENERAL HOSPITAL IN MALAYSIA. TARGETTING AREAS FOR TRAUMA PREVENTION

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Objective
Primary aim of this study is to identify the demography of children admitted with trauma to our hospital with emphasis on the mechanism of injury, place of injury, the different types of injuries and the outcome. In doing so we would be able to address key areas of concerns and devise preventive measures to prevent such injuries.

Methodology
A retrospective audit was carried out between June 2011 and June 2013 of children aged between 0-12 years admitted to Hospital Kajang for trauma related injury. Data was collected from admission and inpatient records. Data included age, sex, type of injury, place and intent of injury, average duration of stay and the outcome. A comparison was made with other studies.

Results
A total of 342 children were admitted of which 208 were boys and 134 were girls. Distribution by race were Malays=263, Indians=41 and Chinese=18. Type of injury included fall=182, road traffic accident=55 and burns=48. 23 were admitted for foreign body ingestion and 43 for other injuries (non accidental injuries, child molestation, near drowning). 221 injuries occurred at home, 70 were at the roadside, 17 at schools, kindergartens, nurseries, 24 at recreational parks, 10 at other areas. 323 injuries were deemed unintentional. Mean hospital stay was between 4-16 days. There were 3 deaths, 15 were transferred to another institution with neurosurgical services.

Conclusion
Trauma was highest among male malay children. A significant number of trauma cases occurred at home and were attributed to fall and burns. Head injury is the commonest type of injury admitted. Children with non accidental injuries stayed the longest in our hospital. Our study revealed injuries are correlated with socioeconomic background. Based on this study injury prevention strategies at home should be addressed to parents of children.
BREAST CANCER AWARENESS AMONGST KAJANG COMMUNITY

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Objective
Our primary objective is to assess the awareness and apprehension of breast cancer among the Kajang community, be it healthcare providers (HC) or non healthcare workers (NHC) and if there is any difference between these two groups.

Methodology
This is a survey carried out during the Breast Cancer Awareness Campaign organized by our surgical department in late October 2013. During this campaign, we distributed a survey questionnaire regarding breast cancer to all that present. A verbal consent obtained prior to that. The questionnaires were answered immediately and recollected. All data are tabulated and later processed and analysed using SPSS v19.

Results
A total of 128 participants completed the survey. Majority of them were Malay and from the age group of 20-30 years. 53.9% of them were healthcare workers whereas non healthcare workers were 43.8%. A small percentage (2.8%) of them has not heard about breast cancer before. Most of them (60.9%) do not know the risks of breast cancer. About 81% of them claimed to know how to perform a self breast examination (SBE) but only 31% of them do it regularly. 3 out of 4 primary school educated, 42 out of 46 secondary school educated and 63 out of 68 higher education receiver have agreed that it is important to do SBE. Majority of the HC and NHC participants also thinks SBE is important. 50% of HC and NHC respondents are not aware of breast cancer risks. 25% of primary school educated, 83% of secondary school educated and 87% of higher education receiver claimed to know to perform SBE.

Conclusion
The level of breast cancer awareness is still at the suboptimal level and definitely needs improvement. We did not find any significant difference in the breast cancer awareness between the healthcare and non healthcare worker groups.
LAPAROSCOPIC CHOLECYSTECTOMY IN EMPYEMA OF GALL BLADDER: THE HTAR EXPERIENCE
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Objective
To find out safety profile of laparoscopic cholecystectomy in empyema of gallbladder.

Background
Empyema of gall bladder is a severe form of acute cholecystitis with superadded suppuration. It has been long considered a contraindication for laparoscopic cholecystectomy because of fear of life-threatening complications. This study aimed to determine the safety and feasibility of laparoscopic cholecystectomy in empyema of gallbladder.

Methods
Laparoscopic cholecystectomy was attempted in 16 patients with empyema of gallbladder within 24 hours of admission by consultant general surgeons.

Results
Between January 2009 - December 2013, a total of 363 laparoscopic cholecystectomy was performed for gallstone disease in HTAR. Out of this, 16 (4.4%) patients were diagnosed to have empyema of gall bladder. Laparoscopic cholecystectomy was successfully completed in 12 (75%) patients. In 4 (25%) patients the procedure was converted to open cholecystectomy due to operative difficulties, bleeding from cystic artery (2 cases), and difficulty in identifying anatomy due dense inflammatory adhesions (2 cases). Average operating time was 113 minutes, with the maximum operating time of 193 minutes in 1 case. Postoperative complications occurred in 2 successfully operated patients, which were post-operative ileus and surgical site infection. Most of the patients were discharged within 72 - 120 hours, while 2 patients were discharged after 10 days.

Conclusion
Laparoscopic cholecystectomy can be performed safely in empyema of gallbladder. However, threshold for conversion should be kept low to avoid collateral injuries and the experience of the surgeon plays a key role in the overall outcome.
GIGANTIC HAEMORRHAGIC ADRENAL CORTICAL CARCINOMA: A CASE REPORT
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Background
Adrenal cortical carcinoma is a rare endocrine tumour. This tumour can either be functional or non functional. Functional tumour has the ability to secrete glucocorticoids, mineralocorticoids or sex hormone causing the patient to have clinical features of hypersecretion of above hormones. On the other hand, non functional tumour usually detected secondary to mass effect of the tumour. Managing these tumours requires preoperative hormonal stabilization and radiological localization for a complete tumour resection. Multidisciplinary team work of endocrinologist, surgeon and anaesthesiologist is crucial in managing this tumour.

Non functional adrenal cortical tumour usually presented late as patient has no hormonal features. Managing this tumour is challenging as data has shown that adrenal cortical carcinoma is a highly aggressive disease despite of surgical excision as local regional relapse and distant metastases are common.

A Case Report
A 40 year old lady was referred for Right lobe liver tumour. She gave history of chronic cough and a week right sided abdominal pain. A multiphase CT show a 20cm Right adrenal mass with invasion into right lobe of liver. Right hemihepatectomy and Right adrenelectomy was performed to remove 6.1kg tumour.

Conclusion
The presentation, operative finding and post operative management are discussed.
A CASE REPORT: DOUBLE INTUSSUSCEPTION IN PEUTZ-JEGHERS SYNDROME

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Peutz-Jeghers syndrome (PJS) is a rare autosomal dominant genetic disorder characterized by intestinal hamartomatous polyps, mucocutaneous melanin pigmentation, and high risk for developing intestinal neoplasia. We are reporting a 13 years Chinese girl with Peutz-Jeghers Syndrome. She presented with intermittent epigastric pain since 8 years old treated as gastritis, with positive family history of colorectal cancer and gastric cancer in 2nd degree relatives. She came to us at 11 years with severe abdominal pain and bilious vomiting, physical examination revealed classical melanosis of lips and buccal mucosa, and a vague mass at abdomen which later confirmed as small bowel intussusception. After unsuccessful trial of hydrostatic reduction, emergency laparotomy revealed long segment jejuno-jejunal intussusception, which was manually reduced. A Jejunal polyp biopsy revealed hamartomatous polyp, consistent with Peutz-Jegher polyp. Later, upper and lower endoscopy showed multiple polyps of various sizes in the entire gastrointestinal tract from stomach, to large bowel. Post operation, she still had recurrent episodes of intussusceptions, which was treated conservatively, but eventually necessitated a second laparotomy at 13 years. This time there was a double intussusception of the jejunum with gangrenous innermost intussusceptum of 40cm, resection and primary anastamosis was performed. She required long term hospitalization and a chemoport for parenteral nutrition. We advised her family of poor outcome as there is no definitive treatment, and emphasized the need of cancer screening and genetic counselling.

This case depicts the natural history of Peutz-Jeghers syndrome with initial presentation of intestinal obstruction due to intussusceptions, and the unusual intra-operative findings of double intussusception.
COMPARING OUTCOMES OF PAEDIATRIC INGUINAL HERNIOTOMIES PERFORMED BY DOCTORS OF VARYING GRADES: A CENTRAL SARAWAK ZONE EXPERIENCE

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Paediatric inguinal herniotomies are considered the domain of paediatric surgeons in tertiary centres. Hospital Sibu, a tertiary centre without sub specialities has resulted in these procedures being performed by medical officers, general surgeons and occasionally by visiting paediatric surgeons. Referrals to the only centre with a paediatric surgeon in the state remain a less than ideal option almost solely due the geographical limitations. The main objective of this review was to identify intra op and post op complications as well as recurrence rates among herniotomies performed by doctors of varying grades. We performed a retrospective review of herniotomies performed in children between the ages of 1-12 years with unilateral inguinal hernias over a 1 year period. A total of 42 cases met the inclusion criteria. The main outcome measurements included operative time, documented injury to vas deferens, post operative hematoma formation and recurrence rates. A comparison of the cases performed by the medical officers, general surgeons and paediatric surgeons revealed a significant difference in the operative time. The paediatric surgeons had a mean operative time of 20 minutes, the medical officers and general surgeons with 30 and 51 minutes respectively. There were no documented injury to the vas deferens or anaesthetic related complications across the board. There was no significant difference in post op hematoma rates among the groups. A 6 month follow up revealed no recurrence in all groups. Inguinal herniotomies in children above 1 year of age with low general anaesthetic risk are safe to be performed by medical officers and general surgeons. The task of performing the same in children associated with a higher general anaesthetic risk is best left in the hands of paediatric surgeons.
MIXED INVASIVE DUCTAL/LOBULAR BREAST CARCINOMA: AN AGGRESSIVE CLINICAL PRESENTATION

