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SIRS is a systemic inflammatory state arising after an infectious or a non infectious insult to the body. It is believed that the insult which results in SIRS causes an over exuberant compensatory anti-inflammatory response (CARS) which leads to immunosuppression, sepsis and multi organ dysfunction. The components of SIRS are temperature (T $<36^\circ C$ or $>38^\circ C$), pulse rate (>90/min), respiratory rate (>20/min or pCO2 <32mmHg), white cell count (<4000/mm$^3$ or >12,000/mm$^3$ or increase in immature neutrophils > 10%). SIRS is said to be present when 2 out of 4 of these criteria are present.

When SIRS is present with acute organ dysfunction without infection, it is termed SEVERE SIRS. When SIRS is present with suspected or documented infection, it is termed SEPSIS. When sepsis is present with acute organ dysfunction it is termed SEVERE SEPSIS. When sepsis and shock are present (+/- organ dysfunction), SEPTIC SHOCK is said to be present.

To optimise clinical outcomes in patients with SIRS, the following principles should be borne in mind.

A. Treat the underlying cause and early aggressive sepsis management – eg treat shock or hypovolaemia with fluid replacement, treat pancreatitis with fluid therapy, treat anaphylaxis with adrenaline and antihistamine, treat sepsis by early prophylactic antibiotics and removal of infected mesh.

B. Avoid harmful practices – eg avoid starch for fluid resuscitation and limit the use of RBC transfusion.

C. Early enteral feeding is superior to parenteral feeding (Arginine, Glutamine)

D. Early ventilation

E. Anti-inflammatory – Omega 3 fatty acid eg ecosapentaenoic acid,

F. Antioxidants – Selenium, Vitamin E

G. Tranexamic acid – beneficial in CRASH 2 trial due to an antifibrinolytic effect in reducing bleeding or an immunomodulatory effect.

H. On going trials – statins, immunonutrition and targeting neutrophil function.
HEREDITARY BREAST AND OVARIAN CANCER – THE MANCHESTER EXPERIENCE

D Gareth R Evans
Department of Genomic Medicine, St Mary’s Hospital, Manchester, United Kingdom and Manchester Breast Centre, The Christie, Manchester, United Kingdom

SUMMARY
Breast cancer is the commonest cancer in women worldwide and its incidence is increasing at all ages and especially in the Asian subcontinent. 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. BRCA1 and BRCA2 account for the vast majority of the strong inherited link between breast ad ovarian cancer and negative testing for BRCA1 and BRCA2 in the UK in a breast cancer family eliminates any increased risk of ovarian cancer. NICE guidance in the UK recently confirmed that high-risk thresholds for high risk were a ≥30% Lifetime breast cancer risk and in moderate risk (≥17% Lifetime). Women at moderate or greater risk are eligible for annual mammography screening in their forties in the UK. 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. Long term follow up of tamoxifen in the IBIS1 trial shows a continued risk reduction of around 35% 10 years after ceasing treatment. However in Manchester uptake to tamoxifen is only just over 10%. In IBIS2 there was an even greater 50% short term risk reduction with the aromatase inhibitor anastrazole. 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. We have recently shown a significant reduction in mortality from breast cancer in women undergoing MRI with 10 year survival in excess of 90%.

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 (including Manchester) uptake of contralateral mastectomy is around 50% in those that know their mutation at time of primary diagnosis and has now been confirmed to improve survival. Annual mammography is recommended in the UK for women after primary breast cancer until 50 years of age and continued to 70 years in very high risk women such as gene carriers. MRI is also recommended in gene carriers to 50 years of age. Bilateral mastectomy as prevention is now quite commonplace in the UK and other Western countries and we have recently shown that risk reducing mastectomy alongside oophorectomy in an unaffected gene carrier increases life expectancy. This effect is driven to a large extent by oophorectomy. We have shown that ovarian screening with ultrasound and CA125 is ineffective in detecting ovarian cancer early and that 10 year survival is only 35% in mutation carriers with ovarian cancer found whilst undergoing screening.
Mammographic breast density is currently an interesting issue in screening for breast cancer. In the United State, recently 20 states now require radiologist to notify women who undergone mammography for their breast density, as well as any information for further supplement screening modality.

According to ACR-BIRADS classification (5th edition), published in 2013, mammographic breast density can be classified into 4 categories:

- **Category A**: The breasts are almost entirely fatty

- **Category B**: There are scattered areas of fibroglandular density (an optional description of a few or moderate scattered areas of density can be included in a second sentence)

- **Category C**: The breasts are heterogeneously dense, which may obscure small masses (if the dense tissue is localized to one area of the breast, the location of the dense tissue can be included in a second sentence: “The dense tissue is located anteriorly in both breasts, and the posterior portions are mostly fatty” or “Primarily dense tissue is located in the upper outer quadrants of both breasts; scattered areas of fibroglandular tissue are present in the remainder of the breasts”)

- **Category D**: The breasts are extremely dense, which lowers the sensitivity of mammography

Dense breast is related to increase risk of breast cancer with a relative risk of 2.1 in extremely dense breast tissue. This is possibly due to masking effect and perhaps other factors. However, this risk is much less than other previously known factors eg. family history or previous other high risk pathology in the breast. There are many debates in the use of additional other radiological modalities to improve the diagnosis of breast cancer in women with dense breast tissue. So far, the use of ultrasonography seems to show benefit in many recent publications. However, the problem of high false positive rate is highly concerns; and that leads to consideration in term of cost-effectiveness. As well, the use of automated ultrasonography by well trained breast imaging technician may be able to detect more breast cancer in the dense breast women.

Other modalities for screening of breast cancer in women with dense breast tissue include digital breast tomosynthesis and breast MRI. However, again, findings from further researches are still required before any conclusions for appropriate use of these modalities are established.
Symposium 2  
Breast

EXPERIENCE IN IMPLANT BREAST RECONSTRUCTION  
Sarinah Basro  
Department of Breast & Endocrine Surgery, Hospital Putrajaya, Putrajaya, Malaysia

The local management of breast cancer has undergone continuous advances in the last two decades. Since Toth and Lappert introduced the skin-sparing mastectomy (SSM) in 1991, immediate breast reconstruction IBR (autologus or implant-based reconstruction) is increasingly accepted as a method of treatment. Numerous studies reported the oncology safety and the excellent aesthetic outcome of SSM and IBR. More recently, nipple-sparing mastectomies (NSM) have also been proposed in selected cases.

Implant-based reconstruction is relatively simple and does not greatly prolong the surgery. However, the use of the prosthesis may give rise to complications which may increase the number of corrective interventions, possibly even leading to removal of the implant. After SSM, the combination of abundance of breast skin envelope and the anatomical shaped of prostheses facilitate the use of a definitive implant in IBR. The implant is placed in a submuscular position superiorly and in a subfascial pocket inferiorly. Preservation of the infra-mammary fold (IMF) further enhanced the cosmetic results.

In Hospital Putrajaya, we performed 58 implant-based reconstructions between January 2007 to December 2014. Majority of them (80%) were immediate one-stage reconstruction using adjustable implant (Becker) following SSM. Based on our experiences, we conclude that implant-based IBR offers an acceptable cosmetic outcome without compromising the oncology safety. Proper selection of patients is very important and is a basic element of the procedure. Patient with high risk of post operative radiotherapy preferably should go for autologus IBR or delayed reconstruction.

Symposium 2  
Breast

SENTINEL LYMPH NODE BIOPSY – AN UPDATE  
Saladin Jaszle Jasmin  
Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Axillary surgery in patients with breast cancer serve; two main purposes.

Firstly, to stage the axilla. This determine the prognosis and assign additional treatment/s required and to clear the axilla of any cancer that may be present.

Despite the known morbidity and the lack of added survival benefit in Early Breast Cancer it remained standard treatment for the axilla.

Since Its Introduction in 1991, sentinel LN biopsy has gained popularity among the breast surgeons as the preferred surgical option in axillary surgery for early breast cancer. SLNB not only provides adequate staging with added advantage of reduced morbidity as compared to conventional axillary dissection. The results from Z11 trial and AMAROS trial further challenge the role of axillary dissection in the treatment for early breast cancer. An Update on Sentinel LN biopsy and the latest evidence will be highlighted in this presentation.
The importance of research in surgery is increasingly being recognised as a means to provide the evidence to better guide surgical decision-making. In addition to providing evidence for the need for surgical interventions, evaluation of new surgical techniques, procedures and approaches, and the long term outcomes from surgical interventions can be studied. Research in surgery has predominantly been based on observational studies. For many years, surgeons have been criticised for the low quality of surgical research studies. To strengthen the quality of surgical research studies, propensity matching has been used in an attempt to more equally balance the baseline characteristics of study patients. However, propensity analysis can never fully eliminate all confounding factors in treatment groups.

The highest class of evidence comes from prospective randomised controlled trials (RCT). However, such RCT are difficult to do in surgery, particularly in major surgery such as cardiothoracic surgery. The difficulty arises both from recruiting study patients and also from surgeons. Patients often decline to take part in surgical RCT because they do not want their choice of treatment to be decided by chance, which is what would happen in a RCT; many patients prefer to make the decision on their treatment themselves, while others prefer their surgeon to make this decision for them. There is also a lack of equipoise amongst surgeons for many of the treatments that need to be evaluated by RCTs. Advocates of a new surgical procedure may already feel that it is the better treatment and hence would not want patients randomised to the older more established treatment. Finding sufficient numbers of patients to meet the required sample size as determined by power calculations is also often difficult in surgical trials. Unlike trials involving medications where large numbers of patients can usually be easily recruited, surgery involves smaller numbers of patients but the required number of patients, which are needed to detect a difference in outcomes, remains the same. Many surgical studies are underpowered and this can result in misleading results and conclusions. Most trials in surgery therefore need to be multicentre to recruit sufficient numbers of patients. However, this brings another problem, that of standardisation of surgical techniques. To truly evaluate a new surgical technique or procedure, or to compare different surgical techniques, it is important that there is at least some standardisation of the technique in the studies. This can be difficult if the study is being conducted in different centres and countries. Surgeons taking part in clinical trials should also have passed the learning curve of the surgery being studied and should preferably be experts in performing the surgery concerned. A strict inclusion and exclusion criteria is also important to ensure only patients who are likely to benefit from the surgery being studied are recruited.

Despite the many difficulties in performing surgical randomised controlled trials, many such trials have now been performed, particularly in Cardiothoracic Surgery. Many of these are large multicentre trials and have been published in the best and highest impact journals. Many of these trials have led to a profound change in clinical practice. Unfortunately, many poorly designed large randomised controlled trials have also raised more questions than answers, and some have in fact given misleading results and conclusions. Although randomised controlled trials provide the highest level of evidence, it is important that it is well designed and done properly particularly in surgery. Surgery, after all, is more an art than a science, although it is an art based on scientific principles.

A useful tool for research, particularly suited to surgery, is the registry, which can be disease or procedure based. Registries not only provide a rich source of data for research, but more importantly, it provides information about surgical activity levels and can be used as a tool to measure and compare outcomes amongst surgeons and centres. Benchmarking of surgical quality and outcomes can also be performed with setting of minimum standards. Cardiothoracic Surgery has led the way amongst surgical specialties in setting up registries and detailed data analysis of outcomes has been performed with risk stratification of results in many countries. However, when measuring outcomes, even with risk stratification, care has to be taken to ensure that surgeons are not unfairly penalised for operating on high risk or complex cases. Such patients may benefit in the longer term, although the risk during the perioperative period will undoubtedly be higher. If not done well, risk adverse practice can occur whereby surgeons only operate on the more straightforward lower risk cases in order to make their results look good. This would be to the detriment of some patients who need complex higher risk operations. Outcomes reporting and benchmarking must therefore be done carefully and using the right tools and methods. Moreover, it is important to appreciate that the surgeon is only one person in a team responsible for the care and outcome of the patient. Although the surgeon is ultimately responsible for the patient, it is important to recognise that surgical factors are often not the only cause for an unfavourable patient outcome. Complications can and do happen but it is the ability to recognise and deal with these complications which distinguishes the centres of excellence from the average centre.

The National Cardiovascular and Thoracic Surgical database is now in place and Cardiothoracic Surgeons throughout the country have been entering details of their patients, operations and outcomes into this database. It is planned that reports will be produced yearly, which initially will be on activity levels only, providing useful information on the burden of disease and help in the planning of resources, amongst others.
Symposium 3
Managing Surgical Trauma

REFINING MANAGEMENT OF HEAD TRAUMA

Dharmendra Ganesan
Division of Neurosurgery, University of Malaya, Kuala Lumpur, Malaysia

Head injury traditionally can be divided into either mild, moderate and severe based on the presenting Glasgow Coma Scale (GCS).

Mild head injury patients have neurocognitive impairment of various degrees. The patients with complicated mild head injury seem to have more pronounced cognitive deficits. The deficits need to be identified early and rehabilitative therapy need to be initiated to limit socioeconomic problems.

Severe head injury needs sound intensive care management. The insertion of intracranial pressure (ICP) monitoring device would be standard of care in many centres. The ICP and cerebral perfusion pressure (CPP) driven therapy forms the guide for head trauma management. If ICP is elevated and there is no surgical lesion, then either barbiturate coma or decompressive craniectomy is the options available.

Research in neurotrauma has begun to define the benefits of monitoring brain tissue oxygen, lactate/pyruvate ratio and pH etc. Substantial work on MRI imaging of the brain with specific sequences eg. FLAIR, DTI etc. to further define anatomical injury to the brain in neurotrauma. There are volumetric assessment of lesions and brain regions. The use of genomics to predict the potential for functional recovery eg. apolipoprotein E4 (APOE4), brain derived neurotrophic factor (BDNF) etc.. More recently, several serum biomarkers (proteomics) have been described to be elevated in head injury.

Symposium 3
Managing Surgical Trauma

MANAGING CHEST TRAUMA

Tan Boon Lee
Putra Medical Centre, Alor Setar, Kedah, Malaysia

Chest cavity contains vital organs most essential for life namely heart, lung and great vessels. 20% of traumatic death linked directly to chest injuries, up to 50% may indirectly related to chest injuries; however many of these can be prevented with prompt identification and treatment. Less than 10% blunt chest trauma and less than 30% penetrating chest trauma require operative treatment, most of these patient require only a simple procedure such as a tube thoracostomy for life saving. Physician caring for the trauma patients need to be familiar with spectrum of chest trauma, emergent life saving procedure and identified the subgroup require operating room procedure as a continuance of patient resuscitation and management in order to reduce morbidity and mortality.
LAPAROSCOPY IN INTRA-ABDOMINAL INJURY

Muhammad Yusof Abd Wahab
Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

The gold standard for intervention in patients with definite and suspected intra-abdominal injury is laparotomy. However an outcome of negative and non-therapeutic laparotomy is undesirable. The reported rate of negative or non-therapeutic laparotomy is in the range of 15-30%.

In haemodynamically stable patients with suspected intra-abdominal injury, the current approach to confirm the diagnosis is by active observation and/or use of imaging modalities such as ultrasound or CT scan. These modalities however, are limited by varying rates of false positive and false negative results, and hence is unable to reduce negative or non-therapeutic laparotomy.2,3

In haemodynamically stable patients with suspected intra-abdominal injury, laparoscopy can be used as a diagnostic tool and in selected cases, as a therapeutic tool. Laparoscopic surgery also has the added benefit of allowing the surgeon to make ‘targeted’ incisions in some patients who require conversion to open surgery.

The number of laparoscopic surgeries done by the Surgical Department of Hospital Tengku Ampuan Rahimah, Klang in both elective and emergency settings, has seen a steady increase from 130 cases in 2006, to 374 cases in 2014. Audit of our data over the last 2 years showed that we managed 44 patients with intra-abdominal injuries laparoscopically. 10 patients (22%) were converted to open surgery, 1 patient (2%) died following complications of injuries to his chest.

In conclusion, laparoscopy is a safe option for intra-abdominal injury in patients who are haemodynamically stable.

REFERENCES
1. Trauma Registry Report, Hospital Sultanah Aminah, 2012 - 2013

SPINE TRAUMA – THE YOUNG, THE OLD AND THE MORTAL

Zamyn Zuki Bin Mohd Zuki
Orthopedics and Traumatology Department, Hospital Sungai Buloh, Selangor, Malaysia

INTRODUCTION
Traumatic spinal injury usually causes morbidity and mortality especially injury to the upper cervical spine. The primary causes of traumatic spine injury are mostly motor vehicles accident, falls and sports. Due to complex anatomical and biomechanical features of the spine, types and severity of the injury will differ from immature bone, matured bone and diseased bone.

SPINE TRAUMA IN PEDIATRIC
Spinal injuries in children are very challenging in terms of diagnosis and subsequent care as their bone is still developing. Especially, the phenomenon of spinal cord injury without radiographic abnormality (SCIWORA), is unique to pediatric age group.

SPINE TRAUMA IN ADULT
Most of the traumatic spinal injury occurs between age 18-35 years old. Spinal injuries carry a double threat: damage to the vertebral column and damage to the neural tissue. Neurological involvement in adult are most likely due to fracture or dislocation of vertebrae rather than prolapsed of intervertebral disc.

SPINE TRAUMA AMONG GERIATRIC
Due to degenerative changes of vertebra and disc in elderly, even minor trauma can results in spinal injury. Traumatic disc herniation is also common among the geriatric patient.

SPINE TRAUMA THAT IS HIGHLY MORTAL
Upper cervical injury often fatal, as well as fracture dislocation of the thoracic region with associate chest injury
Approach to Management of Ureteric Colic

Murali Mohan
Kedah Medical Centre, Alor Setar, Kedah, Malaysia

Urinary stone disease is increasingly prevalent, with a lifetime risk of about 12% in men and 6% in women.1 Age of onset of a first stone episode for men rises from their 20s and peaks at age 40-60 years, with an incidence of three cases per 1000 population per year. In the local setting it accounts for almost two thirds of the work load for a urologist both in the public and private sector.

The approach to management of ureteric colic involves clinical evaluation, differential diagnosis, investigations with special emphasis on appropriate imaging modality and definitive management. The management of ureteric colic has changed significantly over the past three decades. Factors such as stone size, location, composition as well as patient and surgeon preference influence the management decision. Recent work has looked at the expansion of the role of medical therapy beyond symptomatic control to attempt to target some of the reversible factors in stone retention and thereby improve the likelihood of spontaneous stone expulsion. Technological advances in shock wave lithotripsy and ureteroscopy offer patients highly effective, minimally invasive options for stone clearance that can often be performed on a day care basis.

All the above stated issues will be discussed in detail during the lecture.
Symposium 5  
Urology – Urolithiasis  

MEDICAL THERAPY FOR UROLITHIASIS – DOES IT WORK?  

Leong Wing Seng  
Lam Wah Ee Hospital, Penang, Malaysia  

Over a lifetime urolithiasis can affect up to 10-15% of the population. After passage of a first stone, the risk of recurrence is 40% at 5 years & 75% at 20 years.  

Recurrent stone disease cause not only pain and distress to the patient, but also imposes significant economic burden for lost working days and associated healthcare costs. Minimally invasive surgery has revolutionized stone management, but it has not reduced recurrence rates.  

This metabolic investigations and medical treatment are important elements in clinical management of urolithiasis in term of reducing the rates of stone recurrence.  

The lecture intend to provide a summary of medical therapies available for urolithiasis, which includes general medical advice, prophylactic medications dissolution therapy and medical expulsive therapy. Hence, a management strategy for all physicians who treat urolithiasis medically.

Symposium 6  
Vascular Access Outcomes  

SALVAGING THROMBOSED AV FISTULA  

Tan Kia Lean  
Serdang Hospital, Selangor, Malaysia  

With the prevalence of End Stage renal Failure (ESRF) patient approaching thirty thousand in Malaysia, the number of patient undergoing haemodialysis has been on uprising trend. Hence the work on AV fistula creation and surveillance also increase proportionally. However the work on salvaging thrombosed AV fistula is still minimal in our country.  

The work of Salvaging thrombosed AV fistula is normally carried out at secondary or tertiary center. It can be either repaired by open method or Endovascular method. Open repair involves thrombectomy with patch plasty of stenotic or occluded vein segment. On top of that, it is not uncommon that the diseased vein segment is replaced with an autogenous or prosthetic graft. On the other hand Endovascular repair involves percutaneous pharmacological or mechanical thrombectomy followed by fistuloplasty to correct the underlying pathology. Both aiming at returning the thrombosed AV fistula back to function.  

A hybrid procedure on salvaging thrombosed fistula allowed us to reduce the cost of procedure and at the same time improve the outcome and durability of functioning AV fistula. This will improve the outcome of AV fistula salvaging.
REcOgNISINg AND  MANAgINg AccESS  FAILURE  AND cOMPlIcATIONS
Benjamin Leong Dak Keung
Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

End stage renal failure(ESRF) is a common disease with significant disease burden and the incidence is on the rise globally. In Malaysia, the number of prevalent dialysis patients has increased almost three-fold from 7837 in 2000 to almost 23,000 in 2010. The need to create an arterio-venous fistula that matures well at appropriate time frame, and as well as, the effort to maximize the longevity of the fistula of each patient cannot be over emphasized.

Pre- and post-operative duplex scan assessments with careful patient selection and meticulous surgical creation of a fistula are important in preventing primary access failure. Subsequently, proper fistula usage and care with regular fistula assessment of complications are important steps to prevent late access failure.

AVFs are associated with numerous complications. Common and important complications include infection, pseudoaneurysm, limb swelling secondary to central venous stenosis or occlusion and digital hypoperfusion ischaemic syndrome. It is important for these problems to be recognised early and be managed accordingly as they may lead on to fistula failure and, more seriously, life and limb threatening events.

In general, a failing AVF and other complications can be managed either by surgical or endovascular intervention. Endovascular intervention is gaining much popularity because it is less invasive but it is not suitable to manage all types of complication. In certain conditions, such as a thrombosed fistula, a hybrid of surgical and endovascular approach can offer the best outcome. Management of complications has to be tailored to the specific complication, patient’s condition and the availability of facilities in the respective centre.

Symposium 6
Vascular Access Outcomes

VASCULAR ACCESS PLANNING
Ashraf Md Razi
KPJ Penang Specialist Hospital, Penang, Malaysia

Creation of an arterio venous fistula (AV fistula, AVF) for future dialysis access is crucial in helping the haemodialysis-dependant patient. Preoperative patient demography may differ but few criteria may require consideration when planning for creation of a new AV fistula. Planning for a new vascular access is important in order to optimize the chance of success and reducing the morbidity from the procedure.

The presentation will briefly cover the natural history of an AV fistula, preoperative patient selection, various operative options that are available, preoperative work-up and tools required for a successful creation of an AV fistula. Common pitfalls in fistula failure and reasons will also be discuss as these will help to ensure the success rate of fistula creation improved.

Various types of vascular access available for the haemodialysis patient will be mentioned and which one is more suitable in a given situation. USG imaging is of utmost importance during the preoperative work up and in this day and age, creating an AV fistula without proper preoperative vein mapping and arterial tree evaluation should be a thing of the past. Few simple USG parameters that will help in making a correct decision and choice of AV fistula creation will be presented.

Even though the creation of an arterio-venous anastomosis is fairly simple and straightforward, the skills required for a good anastomosis will improve over time but planning criteria remains the same. Taking a bit more time in preoperative planning may help create a longer lasting, functioning and low morbidity fistula for the patient.

Symposium 6
Vascular Access Outcomes

RECOGNISING AND MANAGING ACCESS FAILURE AND COMMON COMPLICATIONS
Benjamin Leong Dak Keung
Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

End stage renal failure (ESRF) is a common disease with significant disease burden and the incidence is on the rise globally. In Malaysia, the number of prevalent dialysis patients has increased almost three-fold from 7837 in 2000 to almost 23,000 in 2010. The need to create an arterio-venous fistula that matures well at appropriate time frame and, as well as, the effort to maximize the longevity of the fistula of each patient cannot be over emphasized.

Pre- and post-operative duplex scan assessments with careful patient selection and meticulous surgical creation of a fistula are important in preventing primary access failure. Subsequently, proper fistula usage and care with regular fistula assessment of complications are important steps to prevent late access failure.

AVFs are associated with numerous complications. Common and important complications include infection, pseudoaneurysm, limb swelling secondary to central venous stenosis or occlusion and digital hypoperfusion ischaemic syndrome. It is important for these problems to be recognised early and be managed accordingly as they may lead on to fistula failure and, more seriously, life and limb threatening events.

In general, a failing AVF and other complications can be managed either by surgical or endovascular intervention. Endovascular intervention is gaining much popularity because it is less invasive but it is not suitable to manage all types of complication. In certain conditions, such as a thrombosed fistula, a hybrid of surgical and endovascular approach can offer the best outcome. Management of complications has to be tailored to the specific complication, patient’s condition and the availability of facilities in the respective centre.
MANAGING DISASTERS AND MASS EVENTS

Oliver Hautmann
University Malaya Medical Centre, Kuala Lumpur, Malaysia

Disasters and mass casualties occur randomly, worldwide, regardless of a country's or mass events infrastructure or the on call health professionals' capabilities. Prevention and foresight is to date still the most powerful factor influencing the outcome of such scenarios.

There is no specific training program for doctors in disaster care, other than disaster and evacuation training in their respective health care facilities. As the occurrence is rare and happens predominantly in underprivileged health care environments, genuine available expertise in the moment of a strike or medical meltdown is rare to be found. In this respect an awful lot of people walk our streets who consider themselves disaster experts without ever having seen or experienced one.

This presentation wants to offer a comprehensive but realistic strategy into disaster and mass casualty care for anyone who has a chance of being exposed to one. At the same time, it wants to identify high risk scenarios and their respective needs. In addition it wants to give guidelines on how to make a big difference by using the resources available to their very limit but not overexhaust them.

THE ROLE OF ULTRASOUND IN THYROID DISEASES

Shahrun Niza b Abdullah Suhaimi
Endocrine and Breast Surgery Unit, Department of Surgery, Universiti Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia

Ultrasonography (US) is an important tool in the evaluation of thyroid nodules. The revised American Thyroid Association (ATA) guidelines for the management of thyroid cancer recommend US before neck exploration in these patients. In most scenarios, a pre-consultation US would be performed by a non-surgical personnel and these studies often failed to mention important features and findings critical for surgical recommendation and operative planning. The US report should mention nodule features, location, if local invasion and extension is present and whether central or lateral cervical compartment lymph nodes are abnormal. Suspicious features of a thyroid nodule include irregularity, hypoechogenicity, taller than width, calcification, halo sign and intranodular vascularity. Furthermore, for indeterminate fine needle cytology (FNAC) results, US may be able to predict malignancy as in a presence of two or more adverse features, the likelihood of thyroid cancer increases. Moreover in multinodular goiter, US study would be able to see detailed features of each nodule and thus enable an US guided FNAC for any suspicious nodule found on US. A dominant nodule of an MNG does not necessarily harbor malignant cells.

Recently with the wider availability of portable ultrasound units, many endocrine surgeons have rapidly acquired the knowledge and skills to become excellent ultrasonographers in thyroid diseases. A clinic based surgeon-performed US (SUS) for thyroid nodules may alter the decision making on the management of thyroid diseases. Furthermore SUS can fast track these patients in an outpatient clinic and making it cost effective.
HYPERCALCENIA: TREATMENT AND MANAGEMENT UPDATE

Imi Sairi Ab Hadi
Malaysia

Hypercalcemia is a disorder commonly encountered by primary care physicians. Hypercalcemia is a condition in which the calcium level in your blood is above normal. It can be an asymptomatic laboratory finding, but because an elevated calcium level is often indicative of other diseases. Among all causes of hypercalcemia, primary hyperparathyroidism and malignancy are the most common, accounting for greater than 90 percent of cases. Therefore, the diagnostic approach to hypercalcemia typically involves distinguishing between the two.