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Clinical presentation and prognosis of mixed ductal/lobular mammary carcinomas has not been well studied, and little is known about the outcome of this entity. Thus, best management practices remain undetermined due to a lack of knowledge on this topic. We presented an aggressive case of mixed invasive ductal carcinoma and invasive lobular carcinoma in a young lady.
AN OVERVIEW OF BREAST CANCER RISK FACTOR:
EXPERIENCE FROM HOSPITAL SULTAN ISMAIL
JOHOR BAHRU

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Introduction
In accordance to Malaysia National Cancer Registry 2007, breast cancer is the most common cancer among women. There were 11,952 breast cancer cases reported between 2003 and 2005. Although the incidence in Malaysia appeared lower than other developing countries, nevertheless data clearly showed that breast cancer was the main cancer-death among Malaysian women. In view of that, our study aims to determine the contributing factors that can be associated with breast cancer.

Methods
This is a retrospective study on patients who received treatment from Breast clinic in Hospital Sultan Ismail Johor Bahru. Data were collected from January 2012 to December 2012. Socio-demographic, obstetrics and gynecological histories and other potential risk factors were analyzed.

Result
A total of 94 patients were diagnosed with breast cancer during the one year period. Majority were Malay ethnicity (73.4%) followed by Chinese (24.4%) and Indians (2%). Factors which were identified attributing towards breast cancer are being Malay ethnicity, older age, presence of family history diagnosed with cancers and consumption of oral contraceptive.

Conclusion
The incidence of breast cancer is generally related to prolonged estrogen exposure and genetic factors. Therefore, the outcome of our study supported by this theory. Since most of our patients are Malay, the major proportion was from this group of patients. Therefore, Malaysians need to be well educated in identifying their risk factor and to seek treatment early.

Key words
Breast cancer, risk factor, Johor Bharu
INCIDENT AND PREDICTIVE FACTORS OF POST-OP HYPOCALCAEMIA (POH) FOLLOWING TOTAL PARATHYROIDECTOMY IN PATIENTS WITH RENAL HYPERPARATHYROIDISM

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Background
Maintaining a normal serum calcium level post total parathyroidectomy in patient with renal hyperparathyroidism is indeed a great challenge for surgeon. In this study, we aim to investigate the incident of POH and its relations with the possible pre-operative risk factors in order to predict the factors that lead to the incident of hypocalcaemia.

Materials And Methods
Retrospective data of patients underwent total parathyroidectomy without autotransplant from January 2011 until December 2013 was collected. The data included age, gender, pre-operative level of serum calcium, alkaline phosphatase (ALP), intact parathyroid hormone (iPTH) and duration of haemodialysis. POH is defined as serum calcium less than 2.15mmol/l (8.6mg/dL). Through serum calcium (TSC) was taken as the lowest calcium reading within 72hrs post operation. The correlation between those risk factors and TSC was determined by using bivariate testing with Pearson’s correlation for continuous variables, and an unpaired T-test for categorical variables. The data was analyzed using SPSS version 16.

Results
29 patients underwent total parathyroidectomy for renal hyperparathyroidism. 17 (55%) of them developed POH after the surgery and 10 of them had hypocalcaemia symptom. Only ALP level (r = -0.428, p = 0.023), pre-op calcium level (r = 0.385, p = 0.0039) and patient’s age at the time of surgery (r = 0.533, p = 0.003) had significant predictors of POH.

Conclusion
Younger patient and patient with low preoperative calcium level were at higher risk of developing POH. Determination of preoperative ALP level can help to predict of the incidence of hypocalcaemia in patient undergoing total parathyroidectomy for renal hyperparathyroidism.
PRIMARY OSTEOGENIC SARCOMA OF THE BREAST

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Osteogenic sarcoma are malignant mesenchymal neoplasms in which the neoplastic cells produce osteoid and it is the commonest primary bone tumor. However, cases of extra-skeletal osteogenic sarcoma has been reported worldwide occurring in breast, colon and even myocardium. In contrarily to primary osteogenic sarcoma of the bone which occurs mainly in children and adolescent, extra-skeletal sarcomas tend to occur in patient over 50 years old. Primary osteogenic sarcoma of the breast is very rare and accounted less than 0.1% of breast cancer. The long-term prognosis is uncertain due to the small number of cases reported in the medical literature worldwide. In a small scale study of 50 patients with primary breast osteosarcoma by Silver et al, the 5 year survival rate is only 38%. 28% of patients developed local recurrence and 41% distant metastases. Here we presenting a case of a 44 years old lady that is diagnosed as primary osteogenic sarcoma of the breast and the difficulty we encountered to manage it.
A CASE OF SECRETORY BREAST CANCER
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Introduction
Secretory breast cancer occurs in a wide range of age from 8-83 years old. Mostly reported in young women with median age of 25y.

Case Report
An 8 year old Malay girl was diagnosed with right secretory breast cancer in August 2012. She presented with right breast swelling associated with pus discharge and was treated with antibiotics. However, the swelling was not resolved. Ultrasound shows benign subcutaneous breast lesion measured 2.4x0.7x1.8cm. She was then followed up with ultrasound. However, the lump was getting bigger and excision biopsy was done.

Histopathologically, the biopsy reported as secretory breast cancer. After 4 months, she had recurrent on the same site of previous surgery measuring 0.5x0.5 cm. Excision was done. Ct staging shows no distant metastasis.

Discussion
Secretory breast cancer is considered as one of the rarest type of breast cancer with incidence of < 0.15% of all breast cancer. Most tumors are negative for estrogen receptor, progesterone receptor as well as ERBB2 receptor. However, prognosis is excellent with rare incidence of axillary lymph node or distant metastasis. Methods of surgical treatment and role of adjuvant therapy, particularly in young patients remain controversial.
EARLY EXPERIENCE OF LAPAROSCOPIC HERNIA REPAIR AT HOSPITAL SULTANAH BAHIYAH, ALOR SETAR

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Total of 46 cases laparoscopic hernia repair was performed successfully during June 2012 until January 2014. The patient’s median age was 63 years old (56.3 to 66.2). Both methods of transabdominal pre-peritoneal repair (TAPP) 22 cases and total extraperitoneal repair (TEP) 24 cases were used to repair the hernia laparoscopically. There has been no recurrence in the 46 repairs where at least a 15 x 10 cm mesh was used for the repair. There was six (6/46) of the patients developed complications from the procedure. There were no mortality resulting from the surgery. The procedure was remarkably pain-free, with most patients able to be discharged the next day. The mean hospital stay is 3.1 days. No mortality is observed in the study. The results show that laparoscopic hernia repair is remarkably pain-free, allows a shorter stay in hospital and without immediate recurrence in 2 years.

Keywords
Inguinal hernia repair, laparoscopy.
CHALLENGES IN MANAGING NON-IODINE AVID DIFFERENTIATED THYROID CANCER (DTC)

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Introduction
Non-iodine avid DTC is rare but associated with aggressive clinical behavior. The aim of this study is to review our experiences in diagnosing and managing this disease.

Patients And Methods
All patients with non-iodine avid DTC in Hospital Putrajaya from 2008 to 2013 were included. Their clinical features, management and outcome were analysed.

Results
There were nine cases of non-iodine avid recurrence of DTC. The mean follow up of these patients was 44 months (range 14-120 months) and mean duration to develop non-iodine avid DTC was 38 months (range 11-100 months). All patients had recurrence of the cervical lymph nodes (LN) and 5 of them also had lungs or mediastinal LN metastasis. Cumulative dose of radioactive iodine (RAI) received was 305 mCi (range 100-500). 7 patients (78%) noted to have increasing serum thyroglobulin (TG) with negative whole body scan (WBS) and the other 2 patients (22%) had low TG with negative WBS. 6 patients had PET scan and all with positive uptake. The other 3 patients detected by CT scan/ultrasound neck. Removal of enlarged cervical LN was done in 7 patients (78%) and another two patients (22%) were not fit for surgery. There were no major complications following surgery. Despite non-iodine avid, all 9 patients were given higher doses of RAI and patients without surgery also received radiotherapy. One patient with neck recurrence who had surgery followed by RAI was free from cancer. The other 8 patients (89%) still have persistent disease.

Conclusion
Non-iodine avid DTC should be suspected in cases with negative WBS but increasing serum TG or clinically local recurrence. Majority of the patients have persistent disease despite recommended treatment.
Rectal foreign bodies often pose a challenging diagnostic and management dilemma that begins with the initial evaluation in the emergency department and continues through the post extraction period. A 34 year old gentleman presented with complaint of constipation for 2 days and claims he inserted a plastic bottle in his anus 2 days ago and unable to remove it. He was under drug influence. On examination, there was mild lower abdominal tenderness, no guarding. Per rectum noted tip of the bottle palpable. X-ray unable to visualize any foreign body. Thus, we performed examination under anesthesia for removal of foreign body transanally which was later converted to laparotomy. Small incision was made over sigmoid colon and delivered the foreign body and followed by primary anastomosis. In view of traumatic rectal injury while removing the bottle via rectum, we had to do a covering ileostomy. This case study is to highlight the surgical management for anal eroticism which is rare and required prompt surgical intervention.
SKILL VALIDATION STUDY ON SENTINEL NODE BIOPSY IN BREAST CANCER – A MALAYSIAN EXPERIENCE
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Objectives
A study to assess the skill and performance of sentinel lymph node biopsy (SLNB) technique for breast cancer, prior to offering sentinel node-based management in a tertiary center in Malaysia.

Methods
Between September 2010 to December 2012, 25 patients with clinically node-negative, breast cancer were enrolled. All operative procedures were performed by the same surgeon. Combination of radiotracer and blue-dye was used for SLNB and histopathology examination (HPE) for SLNs was done in accordance with the study protocol. Specimens for the primary tumor and axillary dissection were sent for routine HPE.

Results
SLNs were identified in all 25 patients. 1 case was excluded from the study due to HPE confirmation of a benign tumor. A total of 48 nodes were harvested. The median number of SLN removed per patient was 2. 33 SLN (69%) were identified by both radiotracer and blue-dye (hot and blue), 12 by radiotracer alone (hot-only) and the remaining 3 by the blue-dye (blue-only). None of the hot-only or blue-only node was positive for metastasis. Axillary lymph nodes were totally negative in 13 (54%) patients. Of the 11 patients diagnosed positive for nodal metastasis, 7 were picked up by SLNB. 3 patients were missed with false negative SLN whereas; the remaining 1 had metastatic SLNs, together with a node not identified at surgery, in the breast tissue specimen (? intramammary node).

Conclusions
These data showed an impressive SLN identification rate but an unacceptable high false-negativity.
Thoracic aortic pathologies, although uncommon, are life threatening conditions if untreated. The use of TEVAR for treatment of thoracic aortic pathologies has been associated with reduction in mortality, complications and length of hospital stay. However, the incidence of post operative stroke, which is a major complication of this procedure, remains the same as open surgery. In this case report we describe a case of ischemic stroke as a complication of TEVAR.

A 36 year old male with no known medical illnesses had an alleged motor vehicle accident. He was a motorbike rider who collided with a car. He was hemodynamically stable. His chest xray showed a widened mediastinum. A CT scan of the thorax was done and revealed a descending thoracic aorta pseudoaneurysm with periaortic hematoma. TEVAR was performed the following morning. However, on the same evening after the procedure, he was noted to have right sided hemiparesis. An urgent CT scan and CT angiogram of the brain was done and revealed an acute left pons infarct with vasospasm of the posterior and middle cerebral arteries. Further assessment was done with a MRI of the brain and it showed an acute left pontine, right temporal lobe and left cerebellum infarct. These were treated conservatively and he was started on Aspirin. Rehabilitation was done and he was discharged on day 27 post trauma. A repeat CT scan of the thorax was done a month post TEVAR as an outpatient and showed no evidence of endoleak.

Approximately 90% of postoperative strokes occur within 24 hours of TEVAR, which is consistent with embolic etiology. This case report is one of the many incidences of stroke after TEVAR, especially when the arch is involved. However it still remains as a superior treatment for thoracic aortic pathologies due to its increased benefits.
OUTCOME OF TRAUMATIC BRAIN INJURY (TBI) MANAGED IN GENERAL SURGICAL UNIT
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Background
Outcome of patient with TBI is depended on time to intervention. Patients with TBI are treated in secondary hospital or referred to a tertiary center for definitive treatment.

Objectives
To study the demographic data and outcome of TBI managed in General Surgical unit.

Methodology
Retrospective review was done for patients admitted with TBI between January to December 2013. Data was obtained from our local database. Patients were analyzed for demography and outcome.

Results
A total of 954 TBI cases were admitted to General Surgery unit HTAR in year 2013. The commonest cause was road traffic accident (71.7%). More than two third (72%) had mild TBI, 12.2% had moderate TBI, and 15.8% had severe TBI. About 13.2% of severe TBI patients had surgical intervention with mortality rate of 35% (7 out of 20). Majority of the patients with severe TBI was treated conservatively with an acceptable outcome (103 out of 131 survived). Overall, 90.6% of the patients with TBI had survived with good recovery status (Glasgow Outcome Scale 5) in our series. The overall surgical intervention mortality rate was acceptable (25%; 8 out of 36).

Conclusions
The outcome of patients with traumatic brain injury managed in General Surgical unit is comparable with a tertiary center. Most patient traumatic brain injury can safely be treated in a secondary hospital.
PATIENT NAVIGATION IN BREAST CANCER
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Background
Cancer management is a common problem encountered by health care provider. Delay in definitive treatment is due to various systemic issues in healthcare delivery. Use of Patient Navigation System can negate the delay in the process of care.

Objective
To assess the effectiveness of Patient Navigation System in management of breast cancer.

Methodology
Review patients’ Breast Cancer Navigation System for 6 months (January 2013 until June 2013) which include demographic characteristics, date of first visit, date of diagnosis (completed triple assessment and breaking bad news) and date of treatment (surgery/chemotherapy/radiotherapy/hormone therapy).

Result
Standard has been set from first visit to definitive treatment, which is 6 weeks in total. A summation of 68 patients was diagnosed with breast cancer between January 2013 and June 2013. Out of these, 19.1% (n=13) were unable to achieve target goal. Delays or failure to achieve standard were due to delay in triple assessment (11.7%, n=2), delay in diagnosis (4.4%, n=3), and no suspicion of cancer in young patients (2.9%, n=2).

Conclusion
Patient Navigation System is a good tool for auditing process and to implement changes and improve quality of service.
LAPAROSCOPIC VERSUS OPEN APPENDECTOMY: A PROSPECTIVE STUDY
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Introduction
Whether laparoscopy offers a benefit over open surgery in the management of acute appendicitis or not remains a subject of controversy despite the publication of numerous randomized studies.

Methodology
Our aim is to compare the safety and benefits of laparoscopic versus open appendicectomy in a prospective study in local settings. Comparisons were based on operating time, waiting time for OT to call, pain score and length of hospital Stay.

Results
In group A (open appendicectomy) the mean operating time was 69.38 minutes with SD of 30 ± 930 minutes meanwhile the mean for waiting time for Operation theater to call the case was 504.7 minutes with SD of 421.7 ± 177812 minutes. Meanwhile in Group B (laparoscopic appendicectomy) the mean operating time was 75.5 minutes with SD of 26 ± 698 minutes meanwhile the mean for waiting time for Operation Theater to call the case was 488.7 minutes with SD of 480 ± 230771 minutes. The total admission days for group A was mean 3.23 days with SD of 1.14 ± 1.3 days with the pain score mean of 4.58 with SD of 2.06 ± 4.25 and was able to ambulate in day 2 post-operative period with SD of 1.39 ± 1.95 days. With comparison of group B the total admission was mean 3.82 days with SD of 1.53 ± 2.35 days with the pain score mean of 4.32 with SD of 2.12 ± 4.5 and was able to ambulate in day 2 post-operative period with SD of 1.22 ± 1.5 days.

Conclusion
This operation was performed by junior medical officers and specialists. This same people conducted both procedures. There is no significant difference in the operating time and waiting time for Operation theater to call in group A and group B. Meanwhile there is significant difference in pain score and length of hospital stay.
ROBOT-ASSISTED TRANSAXILLARY ENDOSCOPIC TOTAL THYROIDECTOMY IN A WELL-DIFFERENTIATED THYROID CARCINOMA: A FIRST IN MALAYSIA

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Introduction
Robot-assisted endoscopic thyroidectomy (RT) affords superior visual input, excellent dexterity and better ergonomics to the operating surgeon. In suitable cases, RT is as good as conventional open thyroidectomy in the management of well-differentiated thyroid carcinomas (WDTC). We report the first case of papillary thyroid carcinoma treated by a robot-assisted endoscopic total thyroidectomy in Malaysia.