Parathyroid hormone (PTH), 1,25-dihydroxyvitamin D3 (calcitriol), and calcitonin control calcium homeostasis in the body. Increased bone resorption, increased gastrointestinal absorption of calcium, and decreased renal excretion of calcium cause hypercalcemia.

Saline infusion reduces hypercalcemia in most patients but will not restore normocalcemia in individuals with severe hypercalcemia. Loop diuretics are often combined with isotonic saline infusion. They block calcium re-absorption in the ascending limb of the loop of Henle, inducing calciuresis. Bisphosphonate therapy is highly effective in lowering calcium levels in hypercalcemia of malignancy. However, their efficacy and safety in hypercalcemia resulting from other causes is less clear. They are superior to other modes of treatment, including volume repletion, loop diuretics, and the combination of glucocorticoids and Calcitonin.

In cases of resistant, life-threatening hypercalcemia, hemodialysis against a low-calcium dialysate is more effective than peritoneal dialysis in lowering serum calcium levels. In cases of hypercalcemic crisis resulting from primary hyperparathyroidism, urgent parathyroidectomy is potentially curative.

ROBOTIC THYROIDECTOMY IN MALAYSIA: IS IT THE FUTURE?

Hakim Nor Azham
Breast & Endocrine Surgery Unit, Department of Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

A century on since Kocher’s introduction of modern thyroid surgery technique, thyroidectomy has been refined to near perfection. These days open thyroidectomy is the standard of care in surgical intervention of thyroid diseases particularly for thyroid malignancies. Advancement in laparoscopic surgical technique led to exploration in endoscopic thyroidectomy in an effort to improve results. This led to an evolution of the endoscopic thyroid surgery by incorporating the use of robotic surgical system. In 2007, Chung and his team successfully performed the first robotic thyroidectomy using transaxillary approach. After more than 3000 cases, this technique has been shown to be safe and comparable to open thyroidectomy, with superior cosmetic results. However, there is a steep learning curve and one needs to be intimately knowledgeable in thyroid anatomy and thyroidectomy technique. Currently, robotic thyroidectomy is popular in the far east, particularly Korea, and amongst European thyroid surgeons. The first robotic thyroidectomy in Malaysia was performed in Hospital Kuala Lumpur in early 2013. To date almost 30 cases has been performed with good results and minimal morbidity. Patient satisfaction has generally been superior to open surgery. Compared to endoscopic approach, robotic thyroidectomy is easier to the surgeon due to its inherently stable platform, excellent range of motion, high-definition 3D visual input and overall better ergonomics. There is however a downside to this. System availability is very limited due to the overwhelmingly expensive initial investment coupled with high running costs, particularly in Malaysia. It has to be incorporated into a multispecialty robotic surgical unit to make such investment worthwhile. Current robotic surgical system may be good enough for abdominal or pelvis surgeries. However, further technological advancements are needed before the system can be fully optimized for thyroid surgery. In short, does robotic thyroidectomy has a future in Malaysia? Yes it does and should be given a future in our country, but perhaps limited to specialized centers with access to robotic surgical systems. Is robotic thyroidectomy the future of thyroid surgery in Malaysia? Depending on how far in the future we are looking at. Robotic thyroidectomy will not replace open surgery in the near future, but perhaps 20 or 30 years from now?
DIAgNOSIS, IMAgINg AND STAgINg
Khor Tze Wei
Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia

Renal traumas account for 1-5% of all traumas and in 10% of all intra-abdominal injuries. The goal of treatment is to accurately diagnose and to grade the injury in order to decide on the treatment. Detailed history of the incident (rapid deceleration injury) and known renal abnormalities with a focus physical examination (haematuria and hypotension) should be sought. Contrast enhanced computed tomography scan in haemodynamically stable patient is preferred. The renal injury severity scale (Grade 1 to 5) is adapted from the American Association for the Surgery of Trauma (AAST).

ADRENAL INCIDENTALOMA : DO WE NEED TO REMOVE?
Normayah Kitan
Putrajaya Hospital, Putrajaya, Malaysia

Adrenal incidentaloma refers to incidentally discovered adrenal mass in patients undergoing imaging modalities mainly CT-scan and magnetic resonance imaging (MRI) for other clinical indications. The aim of management of adrenal incidentaloma is to remove functioning and malignant lesions without performing unnecessary adrenalectomy. In non-functioning incidentaloma the management is often a challenge because imaging characteristics and guided needle biopsy do not always distinguish benign from malignant pathology.

When an adrenal incidentaloma is detected, it is important to exclude phaeochromocytoma and subclinical cortisol or aldosterone secreting lesion. CT scan phenotype indicating malignancy includes attenuation value higher than 10 HU, a contrast agent washout lesser than 50%, tumour size bigger than 6 cm, irregular shape, central necrosis, vena cava thrombosis and distant metastases.

In non-funtioning lesion, generally accepted recommendation is to excise lesions that are larger than 6 cm because the risk of malignancy is 25%. Lesions less than 4 cm and appear to be benign on imaging criteria are generally not resected. For lesions between 4 and 6 cm, either close followup or adrenalectomy is considered a reasonable approach. Follow up may not be necessary in patients with stable tumour size on two imaging studies carried out at least 6 months apart and do not exhibit hormonal hypersecretion over 4 years.
**FOLLOW-UP AND MANAGEMENT OF LATE COMPLICATIONS OF RENAL TRAUMA**

*Teoh Boon Wei*
Hospital Pulau Pinang, Penang, Malaysia

**LATE COMPLICATIONS OF RENAL TRAUMA INCLUDE**
- Bleeding
- Arterio-venous fistula (AVF)
- Pseudoaneurysm
- Hydronephrosis

**FOLLOW-UP WITHIN 3 MONTHS OF MAJOR RENAL INJURY WITH**
- Physical examination
- Serial blood pressure measurement
- Renal profile

**MANAGEMENT OF COMPLICATIONS**
- Bleeding, AVF or pseudoaneurysm – angiographic embolization
- Urinoma, abscess &/or hydronephrosis – antibiotics, percutaneous/surgical drainage &/or ureteric stenting
- Hypertension – medical antihypertensive treatment, evacuation of perinephric haematoma/scar, vascular reconstruction or nephrectomy

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**Symposium 10**

*Colorectal*

**HOW CAN WE LOWER THE NUMBER OF DEATHS FROM COLORECTAL CANCER IN MALAYSIA?**

*Lim Kean Ghee*
Department of Surgery, International Medical University, Kuala Lumpur, Malaysia

There are about 3,000 new cases of colorectal cancer a year in Malaysia. A Malaysian man has a lifetime risk of 1:38 to develop colorectal cancer; a woman 1:50. Several reported series on the stage of disease of colorectal cancer patients in Malaysia indicate that they tend to present later than patients in developed countries. As such the overall survival of colorectal cancer patients is Malaysia ranges from about 33-40%, compared to above 50% in Europe and nearly 60% in the United States. In addition to late presentation reported survival rates of colorectal cancer for each stage of disease the disease appears to also be lower in Malaysia than in the West.

The data we have show a that the need for earlier detection of colorectal cancer in Malaysia is great. Studies show Malaysians are largely ignorant of the symptoms and risk factors of colorectal cancer. In addition, they tend to perceive colorectal cancer as not a severe disease. The tools for screening and knowledge on reducing risk factors are available need to be applied.
FORMATIVE ASSESSMENT OF A MASTERS CANDIDATE

April Camilla Roslaini

Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
University Malaya Medical Centre, Kuala Lumpur, Malaysia
University Malaya Cancer Research Institute, Kuala Lumpur, Malaysia

The evolution of the Malaysian Clinical Master of Surgery programmes, in line with Medical Educational principles, has necessitated a critical review of assessment methods. High attrition rates at the summative assessments have highlighted the importance of structured training and formative assessments, with scheduled, regular feedback, and mechanisms for timely remediation.

Formulating and implementing such valid and reliable formative assessment methods is even more challenging than for summative ones. While methods from more established overseas programmes may serve as templates, they are not necessarily fit for purpose, and should not be implemented without scrutinizing their applicability in the local context.

Training and availability of assessors in sufficient numbers are further limitations, as additional skills and experience are required for formative assessment. Yet, the pool of such trainers and assessors is subject to constant attrition, with little recognition of the contributions of those remaining, in any tangible sense. In the long run, continued haemorrhage of human resource is likely to lead to a dilution of training and deterioration of surgical standards.

It is crucial, therefore, that all stakeholders recognize the need to strengthen this component of assessment, if we are to achieve the objectives of surgical training in Malaysia.

How I Do It Session

CONTINUOUS INTRA-OPERATIVE NERVE MONITORING (THYROIDECTOMY)

Rohaizak Muhammad

Breast and Endocrine Surgical Unit, Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Thyroid surgery is a common procedure in surgical practice. It is not without complication and the most devastating complication is an injury to the recurrent laryngeal nerve or external laryngeal nerve, leading to poor quality of the voice. In order to avoid injuring the nerve, less than total thyroidectomy like subtotal thyroidectomy or near total thyroidectomy had been performed for benign condition but unfortunately the risk is still significant if performed by junior surgeon with less experience. Routine identification of the recurrent laryngeal is mandatory but again not all cases seem to be easy to identify especially when dealing with large goiter, recurrent disease or malignancy. Intra-operative is not new in head and neck surgery and been used to identify other nerves. Intermittent intra-operative nerve monitoring allows the surgeon to identify or map the nerve before seeing it and will be useful for less experience surgeon. But this does not prevent the inadvertent injury to the nerve either by direct injury or traction injury. Continuous intra-operative nerve monitoring will combine the ability to map the nerve as well as to give the continuous status of the nerve during the procedure. At the end of the operation, an intact vagal stimulation will be an indication of a functioning undamaged nerve. This video session will illustrate how the procedure will be performed.
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USE OF ROCKALL RISK SCORE IN PREDICTING 30-DAYS NON-VARICEAL UPPER GASTROINTESTINAL REBLEEDING - A MALAYSIAN SINGLE CENTRE RETROSPECTIVE STUDY

Henry Tan Chor Lip¹, Heah Hsin Tak¹, Sarojah Arulanantham¹, Premaa S²

¹General Surgery Department, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia
²Clinical Research Centre, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

INTRODUCTION
Rebleeding in Upper Gastrointestinal Bleed (UGIB) has a high mortality rate of 16%. The Complete Rockall Risk (CRS) score is commonly used to stratify patients into high, moderate and low risk of mortality and rebleeding. The aim of this study is to determine the usefulness of the CRS in predicting outcomes of 30 days rebleeding, mortality and need for surgery.

METHODS
This is a retrospective cohort study of all emergency endoscopy performed in Hospital Sultan Ismail from January 2009 to October 2014 for indications of UGIB. Data was extracted from the Total-Hospital-Information-System (THIS) and only non-variceal bleeds were included. CRS were calculated and outcomes of 30 days rebleeding, mortality and need for surgery after first intervention endoscopy were recorded. For each outcome, calibration was done using the Goodness-of-fit tests and discriminative ability of scoring system was reflected by area under receiver operating curve (AUROC).

RESULTS
A total of 1323 patients were included with male a preponderance of 847 (64%). The overall rates of rebleeding were 11.2% (148), mortality 8.7% (115) and surgery 2% (26). Low AUROC values of rebleeding (0.63), mortality (0.58) and surgery (0.67) showed poor discriminative ability of CRS. The Goodness-of-fit test also revealed that the Rockall score were poorly calibrated in outcomes of rebleeding (p < 0.001), mortality (p = 0.001) and surgery (p = 0.038) with p-value ≤ 0.05. However, patients with high risk (score ≥ 8) displayed highest rebleeding and mortality rates of 20% respectively in comparison to the moderate (score 3-7) and low (score ≤ 2) risks groups. The high risk group had an odds ratio of 4.02 (95% CI: 1.51, 10.66) at rebleeding in comparison to the moderate and low risk groups.

CONCLUSION
Rockall risk score had a very low quality in predicting all three outcomes. However with increasing scores, there were an increased risk which serves as a simple numerical guide to clinicians in regards to severity of rebleeding and mortality in individual patients.
IMPACT OF DAY CARE URETERAL STENT PLACEMENT UNDER LOCAL ANAESTHESIA VERSUS LOCAL ANAESTHESIA AND ORAL PARACETAMOL ON PAIN EXPERIENCE. A RANDOMIZED CONTROL STUDY

Vikneswaren Wera Singgam¹, Praveen², Datesh Danawar¹, Zulkifli Zainuddin²
¹Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia
²Hospital Univerisiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

INTRODUCTION
Modern cystoscopic Double J ureteric stent insertion was first described and done in 1978 and the procedure is commonly performed under general anaesthesia.

OBJECTIVE
The primary objective of this study was to assess the pain score of Double J stenting using visual analog scale (VAS) and vital sign changes (pulse rate, systolic and diastolic blood pressure) before and after the procedure.

METHODS
A prospective randomized control trial conducted in the Urology Department, Hospital Sultanah Bahiyah, Alor Setar from June 2014 until November 2014. A total of 62 patients were recruited and was block randomized into two groups consisting of 31 patients each, either receiving local lignocaine gel (Group A) and combination of local lignocaine gel and oral paracetamol (Group B) prior to local ureteric stenting. They would be assessed for pain score post procedure based on the Visual Analogue Pain Score Chart and also assessing the pre and post procedure systolic and diastolic blood pressure and pulse rate.

RESULTS
In Group A final analysis, we found that the majority of the patients experienced moderate pain scores consisting of 22 patients (71%) followed by 6 patients with severe pain score (19.4%) and 3 patients experiencing mild pain (9.7%). In Group B, 24 of its patients experienced mild pain (77.4%), 6 patients experienced moderate pain (19.4%) and 1 patient experienced severe pain (3.2%). There was significant difference between group A and Group B in terms of change of systolic and diastolic blood pressure and change in pulse rate pre and post procedure, p value 0.001 (p<0.05) for all 3 variables.

CONCLUSION
Combination of Oral Paracetamol and local lignocaine gel is more effective than only local lignocaine gel in terms of pain score perception when performing local ureteric DJ stent insertion.
ULTRASONOGRAPHIC FEATURES OF MALIGNANT THYROID NODULE: COMPARISON BETWEEN ULTRASONOGRAPHIC PERFORMED BY SURGEON AND RADIOLOGIST

Rashidah Khalid¹, Shahrun Niza², Sharifah Majidahs²
¹University Kebangsaan Malaysia, Kuala Lumpur, Malaysia
²Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

BACKGROUND
Thyroid ultrasound is a proven, useful tool in the evaluation of patients with thyroid nodules because 97.2% of nodules diagnosed as malignant on USG were also pathologically confirmed as thyroid carcinoma. Now a day, there is an increased number of non-radiologists mainly endocrine surgeons who perform thyroid ultrasonography. However, the question is how accurate the surgeon performed ultrasound compared with radiologist.

METHODOLOGY
A prospective observational study was carried out for patients who underwent thyroidectomy at Hospital University Kebangsaan Malaysia from April 2013 until September 2014. 75 thyroid nodules from total of 54 patients were included in this study. Patients who were enrolled into the study was examined with ultrasound twice, first by a surgeon and then by a radiologist. Ultrasound scan done by surgeon was compared to radiologists. The ultrasound findings were done by surgeon and radiologist was compared with the HPE results and the sensitivity, specificity, positive and negative predictive values was calculated. Each characteristic from ultrasound was evaluated in correlation with risk of malignancy. Statistical analysis was performed using the Chi square test and fisher’s exact test. Probability value of less than 0.05 was considered significant. ($p \leq 0.05$)

RESULTS
A total of 75 thyroid nodules from 54 patients were recruited for this study. Eleven thyroid nodules confirm malignant from histopathology result. SUS shows more sensitive and specific compared to RUS. The sensitivity, the specificity, positive predictive value and negative predictive value of US–HPE for thyroid cancer for the endocrine surgeons was 90.9 %, 93.8 %, 71.4% and 98.4% respectively, whereas that for the radiologist was 72.7 %, 75 %, 33.3% and 94.1 % respectively. Oval shape, presence of microcalcification, hypoechogenicity and presence of suspicious lymph nodes are associated with malignancy with $P$ value < 0.05 for each both SUS and RUS group.

CONCLUSION
Surgeon doing Ultrasonography had a comparable finding as a radiologist. Instead the sensitivity, specificity and accuracy were higher in surgeon group. Oval shape, presence of microcalcification, hypoechoegenicity and presence of suspicious lymph nodes are associated with malignancy for both SUS and RUS.
EVALUATING THE EFFECT OF COMPRESSION STOCKING ON VENOUS HEMODYNAMIC IN CHRONIC VENOUS INSUFFICIENCY USING AIR PLETHYSMOGRAPHY

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1Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
2Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

OBJECTIVE
To evaluate effect of class 2 compression stockings on venous hemodynamic in grade 2 and 3 chronic venous insufficiency at baseline and at 6 weeks by using air plethysmography.

METHODS
46 limbs in 29 patients (15 women and 14 men) with mean age of 55 years old with were evaluated. Duplex examination scanning was done to rule any deep vein reflux or thrombosis. From this, 18 limbs were classified into CEAP 2 and 28 limbs CEAP 3. Assessment using air plethysmography were taken at 3 moment; before wearing stocking (T0), after 6 weeks using stocking (T1), and 1 hour removal of stocking (T2). Patient symptoms were evaluated using venous score scoring system (VCSS) before and after 6 week wearing stocking A paired T-test and Wilcoxon Rank T were used for statistical analysis with P <0.05 is considered significant

RESULT
Class 2 compression stocking improved venous hemodynamic efficiently. Venous volume was decreased from 157.42ml at T0 to 126.41ml at T1 (p <0.05). Venous flow index reduced from 2.8 ml/s to 2.2ml/s at T0 and T1 respectively. Compression stocking potentiate the ejection fraction from 44.05% (T0) to 49.12% (T1). Residual volume also were decrease from 49.98 %to 43,04% but not statistically significant

CONCLUSION
Class 2 Compression stocking improve venous hemodynamic in patients with venous insufficiency after 6 weeks usage. The result showed the benefit of compression only upon wearing them.
FP 1.1  Acute Post-Operative Pain Difference Between Two Mesh-Fixation Techniques In Laparoscopic Total Extraperitoneal (TEP) Inguinal Hernioplasty In Long-Standing Hernia: A Prospective Randomized Clinical Trial
Asma’ R1, T Nur T M1, Kalsom A1, Hairol O2
1Department of Surgery, Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia
2Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

FP 1.2  Retrospective Study: Outcome Of Endovenous Radio-Frequency Ablation (RFA) Therapy For Lower Limb Varicose Veins In Hospital Kuala Lumpur
Hadi M A1, Ismazizi Z2, Naresh G2, Zainal A A2
1Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

FP 1.3  Titrating Calcium Infusion After Parathyroid Surgery Made Easy: A New Modified Calcium Infusion Regime
Jih Huei Tan, A Sarojah
Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

FP 1.4  Emergency Air Transfer To Neurosurgical Tertiary Centre – Experience from General Surgical Department of Hospital Tawau
Z L Lim, Othman M Z
Surgical Department, Tawau General Hospital, Sabah, Malaysia

FP 1.5  Sentinel Lymph Node Frozen Section Service In UKMMC
Norlia Abdullah1, Saladina Jaszie Jasmin1, Rossnita Marzuki1, Fazarina Mohammed1
1Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
2Department of Pathology, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

FP 1.6  Impact Of Calcium Replacement Protocol On Achieving Stable Calcium Level After Total Parathyroidectomy In Renal Hyperparathyroidism
Kugan R, Normayah K, Sarinah B, Daphne A
Breast and Endocrine Department, Hospital Putrajaya, Putrajaya, Malaysia

FP 1.7  Clinical Predictors Of Diabetic Remission After Bariatric Surgery
R Hassan1, N Q Pang2, Z Y Yan2, A Shabbir2, D Lomanto2, So J B2
1RCSI Surgical Training & Research, Penang Medical College, Penang, Malaysia
2Department of General Surgery, National University Hospital, Singapore

FP 1.8  Is Pre Operative Ultrasound Localisation In Renal Hyperparathyroidism By Endocrine Surgeon Reliable?
Nor Faezan A R1, Nani M L2, Shahrun N A S2, Rohaizak M2
1Department of Surgery, Universiti Technology MARA, Shah Alam, Selangor, Malaysia
2Department of Surgery, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

FP 1.9  A Retrospective Study On “The Effect Of Bariatric Surgery In Resolution Of Comorbidities”- Hospital Taiping
Suriakanthan Bala Krishnan, Rajkumar Vinayak, Umasangar Ramasamy, Yap Choon Fong, Leong Keen Wai
Hospital Taiping, Perak, Malaysia
A retrospective study was conducted on patients who underwent endovenous RFA therapy with multiple stab avulsion performed in the same settings for lower limb varicosities, from January to December 2014. All patients were generally monitored during 1st month and 3rd month post-operative. Inclusion criteria based on CEAP 2-6 with saphenofemoral and/or saphenopopliteal junction incompetency by clinical and Doppler examination.

**Results**

Total of 90% (18 patients) underwent endovenous RFA therapy, 10% (2 patients) cancelled due to unfit for surgery, 70% (14 patients) had pain relieved, reduction of oedema, and return quality of life, 15% (3 patients) had persistent pain, 5% (1 patient) had healed ulcer and 15% (3 patients) had persistent venous ulcer, 5% (1 patient) had recurrent varicose vein. No patient sustained DVT, burn marks, hematoma, paraesthesia, or ecchymoses.

**Conclusion**

Endovenous RFA therapy has been shown to be efficient, safe and beneficial in treating lower limb varicose veins. Comparison need to be made with other methods eg. MOCA and conventional HSVL to determine the advantages of RFA in future studies.
EMERGENCY AIR TRANSFER TO NEUROSURGICAL TERTIARY CENTRE – EXPERIENCE FROM GENERAL SURGICAL DEPARTMENT OF HOSPITAL TAWAU

Z L Lim, Othman MZ
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INTRODUCTION
The Air Retrieval Unit (ARU) under the Emergency Retrieval Unit (ERU) service of Sabah Health Department has flown over 800 patients statewide since its introduction by Likas Women and Children’s Hospital in 2012. Being a vast state endowed with difficult terrain, this service plays an important role in Sabah’s Medical Emergency Evacuation (MEDEVAC) of patients from peripheral health centres and hospitals to Kota Kinabalu via air, in aircraft-access cooperation with Sabah Air and also with the Royal Malaysian Police, Navy, and Fire & Rescue Department.

AIR-MEDEVAC TRANSFER IN TAWAU
Tawau Surgical Department operates as a generalist, with concomitant visiting subspecialty clinics and OT scheduled at regular periods. Neurosurgical operative case-load of total major surgical OT cases are increasing yearly, registering 3.9% (70 cases), 5.0% (91) and 6.25% (82) respectively from 2012 to 2014. Cases requiring further neurosurgical investigations and interventions in Kota Kinabalu such as brain tumors are sent via road or air-transport, escorted or by self, nearly every other week. Land transfer may take up to 10 hours, whilst bed-bound flight transfer application requires 3 working days of processing by a certain airline company. Thus, urgent neurosurgical transfers such as aneurysmal bleed requiring vascular clipping are sent immediately via air-MEDEVAC. Since 2012, 6 out of 10 air-MEDEVAC patients transferred from Tawau are neurosurgical-related cases; there were 3 cases in 2015 alone. Each MEDEVAC air-transfer costs approximately RM25,000 to the Sabah State Health Department.

CONCLUSION
It remains a huge logistical challenge to transport emergency neurological cases to tertiary centres in Sabah, owing to its topography and great vastness. Air-MEDEVAC is an imperative retrieval option albeit a costly one. Perhaps, due consideration to have a resident neurosurgeon in Tawau once the supportive facilities are established is the next step forward.
**IMPACT OF CALCIUM REPLACEMENT PROTOCOL ON ACHIEVING STABLE CALCIUM LEVEL AFTER TOTAL PARATHYROIDECTOMY IN RENAL HYPERPARATHYROIDISM**
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**BACKGROUND**
Hungry bone syndrome following parathyroidectomy in renal hyperparathyroidism often necessitates prolonged treatment with high doses of calcium. This study assessed the impact of calcium replacement protocol with predicted elemental calcium requirement in achieving stable serum calcium post total parathyroidectomy.

**METHODS**
This cross sectional study included all patients who underwent total parathyroidectomy from December 2011 until December 2014. From December 2011 until November 2013, oral and intravenous calcium infusions were started postoperatively based on serum calcium levels to achieve a stable calcium level. From December 2013 until December 2014, a standard calcium replacement protocol was introduced.

**RESULTS**
The patients were treated with calcium to induce hypercalcemia in the preoperative period. The regime was adjusted postoperatively, where the patients were “loaded” with calcium based predicted elemental calcium requirement. Duration taken to stabilize the calcium between these two groups were analyzed.

**CONCLUSION**
A standardized calcium replacement protocol with predicted postoperative calcium requirements can achieve earlier calcium stabilization, hence achieve early discharge rates after total parathyroidectomy.
**CLINICAL PREDICTORS OF DIABETIC REMISSION AFTER BARIATRIC SURGERY**


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**INTRODUCTION**

Although bariatric surgery (BS) was shown to induce remission of type 2 diabetes mellitus (T2DM) glycaemic status in the morbidly obese, little is known about the glycaemic outcomes and clinical predictors of response to BS in the multiethnic Southeast Asian population.

**AIM**

To review one-year outcome of BS on the glycaemic status of diabetic obese Singaporeans.

**METHODS**

This is a prospective cohort study involving morbidly obese (BMI ≥35.0kg/m²) patients with underlying T2DM who underwent BS from August 2008 and December 2013 at the National University Hospital (NUH), Singapore.

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**IS PRE OPERATIVE ULTRASOUND LOCALISATION IN RENAL HYPERPARATHYROIDISM BY ENDOCRINE SURGEON RELIABLE?**

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**INTRODUCTION**

Pre operative localization using ultrasound is now becoming popular among endocrine surgeons. Most localization is being used for parathyroid adenoma, however in the era of surgeon-performing ultrasound, parathyroid hyperplasia can also be localized pre operatively as it is cheap, easily reproducible and non invasive. Real-time interpretation and knowledge on anatomy give the surgeons an extra advantage in interpreting the findings1. We sought to determine the accuracy of parathyroid ultrasonography at our centre by the two available endocrine surgeons.

**OBJECTIVE**

To detect sensitivity and specificity of pre operative ultrasound localization by endocrine surgeons in our centre.

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**RESULTS**

76 obese patients with underlying T2DM were included in this study. 30 (39.4%) Malay, 23 (30%) Chinese and 23 (30%) Indian patients underwent BS. Mean pre-operative BMI and HbA1c level were 42.9kg/m² and 8.2% (±1.2) respectively. 47 (62%) sleeve gastrectomy (SG) and 29 (38%) roux-en-Y gastric bypass (RYGB) were performed. At 1 year post-op, 29 (38%) patients achieved complete T2DM remission, 3 (4%) had partial T2DM remission, 26 (34%) had improvements in glycaemic status, 7 (9%) reported no change in their glycaemic status while the remaining 11 (15%) are yet to be assessed. Indians formed the highest proportion of remitters while Malays were the highest non-remitters. Duration of T2DM, pre-operative insulin use and higher HbA1c levels were found to be significant factors for T2DM remission in all races (p<0.05). In Malays, pre-operative hyperlipidemia predicts non-remission (p<0.05).

**CONCLUSION**

Bariatric surgery improves glycaemic control in the diabetic obese Singaporeans. Clinical predictors of non-remission discovered may help clinicians select patients for BS and counsel patients to modify their expectations regarding post-operative glycaemic outcomes.
RESULTS
Bariatric surgery showed positive outcomes in the reduction of symptoms of OSA (100%), optimization of blood pressure (88%), diabetes (86%), dyslipidemia (88%) and resolution of infertility/PCOS symptoms (100%). This is in addition to the positive effects of the surgery on lowering body mass index (BMI), and a mere reduction of 15% in excess body weight has shown to grossly alleviate symptoms of arthritis, OSA and PCOS. Apart from resolution of comorbidities, bariatric surgery has shown to have positive influence on patient’s lifestyle.