Case History
A 23-year old lady presented with a painless, progressively enlarging right neck swelling. She was euthyroid with a firm 2 x 2 centimetre right thyroid nodule. There were no palpable cervical lymph nodes. A CT scan of the neck showed an 18 x 18 x 20 millimetre well-defined solid-cystic right solitary thyroid nodule. Fine-needle aspiration cytology confirmed papillary thyroid carcinoma. A robot-assisted endoscopic total thyroidectomy with right central compartment node dissection via a right transaxillary approach was successfully performed on the 26th February 2014. Total operating time was 3 hours and 45 minutes. Intraoperative finding showed an intrathyroidal mass in the mid-anterior part of the right lobe, with a few enlarged level 6 lymph nodes. Both recurrent laryngeal nerves were identified. All 4 parathyroid glands were identified; however the right inferior parathyroid was sacrificed along with the central-compartment node dissection. Pain scores at immediate postoperative period, day 1 and day 2 were 2, 3, and 2 respectively. Postoperative serum calcium levels were normal. Drain was removed at postoperative day 4 and she was discharged the same evening.

Conclusion
RT has been shown to be a good and safe surgical option in selected cases of WDTC. This case illustrates how such surgical treatment can be offered to patients with WDTC in Malaysia.
INTRA OPERATIVE METHYLENE BLUE TEST
– THE ENHANCED ERAS IN WHIPPLE’S
– AN ALOR SETAR EXPERIENCE

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Pancreaticoduodenectomy is a major surgery involving resection of the pancreatic head performed initially by Walther Kausch and then popularized by A.O. Whipple with subsequent modification to preserve the pylorus. Anastomotic leakage is the most devastating complication. Gastrojejunostomy leak rate is 11% while gastroduodenostomy is at 12%. We use a safe simple method of injecting intra operative methylene blue via an oesophageal calibrator to assess the integrity of the anastomosis to facilitate early feeding.

Objective
To assess gastrojejunostomy or duodenojejunostomy leak rate intra operatively, hence to facilitate early feeding.

Methods
Retrospective study since June 2013 up to February 2014.

Methylene blue about 300 mls instilled via an oesophageal calibrator intra operatively to assess the patency and integrity of the anastomosis.

Assessing anastomotic leak for gastrojejunostomy or duodenojejunostomy during Whipple’s or pylorus-preserving pancreaticoduodenectomy (PPPD) procedure.

Results
All the 8 cases in the study had no anastomotic leak detected post operatively. All the patients (100%) were allowed clear fluids at Day 1. At Day 4, 7 patients (87.5%) were started with soft diet except for a case which started at Day 10 due to other complications non related to anastomotic leak. All the patient had no complaints of nausea, vomiting or evidence of paralytic ileus once they have tolerated orally.

Conclusion
Intra operative methylene blue test has yielded 0% leak rate in all cases. Although the numbers are small, but there is no documented attempts or clinical trials published in literature in using intra operative methylene blue test for Whipple’s to assess anastomotic leak. This can facilitate enhanced ERAS.
ACUTE HEART FAILURE FOLLOWING RUPTURED SINUS OF VALSALVA (RSOV) ANEURYSM WITH LARGE PERIMEMBRANOUS VENTRICULAR SEPTAL DEFECT

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Introduction
Sinus of Valsalva aneurysm is a rare cardiac anomaly. RSOV aneurysm into right heart chamber is associated with severe left-to-right shunt. Left untreated, it will leads to worsening of cardiac function. Early surgical repair is the recommended treatment for RSOV aneurysm, and long-term outcome following surgery has been promising.

Case-Report
We presented a case of 25-year old gentleman with congenital heart disease who defaulted follow-up for the past 10 years. He was well, until December 2012 when he presented with acute heart failure. On examination, bibasal crepitations was heard with displaced apex beat and loud continuous murmur over left parasternal region. Bilateral pedal oedema was present. He responded well to medical therapy and fluid restriction. CXR showed cardiomegaly with right pleural effusion. Trans-thoracic echocardiogram revealed hyperdynamic left ventricular contraction with EF of 65%. All chamber size were dilated with large VSD, moderate MR, TR with PASP 70mmHg. RSOV aneurysm into right ventricular outflow tract was seen without aortic regurgitation. We performed urgent repair of RSOV aneurysm and VSD closure using Goretex patch, with mitral valve annuloplasty, on cardiopulmonary bypass. Recovery period was uneventful, and he was discharged home well after 12 days with oral warfarin, digoxin and low dose diuretics.

Discussion
Sinus of Valsalva aneurysm arises mainly from congenital defect of the aortic media, or following aortic wall injury either by infections, trauma, degenerative changes from connective tissue disease, cystic medial necrosis or Marfan syndrome. It occurs between 0.09 to 0.15% of cases, comprises up to 1% of all congenital cardiac anomalies. Occasionally, co-existing VSD, AR, or bicuspid aortic valve may present in 30 to 40% of patients. Most cases are asymptomatic, as majority of them diagnosed incidentally on echocardiogram when the patient presented with heart failure associated with its rupture. Surgical repair remains the mainstay of treatment. Nevertheless, following repair, there is still risk of late progression of AR found on long-term follow-up. Thus, regular assessment with echocardiography is recommended to avoid late detection of potentially reversible complication.
Obstructive sleep apnoea (OSA) syndrome is a common disorder characterized by repeated episodes of obstructive apnoeas and hypopnoeas during sleep with subsequent oxygen desaturation and sleep disturbance. Obesity has been identified as the most powerful reversible risk factor for OSA. It does not only increase the risk of developing OSA but it also potentiates the progression of OSA. There is a high prevalence of OSA in obese individuals and vice versa. A person with higher body mass index (BMI) has been thought to be associated with more severe degree of OSA. We would like to determine whether severity of obesity alone in terms of BMI is associated with more severe degree of OSA. Retrospective analysis was done for 74 patients being worked up for bariatric and metabolic surgeries from 2011 until 2013. Statistical analysis was done and found no significant association between higher BMI alone to higher apnoea-hypopnoea index (AHI). We conclude that body mass index alone is not the main factor influencing the severity of OSA. Various anatomical respiratory effects involving the pharyngeal soft tissues and lung volume as well as neurohormonal mechanisms involving adipokines that may affect airway neuromuscular control have been postulated in determining the causal-effect relationship between obesity and OSA. Other factors including the craniofacial anatomy or neck circumference may also play a role in determining the severity of OSA.
LAPAROSCOPY IN ABDOMINAL TRAUMA:
THE HTAR EXPERIENCE
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Objective
This is a retrospective cohort study of laparoscopic surgery in both blunt and penetrating abdominal trauma.

Background
Laparoscopy has become increasingly useful as a diagnostic and therapeutic tool in managing intra-abdominal injuries. This is a review of a single centre experience in using laparoscopy in the management of blunt and penetrating intra-abdominal injuries.

Methods
Laparoscopy was performed by senior consultant surgeons in hemodynamically stable patients suspected of intra-abdominal injury between January 2010 to December 2013. Primary outcome measured is complication rate and secondary outcome being postoperative length of stay and conversion rates.

Results
Sixty-two patients with suspected intra-abdominal injury underwent laparoscopy with their age ranging from 19 to 54 years old. Seventeen patients (27%) were penetrating abdominal injuries and 45 (73%) patients were blunt abdominal trauma. Blunt abdominal trauma included five cases of laparoscopic splenectomy. Thirteen patients (21%) had to be converted to laparotomy whereas 49 (79%) patients were successfully managed laparoscopically. This latter group included intracorporeal bowel, bladder perforation, mesenteric tear repairs or targeted incision with exteriorization for bowel repair or resection. Mean operating time for blunt abdominal trauma was 134 minutes and for penetrating abdominal injuries was 74 minutes. Complication occurred in 2 (3%) patients which were surgical site infections. Most patients were discharged in 72-120 hours while 3 patients were discharged after 10 days. There were no re-operative cases among all this cases, which shows no missed injuries.

Conclusion
Laparoscopy in abdominal trauma in trained experienced hands and carefully selected patients is safe. This is showed by the low number of complication rate, short length of stay and reduced scar size.
BREAST CONSERVING SURGERY: EXPERIENCE FROM HOSPITAL SULTAN ISMAIL JOHOR BAHRU

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Introduction
Breast conserving surgery (BCS) involves removing only part of the affected breast. Studies have demonstrated that in combination with postoperative radiotherapy, the survival rates are similar to those achieved with mastectomy alone. However, in the event of incomplete excision or inadequate clearance margins, patients are mandatory to have reoperation. Subsequent surgery involves a further breast excision or mastectomy. In our institution, adequate surgical margin is when microscopic surgical margin more than 2 mm. Therefore, this study evaluates the outcome of BCS performed.

Methods
All patients underwent wide excision in Hospital Sultan Ismail were enrolled. Data were retrospectively recorded from April 2006 till December 2013. Data regarding the indication for surgery, type of surgical procedures and histopathology especially the surgical margins were then analyzed.

Results
A total of 106 patients were included in the study where the final histopathology confirmed as breast cancer. Sixty three patients (59.4%) were confirmed breast cancer preoperatively and the remnant 43 patients (40.6%) were for suspicious lesions. From the 106 cases, thirty-nine (36.8%) underwent re-operation due to inadequate margin or patient’s preference. Re-excision of the affected margins was performed in 18% (7/39) of patients who required second surgery and 70% (27/39) of patients underwent completion mastectomy. Five patients (12%) defaulted treatment.