CONCLUSION
A very favourable outcome has been shown in the resolution of comorbidities and improvement of metabolic syndrome in patients who underwent bariatric surgery.
FP 2.1 Laparoscopic Modified Sugiura Procedure - A Surgical Modality In The Acute Management Of Bleeding Gastroesophageal Varices
Sabrina B1, Sivaneswaran L1, Vinayak R1, Premnath N2
1Hospital Taiping, Taiping, Perak, Malaysia
2Penang Medical College, Pulau Pinang, Penang, Malaysia

FP 2.2 Clinical Outcome Of Surgical Therapy In Renal Hyperparathyroidism
Haekal K, Kugan R, Sarinah B, Normayah K
Breast & Endocrine Unit, Department of Surgery, Hospital Putrajaya, Putrajaya, Malaysia

FP 2.3 Wound Infection Following Stoma Reversal: A Prospective Comparative Study Between Primary Closure And Partial Closure With Intervening Silver Dressings
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2Hospital Serdang, Selangor, Malaysia
3Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

FP 2.4 Low Pressure Laparoscopy With Deep Neuromuscular Bloackade Versus Convetional High Pressure Laparoscopy In Sleeve Gastrectomy: A Randomized Clinical Trial
S Y Lim1, N H Zubaidah1, T Gee1, E F F Chew2
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2Department of Anaesthesia, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

FP 2.5 Laparoscopic Sleeve Gastrectomy Versus Laparoscopic Banded Gastric Plication: A Combined University Hospital Experience
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2Upper Gastrointestinal and Bariatric Surgery Unit, Department of Surgery, Universiti Putra Malaysia, Kuala Lumpur, Malaysia

FP 2.6 Incidence Of Hypocalcemia In Post Thyroidectomy Patients And Its Relation To Parathyroid Hormone And vitamin D Level
H P Nadzlee, B Sarinah, K Normayah, B Anita, M Nor Hisham
Hospital Putrajaya, Putrajaya, Malaysia

FP 2.7 Evaluating The Effect Of Compression Stocking On Venous Hemodynamic In Chronic Venous Insufficiency Using Air Plethysmography
Nurul Rauf1, Zainal Ariffin Azizi1, M Azim Idris2
1Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
2Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

FP 2.8 Comparison Between Laparoscopic Sleeve Gastrectomy And Laparoscopic Roux-En-Y Gastric Bypass in Predicting The Remission Of Type 2 Diabetes Mellitus in Morbidly Obese Population
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2Minimally Invasive, Upper GI and Bariatric Surgery Unit, Department of General Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
FP 2.9 Is Laparoscopic Repair Of Incarcerated Or Obstructed Ventral Hernias Feasible In The Emergency Setting? A Retrospective Comparative Study Of Emergency Laproscopic Versus Open Ventral Hernia Repair

K Y Low, Kanesh Kumaran, P C Lau, E H Pok
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LAPAROSCOPIC MODIFIED SUGIURA PROCEDURE - A SURGICAL MODALITY IN THE ACUTE MANAGEMENT OF BLEEDING GASTROESOPHAGEAL VARICES
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The current gold standard in the management of acute gastroesophageal variceal bleeding is a combination of pharmacological and endoscopic therapy followed by Transjugular Intrahepatic Portosystemic Shunt (TIPS) as a rescue therapy when the former fails to establish hemostasis. However, TIPS facility is not readily available in our country. Laparoscopic Esophagogastric Devascularization (Modified Sugiura) has gained interest as a treatment modality for patients who have failed conventional therapy.

We report a case of a Modified Sugiura without oesophageal transection, performed laparoscopically in a cirrhotic patient with an uncontrolled bleed from a fundal varix. Splenectomy was not performed to reduce perioperative morbidity risk associated with prolonged surgery. His recovery was uneventful and was discharged well nine days after the surgery.

CLINICAL OUTCOME OF SURGICAL THERAPY IN RENAL HYPERPARATHYROIDISM
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INTRODUCTION
Secondary hyperparathyroidism, which is common sequelae of chronic kidney disease, is a consequence of a disturbed calcium and mineral metabolism. It leads to severe bone disease and serious cardiovascular events. Surgical therapy is necessary to those resistant to medical therapy. We examine clinical outcome of parathyroidectomy in renal hyperparathyroidism in our center.

METHOD
We prospectively studied 64 patients who underwent total parathyroidectomy for renal hyperparathyroidism from January 2013 to December 2014. Their clinical and biochemical features, perioperative complications and clinical improvement in three months after parathyroid surgery were reviewed.

RESULT
Only 42 patients managed to comply for follow up and completed this study. The mean age of our patients was 43.7 (25–68). All patients were on regular hemodialysis with an average duration of dialysis of 6.5 years (1–15). Majority of patients had underlying hypertension (85%), diabetes (24%) and heart disease (20%). 33 patients (80%) presented with bone pain. All patients had elevated alkaline phosphatase (ALP) an average of 335 U/L (59-2408) and parathyroid hormone (iPTH) an average of 198 pmol/L (21-738). All patients had undergone successful removal of four parathyroid glands and confirmed by histology. 12 patients (28%) developed perioperative complications; three neck hematomas, four line related infections, two nosocomial infections and two cardiac events where one passed away. At three months after surgery, almost all patients with bone pain showed resolution of symptoms and marked improvement in ALP level. Serum iPTH also was normalized in all patients.

CONCLUSION
Surgical therapy in renal hyperparathyroidism results in a prompt clinical improvement and provides a good quality of life to the patient. However special measures should be taken perioperatively as it may carry a significant mortality and morbidity.
WOUND INFECTION FOLLOWING STOMA REVERSAL: A PROSPECTIVE COMPARATIVE STUDY BETWEEN PRIMARY CLOSURE AND PARTIAL CLOSURE WITH INTERVENING SILVER DRESSINGS

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BACKGROUND
Closure of gastrointestinal tract stoma has been regarded as a clean contaminated surgery that is often complicated by infection. Various techniques have been postulated to aid in the reduction of surgical site infection (SSI) as alternatives to primary skin closure. Studies have shown that silver impregnated dressing has effective antimicrobial properties as well as being a good buffer for wound exudate, thereby, promoting faster wound healing. Therefore, the study is conducted to compare the rate of surgical site infection of two methods of wound closure following stoma reversal: primary closure versus partial closure with intervening silver containing Hydrofiber dressing (Aquacel® Ag).

METHODS
A randomized prospective study was conducted incorporating two groups of patients comparing primary closure and partial closure with intervening silver dressings. A total of 41 patients who underwent reversal of stoma in UPM surgical unit between 2011 and 2015 were enrolled in the study. As of March 2015, primary closure was performed in 24 patients and a total of 17 patients underwent partial closure with intervening silver dressings as the method of closure. They are followed up and the post-operative SSI were analyzed.

RESULTS
Complication rate was low in both groups (7.7%). SSI occurred more frequently in primary closure group (5.1%) in comparison to the partial closure with intervening silver dressing group (2.6%). Although there is no statistical difference of SSI between the 2 groups, there is a clinically significant difference in the reduction of SSI in the test group. All wounds healed by 6 weeks post operatively except one which heal after reopening and daily dressing.

*This is a preliminary results because the study is still ongoing.

CONCLUSION
In conclusion, reversal of stoma via partial primary closure with intervening silver dressings is a feasible method. Larger studies are required to confirm its efficacy.

LOW PRESSURE LAPAROSCOPY WITH DEEP NEUROMUSCULAR BLOCKADE VERSUS CONVENTIONAL HIGH PRESSURE LAPAROSCOPY IN SLEEVE GASTRECTOMY: A RANDOMIZED CLINICAL TRIAL

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BACKGROUND
Laparoscopy is currently the gold standard approach in most types of abdominal surgery including bariatric surgery. Carbon dioxide insufflation is the commonest gas employed in laparoscopic surgery and the pressure used to create pneumoperitoneum is typically in the range of 10 to 15mmHg. This is essential for the creation of an optimal working surgical space. However high insufflation pressures are frequently associated with complications related to hypercarbia and high intra-abdominal pressure. Deep neuromuscular blockade facilitates a lower insufflation pressure to obtain the same pneumoperitoneal volume seen in higher pressure laparoscopy.
Although LBGP rivals LSG in weight reduction, the cost, associated morbidity, and prolonged hospital stay makes it a less favourable option in our setting.

Objective
The aim of this study is to compare post-operative weight reduction between morbidly obese patients undergoing LSG versus LBGP. Operative time, hospital stay and associated morbidities between the two groups were also analysed.

Method
This is a comparative observational study performed in Universiti Kebangsaan Malaysia Medical Centre and Kuala Lumpur General Hospital from February 2012 to November 2013. Morbidly obese patients planned for LSG and LBGP were consecutively recruited. Perioperative data was collected and analysed using SPSS version 20. Power was set at 80% with p value of 5% (<0.05) considered statistically significant.

Results
A total of 55 and 32 patients underwent LSG and LBGP respectively. Mean BMI in both groups prior to surgery, at 6-months and 12-months post procedure was compared. Significant weight reduction was evident in the LBGP group (p=0.008). Mean operative time was longer in the LBGP group (p < 0.0005), while mean duration of hospitalization was shorter in the LSG group (p = <0.0005). One gastric perforation in the LBGP group required urgent re-laparotomy while another radiological leak in the LSG group was treated conservatively with success.

Conclusion
Although LBGP rivals LSG in weight reduction, the cost, associated morbidity, and prolonged hospital stay makes it a less favourable option in our setting.
INCIDENCE OF HYPOCALCEMIA IN POST THYROIDECTOMY PATIENTS AND ITS RELATION TO PARATHYROID HORMONE AND VITAMIN D LEVEL

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OBJECTIVE
Thyroidectomy carries a significant risk of hypocalcaemia which may lead to life-threatening complications, therefore patients usually require inpatient calcium monitoring prior to discharge. We aim to evaluate the factors that can predict the incidence of post operative hypocalcaemia particularly with regards to the intact parathyroid hormone (iPTH) and vitamin D level.

METHODS
We performed a prospective study for patients undergoing total thyroidectomy for presume benign goitre from June 2013 to December 2014 in Hospital Putrajaya. Vitamin D level is taken preoperatively. Then post operative serum calcium and iPTH at 8 pm, followed by daily serum calcium level as required. Serum calcium is repeated at 6 weeks, 3 months and 6 months, with iPTH at 6 months follow-up. Other factors such as thyroid function status, weight of thyroid gland, presence of retrosternal extension, number of parathyroid glands identified and final histology were also analyzed.

RESULTS
102 patients were accrued for this study. Results showed a total of 54 patients (53%) with low preoperative Vitamin D level and 32 patients (31%) had low early post-operative iPTH level. Only 42 patients (40%) had temporary hypocalcaemia. Hypocalcaemia were observed in patients with low early post operative iPTH (p<0.007), low Vitamin D (p=0.591), presence of retrosternal extension (p=0.341), lesser number of parathyroid identified at surgery (p=0.466) and hyperthyroid (p=0.499).

CONCLUSION
Low early post operative iPTH may predict the incidence of hypocalcaemia post thyroidectomy. Pre-existing low vitamin D also contributes significantly to temporary hypocalcaemia.

EVALUATING THE EFFECT OF COMPRESSION STOCKING ON VENOUS HEMODYNAMIC IN CHRONIC VENOUS INSUFFICIENCY USING AIR PLETHYSMOGRAPHY

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OBJECTIVE
To evaluate effect of class 2 compression stockings on venous hemodynamics in grade 2 and 3 chronic venous insufficiency at baseline and at 6 weeks by using air plethysmography.

METHODS
46 limbs in 29 patients (15 women and 14 men) with mean age of 55 years old with were evaluated. Duplex examination scanning was done to rule any deep vein reflux or thrombosis. From this, 18 limbs were classified into CEAP 2 and 28 limbs CEAP 3. Assessment using air plethysmography were taken at 3 moment; before wearing stocking (T0), after 6 weeks using stocking (T1) and 1 hour removal of stocking (T2). Patient symptoms were evaluated using venous score scoring system (VCSS) before and after 6 week wearing stocking A paired T-test and Wilcoxon Rank T were used for statistical analysis with P <0.05 is considered significant.

RESULT
Class 2 compression stocking improved venous hemodynamic efficiently. Venous volume was decreased from 157.42 ml at T0 to 126.41 ml at T1 (p<0.05). Venous flow index reduced from 2.8 ml/s to 2.2 ml/s at T0 and T1 respectively. Compression stocking potentiate the ejection fraction from 44.05% (T0) to 49.12% (T1). Residual volume also were decrease from 49.98% to 43.04% but not statistically significant.

CONCLUSION
Class 2 Compression stocking improve venous hemodynamic in patients with venous insufficiency after 6 weeks usage. The result showed the benefit of compression only upon wearing them.
Methodology
A retrospective cohort of 45 consecutive patients who underwent emergency ventral hernia repair at University Malaya Medical Center (UMMC) from 2009 to 2014 was included. All ventral hernias that were either diagnosed as incarcerated, obstructed or strangulated were included.

Data analyzed using SPSS version 22. The outcomes were compared using the Mann Whitney U test for non-parametric data and Chi square test and Fisher-Exact test.

Result
During that period, 12 patient underwent an emergency LVHR while another 33 patients had an OVHR, with a median follow-up period of 12 months (1-48 months).

There was no significant difference in demographics between to 2 groups. Compared with OVHR, LVHR had a shorter median length of stay (3 days vs 4 days, p=0.04) and lesser incidence of surgical site infection (SSI) (21.2% vs 0%, p=0.18). LVHR was also associated with less overall complications (25% vs 31%, p=0.71). There was 1 recurrence in the LVHR group but none for the OVHR group.
CONCLUSION
We managed to demonstrate that LVHR is safe and feasible in the emergency setting. The benefits of LVHR include shorter hospital stay and lesser incidence of SSI. Although the results of the outcomes like SSI and overall complications are not statistically significant, clinically it is a favorable and significant outcome. Further prospective studies on the role emergency LVHR with larger number are suggested to consolidate our current findings.
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Mohamed Muhshin Mohamed Sickandar, Khairuzi Salekan
Department of Surgery, Hospital Sultanah Nora Ismail, Batu Pahat, Johor, Malaysia

PP 02 Management of Malignant Gastric Outlet Obstruction – A Case Series
Lily L Y Wong, K C Soon
Department of General Surgery, Hospital Miri, Sarawak, Malaysia

PP 03 Rare Presentation of A Femoral Hernia: Case of De Garengeot Hernia
Adrian Gerard1, Ganendra Paramasvaran1, Kumaresan Supramaniam2
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PP 04 Anterior Abdominal Wall Abscess as a Complication Of Appendicular Mass In Elderly: A Case Report
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2Department of Surgery, Universiti Sains Malaysia, Penang, Malaysia

PP 05 Who Is The Culprit: Trauma Or H.Pylori? Case Report: Perforated Duodenal Ulcer In A Teenage Girl
Thiru V Raau, Sivapiragas S, Davaraj Balasingh, Rudyanto Saripan
Department of Surgery, Hospital Tuanku Ampuan Najihah, Kuala Pilah, Negeri Sembilan, Malaysia

PP 06 Metastatic Liver Liposarcoma, Pleomorphic Subtype With Unknown Primary – A Case Report
Lily L Y Wong, K C Soon
Department of General Surgery, Hospital Miri, Sarawak, Malaysia

PP 07 Intestinal Obstruction With Perforated Gastric Ulcer Secondary To Ingested Foreign Bodies – A Case Report
Lily L Y Wong, K C Soon
Department of General Surgery, Hospital Miri, Sarawak, Malaysia

PP 08 Gastric Rupture After Blunt Abdominal Trauma
Adrian Gerard1, Rajiev Raja Sakaran2, Chong Hoong Weng2, Yan Yang Wai2
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2Surgery Department, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

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Fitzgerald H, Pavin K, Aizat T
Department of General Surgery, Hospital Selayang, Selangor, Malaysia

PP 10 Awareness Of Testicular Cancer And The Practice Of Testicular Self-Examination Among Male University Students
S K Wong, M Mokhtar, H N A Majid
Universiti Kuala Lumpur RCMP, Ipoh, Perak, Malaysia
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Sarmukh Singh¹, Tan Yee Ling¹, Ramesh Thangaratnam¹, Chew Loon Guan¹, Zaidi Zakaria²
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²Universiti Sains Malaysia, Malaysia

PP 12 The Umbilical Nodule: Sign Of A Hidden Pathology
Karthikeyan M, Thigiarajan G, Gunaseelan D, Ros’aini Paijan
Department of Surgery, Hospital Pakar Sultanah Fatimah, Muar, Johor, Malaysia

PP 13 Choledochal Cyst In Teenage: Missed In Childhood. Case Report: Choledochal Cyst
Theebanraja Ramalingam, Sivapiragas S, Davaraj Balasingh, Rudyanto Saripan
Department of Surgery, Hospital Tuanku Ampuan Najihah, Kuala Pilah, Negeri Sembilan, Malaysia

PP 14 A Case Of Lipomatous Tumor Of Thyroid Gland : A Rare Entity
Fi’dris¹, N Amjad¹, E Mahno¹, S Murad²
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²Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

PP 15 A Rare Benign Neck Tumor: Cervical Ganglioneuroma
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²Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

PP 16 Life-threatening Hemorrhagic Pericardial Tamponade: A Rare Intrathoracic complication in Severe Acute Pancreatitis
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Department of Urology, Penang General Hospital, Penang, Malaysia

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F Y Chai¹, A Y P Tan¹, Z S Siti², J A Chuah²
¹Department of Surgery, Hospital Keningau, Sabah, Malaysia
²Department of Surgery, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia

PP 19 Primary Hyperparathyroidism Presenting With Pathological Fracture of Long Bone
K S Khoo¹, Vivek Singh¹, S S Chong¹, K L Ng¹
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PP 20 Case Report : Chilaiditi’s Syndrome – The Odd Cause Of Pseudopneumoperitoneum
F Shah, A Wafi, G Y Lo, T Clement
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Hadi M A1, Ismazizi Z2, Naresh G2, Zainal A A2
1Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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Henry Tan Chor Lip, Tan Jih Huei, Sarojah Arulanantham
General Surgery Department, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

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Henry Tan Chor Lip, Seniyah Md Sikin
General Surgery Department, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

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Henry Tan Chor Lip1, Nur Fitriyani Afiqah2
1General Surgery Department, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia
2Newcastle University Medicine Malaysia, Johor Bahru, Johor, Malaysia

PP 25 Colopleural Fistula with Faecopneumothorax From A Non Traumatic Splenic Flexure Perforation: A Case Report
Mohd Firdaus R, George John K T G, Zainal Ariffin A
Thoracic Surgery Unit, Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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Mohd Johari1, Khair Syamimi2, Hasnizal Nording3, Chen Hong Lim4
1, 2Medical Officer, Department of Surgery, Hospital Segamat, Johor, Malaysia
3Surgeon, Department of Surgery, Hospital Segamat, Johor, Malaysia
4Head of Department and Surgeon, Department of Surgery, Hospital Segamat, Johor, Malaysia

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Sarmukh Singh1, Putera Mas Piah1, Ramesh Thangaratnam1, Chew Loon Guan1, Zaidi Zakaria2
1Hospital Serdang, Selangor, Malaysia
2Universiti Sains Malaysia, Penang, Malaysia

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Mohammad Alif Y, Sekkapan T, Wan Athman W M, Jiffre Din
Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

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Jih Huei Tan, Yue Yi Cheah, Rahmat Othman, Henry Tan
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Post-operatively, a CT scan showed evidence of NF at anterior abdominal wall with lesions in the prostate that may represent as haematoma or early abscess with locally infiltrative tumour. The prostate biopsy revealed prostate adenocarcinoma and culture showed multi-resistant *Escherichia coli*. Unfortunately patient passed away because of severe sepsis with multi-organ failure.

**CONCLUSION**
Necrotizing fasciitis of anterior abdominal wall with Fournier’s gangrene is a reported complication after a trans-rectal biopsy. However, isolated NF of anterior abdominal wall without Fournier’s gangrene is not a known complication and not being reported. This is probably because prostate encapsulated with tough fibrous capsule. However this patient had an extension of the fasciitis from retro pubic space of Retzius which is located in between pubic symphysis and prostate. The history of prostate biopsy and imaging evidence of infective prostate with locally infiltrative tumour probably suggest the infection spread from prostate to retro pubic space due to breach in fibrous capsule anteriorly by the tumour. However progression to sepsis may be due to antibiotic resistance.

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**Management of Malignant Gastric Outlet Obstruction – A Case Series**

**Lily L Y Wong, K C Soon**
Department of General Surgery, Hospital Miri, Sarawak, Malaysia

**Objective**
Gastric carcinoma is a common cause of malignant gastric outlet obstruction, accounting for 35% of all the gastric outlet obstruction. Management are challenging as most of the patients are of advanced age with multiple comorbidities and are nutritionally depleted. We presented 10 cases of malignant gastric outlet obstruction secondary to gastric carcinoma and discuss about its management.

**Methods**
All patients with malignant gastric outlet obstruction secondary to gastric carcinoma from January 2014 till December 2014 were included.

**Results**
A total of 10 cases were identified during the study period. 7 were male and 3 were female, with a mean age of 72 years (range 53 - 92). All the patients presented with typical symptoms of gastric outlet obstruction. Upper endoscopy with biopsy were performed to confirm the diagnosis and computed tomography done for staging. Preoperatively, all patients were optimized with peripheral parenteral nutrition for 3 to 5 days. Surgical treatment performed consist of 4 gastrojejunostomy, 5 subtotal gastrectomy and total gastrectomy. Postoperatively, parenteral nutrition was continued with oral intake introduced gradually. Intensive chest physiotherapy with incentive spirometry, DVT stocking and early ambulation were enforced to prevent pneumonia and deep vein thrombosis. No perioperative complications were observed. All patients were discharged well except one patient, 77 years old female who underwent gastrojejunostomy, passed away on day 14 post operation due to cardiac event. Mean duration of hospital stay were 9 days post operatively (range 7 - 16). Patients were then referred for adjuvant chemotherapy and radiotherapy.

**Conclusions**
Surgical management for malignant gastric outlet obstruction is relatively safe, be it resection or bypass. Preoperative optimization is important as well as proactive postoperative care.
WHO IS THE CULPRIT: TRAUMA OR H. PYLORI? CASE REPORT: PERFORATED DUODENAL ULCER IN A TEENAGE GIRL
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Department of Surgery, Hospital Tuanku Ampuan Najihah, Kuala Pilah, Negeri Sembilan, Malaysia

INTRODUCTION
Perforated peptic ulcers continue to be one of surgical emergencies, which require immediate surgical intervention. However perforated peptic ulcers among teenagers are relatively rare and perforation of pre-existing peptic ulcer following a trauma is an extremely rare phenomenon.

CASE PRESENTATION
We present a 19 years old girl with underlying dyspeptic symptoms for 2 years who alleged a low velocity motor vehicle accident (MVA) and was treated for abrasions over abdomen at an outpatient department. Two weeks post trauma patient presented with progressively worsening abdomen pain with fever. Upon examination, abdomen was tender and guarded. An erect CXR revealed air under diaphragm. Patient underwent an emergency diagnostic laparoscopy which revealed a perforated duodenal ulcer. Due to...
**INTRODUCTION**

Foreign body ingestion occurs frequently, and most of it will pass through the gastrointestinal tract uneventfully. Complications due to ingested foreign bodies, like intestinal perforation and obstruction are rare, occurring in less than 1% of patients. We presented a case of intestinal obstruction with perforated gastric ulcer secondary to ingested foreign bodies.

**CASE REPORT**

A 44 years old gentleman, with no known medical illness, presented with generalized abdominal pain of 1 day duration, associated with nausea and vomiting. Prior to that, he ingested multiple bananas with seed. On physical examination, the abdomen is distended with generalized tenderness and guarding. Erect chest x-ray and abdominal x-ray revealed presence of air under diaphragm with dilated loops of small bowel. Emergency exploratory laparotomy...
AWARENESS OF TESTICULAR CANCER AND THE PRACTICE OF TESTICULAR SELF-EXAMINATION AMONG MALE UNIVERSITY STUDENTS

S K Wong, M Mokhtar, H N A Majid
Universiti Kuala Lumpur RCMP, Ipoh, Perak, Malaysia

INTRODUCTION
Testicular cancer commonly affects men aged between 15-35 years. It accounts for only 1-1.5% of male neoplasms but early detection may result in a cure rate of >95%. The awareness of this disease and the practice of testicular self-examination may play an important role in detecting this cancer at an early stage.

OBJECTIVE
The objectives of our study were to assess the awareness of testicular cancer and the practice of testicular self-examination among a group of male university students.

METHOD
A descriptive cross sectional study was used in our survey. The survey was carried in a local private university which allowed us to conduct the survey. The classes were randomly selected and questionnaires were done. Intraoperatively noted grossly distended stomach, small bowel and large bowel till the splenic flexure with multiple rambutan seeds impacted in the transverse colon. Perforated prepyloric ulcer was also found with moderate contamination. The perforated prepyloric ulcer was repaired with omentoplasty and transverse colostomy was done for removal of rambutan seeds. Total of 42 rambutan seeds were retrieved from the large bowel. Postoperative course was uneventful and he was discharged well.

CONCLUSION
Foreign body ingestion is common, and occasionally results in intestinal perforation or obstruction. Foreign body ingestion in this case, probably cause a stress to the patient and indirectly result in perforated gastric ulcer.

GASTRIC RUPTURE AFTER BLUNT ABDOMINAL TRAUMA

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Gastric rupture after blunt abdominal trauma is a rare occurrence with cited incidence between 0.02% and 1.7%. We report a case of a 15 year old boy, referred from a district hospital due to a tender abdomen after a motor vehicle accident. An urgent computed tomography (CT) scan of the abdomen and pelvis revealed gross pneumoperitoneum and free intraperitoneal fluid. An emergency exploratory laparotomy revealed a 7cm long full thickness rupture of the stomach with splenic injury. Primary gastric closure was performed and splenic injury was treated conservatively. Although rare, urgent surgical exploration is necessary in these patients to reduce mortality and morbidity.
were distributed among the male students of the selected classes.

RESULT
A total of 263 students were recruited in this survey. Although 55.9% of them have heard of testicular cancer, most of them did not know that the cancer afflicts young men (87.1%) or the common signs and symptoms of the cancer (81.7%).

85.6% of the respondents had never heard of testicular self-examination and not surprisingly, 98.1% had never performed testicular self-examination. The main reason given for not practising testicular self-examination was: not knowing how to perform it. We found that there was a significant correlation between the awareness of testicular cancer with the practice of testicular self-examination (p-value<0.001).

CONCLUSION
These young men who are better educated than the general population lacked awareness of testicular cancer and hence did not practice testicular self-examination even though they fall within the high risk age group. A good awareness of the disease may lead to an increased practice of testicular self-examination.

UNUSUAL PRESENTATION OF DERMOID CYST OF THE SPERMATIC CORD IN AN ADULT PATIENT MIMAKING INCARCERATED IRREDUCIBLE INGUINAL HERNIA. A CASE REPORT WITH REVIEW OF LITERATURE

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2Universiti Sains Malaysia, Malaysia

Background: Dermoid cyst of the spermatic cord is a very rare clinical entity with only 6 cases reported in the literature so far [1]. We hereby describe an extremely rare case of a large dermoid cyst of the right spermatic cord measuring 6cm x 5cm x 5cm in an elderly patient who approached us with clinical manifestations of an incarcerated irreducible inguinal hernia. The final histopathological analysis established the diagnosis of a dermoid cyst. Dermoid cyst of the spermatic cord mimicking incarcerated irreducible hernia is rare but possible entity.

CASE REPORT
A 58 year old malay gentleman came to our emergency department with complains of swelling over the right inguinal scrotal region for the past two days which was progressively increasing in size associated with irreducibility. Per abdominal soft, not distended, non tender. Our initial diagnosis was right incarcerated irreducible inguinal hernia. Proceeded with open hernioplasty. Histopathologic feature impression was dermoid cyst of the spermatic cord.

CONCLUSION
We have presented a rare case of a dermoid cyst of the spermatic cord in an adult patient mimaking incarcerated irreducible inguinal hernia. Uncommon diagnosis as such prompted the need for a literature search along with a case report for the best surgical treatment. Following a complete surgical excision. The common practice of concurrent tension free mesh repair is recommended.

THE UMBILICAL NODULE: SIGN OF A HIDDEN PATHOLOGY
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INTRODUCTION
Umbilical tumours are relatively rare and consist of both benign and malignant conditions. The term Sister Joseph’s nodule is a clinical sign associated with advanced metastasizing intra-abdominal cancer. Here two cases of different pathology are discussed.

CASE 1
A 33 year old Indonesian male with no past medical history presented with umbilical swelling for two weeks measuring 2cm x 2cm with altered bowel habit for a month and on and off per rectal bleeding. A wedge biopsy of the umbilical mass revealed metastatic poorly differentiated carcinoma with primary tumour is uncertain. Staging showed multiple large heterogeneous lobulated peritoneal & intraperitoneal omental masses with liver, nodal, & lungs metastasis.

CASE 2
A 39 year old Malay female presented with a umbilical swelling measuring 0.5 cm x 1 cm for the past seven
years which is progressively increasing in size with on
and off bleeding on scratching and intermittent pain
during menstruation. The excision biopsy consistent
with endometriosis.

**DISCUSSION**

Umbilical nodules are easy to identify on physical
examination and provide clinicians a site where biopsy
can be easily performed. Although current advanced
technology can easily diagnose malignancies, Sister
Joseph’s nodule nevertheless remains an important
clinical sign. However a primary tumour or non-
neoplastic conditions such as endometriosis need to
be excluded and histopathological examination may
assist in diagnosis.

---

**CHOLEDOCHAL CYST IN TEENAGE: MISSED IN CHILDHOOD. CASE REPORT:**

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Kuala Pilah, Negeri Sembilan, Malaysia

**INTRODUCTION**

Choledochal cyst is a congenital cystic dilatation of
biliary tract. Incidence of choledochal cyst is 1:150,000
and 80% of cases are diagnosed in childhood.
Choledochal cyst among teenagers and adult is a rare
clinical entity.

**CASE PRESENTATION**

A 17 years old malay girl with no known medical illness,
presented with 2 weeks history of progressively
worsening upper abdomen pain with jaundice.
Clinically patient was icteric and per abdomen
examination revealed grossly enlarged liver with
tenderness at right hypochondrium. Laboratory
investigation revealed elevated liver enzymes and
total bilirubin with predominantly increase in direct
component. Ultrasonography showed large cystic
lesion at right hypochondrium. Subsequent CT and
MRCP revealed fusiform dilation of the common
bile duct measuring 14.2x13x13 cm. Patient was
then referred to hepatobiliary centre in Hospital
Selayang and underwent excision of cyst and biliary
reconstruction. Intraoperatively it was Todani Type 1
choledochal cyst. Postoperatively patient discharged
well.

**DISCUSSION**

Choledochal cyst was first described by Alonso Lej
and modified by Todani in 1977 which is currently the
common used classification. Most choledochal cyst are
diagnosed in childhood. Low incidence rate, non specific
presentation and absence of classical clinical triad
leads to missed diagnosis of choledochal cyst in adult.
Ultrasound is the best initial investigation followed by
CT and MRCP which can provide detailed description
concerning relationship between cyst and adjacent
structure. Treatment is always surgery which involves
excision of the cyst with or without hepatobiliary
reconstruction. Recurrent cholangitis, pancreatitis,
abcess, calculi and malignancy potential are recognised
complications of untreated choledochal cyst.

**CONCLUSION**

Choledochal cyst even though rare in adult, it is
important to include as the differential diagnosis
to prevent misdiagnosis and to avoid possible
complications.

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**A CASE OF LIPOMATOUS TUMOR OF THYROID GLAND: A RARE ENTITY**

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2Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Sarcomas encountered in head and neck region show
wide variety of histo-morphological types and grades.
Liposarcoma of the head and neck represents approximately 1% of head and neck sarcomas. Amongst the group are well differentiated
liposarcomas / atypical lipomatous tumors (WDL/ALT). Here we report a case of an atypical lipomatous tumor of a thyroid gland in a 59 year-old Ibanese
gentleman from the island of Borneo, Malaysia. This presentation of a lipomatous tumor is a rare entity as it arises from the thyroid gland. We here discuss the classification of
ALT/WDL, the histological diagnosis of this tumor and the imaging modalities.
A RARE BENIGN NECK TUMOR: CERVICAL GANGLIONEUROMA
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Anterior neck swelling is usually associated with thyroid pathology with a common differential diagnosis of branchial, thyroglossal or parapharyngeal cyst. However, when clinical and radiological assessment of the swelling does not meet the criteria for the common diagnoses, it warrants a surgical exploration and excision with a histopathology report to confirm the diagnosis. We report a case of cervical ganglioneuroma, in which its rarity posed an assessment and diagnosis difficulty. It is later confirmed after surgical exploration and histopathological examination.

RENO-COLIC FISTULA - A RARE CASE REPORT
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Reno-colic fistula is a rare entity and only about 100 cases have been reported in the literature. Occurrence of reno-colic fistula was first described in 460 B.C. by Hippocrates. We report a case of reno-colic fistula in a 46 year old lady, presented to us with right staghorn calculus with obstructive uropathy. She was nephrostomised at the referring hospital and subsequently underwent ureteral stenting at our center. Prior to the planned percutaneous nephrolithotomy, retrograde pyelogram revealed extravasation of contrast from the right kidney into the adjacent colon hence diagnosis of reno-colic fistula was made. She was then planned for trial of conservative treatment by means of ureteric stenting. However a repeat retrograde pyelogram after 3 months showed persistent reno-colic fistula. Subsequently, she underwent right nephrectomy, fistulectomy and wedge resection of ascending colon with primary closure. We would like to highlight this rare case of reno-colic fistula and discuss the management of this uncommon condition.

LIFE-THREATENING HEMORRHAGIC PERICARDIAL TAMPONADE: A RARE INTRATHORACIC COMPLICATION IN SEVERE ACUTE PANCREATITIS
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Acute pancreatitis is an acute inflammatory process of the pancreas. In its severe form, it is complicated with systemic complications or multi-organ dysfunction syndrome which associated with poor outcome. Hemorrhagic pericardial tamponade is one of the rare intrathoracic complications in severe acute pancreatitis, which can be fatal if left undetected and untreated. However, this condition is reversible following an appropriate management. We report a case of severe acute pancreatitis, in which clinical deterioration resulted from this remote complication.

GRANULOMATOUS MASTITIS IN WEST COAST AND INTERIOR SABAH
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²Department of Surgery, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia

Granulomatous Mastitis (GM) is a rare benign inflammatory breast condition that mimics carcinoma. Its optimal treatment remains controversial leading to frequent recurrence and morbidity.

BACKGROUND
Granulomatous Mastitis (GM) is a rare benign inflammatory breast condition that mimics carcinoma. Its optimal treatment remains controversial leading to frequent recurrence and morbidity.

OBJECTIVES
To review our experience with GM among Borneo population.

METHODOLOGY
We retrospectively reviewed patients with GM diagnosed histologically from March 2010 to December 2013. Characteristics of patients with resolved lesion during data collection (Group A) were compared with patients with active lesion (Group B).

RESULTS
Thirty-six cases were reviewed. The mean age was 35.3±7.40 years. Dusun was the largest ethnic group (n=12, 33.3%). Majority of patients (n=32, 94.4%) were...
PRIMARY HYPERPARATHYROIDISM PRESENTING WITH PATHOLOGICAL FRACTURE OF LONG BONE
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We report a case of a 17-year old Indian man presenting with pathological fracture secondary to primary hyperparathyroidism due to a parathyroid adenoma. The patient who was previously well, presented with a closed right distal femur fracture after a minor fall. As his injury did not tally with the degree of trauma, further investigations were performed as a pathological fracture was suspected. Initial investigations showed hypercalcaemia (3.16mmol/L) with normal phosphate levels. 24-hour urinary calcium and intact parathyroid hormone (iPTH) levels were both elevated at 12.7 mmol/24H and 37.6pmol/L respectively. Core needle biopsy of the fracture showed fibrous dysplasia and skeletal survey was inconclusive. In view of the high iPTH levels, ultrasonography of the neck was performed and showed right parathyroid gland enlargement. A Single photon emission computed tomography (SPECT-CT) scan showed increased uptake by the right parathyroid glands. The diagnosis of primary hyperparathyroidism was made and right parathyroidectomy was subsequently performed. Intra-operatively, the right superior and inferior parathyroid glands appeared to be enlarged and merged. Both glands were removed. Post-operative recovery was uneventful and the patient’s serum calcium and iPTH levels gradually normalised. The histology was consistent with parathyroid adenoma. This case illustrates that pathological fractures should be investigated to exclude the possibility of hyperparathyroidism as a causative factor. This will help prevent recurrence of fractures and future complications.

CASE REPORT: CHILAILITI’S SYNDROME – THE ODD CAUSE OF PSEUDOPNEUMOPERITONEUM
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INTRODUCTION
This rare but otherwise important condition, was first reported over a century ago by the radiologist Demetrius Chilaiditi in 1910, after an incidental radiological findings of colonic interposition between liver and diaphragm, in a series of patients. It is a rare anomaly and documented to account about 0.025-0.28% cases, mostly asymptomatic and was discovered incidentally. This paper describes the important of indentifying and diagnosing this condition, as a differential diagnosis of more serious cause of pneumoperitoneum.

CASE REPORT
We present a case of 61 years old patient who presented with history of severe epigastric pain and vomiting, which was initially treated as Perforated Gastric Ulcer and undergone emergency exploratory laparotomy. Intraoperatively noted normal intraabdominal organs, and patient was then diagnosed as Chilaiditi’s Syndrome.
**DISCUSSIONS**
Chilaiditi’s Sign or also known as Colonic Interposition is usually asymptomatic, incidental radiological finding in population. On the other hand, it can present with spectrum of symptoms, known as Chilaiditi’s Syndrome. The exact etiology is unknown, but it was thought to be due to various anatomical variations present. The most popular theories that contribute to the pathogenesis of Chilaiditi’s Syndrome is due to abnormalities (ie absence, laxity or elongation) of the suspensory ligament of the transverse colon.

Diagnosing Chilaiditi’s Sign is important as it may lead to complication such as volvulus, bowel gangrene and perforation. Treatment is usually conservative (symptomatic) and surgery is rarely indicated unless the complication, such as bowel ischaemic and volvulus developed, or failure of conservative management.

**METHODS**
A retrospective study was conducted on patients whom underwent endovenous RFA therapy with multiple stab avulsion performed in the same settings for lower limb varicosities, from January to December 2014. All patients were generally monitored during first month and third month post-operative. Inclusion criteria based on CEAP 2-6 with saphenofemoral and/or saphenopopliteal junction incompetency by clinical and Doppler examination.

**RESULTS**
Total of 90% (18 patients) underwent endovenous RFA therapy, 10% (2 patients) cancelled due to unfit for surgery, 70% (14 patients) had pain relieved, reduction in oedema, and return quality of life, 15% (3 patients) had persistent pain, 5% (1 patient) had healed ulcer and 15% (3 patients) had persistent venous ulcer, 5% (1 patient) had recurrent varicose vein. No patient sustained DVT, burn marks, hematoma, paraesthesia, or ecchymoses.

**CONCLUSION**
Endovenous RFA therapy has been shown to be efficient, safe and beneficial in treating lower limb varicose veins. Comparison need to be made with other methods eg. MOCA and conventional HSVL to determine the advantages of RFA in future studies.

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**RETROSPECTIVE STUDY: OUTCOME OF ENDOVENOUS RADIO-FREQUENCY ABLATION (RFA) THERAPY FOR LOWER LIMB VARICOSE VEINS IN HOSPITAL KUALA LUMPUR**

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**INTRODUCTION**
Endovenous radio-frequency ablation therapy for lower limb varicose veins has been regularly performed on patients in Hospital Kuala Lumpur along with mechanicochemical endovenous ablation and the more conventional method of high saphenous vein ligation.

**OBJECTIVE**
To analyze the outcome of RFA therapy for lower limb varicose veins, primarily in terms of pain relief, reduction in oedema, healing of ulcer, recurrent varicose veins, deep vein thrombosis and return of quality of life in general. Post-operative complications such as hematoma, ecchymoses, burn marks secondary to thermal injury and paraesthesia also reviewed in follow up records.

**RESULTS**
Total of 90% (18 patients) underwent endovenous RFA therapy, 10% (2 patients) cancelled due to unfit for surgery, 70% (14 patients) had pain relieved, reduction in oedema, and return quality of life, 15% (3 patients) had persistent pain, 5% (1 patient) had healed ulcer and 15% (3 patients) had persistent venous ulcer, 5% (1 patient) had recurrent varicose vein. No patient sustained DVT, burn marks, hematoma, paraesthesia, or ecchymoses.

**CONCLUSION**
Endovenous RFA therapy has been shown to be efficient, safe and beneficial in treating lower limb varicose veins. Comparison need to be made with other methods eg. MOCA and conventional HSVL to determine the advantages of RFA in future studies.
RESULTS
Forty one trauma patients aged more than 65 years were included with male preponderance of 70.7%(29). The overall mortality rate was 22%(9). 56.1%(23) patients were involved in road traffic accidents(RTA) and 24.4% sustain injuries from a fall ≥2 meters. Majority of injuries sustained were head trauma 22(53.7%) followed by chest trauma 34.1%(14)patients and abdominal trauma 7.3%(3) patients. Mortalities from head and abdominal trauma were 37.5% and 33.3% respectively with no deaths from chest trauma. Mode of injury showed no significant statistical association with deaths. Head trauma in geriatric population had adjusted odds ratio of 2 for mortality. Mean length of stay was $5.59 \pm 9.2$days.

CONCLUSIONS
In our centre, higher incidence of geriatric population was involved in road traffic accidents. From our study, head and abdominal trauma had poorer outcome in comparison to chest traumas. More research is required to understand the risk factors of mortality in this increasing geriatric population.

DISCUSSION
An abdominal radiograph was performed and revealed a foreign body shaped oval longitudinal in the rectum. Attempts at removing it manually via per rectal and colonoscopy failed. He was taken to operation theatre and successfully removed with muscle relaxant subsequently with suprapubic pressure.

CONCLUSION
Rectal foreign bodies is easily diagnosed with a plain radiograph. Its management varies on individual presenting symptoms and clinical assessment. A successful removal is not complete without post removal care selective colonoscopy and a referral to the physiatrist for treatment of such abnormal behavior.

INTRODUCTION
Insertion of rectal foreign body for purposes of sexual pervertism, self gratification, accidentally or voluntarily has been described since the 16th century. The true incidence rate in our population is unknown as many cases goes unreported due to the nature of the condition.

OBJECTIVE
A case presentation and literature review on management of retained rectal foreign bodies.

CASE PRESENTATION
A 48 years old male with no previous medical history was presented with constipation and abdominal pain for 3 days. History revealed that he had inserted a sex device into his anus for sexual satisfaction but was unable to remove it.

INTRODUCTION
Acute upper gastrointestinal bleeding(UGIB) is a common surgical emergency with a 10% mortality. It is one of the main cause for hospitalization worldwide.

METHODS
This is a retrospective cohort study conducted in Hospital Sultan Ismail over 2 months from August to October 2014. All patients with signs of UGIB and emergency endoscopy performed were included. Electronic clinical notes from the Total Hospital Information System were reviewed and analysed to obtain details of endoscopic treatment given to patients. The objective of this study is to audit the adherence of endoscopy therapy and usage of PPI in treatment of acute non-variceal UGIB in accordance to National Institute for Health Excellence(NICE) 2012 UGIB guidelines.
Emphysematous pyelonephritis (EPN) is an uncommon infection characterized by severe, acute necrotizing renal parenchymal and perirenal infection with formation of gas. EPN is common in persons with diabetes, and its presentation is similar to that of acute pyelonephritis. However, the clinical course of EPN can be severe and life-threatening if the disease is not recognized and treated promptly. It is rapidly progressive, requiring appropriate therapy to salvage the infected kidney. Emphysematous pyelonephritis predominantly affects females with uncontrolled diabetes and can occur in insulin-dependent as well as non-insulin dependent patients. Computed Tomography (CT) scan is the modality of choice for the staging of the parenchymal gas and to rule out obstruction. We present a case of 67 years old female with underlying diabetes mellitus and hypertension lower GI contrast study with CT Abdomen and Thorax confirmed a fistulous communication between splenic flexure of colon and the left pleural cavity. Patient underwent laparotomy, primary large bowel resection, fistulectomy with double barrel stoma followed by Left VATS and pleural cavity washout. Left pleural cavity was filled with faecal debris and thickened pleura causing trapped lung. In view of on going sepsis, left thoracotomy and decortications was done. Patient’s condition dramatically improved after the thoracotomy and was discharged well after 2 weeks. Colostomy was reversed after 2 months. He developed a transient colocutaneous fistula which was treated conservatively and ultimately closed after 6 weeks duration. Patient is well as seen during the last clinic follow up.

Colopleural fistula are rare but is a life-threatening complication after an abdominal surgery. It present a diagnostic challenge to a surgeon, especially when patient presents with no abdominal symptoms. It should be suspected when there is a presence of colonic flora in the pleural fluid. Failure to recognize it early will lead to complications requiring complex management with escalation of hospitalization cost and increases morbidity. Surgery is mandatory once diagnosis is established.

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who presented with complaint of left loin to groin pain in the emergency department. An abdominal radiograph disclosed gas distributed over region where left kidney located and left para-lumbosacral area. CT scan revealed extensive left emphysematous pyelonephritis with possible abscess collection, retoperitoneum as well as pneumoperitoneum. She was treated successfully by antibiotics and percutaneous drainage. Early goal directed therapy with intravenous fluids and antibiotics followed by less invasive urologic interventions such as percutaneous drainage can provide viable alternatives to nephrectomy in early stages of emphysematous pyelonephritis, thereby attempting to salvage kidneys.

open hernia repair. Postoperative impression was an umbilical endometrioma. Histopathology confirmed endometrioid ovarian carcinomas which have metastasis to skin and omentum.

CONCLUSION
Cutaneous or umbilical metastasis of endometrioid ovarian carcinomas is rare. It can cause a diagnostic challenge to the general surgeon evaluating an umbilical hernia. The incision should be closed primary repair with no mesh repair as studies have shown that relationship between inflammation and peritoneal metastasis, chronic stimulus of mesh plugs and peritoneal trauma caused peritoneal metastasis at the mesh repair sites. As in this case the cutaneous involvement is a late complication and gives a poor prognosis. A proper counseling whether for debulking surgery should be carried out. Computed tomography and MRI can be useful and can give accuracy of preoperative diagnosis.

CASE REPORT ON UMBILICAL METASTATIC LESION FROM ENDOMETRIOID OVARIAN CARCINOMA MIMICKING INCARCERATED UMBILICAL HERNIA TO GENERAL SURGEON

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BACKGROUND
Skin metastasis from endometrioid ovarian carcinomas is a rare condition and conveys a poor prognosis. Endometrioid ovarian carcinomas comprise about 10-25% of all the primary ovarian carcinoma. To our knowledge an umbilical metastatic lesion from endometrioid ovarian carcinoma mimicking an incarcerated umbilical hernia has not been reported yet and very rare condition.

CASE REPORT
A 53 year old Indian lady came to our surgical clinic with the complaint of abdominal pain and distention since past 1 month which worsened for the past 2 weeks, associated with bloody and foul smelling discharge from her umbilical region. Proceeded with

GANGRENOUS BOWEL SURVIVORS - A CASE SERIES
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Bowel gangrene has high mortality rate up to 50% of cases and mesenteric insufficiency is the commonest cause of bowel gangrene, accounting up to 74% of its mortality. It requires rapid surgical treatment upon diagnosis.

We report 3 rare cases related to this problem which involved in young aged patients. All the patients were diagnosed clinically with prompt laparotomy showed frank bowel gangrene with intra abdominal sepsis. 2 of the patients underwent bowel resections and creation of stoma and had post operative complications of gangrenous stoma, requiring second laparotomy. The other patient in contrary, underwent bowel resection and end to end bowel anastomosis, had faster recovery. All of them were discharged home after a mean of 25 days hospitalization.
POPLITEAL ARTERY PSEUDOANEURYSM SUCCESSFULLY TREATED WITH AMPLATZER VASCULAR PLUG

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Popliteal artery pseudoaneurysm is uncommon. They usually result from penetrating or blunt trauma, arterial reconstructive surgery and invasive diagnostic or surgical orthopedic procedures. They can cause arterial thrombosis, limb ischemia. We report a 53 year old Chinese gentleman with popliteal artery pseudoaneurysm who presented with right lower limb numbness and paralysis in toes extension. He gave a history of acupuncture treatment around the popliteal fossa of the affected limb. Clinical examination revealed a pulsatile mass in the popliteal fossa. Computed tomography angiography showed a large, 5 cm, pseudoaneurysm to be arising from the popliteal artery. A diagnostic angiogram was performed and revealed that there is no run off from the popliteal artery and the tibial vessels were reconstructed from collaterals. Endovascular intervention was carried out with an Amplatzer Vascular Plug to embolise the pseudoaneurysm. The pseudoaneurysm was successfully excluded and post-op follow up reveals no more pulsatile mass and improving lower limb function.
FIRST ENDOVASCULAR MANAGEMENT OF AXILLARY ARTERY PSEUDOANEURYSM IN SABAH: A CASE REPORT AND REVIEW OF THE LITERATURE

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Pseudoaneurysm is characterized by focal defect in the arterial wall, with hemorrhage controlled by surrounding tissues. The majority of cases are due to penetrating or blunt trauma. Surgical resection with end-to-end anastomosis or a bypass is the conventional treatment. There is an emerging rise in the adoption of endovascular intervention in the treatment of pseudoaneurysm where it is less invasive, safe and have less significant complications, cost-effective and cosmetically acceptable. This case is first endovascular repair of axillary artery pseudo aneurysm in Sabah. An 18-year-old male was referred for right infra-clavicular and shoulder swelling associated with weakness and paraesthesia of his right upper limb post arthrotomy for traumatic right shoulder penetrating injury with brachial plexus injury. CT Angiogram showed right axillary artery pseudo aneurysm with active slow bleed into the surrounding hematoma. Diagnostic angiogram was obtained via the right brachial artery cut down approach and confirmed a right axillary artery pseudo aneurysm. A 7F access sheath was used. Stenting was done using 7mm x 38mm Advanta V12 stent with balloon angioplasty. The pseudoaneurysm was successfully excluded. Post stenting day 5, evacuation of clots was done. Post-op follow-ups showed a successfully treated pseudoaneurysm with preservation of distal circulation and good improvement in upper limb function. Axillary artery aneurysm is a rare disorder and endovascular management is an evolving option. Endovascular therapy is a minimally invasive technique, an effective and safe therapeutic approach and advantage of shortening the hospital stay. In conclusion, with its higher technical success rate and lower mortality and morbidity rates, it is superior to open surgical therapy.

KEYWORDS
Pseudo aneurysm, Axillary artery, Endovascular intervention

TRENDS IN ESBL-PRODUCTION AND SUSCEPTIBILITY FOR INTRAABDOMINAL INFECTIONS ISOLATES IN HOSPITAL SULTANAH AMINAH JOHOR BAHRU: SMART 2009-2013

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OBJECTIVES
The Study for Monitoring Antimicrobial Resistance Trends (SMART) has monitored the in vitro susceptibility of organisms isolated from Intraabdominal Infections (IAI) since late 2009. This report summarizes pathogen distribution in IAI, trends in extended-spectrum β-lactamase (ESBL) production and susceptibility of the two most common pathogens of IAI from 2009 to 2013 in Hospital Sultanah Aminah Johor Bahru (HSAJB).

METHODS
438 isolates were collected from IAI by HSAJB in 2009-2013. MICs and ESBL phenotypes were determined by CLSI broth microdilution, and interpreted using CLSI guidelines. Distribution of IAI pathogens and trend of ESBL producing Escherichia coli and Klebsiella pneumonia were calculated using proportion.

KEYWORDS
Pseudo aneurysm, popliteal artery, acupuncture, endovascular intervention, amplatzer
Angiosarcoma of the breast is a rare tumour arising from the vascular endothelium. It accounts to only 0.04% of all malignant breast tumours. Angiosarcoma can be divided into a primary angiosarcoma or secondary angiosarcoma which usually arises following radiation to the breast. We report a case of primary angiosarcoma in a 36 year old lady. Her initial core biopsy was mistakenly diagnosed as capillary haemangioma. However, during excision, the lesion was suspiciously noted to be highly infiltrative in nature. Close histopathological study of the excised lump finally confirms mammary angiosarcoma of low grade. As the surgical margins were involved and the histopathological grading is no longer thought to be of prognostic significance in this type of tumour, the patient subsequently underwent a total mastectomy. The patient is currently undergoing radiotherapy but refuses chemotherapy. Clinical...
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presentation, diagnostic challenges and treatment of this uncommon yet aggressive breast tumour is further discussed in this report. In conclusion, despite the diagnostic difficulties of mammary angiosarcoma, once confirmed this rare yet aggressive tumour needs to be treated in an equally aggressive manner. Excision with wide surgical margins or mastectomy is recommended in all cases. The benefits of adjuvant therapy, even though widely practised, still remains unproven. A proper follow up and disease surveillance must be establish in each patient, in view of the nature of this disease for having high local recurrence and also earlier metastasis. MRI is the preferred imaging modality to monitor for local recurrences.

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MALIGNANT MEDIASTINAL GERM CELL TUMOUR WITH INTRA PULMONARY INFILTRATION: A CASE REPORT
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INTRODUCTION
Primary mediastinal germ cell tumor (GCT) is a rare neoplasm, constituting < 5% of all germ cell tumors and < 1% of all mediastinal tumors. Any anterior mediastinal mass especially in young male must raise the suspicion of germ cell tumor because despite its rarity, it is a potentially curable condition. We present a case of non seminomatous germ cell tumor with intra pulmonary infiltration.

CASE PRESENTATION
A 26 years old male presented with 1 month history of cough and exertional dyspnea. Chest x ray showed left pleural effusion and widened mediastinum. The pleural fluid was exudative in nature. He was initially treated empirically with anti-tuberculosis. Tuberculosis workout came back negative. All 3 tumor markers; AFP, HCG and LDH were markedly raised. Ultrasound guided biopsy then revealed seminomatous germ cell tumor. CT Thorax confirmed germ cell tumor with huge mass occupying the whole lung and possible involvement of pericardium, thoracic wall and left hemidiaphragm. He completed 6 cycles of neo-adjuvant chemotherapy with subsequent pronounced drop in all of the tumor markers and reduction in the tumor size with clear demarcation from the previously involved adjacent structures based on the repeated CT. He then underwent left thoracotomy, bronchoscopy, en bloc resection of mediastinal GCT and pneumonectomy. HPE reported as malignant teratoma.

CONCLUSION
Mediastinum as the primary site of germ cell tumor is uncommon. It should be suspected in young male who came with respiratory symptoms and suspicious chest radiograph. It is potentially curable with early detection and commencement of therapy.