Conclusions
When embarking on BCS, the possibility of another surgery need to be considered which can be quite high as in our case. Therefore, it is important that patient must be educated about this matter. However, recent guideline indicates that absence of ink on tumour can be regarded as adequate margin. Therefore, future rate of re-excision should be lower comparing to our current data.

Keywords
Breast conserving surgery, surgical margins.
SINGLE INCISION MULTIPORT LAPAROSCOPIC CHOLECYSTECTOMY: REPORT OF THE FIRST 10 CASES
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Introduction
Laparoscopic cholecystectomy is the gold standard for the treatment of gallstone diseases. The procedure has evolved from a multi key-hole surgery to single incision laparoscopic cholecystectomy (SILC). SILC has been shown to be better cosmesis and lesser post-op pain and improved patient satisfaction.

Method
From January 2014 until March 2014, 10 cases of SILC were performed at PPUKM. All operations were performed under general anaesthesia on an elective list. All the cases were performed via a standard 3cm transumbilical incision. A small wound protector and a non-powdered surgical glove were used to maintain pneumoperitoneum. The first 3 cases were performed using a conventional straight instruments via a conventional laparoscopic ports. The subsequent cases were performed using curved instruments and miniports. The critical view of safety is observed in all procedures and intra-operative cholangiogram was selectively performed.

Results
The majority of patients were symptomatic gallstones. There was no conversion to open surgery but additional port was required in 5 patients. An additional epigastric port was inserted in 3 patients, and conversion to conventional laparoscopic cholecystectomy (CLC) was undertaken in 2 patients. Among the reasons for an additional port were presence of adhesions and inflamed gallbladder.

Conclusions
SILC is technically more challenging compared to CLC but there was no apparent significant difference in the technique. The duration of the procedure was slightly longer initially but improved in the subsequent cases. SILC is a safe procedure and gives better patient’s satisfaction for cosmesis and post-operative pain.
EXPERIENCE OF AUTOLOGOUS DERMAL FAT GRAFT IN IMMEDIATE BREAST RECONSTRUCTION IN UNIVERSITY MALAYA MEDICAL CENTER

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Background
Due to the equality in terms of outcome in breast conserving surgery and mastectomy, breast conserving surgery for treatment of breast cancer is becoming a standard treatment for early breast cancer. To achieve better cosmetic outcome with good oncological result, oncoplastic breast surgery (volume displacement and replacement) was adopted during breast conserving treatment. Autologous dermal fat grafting was previously used for other plastic reconstruction become one of the methods to maintain symmetry after partial breast resection.

Methods
This is a prospective study of 21 patients who were operated on for breast carcinoma between 1st September 2012 to 31st December 2013 at the University Malaya Medical Center (UMMC). The procedure was proposed for patients in whom conservative treatment was possible on oncologic grounds but where a standard lumpectomy would have led to poor cosmesis. Standard institutional treatment protocols were followed. All patients received either postoperative radiotherapy.

Result
All patients was followup one week postoperatively, one month and every three months. Mean follow up is 9.5 months (4-15 months). Mean tumour volume excised was 87.39cm³ (14.5-199.5cm³). Mammography was performed 6 months after surgery. Two patients had infected graft where one was treated with antibiotic and one graft was removed and reconstructed with mini Latissimus dorsi flap reconstruction (LD) flap. One patients has fat necrosis (4.8%) with sinus after radiotherapy and has to be resected and reconstructed with mini LD. Three patients has mastectomy due to involved or closed margin post operatively. Cosmesis on the remaining 16 patients was favorable in terms of symmetry and shape. Postoperative mammography showed no major effect on surveillance. There is mild different in consistancy during palpation with no obvious gross distortion.

Conclusion
The use of dermal fat graft as one of the method in volume replacement oncoplastic techniques in small to medium breast. The cosmetic result was acceptable with favourable oncologic and esthetic outcomes.
BLATCHFORD AND ROCKALL SCORES IN PREDICTING UGIB SEVERITY IN SINGLE TERTIERY CENTRE, EXPERIENCE IN 50 CONSECUTIVE URGENT OGDS: A PROSPECTIVE OBSERVATIONAL STUDY

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Introduction
Non- variceal upper gastrointestinal bleed (NVUGIB) is a great concern in Malaysian population due to increase in proportions of elderly populations developing complication of peptic ulcer disease. It carries a significant burden of morbidity and an unchanged mortality ranging 4-10%. Therefore it is of vital importance to act immediately based on initial assessment including incorporating predictive scoring systems like that of the pre- endoscopic Blatchford and endoscopic Rockall scores in management of UGIB patients. The primary goal is to identify and risk stratify patients according to the need of urgent or delayed upper oesophagoduodenoscopy (OGDS) or even to safely discharge patient to outpatient clinic follow-up. Although Blatchford score of 1 or more was found to be highly sensitive at identifying severe bleeds at 99% it was not found to be specific at 4-44%.

Aim
The aim of this study is to look at pre-clinical Blatchford and clinical Rockall scores in all urgent OGDS performed in 50 consecutive patients referred for UGIB and the therapy instated.

Methodology
We collected data prospectively of 50 consecutive patients referred for emergency OGDS for NVUGIB which included demographic details, Blatchford and Rockall scores, endoscopic findings and interventions, use of PPI and dosage given, rebleeding and need for further intervention.

Results
There were total of 50 patients, with 41 males and 9 females. Ethnic group were dominated by Chinese(52%) followed by Malays (32%), 6 patients were Indian and 2 others. Symptoms and presentation majority were malaena (35) followed by haematemesis (17), 16 patients had coffee ground vomiting and 7 were in hypovolaemic shock at presentation. The lowest pre-endoscopic Blatchford score was 2 ranging from 2 to 17. Only 12% of patients did not receive bolus dose of intravenous PPI prior to OGDS. The majority cause of bleeding was PUD with 72%. 13 of these were severe bleeds that were indicated for PPI infusion of which 13% received only daily intravenous dose of PPI. Rockall score ranged from 0 to 10. Patients who had a score of 4 and above were more likely to re-bleed (23%) needing further intervention compared to those with a score of 3 or below (3%). There were 2 deaths (4%), both had Rockall score >4.
Conclusion
All our patients who underwent emergency OGDS had a Blatchford score of >0. Rockall score somewhat reflected higher risk of rebleed with scores of 4 and higher. Majority of patients were started on infusion appropriately and all but one received at least dual endoscopic haemostatic measures appropriately.
NEW OINTMENT DRESSING: POTENTIAL ALTERNATIVE TO SPLIT SKIN GRAFT

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Burns are a significant health challenge and healing can result in scar formation. In addition to topical wound care needs, the patient is at risk for numerous systemic complications associated with the absence of large amount of epidermis and/or dermis. Methods to improve wound healing and tissue repair will offer tremendous opportunities to enhance the survival rates and quality of life for burn patients, and may also help to reduce health care costs. Currently, for deep partial thickness and full-thickness burns, unless very small in size, the standard treatment modality is to use split skin grafts (SSG) to close the wounds. Wild pigeon brand medicinal oil was first established in 1926 for mild wound and burn. This medicinal oil has been registered with Ministry of Health, Malaysia (MAL 19971652T) and used by local people especially Indian community for decades in Malaysia. Its tissue regenerative potential was discovered coincidentally when an Indian lady, who had extensive wide local excision for hydradenitis suppurativa, refused SSG and healed cosmetically with self-dressing with this ointment. However, the mechanisms by which this oil treatments promote wound healing are not fully understood. We describe 2 burn case reports that benefited from this ointment dressing with impressive scarless healing. Further studies are needed to evaluate its safety in clinical use.
Objective
To study the clinical efficacy of generic chemotherapy drugs for patients with advanced colorectal cancer.

Method
Retrospective study on all colorectal cancer patients who had received chemotherapy in 2012. Data were reviewed from medical records, chemotherapy medication records, and adverse effects documentations. Two groups of patients were taken into this study, patients who had received generic oxaliplatin and those who had received original irinotecan. Demographic data and clinical parameter were analysed to evaluate clinical outcome. Qualitative and quantitative values were expressed as frequency (percentage) and mean±SD.

Results
Total of 52 patients were taken into this study. 35 patients received generic oxaliplatin and 17 patients received original irinotecan. No statistical significant differences in the patients’ demographic and clinical characteristics such as age, gender and stage of disease. 5 patients in the generic oxaliplatin experienced adverse reaction such as urticaria, shortness of breath. 7 patients had oxaliplatin failure and were changed to original irinotecan. There were 3 mortalities during this chemotherapy period; two from disease progression and one from intestinal obstruction which ended up in surgery. Overall adverse reaction in generic oxaliplatin was 22.6%. None in original irinotecan group experienced any adverse reaction.