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CHEST WALL RECONSTRUCTION WITH FREE TRANSVERSE RECTUS ABDOMINIS (TRAM) AND PEDICLED LATISSIMUS DORSI FLAP IN A CASE OF MALIGNANT PHYLLODES TUMOUR OF THE BREAST INVADING INTO THE RIBS: A CASE REPORT
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INTRODUCTION
Phyllodes tumour of the breast is a rare type of tumour. Malignant phyllodes tumour represents 10 to 30% of all phyllodes tumour. Surgery has been the mainstay of treatment. Due to recent advances in oncoplastic techniques, reconstruction of the breast is often offered to patients. Ribs resection and chest wall reconstruction may be needed if the tumour invades into the chest wall.

PRESENTATION OF CASE
We present a case of a 45-year-old lady who came with 3-year-history of left breast mass. It measured about 30x30 cm and was seen invading into the left 5th and 6th ribs on CT scan. Three differential diagnoses were obtained from core biopsy namely...
malignant Phyllodes tumour, metaplastic carcinoma and sarcoma. Multidisciplinary discussion between the breast, plastic and oncology team decided on surgery and postoperative radiotherapy. Patient underwent left mastectomy and left 5th and 6th ribs resection with chest wall reconstruction using titanium mesh implant, free transverse rectus abdominis (TRAM) and pedicled latissimus dorsi flaps. The final pathology report confirmed malignant phyllodes tumour with clear margin. She was discharged 3 weeks after surgery and due to undergo radiotherapy.

DISCUSSION
The interesting parts about the management were the pathological diagnosis on initial core biopsy and the use of double flaps for the chest wall reconstruction. There was an inconclusive core biopsy result leading to multidisciplinary discussion between different teams. Double flaps were used in order to cover the big defect after the mastectomy and also to prevent thinning of flaps, which may cause exposure to the titanium mesh underneath.

CONCLUSION
The aim of treatment for the malignant Phyllodes tumour of the breast is to achieve good margin of clearance to prevent recurrence. In this case, without compromising the tumour clearance, the surgery has also achieved cosmetic acceptability for the patient.

A CASE SERIES OF NEUROENDOCRINE CARCINOMA OF THE BREAST IN PENANG GENERAL HOSPITAL AND ITS LITERATURE REVIEW
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BACKGROUND/PURPOSE
Neuroendocrine carcinoma (NEC) of the breast is a rare type of breast carcinoma that has not been well studied and recognized. To gain more insight into mammary NEC, we present the clinicopathological findings of 3 cases of primary NEC of the breast and review the pertinent literature.

METHODS
We retrospectively searched the General Surgery Online (GSO) Database, surgical outpatient clinic and histopathological lab files of all patients with breast carcinomas treated in Penang General Hospital between January 2010 and 2015 to identify patients with primary NEC of the breast. We analyzed patient demographics, clinicopathological findings, disease stage and treatment effects, in 3 cases of primary NEC of the breast.

RESULTS
3 tumors fully satisfied the neuroendocrine breast carcinoma criteria established by WHO (2003) were collected over 6 years, recording an incidence of 0.38%. All patients are female, one premenopausal and two with history of oral contraceptive use. The age of patients ranged from 39 to 78 years (median: 72). All cases are grade 1 or 2 solid neuroendocrine carcinoma showing positive for ER and PR immunohistochemical activity.

SUMMARY
NEC is a rare but aggressive type of mammary carcinoma. To date, the optimal treatment modality is not clear. Radical mastectomy with neoadjuvant/adjuvant chemotherapy, adjuvant radiotherapy appears as viable options. Novel therapeutic approaches should be explored for this uniquely clinical entity.
A total of 35 patients were recruited in this study. Twenty six (74%) cases were newly diagnosed cases while 9 (26%) had previously undergone various procedures such as banding, stapler hemorrhoidopexy and open hemorrhoidectomy. There were 2 (6%) cases of intra-operative bleeding while 33 (94%) were uneventful. There was one case of recurrence and no reported cases of stenosis, incontinence or secondary bleeding in our study sample during first, third and sixth month follow up.

**Conclusion**

Review from our study shows laser hemorrhoid surgery to be a safe procedure with low recurrence rates. Though it is not suitable for large prolapsed hemorrhoids, it is an ideal method for treating grade 2 and grade 3 hemorrhoids.

**Keywords**

Laser Hemorrhoid surgery, Hemorrhoids, hemorrhoidopexy.
Investigations should be based on clinical suspicion, starting from abdominal radiograph, if needed to proceed with ultrasonography, computed tomography and localization prior to operation allows good preoperative planning. Surgical method of removal depends on available expertise whereby laparoscopy would be preferred compared to laparotomy in case of intra abdominal migration and intraluminal large bowel migration would favour endoscopic removal. Migrated IUCD in symptomatic patients should be surgically removed whereas, asymptomatic patients can be managed conservatively under certain circumstances. However in the presence of a concurrent pathology that requires exploration then retrieval of the migrated IUCD should be undertaken.
She was counseled and given the option for corrective surgery or referral to a higher centre but she refused and was discharged.

The fact that this kind of extremely rare case is still being encountered especially in the rural areas or Sarawak enlightens us to consider corrective surgeries like PSARP which has only been performed in pediatric age groups to be performed in adults as well. The management of a case of this nature is a challenge and has not been clearly delineated due to its rarity.
PERFORATED GASTRIC ULCER IN A CHILD

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Perforated gastric ulcer is unusual in children. We report a case in a boy presenting with acute abdomen with an unexpected evolution.

CASE REPORT

A 13 year old boy presented with 5 days abdominal pain which worsened on admission. On examination he was in sepsis with evidence of peritonitis. His total white count was 15000. Erect chest x-ray showed right pneumoperitoneum. Patient underwent laparotomy primary repair of perforated ulcer in the first part of duodenum.

Oesophagoduodenoscopy 6weeks later showed no ulcer and biopsy culture was positive for Helicobacter Pylori. Serum Gastrin level showed significant increase, however contrast enhanced computed tomography of the abdomen showed no focal lesion in pancreas or duodenum. Helicobacter pylori eradication therapy was given and he was started on regular proton pump inhibitor. During follow up he was asymptomatic and had no more abdominal pain.

CONCLUSION

Although rare, UESL should be considered as a differential diagnosis in paediatric patients presenting with a solid-cystic liver lesion on CT scan. For resectable lesions, primary surgical resection remains the diagnostic and therapeutic procedure of choice. UESL is an aggressive disease, however, the recent use of multimodal therapy has produced longer disease free median periods.

KEYWORDS

Liver cyst; undifferentiated embryonal sarcoma of the liver; UESL.

This case represents a rare entity in paediatric emergency. With only a few etiologies of peptic ulcer disease in this age group it is important to consider Helicobacter pylori infection with concurrent Zollinger Ellison syndrome in this patient.
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VIDEO-ASSISTED THORACOSCOPIC SURGERY FOR EMPYSEMATOUS LUNG BULLAE
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INTRODUCTION
Video-assisted thoracoscopic surgery (VATS) is a minimally invasive approach that has been widely used to diagnose and treat in cardiothoracic surgery. It gradually replaces the traditional open approach method, such as thoracotomy. With a rapid development of VATS, the management of lung diseases such as emphysematous lung bullae has improved tremendously. Hence, bullectomy can be performed effectively.

CASE HISTORY
A 24-year-old lady with no underlying medical illness consulted our centre with a 1-day history of right chest pain and dyspnea. Chest X-ray at that time showed large right pneumothorax without mediastinal shift. Chest tube was inserted. Chest X-ray post chest tube insertion day 3 showed resolving right pneumothorax. CT Thorax revealed very minimal residual right curvature gastric mass was also noted to be adhered anteriorly to the transverse colon. She then underwent a subtotal gastrectomy with Billroth II reconstruction, along with an extended right hemicolectomy.

The whole stomach specimen showed diffuse infiltration of plasma cells which was in-keeping with plasma cell myeloma. A whole body skeletal survey revealed no lytic lesion. Subsequently, a bone marrow aspiration and trephine biopsy was performed along with additional investigations such as serum and urine protein electrophoreses which the results upon date, are pending.

Gastric plasmacytoma, which clinically may simulate very much like an adenocarcinoma, should be appreciated as a different entity altogether as the subsequent treatment and management differ.

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GASTRIC PLASMACYTOMA: A RARE MALIGNANCY OF THE STOMACH
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Plasmacytoma of the stomach is an unusual presentation of monoclonal gammopathy, which may or may not be systemically involved. Gastrointestinal involvement is seen in less than 5% of all extramedullary plasmacytoma, while the latter accounts for only 2% of multiple myeloma. We report a rare case of gastric plasmacytoma presenting with an abdominal mass.

A 57-year-old lady presented with a 3-month history of abdominal pain and constitutional symptoms. The only significant physical finding was a mass at the epigastric region while her blood profiles showed no abnormality in the renal function, liver function and serum calcium levels. An upper GI endoscopy revealed a fungating growth at the greater curvature with central ulceration, which was supported with a CT scan that further revealed the absence of any distant metastases. Initial histo-pathological examination from the biopsy taken surprisingly demonstrated it to be a diffuse-type of a poorly differentiated adenocarcinoma. Hence, she was planned for a curative surgery and intra-operatively, the greater-

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conclusion
VATS replaces the conventional thoracotomy in diagnosing bullous disease of the lung. Bullae resection can be performed in VATS as it is safe and effective.
ASCARIASIS CAUSING SMALL BOWEL VOLVULUS – THE DEEPER PERILS OF BEING A STATELESS CHILD IN MALAYSIA

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INTRODUCTION
Ascaris lumbricoides is the commonest cause of helminthic infection in humans. Nearly a quarter of the world’s population is infected at any given time. It is prevalent in the subtropical and tropical developing nations, causing serious intra-abdominal complications. Clinical presentations vary according to the stage of its life-cycle.

CASE REPORT
A 3 year old non-Malaysian Bajau Laut boy was admitted for progressive abdominal distension, fever, bilious vomiting and constipation of one week duration. At presentation, child appeared weak, malnourished, tachypnoeic and tachycardic. Abdomen was distended and tense. Live ascariasis was noted upon vomiting. On abdominal X-ray, multiple curvilinear soft-tissue density cords with generalised bowel dilatation were seen. Blood counts revealed anaemia with leucocytosis of 17,900/mm³ and electrolyte imbalance. Despite worsening condition, the child’s parents only consented for surgery on day four of admission due to financial constraints. Laparotomy revealed gangrenous small bowel volvulus with perforation at its fundus. Live ascariasis were seen within the resected segment of small bowel and also the proximal loops. There was delay in initiating parenteral nutrition as the parents struggled to afford payment. Post-operative period was complicated with anastomotic leak warranting a relaparotomy, bowel resection and anastomosis. Child was later discharged well after three weeks of admission.

CONCLUSION
Children residing in areas of socio-economic deprivation and at-risk of malnutrition, should be considered for early structured deworming program to prevent Ascariasis’ fatal complications. With the new non-Malaysian hospital charges introduced in 2015, this compounds further the vulnerability of being a stateless Bajau Laut, bereft of their rights, as individuals and as a minority, seeking affordable healthcare services in this part of the world.
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ACCURACY OF SURGEON-PERFORMED ULTRASOUND-GUIDED CORE-NEEDLE BIOPSY OF BREAST LESIONS

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INTRODUCTION
Triple assessment is the cornerstone of the initial management of breast lesions. Ultrasound-guided core-needle biopsies have a higher sensitivity if compared to palpation based biopsies and is frequently performed by radiologists.

OBJECTIVE
To determine the diagnostic accuracy of specimens obtained by trained surgeons performing office-based ultrasound-guided core biopsy of suspicious breast lesions

METHODS
This is a prospective study of surgeon-performed ultrasound-guided core biopsy of suspicious breast lesions from November 2014 till February 2015 in Surgical Out-Patient Department at Hospital Pulau Pinang. Core-biopsies were performed on 58 women, and specimens were sent for histopathological examinations. All data were recorded in Microsoft Excel 2010 and subsequently analysed.

RESULTS
Adequate sample were obtained in all 58 cases. Malignancy was present in 32 of 58 (55.2%), 1 (1.72%) with atypical features, benign lesions 25(43.1%). Among the patients with cancerous or atypical core-biopsies, 23 proceeded with surgery and all cases were confirmed to have malignancy. Among the non-cancerous specimens, 7 patients proceeded with excision, of which 1 was found to be malignant. The case that was reported to have atypical features is an atypical papillomatous lesion and the histopathological result from excision was invasive papillary cancer. In this study the sensitivity of ultrasound guided core-needle biopsy was 95.8% and the specificity was 100%.

CONCLUSION
Surgeon performed office based ultrasound guided biopsy has comparable diagnostic success to that of radiologist-performed ultrasound guided biopsy and is associated with a high accuracy. It is an effective diagnostic tool, convenient to both patients and surgeons and is a valuable skill in a surgeon’s armamentarium.

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DISCUSSION
Liposarcoma is classified into 4 subtypes: well-differentiated liposarcoma, myxoid liposarcoma, pleomorphic liposarcoma and dedifferentiated liposarcoma. The prognosis and risks of distant metastasis related to the low grade or high grade tumour. Well-differentiated liposarcoma(WDL), also known as atypical lipomatous tumour is the most common subtype of liposarcoma, account for about 30-40% of all liposarcoma. It usually initial as low grade tumour. It’s commonly found at the limbs and retroperitoneum. WDL usually arising from deep seated and well-vascularized tissue. The lesion usually painless unless it’s large enough to caused dysfunctions. The treatment for this tumour is wide excision. Local recurrence rate is high, about 23-43% in the limbs and 90-100% in the retroperitoneum. The gold standard method in diagnosing subtypes of sarcoma is biopsy either by FNAC or excisional biopsy.

CONCLUSION
The gold key in treating liposarcoma is wide excision with negative margins. By surgical complete excision, it reduces risks of recurrence and metastasis.

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HUGE GLUTEAL WELL-DIFFERENTIATED LIPOSARCOMA

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INTRODUCTION
Liposarcoma is one of the most common type of soft tissue sarcoma in adult, composing 10-15%. It mostly arises from deep soft tissue or retroperitoneally. Males at fifth and sixth decade are more common affected than females.

CASE REPORT
A 73year-old man with no comorbidity presented with left gluteal swelling for 6 months. It’s painless but progressively increasing in size. MRI revealed a well-defined multilobulated and septated lesion involving the left gluteal muscles with intrapelvic extension. Patient underwent complete excision of the lesion. On gross appearance revealed a mass sized 18cm X 16cm X 95cm, lobulated pale yellowish with fibrous septations and solid central mass weighing 1.15kg. It was reported as a well differentiated liposarcoma in the histopathology report.
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PARATHYROID SURGERY: A CASE SERIES IN HOSPITAL RAJA PERMAISURI BAINUN, IPOH
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INTRODUCTION
Overproduction of parathyroid hormone (PTH) in hyperparathyroidism (HPT) causes hypercalcemia due to various mechanisms. In primary HPT, PTH levels are abnormally high, in spite of the negative feedback mechanism which suppresses PTH release in response to increased serum calcium. Secondary HPT occurs where PTH levels are elevated secondary to a chronic condition, most commonly renal failure. Tertiary HPT occurs with autonomous secretion of PTH, typically after longstanding secondary HPT. Parathyroidectomy is the mainstay of treatment in these conditions. Being the newest Endocrine unit in KKM we reviewed the patients who underwent parathyroid surgery in the past 6 months.

METHOD
From September 2014 – February 2015, 12 patients were referred to us by the nephrologist - 10 of whom underwent total parathyroidectomy, while 2 underwent subtotal parathyroidectomy with hemithyroidectomy. For each patient, preoperative workup with baseline serum calcium, phosphate and iPTH levels, echocardiography, assessment of the vocal cords by ENT, and ultrasound neck was performed. Intraoperative frozen sections were sent in each case. In light of the paucity of its occurrence, here we describe the onset, diagnosis and features of parathyroid carcinoma with literature review.

RESULTS
Currently no patients have displayed evidence of recurrent disease, or hypoparathyroidism post-surgery. Histopathology for 12 patients was reported as nodular hyperplasia of the parathyroid glands. Of note, histopathology for 1 patient was reported as parathyroid carcinoma, and in another as thyroid carcinoma with nodular parathyroid hyperplasia.

CONCLUSION
Parathyroid surgery remains an effective means of palliation in renal failure patients resistant to medical therapy. It is interesting to see in the long-term, with growing patient data, the rate of recurrence and prevalence of malignant disease in hyperparathyroidism in our setting.
Minimising the number of ports to perform laparoscopic cholecystectomy can reduce the number of incisions, improve postoperative pain control, rapid return to the activity and work, patient satisfaction and cosmetic result.

We report several cases of two 5mm ports and “Puppetry Traction” for laparoscopic cholecystectomy done by a single surgeon at a district hospital in the east coast of Sabah, Malaysia.

Minimising 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.

The introduction of an innovative “Puppetry Traction” not only allow the operating surgeon to be fully in control of the procedure but reduce the number of assistants. This offers the opportunity for the surgeon to progress and improve his or her technical capabilities.
A CASE REPORT: NIPPLE AREOLA SPARING SUBCUTANEOUS MASTECTOMY, AXILLARY CLEARANCE AND IMMEDIATE BREAST RECONSTRUCTION WITH TRAM (TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS) FLAP FOR A YOUNG PATIENT WITH BREAST CARCINOMA

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INTRODUCTION
Mastectomy is one of the common procedures performed for breast carcinoma patients. Unfortunately most of the patients are not offered breast reconstruction either due to lack of awareness or due to lack of expertise. We present a case of young lady who underwent mastectomy, axillary clearance and immediate breast reconstruction.

DISCUSSION
Breast cancer is currently one of the most curable forms of cancer. Survival without restoration however has negative impact on self-image and lifestyle. Breast reconstruction either immediate or delayed should be offered to all patients who undergo mastectomy.

KEY WORDS
Breast CA, breast reconstruction, nipple-sparing mastectomy

CASE REPORT
A 30-year-old lady presented with painless left breast lump of 3 months duration. She had menarche at 11 year of age. She was married and breast fed her child for 6 months. There was no family history of breast cancer. On examination she had 3 x 2 cm firm spherical mobile lump at upper inner quadrant of left breast with no palpable axillary lymph nodes. Ultrasound breast showed two hypoechoic lesions (1.2cm x1.7cm and 0.7cm x 1 cm) at upper inner quadrant of left breast with irregular margins and foci of calcifications. Ultrasound guided core biopsy was taken from larger lesion. HPE report showed invasive ductal carcinoma with focal DCIS component.

After counselling, patient and husband agreed for mastectomy, axillary clearance and immediate breast reconstruction. Nipple areola sparing subcutaneous mastectomy and level 2 axillary clearance was performed through laterally placed incision over the left breast. Immediate breast reconstruction was done with de-epithelized TRAM flap. Patient’s recovery was uneventful and she was happy with the outcome.

HPE
Invasive ductal carcinoma (T2N0Mx), ER: Positive, PR: Positive, HER2: 1+. All margins were clear.

RESUSCITATIVE THORACOTOMY IN PENETRATING THORACIC INJURY; CASE SERIES
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INTRODUCTION
Emergency resuscitative thoracotomy is performed immediately as part of initial resuscitation either at scene, emergency department or in operating theatre. The common indications include penetrating and blunt injury to the chest with cardiac arrest, shock or persistent thoracic hemorrhage. We aimed to review our experience and outcome of resuscitative thoracotomy in penetrating thoracic injury.

MATERIALS AND METHODS
Our data were from records of three patients who underwent emergency thoracotomy in Hospital Segamat from January 2012 to March 2015.

RESULTS
All cases presented with penetrating chest injury were in hypovolemic shock with massive haemothorax. The first patient, 26-year-old man accidentally stabbed his left chest with a sickle that created a 12cm wound.
Resuscitative thoracotomy revealed a diaphragmatic rupture with spleen eviscerated into pleural cavity and a transected left kidney. Splenectomy, left nephrectomy and left hemidiaphragm repair were done. For the second case, 58-year-old man developed massive haemothorax after a CT guided lung biopsy. He arrested for 10 minutes. Resuscitative thoracotomy revealed a 1.5cm laceration wound on the right lung parenchyma which was primary closed. The third patient, 31-year-old man was stabbed over the left chest during an assault. Resuscitative thoracotomy revealed a penetrating lung parenchymal injury with adjacent penetrating injury into the left ventricle. Pledged repair of myocardium and primary repair of the lung done. Post operatively all patients survived and fully recovered.

**CONCLUSION**

Emergency resuscitative thoracotomy is a lifesaving procedure that usually performed by trauma or cardiothoracic surgeons. However, in a center without these subspecialties, the general surgeons have a role in performing the live saving procedure. We attribute the good outcomes to initial aggressive resuscitation and rapid decision for resuscitative thoracotomy.

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**DISCUSSION**

Sigmoid volvulus causes 5% of large bowel obstruction in Western nations and is 10 times higher in Africa and Asia; most likely attributed to the high fibre diet in these populations. Chronic constipation and faecal loading causes torsion on a narrow sigmoid mesentery pedicle creating a closed loop obstruction, which leads to infarction, perforation and faecal peritonitis, like our patient. However, it is rare for a rectal cancer to cause acute dilatation and elongation of the colon leading to volvulus. On literature review, there were 6 cases reported in which the tumour causes the volvulus, there is only 1 previous case reporting a concurrent rectal tumour with sigmoid volvulus. Our case is similar to the last case report. In view of the obstructing rectal mass and peritonitis in our case, urgent bowel decompression, resection and washout was done. Definitive management in regards to the rectal carcinoma was planned after adequate optimization.

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**MULTIPLE SMALL BOWEL DIVERTICULI**

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**BACKGROUND**

Diverticula of small bowel, excluding Meckel’s, is uncommon and usually asymptomatic. It may occur at duodenum, jejunum or ileum. Small-bowel diverticulosis is a rare entity that can be discovered incidentally during laparotomy, endoscopy, or radiographic imaging studies. However, when complications do occur, such diverticula may cause inflammation, intestinal obstruction, gastrointestinal hemorrhage, perforation, abscess formation and fistula formation.

At this moment, there is no consensus concerning its treatment, although laparotomies are common in the acute setting. In this case report, we report two cases of incidental findings of small bowel diverticuli during laparotomies for acute abdomen, which we treated conservatively for asymptomatic small bowel diverticuli.
CASE REPORT
Case 1: 65-year-old Malay gentleman with no known underlying medical illness presented with lower abdominal pain and fever. Physical examination revealed peritonitis and exploratory laparotomy was performed. Intra-operatively noted perforated appendicitis and multiple small bowel diverticuli; 18 cm from terminal ileum up to 20 cm from DJ junction (approximately 100 cm), all non-complicated with broad based neck, largest 2 x 2 cm with broad neck 1 cm. Appendicectomy was done and small bowel diverticuli were treated conservatively.

CASE 2
57-year-old Malay woman with previous surgical history of open paraumbilical hernia repair in 1997, presented with generalized abdominal pain for 3 days, associated with abdominal distension and vomiting. Physical examination revealed abdominal distension and tenderness over paraumbilical area. Computed Tomography of Abdomen was done which showed small bowel dilatation secondary to adhesion with ascites. Exploratory laparotomy was performed. Intra-operatively, noted internal herniation of loop of small bowel by omental band and multiple small bowel diverticuli, all non-complicated with broad based neck, largest measuring about 5 x 5 cm with broad neck about 1 cm. Adhesion of omental band was released and small bowel diverticuli were not resected.

BACKGROUND
A benign prostatic hyperplasia (BPH) weighing more than 200 g is a rare entity. This case report concerns a patient with a BPH weighing 320 g which was successfully removed by suprapubic prostatectomy. The unusual case described here presented in an 89-year-old man with significant lower urinary tract obstructive symptoms, an episode of hematuria, retention and a high prostate specific antigen (PSA) value of 26 ng/ml. The surgical specimen measured 7.5 x 60 x 5.5 cm. The patient’s postoperative period was uneventful. Pathologic examination revealed nodular hyperplasia with no evidence of malignancy.

CASE PRESENTATION
We report a case of 89-year-old man who had a long history of day and night frequency which progressively worsened and lead to acute urinary retention. He was on urinary catheter for the past 3 years. On digital rectal examination was found to be normal, but the prostate was very large with a rubbery consistency and no palpable hard nodules. The upper border of the prostate could not be reached. Renal function test was deranged with urea and creatinine of a value of 13.0 and 136 respectively. Hemoglobin on presentation was 8.4 g/dl and PSA level was 26 ng/ml. Flexible cystoureteroscopy revealed kissing prostate with blood clots in the bladder. Ultrasound KUB suggestive of prostatic mass, thickened bladder wall due to chronic bladder outlet obstruction, bilateral renal parenchymal disease. He was planned for Transurethral Resection of Prostate, however unable to proceed as cystoscope unable to pass through thus proceed with suprapubic prostatectomy. The estimated blood loss was about 1,800 mL throughout surgery and six units of blood were transfused during surgery. The urine was clear after 4 days postoperative. The urethral catheter was removed after 2 weeks and patient was able to void without difficulty. The excised specimen measured 75 x 60 x 55 mm, and weighed 320 g and submitted for histopathological examination. The external surface of the prostate is smooth. There are multiple variably sized nodules, grossly consistent with benign prostatic hyperplasia with no evidence of prostatitis or malignancy.

CONCLUSION
The symptomatology of small bowel diverticulum is unspecific, therefore preoperative diverticulum is difficult. The low incidence of complications associated with small bowel diverticulum justifies a nonoperative approach. However, more studies should be done to find out the benefits of resection of multiple small bowel diverticuli versus conservative management for small bowel diverticuli.
CONCLUSION
Prostate weighing more than 200g is an extremely rare entity. In this patient, a transvesical open prostatectomy was performed and nodular hyperplasia was removed in one piece successfully. Large benign prostatic hyperplasia is a very rare condition and open surgery techniques still appear to be the safest methods for treatment.

CASE REPORT: A RARE CASE OF ADULT MULTIPLE SMALL BOWEL INTUSSUSCEPTIONS DUE TO METASTATIC SARCOMATOID CARCINOMA
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INTRODUCTION
Adult small bowel intussusceptions triggered by small bowel polyps are rare. Metastatic sarcomatoid carcinoma forming multiple polyps in small bowel is almost unheard of. Less than 20 cases have so far been reported in literature.

CASE REPORT
We describe a case in a 64 year old Chinese man presenting with small bowel intussusceptions, identified through abdominal sonography and CT scan. Intraoperatively there were two small bowel intussusceptions identified with numerous small bowel polyps located from proximal till distal jejunum. We resected the whole affected segment with primary anastomosis. Pathology revealed metastatic high grade sarcomatoid carcinoma, supported by immunohistochemical staining.
CONCLUSION
Sarcomatoid carcinoma is an aggressive and unfortunately very rare disease, leading to very poor prognosis. Patients typically present in an advanced stage of the disease with distant metastasis. In the small bowel it may present as gastrointestinal bleeding, mechanical obstruction, perforation or and as in this case, intussusception. Treatment is largely by surgical resection, and both chemotherapy and radiotherapy generate poor response and neither affects survival rates. Seventy percent of patients with sarcomatoid carcinoma die within 3 months to 2 years. Due to its aggressive nature, sarcomatoid carcinoma should be considered as one of the causes of small bowel polyps.

FACTORS ASSOCIATED WITH CLEARANCE OF RENAL STONES TREATED WITH EXTRACORPOREL SHOCKWAVE LITHOTRIPSY
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Extracorporeal shock wave lithotripsy (ESWL) is the preferred treatment modality for patients suffering from urinary stones sized <20 mm. But there is much uncertainty with the use of this technological intervention as the stones cannot always be fragmented. The objective of this study was to determine the patient and stone characteristics that were associated with clearance of renal stones treated with ESWL. We retrospectively evaluated 100 patients who underwent ESWL with solitary, radio-opaque kidney stones measuring 6–20 mm. Patients were evaluated with computed tomography urogram prior to the first ESWL and x-ray/ultrasound after the last ESWL session. All patients were treated using Dornier Lithotripter S. Patients with stone fragments ≤5mm were categorised as stone-free and those with stones >5mm underwent further ESWL sessions to a maximum of three sessions. Univariate and multivariate logistic regression were performed between patient and stone characteristics and ESWL outcome (success or failure).

ACUTE APPENDICITIS IN LEPTOSPIROSIS: A CASE REPORT
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Leptospirosis is a common zoonotic disease. The infection is not uncommon but its clinical manifestation is non-specific with different rare presentations.

We report a case of an uncommon presentation of leptospirosis as an acute abdomen in a 35-year-old lady. She presented with sudden onset of right-sided abdominal pain associated with high-grade fever of one-day duration. On arrival, she was in septic shock with tender and guarded right abdomen. Laboratory test showed neutropenia with normal range of renal profile and liver function test. Ultrasonography demonstrated some free fluid mainly at pelvic region. She underwent an emergency surgery for an indication of perforated appendicitis. However, intraoperative finding revealed ascitic fluid at the pelvic region, engorged and inflamed appendix with multiple mesenteric lymphadenopathy. Histopathological examination (HPE) described features of acute
appendicitis with enlarged mesenteric lymph nodes. Septic screening was performed in which serology test for leptospirosis was positive.

A rare presentation of leptospirosis with acute pancreatitis and acute acalculous cholecystitis has been described in the past. However, to date, no presentation of this disease as an acute appendicitis has been reported. Her clinical presentation of septic shock was not correlated with the operative finding, thus clinical suspicion for an acute febrile illness of tropical country was raised. High index of clinical suspicion is crucial so that the appropriate investigations and early intervention can be carried out to reduce the morbidity and mortality. Leptospirosis is probably an etiology of acute appendicitis. Hence, it is important to be aware of uncommon manifestations of this disease.

**KEY WORDS**
Leptospirosis, acute acalculous cholecystis, acute appendicitis

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**RESULTS**
Fifteen patients developed hypocalcemia. 11(22%) were asymptomatic, and 4 (8%) were symptomatic. Majority 39 patients (69%) of patient were normocalcemia within 16 hours post total thyroidectomy. The thresholds enabling prediction of hypocalcemia obtained with ROC curves were 70.1% for relative iPTH decline. This study showed high sensitivity which was 93.3%. However, specificity was only 50%. The threshold value of 82.2% relative iPTH decline was determined to distinguish patients presenting with symptomatic hypocalcemia from those with asymptomatic hypocalcemia. Sensitivity and specificity values were 100% and 36.3%.

**CONCLUSION**
The decline in serum intact parathyroid hormone 6 hours post total thyroidectomy is a sensitive indicator of hypocalcemia. However due to high false positive, results in decreased both in accuracy and specificity. In this study, false positive results were mainly due to the timing of serum calcium taking postoperatively in which too early for detection of hypocalcaemia symptoms. In such, serum iPTH is not a good predictor.
OUTCOME OF INTER-HOSPITAL TRANSFERS FOR MAJOR TRAUMA VICTIMS: A PRELIMINARY AUDIT
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OBJECTIVES
The management of trauma patient in hospitals without full resources can be challenging. We reviewed the survival outcome of major trauma patients who were first managed by other hospitals within the state of Johor and subsequently referred to tertiary hospital with trauma care service.

METHOD
The database of Hospital Sultanah Aminah Johor Bahru (HSAJB) trauma registry was analyzed from May 2011 to April 2013. The number of district referrals of Southern Johor for major trauma was identified. The time taken for inter-hospital transfer, mechanism and severity of injury, ICU admission, cause of death and survival rate was observed.

RESULTS
Our trauma registry database recorded 780 major trauma (ISS >15) admissions within 2 years in which 368 (47.2%) were district referrals from Hospital
**Introduction**

Gastric volvulus is the abnormal rotation of the stomach of more than 180° in its short or long axis. There are only about 300 cases³ of gastric volvulus reported to date since 1886 in the adults. Mesenteroaxial gastric volvulus (MGV), a rotational variant where the stomach rotated abnormally along its short axis, comprises of about one-third the cases of all gastric volvulus in adults. MGV is associated with high mortality due to the acuteness of presentation and delay in diagnosis.

**Case Presentation**

3 three elderly gentlemen presented acutely with primary MGV. All patients were treated with emergency nasogastric (NG) tube decompression and laparoscopic gastropexy in the acute setting. One patient developed haemoperitoneum due to a splenic subcapsular tear which was secured by haemostasis. All patients were alive upon discharge.
GASTROINTESTINAL AMYLOIDOSIS: RARE DISEASE WITH COMMON PRESENTATION CAUSES DILEMMA IN DIAGNOSIS

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INTRODUCTION
Amyloidosis is a rare disorder of protein folding in which normally soluble proteins are deposited as abnormal, insoluble fibrils causing disruption of organ function. Commonly affected organs includes renal and cardiac system. Amyloidosis of the gastrointestinal tract is rare, may be limited to gut or part of systemic disease, with most presenting with upper gastrointestinal bleeding (UGIB).

A 62 year old lady presented with abdominal distension and malaena for six weeks with tender epigastrium and distended abdomen. She denies any constitutional or alarming symptoms and no significant family or medical history. She underwent multiple gastroscopy due to persistent UGIB, revealing a large antral ulcer with friable and oedematous mucosa. She underwent CT scan demonstrating obstruction at mid small bowel and suspicious of pyloric stenosis. She had laparotomy for her non resolving obstruction, revealing dilated edematous and inflamed small bowels with no obvious transitional point with multiple mesenteric lymph nodes. Bowel decompression was performed via appendix stump and the appendix sent for histology which eventually confirms the diagnosis.

DISCUSSION
Amyloidosis is an uncommon condition usually affecting the renal and cardiac symptoms. Other typical presentations includes hepatomegaly and sensorineural peripheral neuropathy. Gastrointestinal amyloidosis is not common but usually presents with myriad of symptoms which includes gastrointestinal bleeding, pseudoobstruction, macroglossia including fatigue and weight loss. Its vital to have low threshold of suspicion in patients with multiple symptoms. Clinician might be investigating other disorders including invasive procedures prior to considering amyloidosis. Gold standard for confirmation of diagnosis is biopsy of organ involved with “Congo Red” stain. Literatures has suggested biopsy of distant sites including abdominal fat, rectum, bone marrow or minor salivary glands with positive results.

CONCLUSION
Amyloidosis is a rare condition presenting with bewildering symptoms and mimic other common presentation. It is frequently not the first line of differential diagnosis and always unaccounted, but should be considered when approaching a patient with chronic gastrointestinal dysmotility and recurrent UGIB.
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GASTROINTESTINAL BLEED CAUSED BY EPITHELOID SARCOMA: A CASE REPORT

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INTRODUCTION
Epithelioid sarcoma is a rare soft tissue neoplasm, comprising less than 1% of sarcoma. In this case, we report a rare cause of bleeding from the small bowel.

CASE PRESENTATION
A 55 year old Chinese man presented with symptomatic anemia and partial intestinal obstruction symptoms. Fecal occult blood tests were positive, but gastroscopy and colonoscopy did not demonstrate any lesion that could explain the rapid fall of hemoglobin level. We proceeded with CT angiogram of mesentery which revealed suspicious intraluminal blood clot in the distal jejunum, however there is no evidence of active bleeding during the scan. Exploratory laparotomy revealed multiple intraluminal and extraluminal tumors along the small bowel with largest obstructing tumor located 180cm from duodenojejunal junction. Gross examination showed circumferential fungating tumor infiltrating the mucosa up to subserosal layer. The tumor composed of malignant cells with

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DIAGNOSTIC DILEMMA IN PRIMARY BREAST NEUROENDOCRINE TUMOUR: SARAWAK GENERAL HOSPITAL EXPERIENCE

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Background
Primary breast neuroendocrine tumour (NET) is a rare tumour that is still largely under diagnosed and treated. The essence of this tumour is still controversial and, if acknowledged, it would account for less than 1% of primary breast cancer. We present three different cases of primary breast NET diagnosed in our local hospital setting.

METHOD
CASE 1
56-year-old lady, presented with painless right breast lump. MMG showed BIRADS 5 lesion, while FNAC of the lump showed category 5 (highly suspicious of malignancy). She underwent right mastectomy and axillary clearance. Unfortunately, four weeks later she developed bilateral leg weakness secondary to cord compression. Urgent spinal decompression and

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attention within 6 months after noticing the lump (46.8%)

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. Patients should be educated to present early in the disease.

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posterior instrumentation done. Vertebral bone biopsy revealed metastatic breast neuroendocrine tumour. She underwent chemotherapy successfully and on regular surgical clinic follow-up.

CASE 2
72-year-old lady, complaint of painful right breast lump for two months duration. USG guided biopsy showed invasive ductal carcinoma, Bloom & Richardson Grade 3. MMG and USG of breast showed highly suspicious of malignancy. She underwent wide local excision and axillary clearance of right breast. However, formal HPE revealed well differentiated neuroendocrine tumour grade 1. Subsequently, she underwent completion mastectomy and subjected for chemotherapy.

CASE 3
50-year-old lady with underlying cervical cancer stage IA, presented with rapidly enlarging right breast mass. USG and MMG showed right breast BIRADS 3. USG guided core biopsy reported as poorly differentiated neuroendocrine tumour grade 3 (small cell type). She is currently planned for staging and surgical intervention.

CONCLUSION
These three cases illustrated the different presentation of breast NET and impose diagnostic challenges in their treatment.
pleomorphic and large vesicular nuclei, prominent nucleoli and ample of eosinophilic cytoplasm. The surface of tumor is ulcerated and large areas of necrosis is present with lymphovascular invasion. Immunohistochemical staining demonstrate positive for Vimentin (diffuse), CKA1/ AE3, EMA and CK7. This supported the diagnosis of epithelioid sarcoma.

**CONCLUSION**

Epithelioid sarcoma of the small bowel is very rare. To date, only a handful of cases been reported and commonly presents with symptomatic anemia and gastrointestinal bleed. This is a rapidly progress disease and it is very aggressive with a huge propensity for widespread dissemination with poor prognosis.

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**SYNCHRONOUS BILATERAL BREAST CANCER**

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**INTRODUCTION**

Synchronous breast cancers represent 0.2% to 3.2% of all newly diagnosed breast cancers. Its incidence has been reported to be as high as 12%.

**CASE REPORT**

A 74-year-old Indian lady with underlying diabetes, hypertension and history of stroke presented to us with right breast lump of 6 months’ history. There were no constitutional symptoms or family history of carcinoma. On examination, there were two lumps palpable on both breasts with a palpable right axillary lymph node. Mammogram showed BIRADS 4 on both breast lesions. Tissue biopsy of right breast showed intraductal papillary neoplasms while the left showed infiltrating ductal carcinoma. CT staging showed no distant metastasis. She underwent bilateral mastectomy and level II axillary clearance. The histopathology report showed right intracystic papillary carcinoma and left showed infiltrating ductal carcinoma.
DISCUSSION
Synchronism is ambiguous in the literature used to describe synchronous breast cancers. A widely accepted definition for synchronous bilateral breast cancer (SBBC) is when a tumour diagnosed within 90 days of first tumour. They have poorer survival rate and prognosis in comparison to unilateral breast cancers. The mainstay of approach remains the same as any breast lumps where triple assessment is mandatory. Assessment of risk factors is vital, especially family history as SBBC is closely associated with genetic predisposition. Treatment for patients with SBBC will be based on the basis of tumour biological characteristics, type of tumour, hormonal status, the number of lymph node metastases or distant metastases. Neoadjuvant chemotherapy has shown a pathological complete response in certain cases of SBBC based on its tumour biology and subtype.

CONCLUSION
Early detection remains the cornerstone of effective breast cancer management. Usage of gene expression profiling may provide avenue for future research in investigation of SBBC.

METAPLASTIC BREAST CARCINOMA:
A RARE HISTOPATHOLOGICAL SUBTYPE
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Metaplastic breast carcinoma is a rare subtype of breast neoplasm which contains mixture of carcinomatous (epithelial) and sarcomatous (mesenchymal) elements in variable proportion. The epithelial component is usually ductal carcinoma but may include other variants of breast carcinomas such as squamous, spindle, osseous or chondrosarcoma. We report a 52-year-old lady who presented with unresolved left breast abscess. Biopsy showed extensive squamous metaplasia with a focus of intraductal carcinoma. Vimentin, CKAe1 & AE3 was strongly positive but negative for ER, PR and C-erb B2.

PER RECTAL BLEED IN PREGNANCY: HOW AGGRESSIVE SHOULD WE INVESTIGATE?
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INTRODUCTION
The incidence of colorectal cancer has been increasing worldwide. Although many countries have national guidelines on the approach to diagnose colorectal cancer however, there are no particular guidelines pertaining to symptomatic pregnant ladies. Here we present a case of advance colorectal cancer in a postpartum lady.

CASE REPORT
A 31 year old lady, para 3, post partum 10 months presented with per rectal bleed for the past 1 year. She developed per rectal bleed during pregnancy, which was associated with chronic constipation and mucous in stool. She presented herself to a district clinic several times whereby she was treated for internal haemorrhoids. She subsequently delivered her child via elective lower segment caesarian section in a tertiary hospital where her symptoms were picked up once again and referred to us. When she was reviewed at our clinic, she had a palpable lower abdominal mass. Colonoscopy revealed fungating tumour at the sigmoid colon causing luminal obstruction. Urgent CT abdomen revealed sigmoid colon tumour causing near total occlusion with local invasion and peritoneal metastasis. She was subjected to diagnostic laparoscopy and transverse colostomy. Intraoperatively, there were multiple nodules on the peritoneum and omentum with frozen abdomen. Histopathology of the colonoscopic sigmoid biopsies and intraoperative omental biopsies were consistent with metastatic sigmoid adenocarcinoma. She was referred to oncology for palliative chemotherapy.

CONCLUSION
Up to date there are no guidelines for the approach to per rectal bleed in pregnancy. The lack of national consensus and guidelines makes it difficult to outline the management for such cases because under management leads to late diagnosis and over management leads to pregnancy related complications.
UNDIFFERENTIATED SMALL BOWEL SARCOMA WITH LUNG METASTASIS: A RARE DIAGNOSTIC ENTITY

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INTRODUCTION
Undifferentiated small bowel sarcoma (SBS) is an extremely rare form of small bowel malignancy. Whilst 2% out of all gastrointestinal malignancies occur in the small bowel (SB), only 10% are SBS. Of these, the undifferentiated type is even rarer. To our knowledge, reported cases of undifferentiated SBS with distant metastasis are exceedingly scarce.

CASE PRESENTATION
A previously healthy 61-year old gentleman was admitted with an acute intestinal obstruction. Abdominal computed tomography (CT) scan showed a large SB mass with multiple enlarged lymph nodes and small pneumoperitoneum. Laparotomy was performed with SB resection followed by an end-to-end anastomosis. However, the tumour was incompletely resected due to its close proximity to the superior mesenteric artery. Postoperatively, he developed an enterocutaneous fistulae and a burst abdomen. Second laparotomy was performed revealing a cocoon-like-mass with widespread bowel necrosis and perforation. This patient died with a severe intra-abdominal sepsis, 50 days after the initial operation. A complex immunohistochemical study was finally completed after he has passed away, confirming the diagnosis of a high-grade, undifferentiated primary SBS.

DISCUSSION
The pathogenesis of undifferentiated SBS has not been clarified. Discussions of SBS from the literature are largely centered towards the more common and well-differentiated subtype. The standard practice of wide surgical resection remains the mainstay of the surgical treatment. Adjuvant therapy has limited outcome and is reserved for those with metastasis or high-grade tumour.

CONCLUSION
Undifferentiated SBS is an extremely rare neoplasm with a fulminant biological behavior and poor prognosis as demonstrated by this present case. Further studies are needed to determine the optimal treatment for undifferentiated SBS.

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY ON COMMON BILE DUCT STONES IN A TERTIARY HOSPITAL COMPARED TO THE GOLD STANDARD BY THE JOINT ADVISORY GROUP ON GASTROINTESTINAL ENDOSCOPY (JAG): AN AUDIT

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INTRODUCTION
ERCP is often recommended as a therapeutic tool for common bile duct stones. However, ERCP is technically difficult and is associated with various complications with an incidence of 4-30%.

OBJECTIVE
The aim of this audit is to examine the effectiveness and safety of ERCP on the treatment of CBD stones in Hospital Sultanah Aminah, Johor Bahru.

MATERIALS AND METHODS
The clinical audit was conducted retrospectively in HSAJB by identifying patients confirmed to have CBD stones who underwent ERCP from 1st January 2013 to 31st December 2013. A total of 123 ERCPs were performed during the study period. Relevant informations of the ERCP reports and medical records were obtained by the audit team in the Endoscopy Suite and Records Department. The results were compared to the gold standard set by the JAG.

RESULTS
Successful cannulation rate was 87%. 49.6% of total ERCPs performed resulted in complete stone clearance. Commonest complication in HSAJB was haemorrhage (12.2%). Post ERCP cholangitis was seen in 3.2% and pancreatitis in 0.8%.

DISCUSSION
Twenty five patients presented with acute cholangitis based on the 2013 Tokyo guidelines. Limitation of this study is it is of a retrospective audit.

CONCLUSION
ERCPs performed for the treatment of CBD stones in HSAJB is both effective and safe according to the gold standard set by the JAG.
INTRODUCTION
A teratoma is a rare germ-cell tumour, composed from germ-cell layers which can mimic other lipomatous tumours.

METHODOLOGY
To describe a case series of two very rare adrenal teratomas in two adult Malay women, in a tertiary endocrine referral centre.

RESULT
CASE 1
A 41 year old lady, referred for left sided flank pain radiating to the back for a year, noted a large palpable 15x12cm mass over the left hypochondium. CT showed a well encapsulated heterogeneous mass from the left suprarenal region 14x12x19cm with mixed density consisting of calcifications, fatty components. She underwent an open left adrenalecctomy; 2kgs left suprarenal encapsulated mass found.

Histologically, showed a cyst devoid of epithelial lining, lined by keratinising stratified squamous epithelium with underlying sebaceous glands, sweat ducts, hair follicles, mature adipose tissue, bone marrow and muscle fibres. Adrenal gland tissues are also noted at the periphery.

CASE 2
A 45 year old Malay lady, referred from a private institution after menorrhagia, an incidental 10.8x12.8cm heterogenous lipomatous right adrenal mass with calcifications was found on CT, with a 4x5cm uterus fibroid. A malignant liposarcoma needed to be ruled out. Intraoperatively, a 7x7cm 285g pale unilocular cystic right retroperitoneal adrenal mass found, containing a group of hair and bones, with a 5.5x4.3x2.5cm solid protuberance. Histologically, a mature cystic teratoma is noted, composed of skin, hair follicles, sebaceous glands, sweat glands, peripheral nerve bundle ganglion, bone, and loose connective tissues. There are cystic spaces with epithelium, multinucleated giant cells, lymphocytes and lipophages.
operating or non-operative management, operating time, organ involved, revised trauma score and mortality data were collected. Data was analysed with SPSS version 15.

RESULTS
Six hundred and one patients was included with male predominance of 502 (83.6%) with mean age of 33 ± 17 years. Major cause of trauma was due to road traffic accident (63.4%), fall (11.6%) & physical assault (10%). Body regions involved are head (n=296, 49.3%), chest (n=165, 27.5%) and abdomen (n= 64, 10.6%). Abdominal organs injured were liver (n=34, 53.1%), spleen (n=26, 40.6%), kidney (n=9, 14.1%), and bowel (n=14, 21.9%). Overall mortality rate was 5.5% (33/601). Patients with abdominal injury had an odds ratio of 4.86(2.234 -10.567), p<0.001 for mortality. Other significant predictors of mortality was age >60yrs with odds ratio of 5.45(2.432-12.194) p<0.001.

CONCLUSION
In conclusion, age >60years and patients presented with abdominal trauma are the significant predictors of mortality.

GASTROINTESTINAL TUBERCULOSIS (TB GUT) STILL A MENACE IN SANDAKAN
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INTRODUCTION
Tuberculosis relentlessly marauds Sabah; almost one third of Malaysia’s total cases in 2014 were reported from the land below the wind. Mycobacterium-tuberculosis reaches the gastrointestinal tract via haematogenous spread, ingestion of infected sputum, or direct spread from infected contiguous lymph nodes and fallopian tubes. Here we discussed the various presentations of TB GUT in Sandakan.

DISCUSSION
Over the course of 2 years from 2013-2015, TB GUT has taught us a great deal of lesson in our approach towards a patient with abdominal symptoms. We have encountered a lady where the initial dilemma was between ovarian or colonic cancer, but it turned out to be tuberculosis of the ovaries. Next, a gentleman whose pleural effusion was being investigated for almost a year, and repeated sputum of acid-fast-bacilli ( AFB) yield negatives samples, presented with...
Further history revealed that he had diarrhoea three to four times per day. He also experienced palpitation and facial flushing during defecation. His 24 hours urine catecholamine was normal. The serum calcitonin and CEA were markedly raised. However the urine 5HIAA was normal. Ultrasound-guided biopsy of the thyroid nodule confirmed as MTC. The diagnosis of MTC with carcinoid syndrome was established and he was prepared for surgery again. Despite pre-operative administration of octreotide for 3 days, he still developed severe tachycardia and hypotension intra-operatively. Fortunately his condition improved with aggressive administration of octreotide and phenylephrine. His vital signs became more stable upon removal of the tumour and we proceeded with bilateral modified neck dissection. His post-operative recovery was uneventful. At 3 months follow up his symptoms disappeared and serum calcitonin and CEA were normalised.

CONCLUSION
As like other neuroendocrine tumours, MTC may present as carcinoid syndrome. Undiagnosed carcinoid syndrome may cause catastrophic event during surgery. A multidisciplinary teamwork is crucial for optimal treatment strategies. An aggressive perioperative administration of octreotide enabled the surgery to be performed successfully.

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A RARE CASE OF JEJUNAL ADENOCARCINOMA WITH KRU肯BERG OVARIAN TUMOUR
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INTRODUCTION
Cancerous tumours in the small bowel are very uncommon, occurring in fewer than 2 of 100,000 populations each year. Histologically, adenocarcinoma is the most common type of small bowel malignancy.

CASE REPORT
A 34-year-old lady, with no known medical illness, presented with 1 week history of lower abdominal pain associated with loss of weight, loss of appetite and fever. Clinically, there was a pelvic mass palpable. CT abdomen and pelvis revealed a large heterogeneous pelvic mass extending to lower abdomen measuring 12.4 x 14.7 x 15.2cm, which may represent right tubo-ovarian abscess or malignant ovarian tumour. Tumour markers CEA and CA-125 were raised. She underwent TAHBSO for huge right ovarian tumour and intra-operatively noted gross dilated small bowel with constricting jejunal tumour about 40cm from duodenojejunal junction. Besides that, there were multiple tumour deposits at the entire small bowel up to terminal ileum. Thus, jejunal resection with end-to-end anastomosis and omentectomy were conducted. Macroscopically, right ovarian tumour, measured 130 x 115 x 28mm, subtotally effaced by a solid whitish mass with ill-defined border and yellowish areas of necrosis. Exophytic and endophytic tumour of jejunum extends transmurally involved the serosal surface and mesenteric fat. Histopathologically, it was a well-to-moderate differentiated adenocarcinoma of the jejunum with right krukenberg ovarian tumour.

The tumour cells of both right ovary and jejunum are positive for CEA and focally positive for both CK7 and CK20.

CONCLUSION
Small bowel malignancy is rare, accounting for approximately 2% of gastrointestinal tumours. Diagnosis is often delayed due to lack of specific presentation and no effective screening methods. Surgery is the mainstay of treatment for both locally advanced and localized disease. Subsequently follow by adjuvant chemotherapy, with or without radiation.

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HUGE 3.6KG SUPRAFASCIAL ANTERIOR CHEST WALL MYXOFIBROSARCOMA: A CASE REPORT
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INTRODUCTION
Majority of primary malignant chest wall lesions are soft tissue sarcomas. Myxofibrosarcoma is one of the most common fibroblastic sarcomas in the older patient.

CASE REPORT
A 70-year-old man, with no known surgical and medical illness, presented with huge painless left anterior chest wall swelling which was rapidly growing in size. CT thorax showed a large heterogenous lobulated mass in the left supra-clavicular region. Surgical excision of large suprafascial anterior chest wall mass measuring 290 x 170 x 115mm and weighing 3634gm was performed. The histopathology showed large suprafascial myxofibrosarcoma, FNCLCC III, with invasion through the fascia. The tumour had focally infiltrative margin involving the adjacent subcutaneous tissue but well-demarcated from the adjacent skeletal muscle by thick fascia while the dermis and epidermis were free from tumour involvement.
**CONCLUSION**

Combinations of wide resection of chest wall myxofibrosarcoma with radiotherapy for a positive surgical margin case contribute to more effective local control. Frequent close follow up plan with the attenuation of the symptom of local or distant recurrences, and thorough physical examination for early detection of recurrences are recommended.

**CHALLENGES IN DIAGNOSE ADULT INTUSSUSCEPTIONS WITH UNSPECIFIC PRESENTATION: 3 CASES REPORTS**

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**INTRODUCTION**

Unlike children with the classical triad of presentations, adult intussusceptions presentation tends to be unspecific which is challenging for diagnosis.

**CASE 1**

21-year-old lady presented with severe epigastric pain for 2 days associated with persistent vomiting but no per-rectal bleeding. There was a palpable mass over right iliac fossa. Ultrasound abdomen showed intussusception. She underwent limited right hemicolecction for ileo-colic intussusceptions. A polypoidal intra-luminal gastric heterotropias growth with a 4.5cm stalk seen 11cm from ileal margin.

**CASE 2**

42-year-old male, history of chronic NSAIDS ingestion for gouty arthritis, presented with per-rectal bleeding associated with vomiting for 1 day and intermittent right hypochondrium pain for 1 week. OGDS and colonoscopy were normal. Until day 5 of hospitalization, there was palpable right iliac fossa mass. He underwent small bowel resection with end-to-end anastomosis for ileo-ileal intussusceptions 250mm in length 20cm from ileo-cecal junction. A small pedunculated polyp was found as a leading point.

**CONCLUSION**

Adult intussusceptions tend to be unspecific with intermittent abdominal pain associated with obstructive symptoms, per-rectal bleeding or palpable abdominal mass. High clinical suspicion is needed and aided by imaging for early establish of the diagnosis.
was 36 years. Racial distribution comprised of Malays 43% (27), Chinese 33% (21) and Indians 13% (8) while foreigners made up 11% (7). 9% of patients presented at stage I, 49% stage II, 31% stage III and 11% stage IV. Histopathology reports demonstrated 60% (38) had infiltrating ductal carcinoma (IDC). A total of 30% of patients were ER/PR negative, and 22% HER2 negative. Only 28% of patients underwent breast-conserving surgery (BCS).

**CONCLUSION**

This retrospective study demonstrated that most young breast cancer patients presented between stage II and stage III and had subtypes with poor prognostic features. As less than a third of these patients underwent BCS, further studies should be conducted as to the reasons why radical surgery was preferred. In view of the stage of presentation, further efforts for breast cancer awareness among the young should be conducted in the community.

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**FULMINANT NECROTIZING AMOEBIC COLITIS: A DIAGNOSTIC CONUNDRUM**

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**INTRODUCTION**

Entamoeba histolytica is one of the most common parasitic infections worldwide, infecting about 50 million people. The World Health Organization suggests that this pathogen is responsible for 70,000 deaths annually, second only to malaria as the leading cause of death from a parasitic infection worldwide.