Conclusion
Although the sample size was small and lack of adequate power to detect a difference between cohorts but generic oxaliplatin is associated with higher rate of adverse effects.
REMISSION OF SJOGREN’S SYNDROME AFTER ROUX-EN Y GASTRIC BYPASS FOR MORBID OBESITY: A CASE REPORT
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Introduction
Sjogren’s Syndrome is an autoimmune disorder characterised by dry eyes, dry mouth and arthritis. Auto-antibodies are produced against body tissues including sweat and tear glands. This condition is treated with the use of immune suppressants and cytotoxic drugs.

Case Description
We report remission of Sjogren’s Syndrome in a 39 year old lady with morbid obesity after undergoing Roux en Y Gastric Bypass (RYGB). The effect was seen within the first month of the surgery. There was total discontinuation of corticosteroid and methotrexate use post operatively and she had remained asymptomatic of Sjogren’s Syndrome 10 months after her surgery with good excess weight loss. The C-reactive protein (CRP) has dropped from a pre-operative level of 86 to a post-operative level of 8 and has remained low with serial tests.

Discussion
The RYGB surgery has played a role in the remission of the Sjogren Syndrome most likely through hormonal changes and weight loss. Although the exact mechanism is unknown, metabolic changes after RYGB may result in anti-inflammatory effects seen in this case. Although larger trials are required, this case report shows the potential of RYGB surgery which may have applications beyond morbid obesity.
Objective
We present the largest single centre experience to date of bariatric surgery in Malaysia. An evaluation is made to analyse the benefits and risks of bariatric surgery performed in a single institution.

Methodology
Prospective observational study of bariatric surgery performed on obese patients from October 2010 till October 2013 in Hospital Kuala Lumpur. The mean follow-up period is 16 months. The WHO Asian criteria was used to define obesity. Bariatric surgery performed for the non-obese patients are excluded from this study.

Results
A total of 200 patients had undergone bariatric surgery for morbid obesity. Six different types of bariatric surgeries were performed namely Roux-en Y Gastric Bypass (RYGB), Sleeve Gastrectomy (SG), Adjustable Gastric Banding (AGB), Greater Curvature Plication (GCP), Banded Plication (BP) and Single Anastomosis Duodeno-Jejunal Bypass-Sleeve Gastrectomy (SADJB-SG). RYGB accounted for the majority of bariatric cases with 108 patients followed by SG (51 patients), BP (19 patients), AGB (13 patients), GCP (8 patients) and SADJB-SG (2 patients).

Conclusion
Our early experience from a single institution shows that bariatric surgery is a safe and effective procedure used for the treatment of morbid obesity and its associated co-morbidities.
EFFECT OF BARIATRIC SURGERY ON TYPE II DIABETES MELLITUS IN 63 OBESE PATIENTS

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Objective
To review the effectiveness of bariatric surgery in the treatment of type II diabetes mellitus (T2DM) in the obese

Methodology
Prospective observational study of patients with pre-operative type II diabetes mellitus who had undergone bariatric surgery for obesity from October 2010 till September 2013 in Hospital Kuala Lumpur. The mean follow-up period is 16 months.

Results
A total of 196 patients had undergone bariatric surgery for morbid obesity, out of which 63 patients (32%) had underlying T2DM. 4 different types of bariatric surgeries were performed. Roux-en Y Gastric Bypass accounted for the majority of cases (51 patients) with the highest percentage of remission (96%). Overall remission of T2DM in the morbidly obese after bariatric surgery is seen in 56 patients (88%).

Conclusion
Bariatric surgery is an effective procedure used for the treatment of morbid obesity and its associated comorbidities. Long term results have shown complete remission of diabetes mellitus in the majority of patients and about a third of these patients maintained sustained glycaemic control without medication for more than 10 years. While insulin resistance was initially thought to be reduced by weight loss after bariatric surgery, there is another mechanism of action which brings about the remission of diabetes mellitus even before significant weight loss occurs. This mechanism of action is thought to be hormonal in nature. This study shows effective short term remission of T2DM after bariatric surgery in morbidly obese patients.
Case report of a 54 year-old lady with one week history of epigastric pain and fever was admitted to Hospital Sultanah Bahiyah. She was known to have gallstones 5 years ago and had history of few episodes of biliary colic. Patient was diagnosed to have empyema gallbladder and underwent an open cholecystectomy. Intraoperatively, the gallbladder noted to have thickened wall with stones impacted at Hartmann pouch. The Hartmann pouch was maciated and very friable with perforation and contained pus at left subhepatic space. The remainder of the patient's hospital course was uneventful. Macroscopic examinations showed an irregular serosa covered with minimal slough at neck of gallbladder. On gram staining, the gallbladder showed necrosis and extensive ulceration of mucosa. The wall is densely infiltrated by neutrophils forming microabscess. Few actinomyces colonies were seen within the microabscess. This case discuss the unusual organism, actinomycosis causing perforated empyema of gallbladder.
THE ROLE OF LAPAROSCOPIC SURGERY IN BLAST INJURY: A CASE REPORT ON TRAUMATIC DIAPHRAGMATIC AND LIVER INJURY FOLLOWING EXPLOSION
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Introduction
Blast injury is a high velocity injury which can cause primary, secondary, tertiary and quaternary injuries. Removal of fragments in secondary blast injuries can be difficult and challenging. The use of laparoscopic surgery in the management of blast injuries is relatively uncommon.

Case Report
Our patient, 11 year old Ms H, presented to the Emergency Department of HTAR with complaints of chest and abdominal pain following combustion of a self made explosive at the prayer altar of her home. Initial assessment revealed an entry wound measuring 3 x 2 cm over anterior aspect of right lower thorax, reduced air entry over base of right lung and generalized peritonism. Patient was hemodynamically stable. CT TAP revealed a foreign body embedded within segment 7 of the liver causing traumatic liver injury (Grade III). Preemptively right sided chest tube was inserted. She subsequently underwent diagnostic laparoscopy which revealed a diaphragmatic tear measuring 2x2cm communicating with the open wound over right lower thorax as well as a stellate capsular tear at segment VII of liver with an embedded metallic foreign body. The metallic object was removed via the open wound over the right lower thorax and diaphragmatic tear was repaired under laparoscopic guidance. Patient fared well with no post operative complications.

Conclusion
Laparoscopic surgery is an acceptable means in the management of blast injuries where appropriate in the hands of a skilled surgeon. It provides good access in the exploration of liver and diaphragmatic injuries.
ASCARIS LUMBRICOIDES: AN UNUSUAL ETIOLOGY OF PERFORATED APPENDIX AND SMALL BOWEL PERFORATION

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Ascaris lumbricoides is one of the most well-known helminthes parasites affecting humans, causing acute surgical conditions such as bowel obstruction, perforation, acute appendicitis, small bowel volvulus, intussusceptions and etc. Hereby we report two cases of rare complication of Ascariasis. Both patients admitted complaint of abdominal pain with signs of peritonitis. The said patients after being subjected to baseline workup were subjected to laparotomy which proved to be a surgical surprise. A live ascaris lumbricoides worm was seen pouting out of an ileal perforation in one patient and another had perforated appendix with one dead ascaris lumbricoides worm forming an inflammatory mass in the greater omentum.
A RARE CAUSES OF DYSPHAGIA
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Introductions
Benign oesophagealtumour is uncommon compared to malignant. It comprise of 1% of all oesophagealtumour and leiomyoma named to be the commonest of all the benign lesion.

The clinical presentation varies depending on size and location of the leiomyoma. Symptoms usually presence in a sized more than 5 cm.

Case Report
We are reporting a case of young girl who presented with long history of dysphagia, LOA and LOW. Upon reviewing her, she was small for the with the body weight of 23 kg and BMI of 10.9. Several investigations including OGDS, contrast study and CT scan performed. The conclusion made from clinical and imaging were the possibilities of GIST of the oesophagus or leiomyoma.

Ivor Lewis operation performed on her. The intraoperative findings revealed a large obstructing mass at the lower oesophagus. No distant metastasis identified during the procedure.

Post operative period was uneventful. We discharged her 5 days after the operation and she still under our follow up till now.

Conclusion
Leiomyoma of oesophagus is uncommon causes for dysphagia. The challenge lies on diagnosis and the treatment options of the condition.
Ventral hernia repair is frequently performed with one of a number of mesh products, usually with good results. The current emphasis on laparoscopic repair has resulted in multiple composite mesh products for use in the peritoneal cavity. The addition of a second layer of more inert material to the mesh is intended to prevent adhesions with the underlying viscera, and multiple studies demonstrate effectiveness in doing this. Despite this, occasional complications may still present. Delayed migration of mesh is a rare and difficult to diagnose condition because of variable clinical presentations. Migration of mesh into a hollow viscous leading to a colo-cutaneous fistula (CCF) has rarely been reported. We present the case of a 69-year-old lady presenting with delayed migration of mesh into transverse colon with colo cutaneous fistula.
Burns injury remains a great challenge to the medical and paramedical personnel. It affects a patient from all aspects from physiological to psychological aspects. Classifying burns injury according to the total burn surface area (TBSA) helps to determine when, and to what extent specialized burn care is needed. A survey is performed on 45 participants with the objective to assess the knowledge of estimating TBSA on a burn injury patient. 3 diagrams (A, B, C) with different TBSA is given to the participants to estimate and mention the method of choice used for calculation. Participants consist of 27 Medical Assistants, 10 Nurses and 8 Doctors. Diagram A, a 2 year old child with 5% TBSA had a mean value results of 13.3%. Diagram B, a 44 year old man with 7% TBSA had a mean value results of 10.9%. Diagram C, a 4 year old child with 18% TBSA had a mean value results of 28.9%. Majority of the participants overestimated the TBSA, with an alarming number of them overestimated by an extra of 10%. The result is then sorted according to the occupational groups (Medical Assistants, Nurses and Doctors).