**CASE REPORT**

A 41 year old Burmese national presented with decompenated heart failure and atrial fibrillation with underlying pneumonia. He was managed in the cardiology unit but subsequently referred to the surgical team for an acute abdomen with hematochezia. Clinically he appeared dehydrated, cachexic and had a temperature of 38.4°C. His abdomen was tender and guarded with generalized peritonitis. A contrast enhanced CT scan of the abdomen and pelvis, showed pneumoperitoneum and pneumoretroperitoneum suggestive of second part of duodenum perforation and a liver cyst. An emergency laparotomy revealed multiple perforations along the colon with gross necrotic contamination of the abdominal cavity. He underwent a subtotal colectomy with an end ileostomy. Histopathological examination confirmed fulminant necrotic amoebic colitis with perforation. He was treated with metronidazole and discharged home well.

**CONCLUSION**

Fulminant necrotizing amoebic colitis is extremely rare, and is a life threatening condition requiring immediate intervention. One should always keep in mind this diagnosis after factoring in the social history and clinical presentation of patients. In Malaysia, with such a large migrant workforce, diseases not previously seen will eventually present itself after mimicking a variety of other illnesses. It is important to ensure appropriate history taking to aid in the diagnosis and prompt intervention to reduce morbidity and mortality of such illnesses.

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**ENDOGENOUS ENDOPHTHALMITIS: AN UNUSUAL PRESENTATION OF PERFORATED GASTRIC ULCER**

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**OBJECTIVE**

Endogenous endophthalmitis (EE) is an uncommon but devastating, severe vision threatening ocular infection caused by the hematogenous dissemination of microorganisms from an extraocular infective focus. It is commonly associated with underlying immunosuppression. Commonly reported sources of endogenous endophthalmitis include meningitis, endocarditis, urinary tract infection and hepatobiliary tract infection. We would like to report a rare case of endogenous endophthalmitis resulting from a perforated gastric ulcer.

**CASE REPORT**

A 69-year-old Chinese gentleman with underlying diabetes mellitus presented to the emergency department with an acute deterioration of vision, pain and redness in the right eye. Systemic and clinical examination only showed hyperpyrexia. Eye examination noted hypopyon in the right eye. Vitreous
A RETROSPECTIVE ANALYSIS OF CHEMO-PORT COMPLICATIONS IN ADULTS WITH MALIGNANCY  
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Cancer patients require repeated venous punctures. Chemo-port(CP) insertion have facilitated the problem of vascular access. However, CP has inevitable problems such as insertion-related and long-term complications despite providing benefits to patients.  

We retrospectively analyzed 120 patients(74 females and 46 males, mean age: 53 years(17-76 years)with malignancy, that had CP implanted from January 2009 to December 2014 at our institute. All patients had CP inserted as a daycare procedure, under local anesthesia. Most cases were performed using closed technique, and not guided by any imaging modalities. Chest x-ray was performed after the procedure. The complication rate was 20%. Surgical site infection(SSI) occurred in 11(9%) cases. All patients had chemotherapy prior to CP insertion. Malposition occurred in 5(4.2%) cases. No image guiding modalities were used in all cases. Three patients needed adjustments of the catheter as the tip was in the jugular vein from an insertion site via cephalic vein or subclavian vein. Two catheters needed readjustments as the tip was too deep causing tachycardia. Migration occurred in 2(1.7%) cases. These ports were successfully removed by cardiac catheterization. Hematoma occurred in 3(2.5%) cases. Insertions were done blindly and more than one attempt was made for each case. One patient was on warfarin treatment. Thrombosis occurred in 3(2.5%) cases. No pneumothorax was reported.  

CONCLUSION  
This case report illustrates a perforated gastric ulcer presenting atypically as EE without any abdominal signs or symptoms. In our literature review, perforated gastric ulcer has never been reported as an extraocular focus of infection in patients with EE. Due to the catastrophic consequences of EE, a thorough systemic review should be undertaken to look for occult or rare sites of extraocular infection. Prompt appropriate treatment should be tailored towards both the infective focus and EE.  

KEYWORDS  
Endogenous endophthalmitis, perforated gastric ulcer
was palpable over that region. None of the patients showed signs of peritonism, and hence imaging was performed. CT abdomen of the 18 year old girl showed bowel wall thickening with intussusception. Laparotomy and right hemicolectomy was performed. Gastrograffin study was done for the 49 year old man. It showed no progression of contrast beyond mid-ileum after 24 hours and hence laparotomy, small bowel resection and end-to-end anastomosis performed. CT scan of the 61 year old patient showed clumping of small bowel with hypodense lesions causing obstruction. Intraoperatively for these two patients, there were clumping of small bowels with tumor deposits at the small bowel. The affected bowel was resected. Histopathology report of all three of the resected bowel segments did show features of neurofibromatosis. In addition, findings of ischemic changes compatible with intussusception were present in the 18 year old girl.

Due to its rarity, a high degree of suspicion for gastrointestinal tumor in patients with NF-1 is needed for timely diagnosis and management.
PERFORATED MECKEL'S DIVERTICULUM FOLLOWING BLUNT ABDOMINAL TRAUMA: A CASE REPORT

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INTRODUCTION

Meckel's diverticulum, being the commonest congenital gastrointestinal abnormality, was first described in detail by Johann Friedrich Meckel and bears his name. It is a remnant of the omphalo-mesenteric duct and a true diverticulum. The manifestation of Meckel's diverticulum varies greatly. It can present as an incidental intraoperative finding or undergo mechanical complications, such as obstruction and intussusception, culminating in an acute abdomen. Perforation of Meckel's diverticulum due to blunt abdominal trauma however, represents an extremely unusual presentation.

CASE PRESENTATION

We describe the case of a 15 year-old boy, who presented with severe right abdominal pain following blunt abdominal trauma during a road traffic accident. On examination, features of peritonism were noted in the right iliac fossa. A provisional diagnosis of peritonitis due to perforated viscus was made. During laparotomy, a perforated Meckel's diverticulum was found with other organs intact. Meckel's diverticulotomy and appendectomy were performed. Postoperatively, he developed right lung atelectasis the day after surgery but has since recovered and was subsequently discharged on postoperative day 8.

CONCLUSION

Blunt abdominal trauma should be evaluated promptly to minimize or avoid preventable morbidity and mortality. Perforation of Meckel's diverticulum as a consequence of blunt injury, although unusual, should not be dismissed. This case report highlights the importance of careful evaluation of the bowel during exploratory laparotomy in suspected bowel perforation.
THE MASQUERADING MASS: BREAST TUBERCULOSIS

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INTRODUCTION
Breast tuberculosis is a rare disease, accounting for less than 0.1% for all breast lesions in developed countries and 4% in developing nations. It can present as an abscess or carcinoma, posing a diagnostic challenge to the clinician. We report a case of breast tuberculosis presenting as a breast mass.

CASE REPORT
A 70-year-old Malay lady presented with an 8-month history of a painless breast lump. Upon examination, the lump was centrally located with areas of necrosis and ulceration along with nipple retraction. There were also palpable ipsilateral axillary lymph nodes. (Clinical staging- cT4aN1Mx) Imaging showed a right breast mass suggestive of malignancy with axillary lymphadenopathy. Attempts at obtaining tissue diagnosis were unsuccessful as the samples were unsatisfactory for evaluation. In view of the clinical and radiological findings, right mastectomy and axillary clearance was done. Intra operatively, the lump was centrally located, adherent to pectoralis major, measuring 5 x 5 cm with multiple matted axillary lymph nodes. Her recovery period was uneventful. Histopathological analysis of the resected specimen revealed central caseating necrosis and acid-fast bacilli staining positive with Ziehl-Neelsen, consistent with tuberculosis. Subsequently, she was started on anti-tubercular therapy and was symptom free with no evidence of recurrence during follow ups at 6 and 12 months.

DISCUSSION
Breast tuberculosis usually affects the younger age group, which manifests as breast abscess while in the older population it tends to mimic carcinoma. Recognized modes of spread include direct, hematogenous and lymphatic. The bacilli most often infect the ducts and spare the lobules. Treatment options include anti-tubercular therapy alone or in combination with limited excision of diseased breast tissue, with the latter being a preferred approach as it has lower rate of recurrence.

TESTICULAR TUBERCULOSIS PRESENTING AS COMPLEX HYDROCELE

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INTRODUCTION
Genitourinary tract is the commonest site for extrapulmonary tuberculosis. It often affects the lower urinary tract but testicular involvement is rare. Testicular tuberculosis lacks classical presentation, making the diagnosis a daunting task. We report a case of such nature.

CASE REPORT
A 42-year-old Chinese gentleman with no known illnesses presented with bilateral painless scrotal swelling of 4 months duration. On examination, bilateral scrotal enlargement, both of which were firm, non tender and non erythematous. Furthermore, the right scrotum had a few pustules. Ultrasound showed bilateral hydrocele with internal septations, scrotal skin thickening with normal testicular vascularity on both sides. No focal testicular lesion was visualised. Tumour markers were normal. Bilateral scrotal exploration was performed. Intra operatively, the pustular lesion over right scrotum extended into the testis which was biopsied. Both testes appeared viable with no suspicious lesions. Histopathological study of the specimen revealed caseating granulomatous inflammation with acid fast bacilli suggestive of tuberculous infection. Subsequently patient was commenced on anti-tubercular therapy. He showed good response, as the wound healed well with no recurrence during follow up visits.

DISCUSSION
Tuberculosis of lower urinary tract frequently involves the epididymis rather than the testis. Hence testicular involvement is usually due to local spread or retrograde seeding from epididymis and rarely hematogenous spread. Classically, genitourinary TB is diagnosed by identification of Mycobacterium Tuberculosis in the urine through various methods namely TB culture, TB-PCR and nucleic acid amplification. Diagnosis proves to be difficult due to its atypical presentation, frequently simulating testicular neoplasm. A high index of suspicion is vital for accurate diagnosis of this condition, as it responds well to anti-tubercular therapy without the need for surgical excision.
GIANT LEIOMYOMA OF OESOPHAGUS: A CASE REPORT

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INTRODUCTION
Benign oesophageal tumours are rare with the incidence of 1:61. It has indolent clinical course and the presentations may mimic oesophageal cancer. Making a correct diagnosis is important before the definitive surgical treatment. We report a case of giant leiomyoma of distal oesophagus.

CASE REPORT
A 25 year-old girl presented with progressive dysphagia and regurgitation for 6 years. She was thin and short stature with BMI of 10.9. Oesophagoscopy showed a dilated oesophagus with mass in lower oesophagus while barium swallow suggested a chronic distension of oesophagus with ineffective peristalsis. CT scan revealed an obstructing mass at gastro-oesophageal junction. An Ivor Lewis procedure was performed. There was a 10cmx20cm encapsulated lesion at oesophago-gastic junction with dilated proximal oesophagus. She recovered and tolerating solid diet post-operatively. The final histopathological examination confirmed the diagnosis of leiomyoma.

LYMPHADENOPATHIES FOR A DURATION OF 2 YEARS. CLINICALLY, SHE WAS EUHYROID, WITHOUT AIRWAY COMPROMISE OR DYSPHAGIA. THERE WERE ALSO NO FEVER OR CONSTITUTIONAL SYMPTOMS. CT NECK AND THORAX SUGGESTED A MALIGNANT THYROID MASS WITH MULTIPLE CERVICAL, MEDIASTINAL, RIGHT AXILLARY AND RIGHT PAROTID LYMPH NODE METASTASIS. CXR AND BREAST ULTRASOUND WERE NORMAL. FNAC OF THE THYROID NODULE REVEALED FOLLICULAR NEOPLASIA, WHERE ELSE FNAC OF THE UPPER CERVICAL MASS AND AXILLARY LYMPH NODES REVEALED NECROTIC LYMPHOID TISSUE. HER TFT AND OTHER BLOOD TEST WERE NORMAL. SHE UNDERWENT TOTAL THYROIDECTOMY, RIGHT MODIFIED RADICAL NECK DISSECTION AND EXCISION BIOPSY OF AN AXILLARY NODE. HISTOPATHOLOGY REPORTED CHRONIC GRANULOMATOUS THYROIDITIS AND LYMPHADENITIS, CONSISTENT WITH TUBERCULOSIS. SHE THEN RECEIVED ANTI TUBERCULOSIS TREATMENT, AND RECOVERED EVENTUALLY.

CONCLUSION
Leiomyomas of oesophagus is rare and should be differentiated from malignant tumours. There is no literature regarding enucleation of giant leiomyoma. Perhaps, trial of enucleation in giant leiomyoma should be our future challenge.

A CASE REPORT: PRIMARY TUBERCULOSIS OF THYROID
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INTRODUCTION
Tuberculosis (TB) of the thyroid gland is an uncommon entity even in the countries where tuberculosis is an endemic. The prevalence varies from 0.1% to 0.6%. The reason of the rarity remains unknown. Among the rare cases of thyroid tuberculosis, secondary is more common than primary etiology. Initial clinical diagnosis is often difficult as history-taking and early physical presentations are non-specific and vary. Patient may be asymptomatic or the presentation may mimic advanced thyroid carcinoma, as in this case report. Having high index of suspicion is key to accurate diagnosis and avoidance of unnecessary surgery

CASE SUMMARY
A 29 year old lady presented with a right solitary thyroid nodule and worsening cervical and axillary lymphadenopathies for a duration of 2 years. Clinically, she was euthyroid, without airway compromise or dysphagia. There were also no fever or constitutional symptoms. CT neck and thorax suggested a malignant thyroid mass with multiple cervical, mediastinal, right axillary and right parotid lymph node metastasis. CXR and Breast Ultrasound were normal. FNAC of the thyroid nodule revealed follicular neoplasia, where else FNAC of the upper cervical mass and axillary lymph nodes revealed necrotic lymphoid tissue. Her TFT and other blood test were normal. She underwent total thyroidectomy, right modified radical neck dissection and excision biopsy of an axillary node. Histopathology reported chronic granulomatous thyroiditis and lymphadenitis, consistent with tuberculosis. She then received anti tuberculosis treatment, and recovered uneventfully.

CONCLUSION
Although seldom encountered, TB should be kept in mind in any patient with thyroid mass. Several simple tests like Mantoux test, lymph node excision biopsy and detection of acid fast bacilli in the FNAC of the thyroid nodule, may be helpful in doubtful cases. It is vital to differentiate TB thyroid from thyroid malignancy, as to avoid unnecessary surgery.
DISSECTING AORTIC ANEURYSM PRESENTED WITH ACUTE LIMB ISCHAEMIA IN A HEALTHY YOUNG ADULT MALE

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BACKGROUND
Thoracic aortic aneurysm is a condition which more commonly affects male, aged greater than 65 years old, occurring in about 5 to 10 within 100,000 populations. Most of the patients are asymptomatic, however, they may present with dissecting features in which majority of cases have sudden onset of severe, sharp pain in the chest, neck or back. On the other hand, in our case, we would like to describe a rare presentation of dissecting aortic aneurysm involving a healthy young adult male.

CASE PRESENTATION
We report a case of a 29 years old, healthy young adult, who presented with one day history of right lower limb pain and numbness associated with vague epigastric pain and vomiting. Abdomen was soft but there was clinical evidence of right acute lower limb ischaemia which was further supported by radiological method.

MULTI-ORGAN INFARCTS WITH EVIDENCE OF AUTO AMPUTATION SECONDARY TO ARTERIAL THROMBUS (THORACIC AORTA) IN A NORMAL-APPEARING AORTA IN AN ASYMPTOMATIC PATIENT

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BACKGROUND
Arterial thromboembolism has a substantially negative impact on morbidity and mortality rates. It is challenging to detect early and to treat. Approximately 85% of all arterial thrombi arise from cardiac causes, such as atrial fibrillation, valvular abnormalities, and myocardial infarction. 5% of thrombi are found in the aorta, usually in the presence of atherosclerosis or aneurysm. Our patient’s case is notable because, despite having severe arterial thrombus in a normal-appearing aorta causing multiple visceral infarctions, he remains asymptomatic.

CASE PRESENTATION
We report a case of 55 years old active smoker Indian gentleman, who presented with PUD features. Clinically patient was well built and abdomen was soft. Esophagogastroduodenoscopy revealed a malignant looking ulcer at lesser curvature, however serial biopsy came back as benign. He was well with proton pump inhibitor. We proceeded with Computed Topography of Thorax, Abdomen and Pelvis which showed mural thrombus at descending thoracic aorta until coeliac axis with extension into the coeliac artery causing total occlusion. He was then started on anticoagulant and referred to vascular team, however he defaulted. Repeated scan one year later revealed absent gallbladder, spleen and pancreatic tail with reperfusion of segment VIII liver infarct and significant resolution of extensive mural thrombus of the descending thoracic and upper abdominal aorta. Patient is still under our follow up and he is well with monitored anticoagulant.

CONCLUSION
Multi-organ infarcts secondary to arterial thrombus occlusion particularly in apparently normal aortas is an uncommon diagnosis and it is rare for a patient to present asymptatically such as in this patient. Multiple factors guide the management strategy, including the characteristics of the thrombus, the patient’s comorbidities and symptoms, and the risk factors for thrombus formation.
CASE REPORT : GASTRIC SCHWANNOMA - A RARE GASTRIC TUMOUR

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Gastric schwannoma is a rare differential to consider when approaching a gastric mass. Gastric schwannomas represent only 0.2% of all gastric neoplasms, and are usually benign. Identification is via histopathological examination, showing positive staining for vimentin and S-100, and negative for actin, c-kit and CD34.

We report a case of submucosal gastric mass. A 37 year old lady presented with intermittent epigastric pain since 2012. She described it as localized, sharp, occasionally debilitating, with no loss of weight or appetite. She had no significant family history. Past medical history was only significant for a caesarean section done 3 months prior to presentation in February 2015. Ultrasound showed a well-defined hypoechoic lesion at the lesser curve of the stomach measuring 4.7x3.9cm, with minimal vascularity. OGDS showed a large smooth mass, 3x4cm at the lesser curve with central puckering. A CT showed a heterogenous lobulated mass at the antrum and lesser curve of stomach, suggestive of GIST. Biopsies of the mass during endoscopy only showed chronic atrophic gastritis.

She subsequently underwent a laparoscopic-assisted wide local excision of the tumour, requiring complete resection of the antrum to achieve satisfactory resection margins. End-to-end anastomosis of the stomach was done. She recovered uneventfully.

Histopathological examination revealed a benign tumour with spindle cell proliferation, arranged in palisades. The cells stained positive for vimentin and s-100, and negative for actin and CD34. This supports the diagnosis of gastric schwannoma.

The long-term follow up for gastric schwannoma remains uncertain due to the paucity of these tumours. As such, there has been no large study or consensus regarding the prognosis and follow up of these patients. Further studies are required.

INTRODUCTION

Permanent vascular surgical service in Sabah started in July, 2014. Prior to this, vascular service was in the form of monthly visiting basis initiated in 2006. Arteriovenous fistula (AVF) creation is the commonest procedure performed in vascular surgery. AVF is also the commonest permanent vascular access for haemodialysis in Malaysia. We performed an audit on the outcomes of all AVFs done under our unit over one year period.

METHOD

Subjects are all patients with AVFs created from July 2013 to June 2014. Data of patients were collected retrospectively from medical records at our clinic.

RESULTS

A total of 70 AVFs were created. Patients originate from different parts of Sabah. The average age of patients were 53 years and the average duration of end stage renal failure and haemodialysis were 2.8 years respectively. 48% of patients had diabetes mellitus. 72% of the patients had previous venous access, 82% had central venous cannulation and 5.6% had peritoneal dialysis. All patients were assessed with duplex scan for suitable vein and artery for AVF creation. 90% of patients were discharged for cannulation with a functioning AVF. Primary failure was 7%. 1 patient developed pseudoaneurysm (1.4%) and required ligation of fistula. Another patient developed brachial artery emboli and required ligation. 2 patients developed limb swelling post operatively. Central venogram revealed central venous stenosis thus central venoplasty was done.

DISCUSSION AND CONCLUSION

There is a huge demand for vascular access creation in Sabah. We believe in pre-operative assessment with duplex scan. Appropriate patient and, as well as, procedure selection coupled with meticulous surgical technique maximize success rate of AVF creation.
A 27-year-old Malay woman with no prior history of gastrointestinal bleeding presented with a massive lower gastrointestinal bleed. She complained of severe abdominal pain, passed out copious amounts of haematochezia and presented in hypovolemic shock. Her initial Haemoglobin was noted to be 7.7, and she was resuscitated adequately. Once stabilized she was pushed for an emergency CT Angiogram which showed contrast blush which was a feature of active bleed as there was extravasation of contrast within the small bowel loops at the left iliac fossa adjacent to the distal descending colon. In lieu of the findings she was pushed for an emergency exploratory laparotomy and was noted to have a bleeding jejunal polyp measuring 1x1cm about 60cm from the duodenojejunal junction and 120cm from the ileocaecal valve. She underwent a small bowel resection and functional end to end anastomosis. Post-operatively, she recovered well and was subsequently discharged. Her Histopathology report came back as an arteriovenous malformation.
MULTIPLE MAGNET INGESTION: A RARE CAUSE OF BOWEL PERFORATION

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INTRODUCTION
Foreign body ingestion among children is common presentation to hospital. Rarely morbidity is associated with foreign body ingestion. We report a rare case of a child who presented with intestinal obstruction and perforation following magnet ingestion.

CASE REPORT
A 3 year old boy presented with acute abdominal pain and obstructive symptoms. He was initially treated for acute gastroenteritis with dehydration. Pediatric surgical team was consulted when he had symptoms suggestive of intestinal obstruction. He was clinically dehydrated with large amount of bilious Ryle’s tube aspirate. His abdomen was distended and tense with sluggish bowel sound. Plain abdominal radiograph showed dilated small bowel and multiple opacities, which were overlooked as artifacts. Laparotomy revealed fecal contamination and small bowel was grossly dilated and two magnets were caught in between two segments of bowel loop. The magnets were tightly adherent to one another causing necrosis and perforation at the site of contact. In the post-operative period he was managed in pediatric intensive care unit (PICU) for septic shock and post-operative ileus. He gradually improved and progressed well.

DISCUSSION
Magnet ingestion requires special attention especially when two or more magnets are swallowed. When multiple magnets move in different part of intestinal tract, magnetic attraction between different parts of intestinal tract can be potentially catastrophic. This may lead to intestinal obstruction, fistula, ulceration, local bowel necrosis and perforation.

CONCLUSION
Multiple magnet ingestion should not be taken lightly. Magnet ingestion can cause catastrophic gastrointestinal morbidity. Therefore, early diagnosis and intervention significantly changes the outcome. Intervention when dealing with cases of magnet ingestion would go more in the line of surgical or endoscopic technique rather than conservative management.

LAPAROSCOPIC REPAIR OF ACQUIRED ABDOMINAL INTERCOSTAL HERNIA: A CASE REPORT AND LITERATURE REVIEW

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INTRODUCTION
Abdominal intercostal hernia (AIH) occurs rarely and has so far been reported sporadically in literature with less than 30 cases to date. It occurs mainly secondary to trauma when disruption of thoracoabdominal wall musculature resulting in an acquired herniation of fascia layer between adjacent ribs. Surgical repair is the recommended choice of treatment as there are risks of incarceration or strangulation of visceral organs if left untreated. However, the choice of appropriate surgical treatment remains a challenge.

PRESENTATION OF CASE
A 51-year-old lady with no previous history of surgery presented with a painless left intercostal swelling for 2 years following a history of high velocity motor vehicle accident. Computed tomography scan of thorax and abdomen showed a left anterolateral intercostal hernia between the 9th and 10th rib and a mesh repair was carried out via laparoscopic approach subsequently. She recovered well postoperatively and was asymptomatic on review 6 months later.

DISCUSSION
Laparoscopic repair with placement of prosthetic mesh as an underlay to bridge a hernia defect is our method of choice as it obeys the concepts of tension-free repair, confers the benefits of minimally invasive surgery and provides a superior view of the abdominal wall defect, allowing for an adequate mesh overlap.

CONCLUSION
Laparoscopic repair of AIH is highly feasible and beneficial and thus should be the preferred method of surgical repair when the surgical expertise is available.
A ONE-YEAR STUDY OF BACTERIOLOGY IN SKIN & SOFT TISSUE INFECTION WITH UNDERLYING DIABETES MELLITUS PATIENTS IN DEPARTMENT OF SURGERY, HOSPITAL SEBERANG JAYA

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INTRODUCTION
Diabetes Mellitus associated with high risk of Skin and Soft Tissue Infection.

METHODS
A retrospective review of bacteriology in SSTI with underlying Diabetes Mellitus from 1st January 2014 till 31 December 2014.

RESULTS
A total of 118 patients were diagnosed with SSTI and hospitalized in our hospital, in which 66.1% of them were diabetic patients. And out of these diabetic patients, 71.7% had positive culture isolates. About 39.3% of these diabetic patients that had positive culture aspirate were reported to have SSTI anatomically at the back. Most of the positive cultures were Staphylococcus aureus (67.7%), followed by Klebsiella Pneumonia (14.2%), Escherichia Coli (7.1%), Proteus (3.5%) and Methicilin-resistant Staphylococcus Aureus, Group B Streptococcus, Coagulase Negative Staphylococcus, Enterobacter had 1.7% each. The Staphylococcus aureus cultures were all sensitive to Cloxacilin.

CONCLUSION
The majority of culture-positive SSTIs were caused by Staphylococcus Aureus and sensitive to Cloxacilin even though in Diabetes Mellitus patient.
Laparotomy revealed retroperitoneal mass with adhesions with no clear plane to the adjacent structures; including hepatic flexure, duodenum and gall bladder. Extended right hemicolectomy, cholecystectomy and stenting of right kidney were performed. Complete resection of tumour was inaccessible. She was well after 7 days post-operatively and discharged home. Histopathology finding revealed mixture of spindled and dispersed pleomorphic cells that were haphazardly arranged. It was consistent with IMT of aggressive behavior.

Three months thereafter, she came back with episodes of upper gastrointestinal bleeding. OGDs showed huge duodenal tumour obstructing the lumen with active bleeding. Repeated CT scan confirmed aggressive progression of tumour. Then she was successfully managed by embolization. Currently she is undergoing radiotherapy.

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Complete resection of IMT is the mainstay treatment. However, it was unattainable for the case as there was no clear plane of the tumour. The optimal management of locally aggressive and recurrent tumours remains controversial.
A Case Report: Primary Omental Torsion Mimicking Acute Appendicitis

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INTRODUCTION

Primary omental torsion is uncommon and usually present as an acute abdomen. It can often be mistaken for other types of acute abdomen such as an acute appendicitis.

METHODOLOGY

We report a case of omental torsion mimicking an acute appendicitis.

RESULT

A 45-year-old man presented with right-sided abdominal pain associated with fever and anorexia. He was initially diagnosed with acute appendicitis and underwent laparoscopic appendectomy. Intra-operatively, the appendix was normal and conversion to open laparotomy revealed an omental torsion which appeared gangrenous. An omentectomy was performed. Patient recovered well post-operatively and discharged home on third post-operative day.
DISCUSSIONS
Omental torsion is a rare condition where the omentum is twisted in its long axis causing ischaemia and infarction. Its presentation is usually non-specific, which can mimic other acute abdomen. Pre-operative imaging such as ultrasound or computed tomography are commonly employed in acute abdomen but the ability to diagnose omental torsion using these modalities remained low at 0.6% to 4.8%. Diagnosis is often made during surgery and the mainstay of treatment is surgical resection.

CONCLUSIONS
Although uncommon, omental torsion should be considered a differential diagnosis in the management of an acute abdomen. A careful inspection of omentum in a “negative laparoscopy” is strongly recommended. Resection remained the mainstay of cure.