Diagram A (5% TBSA), Medical Assistants had a mean value results of 14.2%, Nurses 15.2% and Doctors 8.2%. Diagram B (7% TBSA), Medical Assistants had a mean value results of 13.5%, Nurses 6.6% and Doctors 7.3%. Diagram C (18% TBSA), Medical Assistants had a mean value results of 30.3%, Nurses 27.5% and Doctors 26.0%.

The most popular method of choice used by the participants was Rule of Nine. We concluded from the survey is that the first liners respond team still lacks the knowledge in estimating TBSA of a burn patient, these could be resulted from lack of knowledge and experience and various methods implemented.
A ‘MINI’ APPROACH FOR BIG PATIENT

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Laparoscopic Mini Gastric Bypass (LMGB) or Single Anastomosis Gastric Bypass (SAGB) has been gaining popularity in bariatric community due its simplified design and effective results. This is a case report of first LMGB in University Malaya Medical Centre for the treatment of metabolic syndrome. This patient is a 55 year old female with underlying history of polio who has been living an active lifestyle as drug rehabilitation counsellor. However, she has been gaining weight for the past 20 years despite strict low calorie intake & dietary attempts for the past 2 years. In the past 10 years, she has been diagnosed of multiple medical conditions like diabetes mellitus, hypertension, dyslipidemia, osteoarthritis, asthma & obstructive sleep apnea. She is on nasal CPAP at home.

Prior to the surgery, patient was put on very low calorie diet of 800 kCal per day for 1 week to shrink the liver size. She underwent LMGB with pre-operative BMI of 37.8 kg/m2 on 14/3/2014 with operating duration of 200 minutes. A sleeve gastrectomy based on lesser curvature, was performed using multiple laparoscopic stapler device resulting a residual stomach volume of 100mls. A loop of small bowel was anastomosed to the sleeved stomach using stapler. The length of the biliopancreatic limb is 200 cm.

Post-operatively, she was nursed in ICU for 1 day. She was allowed clear fluids after 24 hours & started on nourishing fluids on post-operative day 3 onwards. Contrast study did not demonstrate any leak. Her glycemic & blood pressure control was within normal range immediately after surgery so her medications were discontinued. She was discharged well on post-operative day 5 and at 2 weeks after surgery, she remained normoglycemic and normotensive without medication.
CASE REPORT: A WELL SEALED PERFORATED DIVERTICULITIS

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10-25% of patients with diverticular disease develop symptoms and out of these 15% develop significant complications. Here we report on a 67 years old lady who had an unusual complicated perforated diverticular disease where the peritoneal structures had sealed the perforation, forming a gas containing interloop collection with no signs of systemic symptoms.

This is a 67 year old postmenopausal para 3 lady who presented to a private hospital with 2 and a half months history of lower abdominal pain associated with non bloody diarrhea. Colonoscopy done showed only rectosigmoid colitis. Lanz incision appendectomy was performed which revealed a pelvic abscess with an inflamed appendix and gush of air as the peritoneal cavity was opened. Patient presented again to the same hospital 22 days later complaining of abdominal distention and pain. Abdominal x-ray revealed a large centrally located gas containing collection and the patient was subjected to a laparotomy and drainage of abscess. This collection recurred immediately post operative and was referred to us in HUSM. In HUSM, patient was subjected to another laparotomy after 9 days of failure of conservative treatment with antibiotics. Exploratory laparotomy, drainage of abscess, proctocolectomy, segmental ileal resection with primary anastomosis, and ileorectal anastomosis was done. Intra operatively there was a large intraperitoneal thick walled interloop abscess collection with gas within it. Culture from the collection grew Pseudomonas aeruginosa and Escherichia coli. On day 5 post operative, leak was noted and another relaparotomy was subjected with further bowel resection and double barrel ileostomy. Patient had a stormy recovery period in ICU and currently in recovery phase with parenteral nutritional support due to short bowel.

Multidisciplinary approach is paramount in managing this complication arising from this disease.
RECTAL CANCER IN A PATIENT WITH INTESTINAL MALROTATION

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Introduction
Intestinal malrotation refers to a spectrum of congenital positional anomalies of the intestine, which usually presents during neonatal life. The incidence of malrotation is unknown because some present late and some remain asymptomatic for life. As presentation is nonspecific and index of suspicion decreases in adult population, the diagnosis is usually incidental and sometimes a little surprising at emergency surgery. The condition is uncommon in adulthood, and concomitant rectal adenocarcinoma is even rarer.

Case Report
We present a case of a 35-year-old man who had intestinal malrotation and concomitant rectal adenocarcinoma. He presented with an obstructed rectal cancer. Intestinal malrotation was incidentally found during trephine transverse colostomy when transverse colon was unable to be identified at its usual position. This necessitated extension of the incision.

Conclusion
Laparoscopic assisted colostomy would have been an appropriate option to reduce surprises intra-operatively because it allows direct vision examination and identification of bowels. Causal relationship between congenital abnormalities and carcinogenesis warrants further research.
Background
Pseudocyst of the spleen is a rare entity and rarely grows to large size. Most of the time, it cause no symptom to the patient and if it does; is warranted for splenectomy.

Objectives
We would like to report this case in view of the rarity of the idiopathic pseudocyst and to share our experience in partial splenectomy.

Patients
We present a case of insidious symptomatic palpable left hypochondriac mass over few months period which clinically and radiologically suggestive of spleen in origin. In view of worsening of pain, she was posted for splenectomy.

Results
Through the left subcostal incision; a well circumscribed, single, huge cyst abutting the inferior pole of the spleen identified. Preserving splenectomy was performed and cyst was delivered. HPE comes back as pseudo-cyst of the spleen with no evidence of haemorrhage in the cyst.

Conclusions
Splenic pseudocysts are rarely diagnosed lesions which usually develop following a blunt abdominal injury. Splenic cysts are usually diagnosed from a symptomatic patient or as incidental finding of another procedure. Definite diagnosis of pseudocyst only can make via histopathologic examination.
GALLSTONE: A CAUSE OF SMALL INTESTINE OBSTRUCTION NOT TO BE FORGOTTEN

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Gallstone ileus is a rare but well recognized differential diagnosis of small intestinal obstruction. We present a case of this condition occurred in a middle aged man which can be diagnosed preoperatively.

A 59 years old chinese male presented to us with vomiting, abdominal distension and colicky abdominal pain for 3 days duration. There was no previous abdominal surgery or trauma. Adominal examination revealed generalised distension, with no tenderness and sign of peritonism. An abdominal radiograph showed dilated small bowel with a huge calcified oval stone at left lumbar region. Ultrasound abdomen did not visualize any stone in urinary tract or gallbladder. CT scan abdomen was carried out and revealed a stone in small intestine causing obstruction. Normal gallbladder was not visualized, however a loculated air adjacent to thickened duodenal wall may suggest a gallbladder perforation and fistula formation to the duodenum. Laparotomy and enterolithotomy was carried out. A large hard gallstone was found at jejunum 190 cm from the duodeno-jejunal junction which caused obstruction to the intestine. Liver was covered with omentum indicating a sealed off perforation. Exploration of the omentum seal was not done.

Gallstone ileus was first described by Bartholine in 1654 as mechanical intraluminal obstruction. It occurs more in women than in men in ration of 6:1 and mostly affecting ages over 65. It has high morbidity (15-17%) and mortality (7%). It requires urgent surgical intervention. Not all gallstone that have migrated to the intestine through a fistula produce intestinal obstruction. The majority passes without any trouble. If an obstruction occurs, there is always a cholecystoduodenal fistula. 70% obstruction occurs in the terminal ileum as it is the narrowest part of the small intestine. Enterolithotomy alone is the mainstay operation of gallstone ileus to overcome the obstruction as higher morbidity rate is reported in a one stage procedure.
Introduction
Case report of a patient with an acute small intestine obstruction due to meckel’s diverticulum presenting as Meningitis with septic ileus.

Summary
Case of a 7 year old boy, presented to us with fever, nausea, vomiting, abdominal distention, for past 5 days, and 1 episode of seizure. Child was septic looking. On examination noted the abdomen was grossly distended and tensed and generalized tenderness, bowel sound sluggish. X-ray examination noted small bowel dilatation. Initial impression was perforated appendicitis we then proceeded with Open Appendicectomy with an extended Lanz incision. Intraoperatively we discovered Meckels diverticulum with a stricture band located at the base. Obstruction of the bowel by Mesodiverticular band. Resection of the affected portion of ileum and decompression performed. Appendix healthy. Postoperatively the child was discharged well.

Discussion
Meckel’s diverticulum is the most commonly encountered congenital anomaly of the small intestine occurring in approximately 1 - 3% of the population. The risk of complications in patients with a Meckel’s diverticulum is 4%. Complications, 40% of which occur in children younger than 10, usually present with gastrointestinal bleeding. Adults develop obstruction or, less frequently, symptoms of inflammation. In adults, hemorrhage is less common. Obstruction due to Meckel’s diverticulitis may be caused by trapping of a bowel loop by a mesodiverticular band, volvulus of the diverticulum around a mesodiverticular band, and intussusception, by an extension into a hernia sac (Littre’s hernia). The important aspect of our case is demonstration of the mesodiverticular band of a Meckel’s diverticulum may cause intestinal obstruction. Difficulty in detecting in radiological basic studies.
PORTAL VEIN INVOLVEMENT IS NOT A CONTRAINDICATION FOR PANCREATICODUODENECTOMY
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Background
Presentation of pancreatic carcinoma is often late with portal vein involvement during diagnosis not uncommon. Though portal vein involvement was previously viewed as contra-indication for resection, pancreatoduodenectomy with portal vein resection is increasingly reported and showed equivalent outcome as those without.

Methods
This case series shows the outcomes of pancreaticoduodenectomy with portal vein resection for pancreatic carcinoma in our unit from year 2011 to 2013. The clinicopathological findings and survival outcome are reviewed retrospectively.

Results
Four patients with mean age of 63 years old diagnosed to have pancreatic carcinoma with portal vein with CT scan. With no evident of distant metastasis, patients underwent pancreaticoduodenectomy with portal hepatis lymph node clearance and portal vein resection. Histopathology findings revealed well to moderate differentiated adenocarcinoma (T3). One have positive lymph node involvement and only 2 out of 4 have portal vein involvement. The length of stay were 11, 13, 12 and 30 days with mean of 16.5 days. The patient who stayed for 30 days was due to post pylorus preserving pancreaticoduodenectomy ileus. No other post-operative complication occurred. There was no mortality. Post-operative survivals are, 6, 10, 12 and 28 months with mean of survival rate of 14 months. For patients with histological portal vein involvement, one succumbed to chemotherapy related complication at 6 months. The other patient is currently still under follow up 12 months post-surgery.

Conclusion
CT diagnosis of portal vein invasion by pancreatic carcinoma is inaccurate. Pancreaticoduodenectomy with portal vein resection is safe and should not be contraindication for resection.
Introduction
Thyroglossal duct cyst is the most common anomaly in thyroid development. Papillary carcinoma arising from thyroglossal duct cyst is a rare case, which comprises less than 1% of total cases.

Presentation of Case
A 26 year old lady presented to ENT outpatient clinic for a swelling of the anterior neck. Ultrasound done revealed thyroglossal duct cyst, which surgical resection using Sistrunk's procedure was performed. Histopathologic diagnosis was thyroglossal cyst in inflammation with focus of papillary thyroid carcinoma. Ultrasound of the thyroid revealed right thyroid nodule, which then proceeded with total thyroidectomy – HPE returned as multinodular goiter.

Discussion
Whether it is a primary tumor or a metastases. Subsequent management after diagnosing the papillary carcinoma of the thyroglossal duct cyst brings the dilemma of how to proceed the management further. We will be discussing on the advantages and disadvantages of each approach. For example, in this case scan of the thyroid gland revealed a nodule measuring less than 1cm, FNAC cannot be done, and proceed with total thyroidectomy. The HPE returned as MNG, subsequently treated with radioactive iodine (RAI) and thyroid hormone medications. The pathology and epidemiology of isolated papillary carcinoma of thyroglossal duct cyst will be discussed further.
DAMAGE CONTROL SURGERY / LAPAROSTOMY IN NON TRAUMA EMERGENCY ABDOMINAL SURGERY: A NEW CONCEPT OF CARE
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Introduction
The established success of damage control surgery in torso trauma motivates surgeon to apply that concept in managing complicated intra-abdominal sepsis. Based on our observations, definitive surgery done in a septic patient with physiological failures often lead to poor outcome. The main objective of the study is to audit our new practice of such in non trauma emergency abdominal surgery.

Materials And Methods
All emergency abdominal surgeries (non trauma) done from February 2013- February 2014 (retrospective) reviewed. All patients who had damage control procedures for intra-abdominal sepsis analyzed.

Results
Total of 60 patients were operated within that period. Six patients (10%) undergone damage control surgery (DCS) with/ without laparostomy. All were male with mean age of 48.5 (26-61 years old). Most were ASA 3 (85%, 5 patients). Primary indications were ischaemic bowel with mesenteric vein thrombosis (3patients, 50%), abdominal compartment syndrome, bleeding post near total splenectomy for splenic abscess and gangrenous proctitis with purulent peritonitis.Nearly all patients (5 patients, 53.5%) were severely acidotic with pH < 7.2 intraoperatively which triggered the DCS. Nevertheless, only 3 patients (50%) benefited from laparostomy and all of them achieved complete fascial closure within 2.6 days (mean). Their mean total ICU stay was 15 days (9-32 days). Survivors had mean P-POSSUM (mortality) of 40.5% (12-66%), whereas 72.5% for those who died.

Conclusion
The practice of DCS in managing septic abdomen is very encouraging as it able to reduce the mortality by nearly 20%. A comparative analysis therefore warranted to further confirms the findings.
Gastrointestinal stromal tumor (GIST) is a mesenchymal tumor of the alimentary tract which is thought to originate from spindle cells present in the gut wall—the interstitial cells of Cajal. Annual incidence of GIST was estimated at 10-20 cases in a million. Approximately 30% of GIST arise from the small bowel. Most diagnosed with GIST has non-specific symptoms. This case illustrates a presentation of bleeding from a small bowel tumor from a less common site of origin.

A 50 year old male presented with bloody stool, abdominal pain, vomiting and anaemic symptoms. The examination revealed patient in pallor, tachycardic, mild epigastric tenderness and haematochezia. Upon resuscitation and stabilization, oesophagoduodenoscopy showed normal findings but colonoscopy revealed colon filled with blood clots especially over the ascending colon. Hence we proceeded for emergency laparotomy. Operative finding however revealed an unexpected large fungating tumor at the jejunum about 10 cm from the duodenojejunal junction and we proceeded with small bowel resection with primary anastomosis. Urgent histopathological examination concluded as GIST-low risk behaviour. Patient was discharged well after 7 days of hospitalization.

Surgical resection still remains the mainstay for cure in GIST treatment. However successful treatment of GIST requires a thorough assessment of the extent and progression of disease. Postoperative recurrence and metastasis of high grade metastatic GISTS treated surgically is high meanwhile surgery in combination with conventional chemotherapy or radiation therapy has been largely ineffective in treating the majority of patients with malignant GIST. However discoveries in immunohistochemical staining has led to the remarkable development of the new molecularly targeted drug therapy such as imatinib mesylate which has improved the prognosis of these tumors.
Choledochal cyst is a congenital abnormality of the biliary tract, presenting primarily in infants and young children. Choledochal cysts are single or multiple dilatations of the intrahepatic or extrahepatic biliary tree. If left untreated, they can cause significant morbidity and mortality from recurrent cholangitis, pancreatitis, sepsis, liver abscesses and cholangiocarcinoma. Choledochal cyst occurring in pregnant women always represents a therapeutic challenge to surgeons not only due to the physiological changes that occur during pregnancy, but also to the risk of fetal mortality and maternal morbidity. We present our experience with a case of choledochal cyst presenting during pregnancy.

26 years old lady, gravid 2 para 1 at 29 weeks and 2 days of gestation, presented with frequent episodes of vomiting for the past 6 days duration associated with epigastric pain for the past 5 days. Denies any history of fever at home, no diarrhea, no UTI and no alteration of bowel habits. Per abdomen shows tenderness over epigastic region and gravid uterus measuring 30 weeks size. Bed side ultrasound shows cystic lesion measuring 8 by 8cm, separated from the uterine wall, cystic in nature, not solid, noted a cyst below the liver and no free fluid over the morrison pouch. Gynecologist proceeded with exploratory laparotomy. Intraoperative, noted cystic mass below the liver surface. Both right and left tube and ovaries were normal and uterus appears at 30 weeks size. On table referral were made to Surgical team. Assessment by Surgical Team shows type 1 choledochal cyst and cystiatrogenically ruptured while manipulating the cyst while examining the stomach and duodenum. Otherwise, liver, small and large bowel, gallbladder and stomach looks normal. Partial cholecystectomy done. Followed by choledochectomy till the distal cyst, able to remove completely, cyst transected just below the confluence. Roux En Y and Hepaticojejunostomy done. Postoperative recoveries were uneventful.