KEY WORDS
Omentum, torsion, acute abdomen, appendicitis

NEUROENDOCRINE TUMOURS – PRIMARY LESION FROM COMMON TO EXTREMELY RARE LOCATIONS WITH DIFFERENT PRESENTATION: HOSPITAL TEMERLOH’S EXPERIENCE
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Neuroendocrine tumours (NETs) are a group of rare neoplasm with variable histories and biological behaviours. Nearly 70% of NETs develop in the gastrointestinal, and another 25% in the bronchopulmonary system, while testicular and primary retroperitoneal NETs are exceedingly rare.

We would like to report our three cases of NETs with different presentation in our healthcare setting between the year of 2012 to 2014. The ages of the patients are between 50 to 69 years old. The first patient was referred for intestinal obstruction after being investigated for anaemia and menorrhagia by obstetric and gynaecology team. She underwent exploratory laparotomy and found huge friable retroperitoneal tumour. Biopsy of the tumor revealed primary NET of retroperitoneum. Two patients were given sandostasin LAR.

In conclusion, NETs varies in presentations depending on the tumour location and usually patients present at advanced stage. NET can occur in any anatomical locations. Thus, one should consider NETs as one of differential diagnosis in working up cause of any tumor although it is rare.

CHRONIC CHOLECYSTITIS: AN UNSUSAL CAUSES OF DUODENAL OBSTRUCTION
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Duodenal obstruction, which may be partial or complete, may occur in adults and infants, each for a different set of reasons. The etiology in adults is usually as result of repeated cycle of injury of peptic ulcer which cause scarring and narrowing of passage way. There were also case report stated that the obstruction can be due to external compression such as in Wilke’s syndrome, pancreatic tumour or cyst.

We are reporting a rare case of duodenal obstruction secondary to compression from an inflamed and distended gallbladder. We
proceeded with exploratory laparotomy and noted a thickened gall bladder wall with cholelithiasis which was severely adherent to and compressing the first part of duodenum. This caused the duodenal lumen narrowed at this level. Cholecystectomy and followed by gastrojejunostomy and jejunojejunostomy was done, the procedure was uneventful. Patient recovered well post-operatively.

Primary breast lymphoma is an extremely rare disease and represents 0.38-0.7 percent of all non-Hodgkin type of lymphoma and comprises 1 to 2% of all extranodal lymphoma and less than 0.04 to 0.5 percent of all breast malignancies. Most cases are high-grade and from B-cell origin, mainly large cell and Burkitt type. Breast lymphoma is presented as single or multiple unilateral or bilateral breast masses not distinguishable from breast carcinoma in clinical presentation. Diagnosis is based on histopathological findings and managements differs from other forms of breast cancer. We would like to report a case of Primary Diffuse Large B-Cell Lymphoma of the breast that was diagnosed at our centre.

A 66 years old nulliparous and menopaused Malay lady presented with a two months duration of progressive increasing mass at right axillary. During physical examination the mass was three centimeters in diameter with firm consistency and non-tender. There was no other significant breast changes on examination. A mammogram was done which showed a large multilobulated mass at right breast tail without any findings suggestive of malignant tumor. Further diagnostic investigation with trucut biopsy was reported as Diffuse Large B-Cell Lymphoma. This patient has been referred and has since been started on chemotherapy and bone marrow aspiration was done. Patient is currently showing good response to treatment clinically.

Diverticular bleeding is the most common cause in severe lower gastrointestinal bleeding (LGIB). Currently there are no single standardize approaches in managing the diverticular bleeding. Colonoscopy remains the first and outmost important tool in the armentarium of technology available. However the most challenging step is identifying the bleeding diverticulum and what treatment method to apply when it is identified. Clipping (Resolution clip) has been used as a technique with success rate of rebleeding prevention, if deployed correctly, approaching 100%. We present a case of patient with severe diverticular bleeding who was treated with colonoscopic clipping. Brief literature reviews of diverticular bleeding complement the case report, with an emphasis on colonoscopy with clipping in bleeding diverticulum.
SUCCESSFUL T-TUBE ASSISTED PRIMARY DUODENAL REPAIR IN A GRADE 3 DUODENAL INJURY: A DISTRICT HOSPITAL EXPERIENCE

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INTRODUCTION
Traumatic duodenal injuries are rarely encountered and technically challenging to general surgeons. The ideal repair should weigh the hemodynamic stability of the patient, degree of injury and experience of the surgeon. Previously reported methods for complex duodenal repair include pyloric exclusion, triple ostomies, or pancreactecdudodenectomy, but all does not eliminate the possibility of duodenal leak. We describe a case of successful duodenal repair by the use of a biliary T-tube in a traumatic Grade 3 duodenal injury.

CASE PRESENTATION
A 40-year-old gentleman was admitted following a road traffic accident, he sustained blunt impact of the abdomen by the steering wheel. On arrival, he was hemodynamically stable with a guarded abdomen. Abdominal Computed Tomography (CT) revealed a small liver contusion and pneumoperitoneum around the proximal duodenum. Subsequent laparotomy revealed a near-total disruption (>75% circumference) of the duodenum at the D2 and D3 junction. After adequate washout, the T-tube was placed anteriorly and primary duodenal repair performed with interrupted Polydioxenone (PDS) 3/0 suture along both edges. Pyloric exclusion was performed, followed by gastrojejunoostomy with nasojejunal tube insertion for early feeding. Intravenous antibiotics, parenteral nutrition and subcutaneous Octreotide injection was given. The T-tube was kept on low pressure suction for 8 days and clamped after initiation of enteral feeding. There was no immediate complication and tube was removed at 6 weeks, he remains well on out-patient review at 3 months.

CONCLUSION
The use of a biliary T-tube as a controlled fistula assists in duodenal decompression, reduces suture tension, and allows time for healing. In this case, we had the advantage of time as there was no concomitant bleeding or severe contamination. In a district setting, this method can be a safe, easily performed and reliable alternative for complex duodenal injury when resources for subspecialties are limited.

CAECAL VOLVULUS: AN UNSUSPECTING CAUSE OF INTESTINAL OBSTRUCTION

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Caecal volvulus is rare and accounts for 1% of cases of intestinal obstruction in adults and 25-40% of all colonic volvulus. It is characterized by the axial twisting of bowel involving the caecum, terminal ileum and ascending colon. We report a case of a 31 years old laborer who presented with 3 days history of generalized colicky abdominal pain, distension and vomiting. There was no previous surgical history. At presentation, he was dehydrated and unwell, with a grossly distended abdomen, no external hernias were noted. He has a Haemoglobin level of 16g/dL, leukocytosis of 16150 cell/mm3, and a normal electrolyte profile. Abdominal X-Ray showed isolated small bowel dilatation, and subsequent Computed Tomography of abdomen revealed dilated large bowel loop and ‘whirling of mesenteric vessels’ at the central abdomen, suggesting the findings of caecal volvulus. The patient underwent emergency laparotomy, and we found a grossly dilated, twisted and gangrenous caecum at central part of abdomen, with largest diameter up to 8cm. We also noted deficient peritoneal attachment of the right sided colon and underdeveloped greater and lesser omentum. An extended right hemicolecotomy and ileotransverse anastamosis was performed. Post-operative he had an uneventful recovery. In this case, the mobile and redundant caecum with lack of peritoneal attachment served as a lead point for twisting to occur, and with chronic constipation this eventually precipitated volvulus. We highlight the importance in considering caecal volvulus as an unusual yet possible differential diagnosis for large bowel obstruction.
ETIOLOGY AND EPIDEMIOLOGY
PERSPECTIVES OF LOWER GASTROINTESTINAL BLEEDING (LGIB)
DIAGNOSED BY COLONOSCOPY AT A PERIPHERY HOSPITAL
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OBJECTIVE
To detect frequency of most common causes of LGIB diagnosed by colonoscopy with special reference to age, race and sex distribution in a periphery hospital.

METHODOLOGY
Retrospective data of 105 patients who presented with at least one episode of LGIB were identified through endoscopy records from January 2013 to December 2014. Colonoscopy was performed on all patients. The causes and epidemiology data was recorded and analyzed using SPSS Statistics Software Windows Version 17.0.

RESULTS
A total of 105 patients with LGIB had colonoscopy between January 2013 and December 2014. Their age ranged from 15 to 79 with median age of 47.0. Five patients had normal colonoscopy findings. Among the patients with positive findings 58% (n=58) patients were male and 42% (n=42) were female. Malays had highest incidence of LGIB, 83% (n=83), followed by Chinese, 13% (n=13), Indians 3% (n=3) and Orang Asli 1% (n=1). The most common cause of LGIB detected by colonoscopy were Hemorrhoids 28% (n=28), followed by diverticular disease 19% (n=19), colonic polyps 18% (n=18), colon carcinoma 13% (n=13), colitis 12% (n=12) and solitary rectal ulcers 10% (n=10). Each of above the causes were further analyzed with reference to age, race and sex.

DISCUSSION AND CONCLUSION
LGIB is the most common symptoms that may reflect serious pathology in the colon. Colonoscopy is a good method in examination of large intestinal lesion. Most common causes of LGIB in our set-up were hemorrhoids, followed by diverticulum and colonic polyps. Early diagnosis in LGIB patients is important for an aggressive and symptomatic management to save patients’ life.

BREAST LUMP EXTRAPULMONARY TUBERCULOSIS: A CASE REPORT
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Breast tuberculosis is a rare manifestation of extrapulmonary localization of the disease, with an incidence of less than 0.1% of all breast lesions in Western countries and 3-4% in tuberculosis endemic regions, such as India and Africa. It appears mostly in women of reproductive age, multiparous, lactating, although it may also be reported in prepubescent males, or in elderly women. We report a case of a 44 year old lady who presented with a left breast lump, noted for the past 5 months. Clinical examination revealed palpable lump in the upper outer quadrant, no palpable axillary lymph nodes. Fine needle aspiration cytology showed granulomatous inflammation. Mammogram showed no evidence of malignancy. She subsequently underwent wide local excision of the left breast lesion. Pathology report was positive for Tuberculous infection. Breast tuberculosis represents a rare disease that should always be suspected when evaluating cases of breast abscesses, fistulae or nodules. Clinicians should consider this clinical entity, often mimicking breast cancer, and may be misdiagnosed as either breast carcinoma or abscess.

SIMULTANEOUS RUPTURE OF DIAPHRAGM AND UTERUS POST BLUNT TRAUMA: A CASE REPORT
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Traumatic diaphragmatic injury is usually occult and can easily be missed. Blunt diaphragmatic rupture occurs in up to 5% trauma patients admitted to hospital. Uterine rupture occurs in less than 1% of patients suffering blunt abdominal trauma. It is associated with a maternal mortality of approximately 10% but with a fetal mortality approaching 100%. We report a case of a 24 year old primigravida at 18 weeks period of gestation, who was a pillion rider on a motorbike which collided with a car. She presented with abdominal pain, in Class II hypovolemic shock, with intrauterine fetal death due to suspected uterine rupture. Urgent laparotomy revealed dissected uterus with anterior and posterior tears. Intraoperatively patient was referred to surgical team after it was noted that there were tears of the diaphragm, measuring 6x3cm bilaterally, exposing lung parenchyma. Blunt diaphragmatic rupture is rare and represents a challenge to diagnosis and management, particularly when imaging modalities are limited in view of pregnancy. One must maintain a high index
of suspicion based on the mechanism of injury. Once diagnosed, management focuses on ventilatory support, treatment of associated injuries and surgical repair of the diaphragmatic tear.

14 years old girl who presented with right lateral chest wall swelling and was diagnosed as Ewing sarcoma of ribs. She was started on neoadjuvant chemotherapy by oncologist and proceed with excision by thoracic team. Patient underwent right thoracotomy with wide excision of Ewing sarcoma of ribs and chest wall reconstruction. Intraoperatively noted huge tumor involving inner aspect of 8th rib, in view of oncologic clearance 6th to 9th rib was excised together with tumor. The large defect was then reconstructed using Polytetrafluoroethylene mesh with filler methyl methacrylate sandwich graft. Post operatively patient recovered well. Post operative chest radiograph showed fully expended lungs with no chest wall deformity.

Based on literature published, it shows chest wall tumor resection followed by immediate reconstruction using Polytetrafluoroethylene mesh with filler methyl methacrylate is safe one staged procedure besides shows good outcomes.

Management of patients requiring chest wall resection and reconstruction is ongoing challenge for thoracic surgeons, despite significant improvement in surgical techniques. Whether the indication be neoplastic or nonneoplastic, approach with reconstructive surgery remain essential in obtaining good results. Reconstruction provides maintenance of thoracic contents to optimize respiration post thoracic surgery.

Many literature have showed that sandwich of two layers, Polytetrafluoroethylene mesh with filler methyl methacrylate gives good combination and was widely accepted by thoracic surgeons as it gives excellent physiologic and aesthetic results.

Here we have a case report of reconstruction surgery with Polytetrafluoroethylene mesh with filler methyl methacrylate post resection of Ewing sarcoma of ribs.
CASE REPORT: BLEEDING KISSING DUODENAL ULCERS IN CHILD WITH HENOCH-SCHÖNLEIN PURPURA (HSP)

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Henoch-Schönlein Purpura (HSP) is common systemic vasculitis in childhood, characterized by a triad of palpable purpura, abdominal pain, and arthritis with or without renal involvement. We are reporting a 5 years old boy presented with perforated and bleeding duodenal ulcers (kissing ulcer) with underlying HSP.

This child previously well, presented with acute abdomen associated with haemetemesis and melaena, preceded by bilateral lower limbs papular rashes for 2 days, off and on epigastric pain for 2 weeks duration. Clinically child had signs of peritonism; CT abdomen suggestives of perforated appendicitis with pneumoperitoneum at right subdiaphragmatic region. Exploratory laparotomy through transverse incision revealed periaappendicitis, perforated duodenal ulcer at superior anterior D1, sealed with blood clot, primary repair and appendicectomy performed. Post-operative day 1, child developed massive haematemesis and melena, emergency oesophagastroduodenoscopy showed large clot with minimal oozing at D1 posterior...
SPERMATIC CORD TERATOMA PRESENTED AS INGUINAL HERNIA
Mohd Fahmi Ismail, Fatahurrahman Aminuddin, Mohd Azren Hashim, Wan Mohd Hanif Wan Yusof, Normah Ismail, Mohamed Muhshin Mohamed Sickandar
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INTRODUCTION
Primary paratesticular tumors are rare, 7-10% of all intrascrotal tumors, commonly grouped into location; testicular tunica, epididymis or spermatic cord. Mostly benign lipomas, however approximately 25% are malignant tumors. Spermatic cord tumors are the most common tumor of the paratesticular region. In adults, more than 75% arise from spermatic cord. SCT usually unilateral, hard, firm, slow growing masses of inguinal canal or scrotum hence tumor can easily be mistaken for inguinal hernia.

CASE REPORT
68 years old gentlemen presented with painless, slow growing left inguinoscrotal swelling for two years. Otherwise no intestinal obstruction or other constitutional symptoms. Upon examination, noted huge, non tender, irreducible left inguinoscrotal mass. Ultrasound scrotum revealed collective appearance of...
Genitourinary Tuberculosis in Bladder
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Background
Genitourinary Tuberculosis (GUTB) is one of the extrapulmonary TB that can be asymptomatic in the initial presentation and usually diagnosed after bladder perforation. In the GUTB the kidneys are the most common sites of infection and are infected through hematogenous spread of the bacilli, which then spread through the renal and genital tract. As in our presented case, diagnosis was only obtained after biopsy taken from cystoscopy procedure.

Case Presentation
We report a case of a 65 year-old gentleman who has no urinary symptoms but accidentally noted to have multiple focal thickening of bladder wall from ultrasound KUB which was done after noticing his Serum Creatinine level deranged. Cystoscopy was done and noted irregular thickening of bladder mucosa and hence, biopsy was obtained and microscopically revealed presence of epithelioid granulomas in the
PRIMARY ANGIOSARCOMA OF BREAST: A CASE REPORT

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BACKGROUND

Primary breast angiosarcoma is a very rare mammary malignancy, making up only 0.04% of all breast malignancies. A combination of rarity, occurrence in primarily younger age and initial benign appearance makes it a difficult diagnosis at initial presentation.

CASE

This is a case report of a 28 year old mother of two who had presented with a right breast lump attributed to trivial trauma. Initial clinical, aided with cytology, diagnosis was of an infected haematoma. Pathology after surgery reported intermediate grade angiosarcoma. She subsequently underwent wide local excision, and finally a mastectomy.

CONCLUSION

Primary angiosarcoma is a rare entity, often masquerading as a benign lesion. A high level of suspicion is required to make an accurate initial diagnosis. Classical imaging for mammary malignancy is of non-specific findings. Treatment of choice would be mastectomy, as margins are difficult to attain in a wide local excision. Radiotherapy and chemotherapy have no proven role so far.
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CASE REPORT: EXTRAMAMMARY PAGETS DISEASE OF THE SCROTUM WITH SKELETAL METASTASES

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Extramammary Pagets disease is a rare condition and guidelines in management of this disease is limited. The clinical manifestation is varied and is often associated with internal malignancies.

An 80 year old man presented with nodular scrotal skin swelling that has been progressively increasing in size over few years. Wedge biopsy of the lesion revealed adenocarcinoma of the scrotal skin. He underwent computed tomographic scan of thorax, abdomen and pelvis which revealed multiple lytic and sclerotic bony lesions involving the thoracic and lumbosacral spine. All other investigations to determine a spread from an underlying internal malignancy came back negative. Hence we proceeded with a wide local excision of the lesion.

We report this case because of its rarity.

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AN AUDIT OF NEPHRECTOMIES IN HOSPITAL TAIPING: ‘THE ROLE OF GENERAL SURGEONS’

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OBJECTIVE
To analyse and critically examine nephrectomies performed by general surgeons in Hospital Taiping

METHOD
A retrospective study of nephrectomies performed by general surgeons in Hospital Taiping over a 5 year (January 2010 until December 2014) period was done.

RESULTS
A total of 28 nephrectomies were performed during the 5 years period. The male to female ratio was 3:4. The most common indication for nephrectomy was malignancy of which 26% were primary renal malignancy. Of the 28 cases, 1 case was performed by a paediatric surgeon and the rest was performed by 2 general surgeons. Perioperative morbidity rate is about 23% and the perioperative mortality rate is 7%.

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A PECULIAR CHEST WALL SWELLING IN A DIABETIC MAN

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Meliodosis is a tropical infectious disease caused by the gram negative bacterium Burkholderia pseudomallei. It has a variable clinical presentation ranging from acute septicemia to latent disease, and is characterized by abscess formation in any parts of the body. We present a case of a 55 years old Diabetic man who presented to the surgical clinic with an anterior chest wall swelling of two months. He described some weight loss but is otherwise well. On examination, there is a large protruding right sided anterior chest wall swelling with an overlying tattoo, measuring about 10x8cm, it is firm and fixed beneath, and is neither warm nor tender, the skin overlying is intact. An initial suspicion of a soft tissue tumor was denied after a Computed Tomography of Thorax revealed a multilobulated collection with underlying lung and pleural consolidation and splenic collection. An incision and drainage of the swelling followed, draining 200cc of ‘yellow-grey’ pus. The pus culture and sensitivity revealed Burkholderia pseudomallei sensitive to Ceftazidime and Augmentin. He was started on high
dose intravenous Ceftazidime for two weeks with strict diabetic control, followed by oral Doxycycline for 6 weeks. We later found out a history of non-traumatic extradural empyema with cranium osteomyelitis 3 years ago which required open neurosurgical drainage, during which he was treated empirically for Meliodosis but subsequently defaulted follow up on discharge. This case depicts an unusual, latent musculoskeletal manifestation of Meliodosis and befits the disease familiarity as a 'Great Mimicker'. It also highlights the importance of strict antibiotics compliance to ensure complete disease eradication and relapse prevention.

RESULT

There were 181 patients underwent adrenal surgery. Thirty three patients (18%) identified as adrenal incidentaloma. Majority was female (21 patients; 64%). Median age was 50 (ranges 22- 76). Malignancy was found in 4 patients (12%): 2 adrenocortical carcinoma and 2 sarcoma. There were 5 patients with tumour size less than 4 cm and all were benign. However the prevalence of malignancy in adrenal mass >4cm were only 14 % (4/28). Heterogeneity presence in both benign (82%) and malignant (18%) and all homogenous adrenal incidentaloma were benign (100%). For irregular margin the prevalence of malignancy was 33% (2/6). The presence of calcification was demonstrated in 9 patients (27%) and only 1 patient (11%) was positive for malignancy. There were 5 patients with tumour necrosis but only 40% (2/5) were malignant. One patient had other organ involvement and the final histology showed malignant adrenal tumour.

Conclusion

In conclusion, size, margin, presence of calcification and necrosis are not reliable indicator to determine malignancy in AI. However in our study, tumour <4cm and all homogenous tumour were benign. The only predictor of malignancy is distant metastasis.

CT PHENOTYPE ANALYSIS IN ADRENAL INCIDENTALOMA

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INTRODUCTION

Adrenal incidentaloma (AI) is applied to adrenal mass that discovered during abdominal imaging performed to investigate other pathology not related to adrenal disease. Distinctive characteristic of adrenal mass on CT scan might be helpful in differentiating benign or malignant pathology

OBJECTIVE

The objective of our study is to evaluate the accuracy of CT phenotype in predicting the adrenal pathology.

METHOD

The study was conducted between January 2010 until December 2014 in Hospital Putrajaya. All patient with adrenal incidentaloma and underwent adrenal surgery were included in this study. The CT phenotype analysis and final histopathology were analysed. CT phenotype includes the size of the tumour, heterogeneity, margin, calcification, necrosis and distant metastasis.

MALIGNANT MELANOMA OF THE RECTUM: A CASE REPORT

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Malignant melanoma is a deadly form of cancer. Malignant anorectal melanoma is rare but highly aggressive and it shows worse prognosis compared to cutaneous melanoma with median survival of 24 months and a 5-year survival of 10%. Anorectum is the 3rd most common anatomic location for malignant melanoma after skin and retina.

We report a 84-years old lady who presented to us with one week history of rectal pain and altered bowel habit of unknown duration. Colonoscopy revealed a large fungating rectal mass from 3 to 5 cm from the anal verge which proved to be rectal malignant melanoma from histopathological examination.

Surgery is the main management for the disease. We discuss regarding surgical approach for excision of the tumour and relevant literature review regarding the treatment and prognosis of malignant anorectal melanoma.
intubation. An urgent peritoneocentesis relieved the tension pneumoperitoneum. Subsequently, he underwent a laparotomy to repair multiple colonic and rectal tears and there was a single transverse colon perforation which was brought out as loop colostomy. He went home a week later.

**Conclusion**

Pneumatic injury causing rupture of colon is rare and unique. It is associated with severe morbidity and even mortality. Prompt surgical intervention especially decompression of pneumoperitoneum and stoma creation is warranted.
A SAFETY REVIEW OF LAPAROSCOPIC CHOLECYSTECTOMY IN HOSPITAL TENGGU AMPUAN RAHIMAH, KLANG FROM 2008 - 2014

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OBJECTIVE
This study was carried out to see the incidence of various complications of laparoscopic cholecystectomy.

STUDY DESIGN
It was an observational case series study.

PLACE AND DURATION
This study was conducted at Hospital Tengku Ampuan Rahimah, Klang from January 2008 to December 2014

PATIENTS AND METHODS
This study comprised of 705 cases. All patients had routine investigations, liver function tests and ultrasound abdomen. The patients who underwent laparoscopic cholecystectomy whether successful or converted were included in this study. The procedure was carried out by standard four port technique. Clinical examination, investigations, operative time, post-operative complications, reasons for conversion and hospital stay were recorded.

RESULTS
The average age was 48.48 years while male to female ratio is 1:2. Main complications observed were haemorrhage in 2.12% cases, bile duct injury in 0.14%, retained CBD stones in 0.42%, bile leakage in 0.28% and gut injury in 0.14% cases. Minor complications included gallbladder perforation during procedure in 4.96% and surgical site infection in 1.13% cases. Overall conversion rate was 4.14%

CONCLUSION
The morbidity and mortality of laparoscopic cholecystectomy are remarkably low compared to the incidence in open cholecystectomy. This makes this procedure safe and effective.
INTRAABDOMINAL ACTINOMYCOsis POST LICHTENSTEIN HERNIA REPAIR; A HYBRID SURGICAL APPROACH

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INTRODUCTION

Intraabdominal Actinomycosis is rare. It can present as either an abdomino-pelvic mass mimicking malignancy or as suppurative infection. We aim to demonstrate the importance of the hybrid approach; diagnostic laparoscopy during conventional surgery to improve diagnostic sensitivity of complex presenting lesions.

CASE REPORT

A 47 year old female with poorly controlled diabetes mellitus and a history of 3 previous uneventful caesarean sections, tubal ligation and a recent Lichtenstein right inguinal hernia repair presented with a painful swelling in the right iliac fossa for 3 weeks. Initial blood work was unremarkable. A colonoscopy and complimentary gynaecological examination was normal. A CECT Abdomen/Pelvis showed a heterogeneous lesion in the lower anterior abdominal wall, the uterus was displaced antero-superiorly and appeared to adhere to the underlying peritoneum at the same region. On day 5 the swelling discharged foul smelling pus. She was subject to immediate wound debridement and diagnostic laparoscopy. Intraoperatively, there was a large abscess in the right lower abdomen encroaching the midline and breaching the fascial layer. Intraperitoneal examination revealed a mass involving a migrated propylene mesh eroding into small bowel and adhered to the uterus. The mesh was removed en-bloc with the bowel segment and shaved off the uterine serosa with primary bowel anastomosis and repair of the fascial layer. Histopathology examination confirmed Actinomycosis of the affected mass.

CONCLUSION

Intraabdominal Actinomycosis is rarely diagnosed preoperatively but almost always from a histological or microbiological examination. Management entails surgery and prolonged antibiotic therapy. This case highlights the benefits of the hybrid approach in diagnosing and managing potentially life threatening Actinomycosis complications.
OUTCOME OF TREATMENT FOR BREAST CANCER PATIENT IN A BREAST CENTRE WITHOUT RESIDENT ONCOLOGIST

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INTRODUCTION
Chemotherapy treatment for breast cancer in Hospital Putrajaya was commenced from 2008 until 2013. During that period there was only visiting oncologist every month and the treatment was given by the surgical team.

METHODS & MATERIAL
We retrospectively reviewed 287 patients who were diagnosed with breast cancer and received chemotherapy in Hospital Putrajaya from January 2008 to December 2013 were included in this study. Their clinicopathological features, treatment and outcomes were analysed.

RESULTS
The mean age of our patient was 49 years (range 23-75 years). Majority of patients were Malays (84%). Seven patients (2.4%) presented with TNM stage I, 128(44.6%) with stage II, 89 (31%) with stage III and 63 (22%) with stage IV. Patients with ER/PR negative...
was 104 patients (36.2%), 191(66.6%) had ER and/or PR positive.

Out of 224 patients with stage I-III disease, 211 patients completed treatment. Majority 148(70.1%) had mastectomy. One hundred seventy-one patients (81%) received adjuvant chemotherapy and 40 patients (19%) had neo-adjuvant. One hundred twenty nine patients (61.1%) received anthracycline-based chemotherapy and 61(28.9%) had sequential anthracycline and docetaxel. One hundred sixty-eight patients (79.6%) had post-operative radiotherapy and 143(67.8%) patients had hormonal therapy.

At a median follow up of 41 months (range 4-132 months), 40 patients (19%) had recurrence ; 1 of 7 in stage I, 14 of 120 in stage II and 25 of 84 in stage 3. Thirty-four patients died from breast cancer. 2 years survival rate for stage II was 96.4% and stage III was 80.7%.

CONCLUSIONS
Majority of patient presented at late stage. The outcome of treatment is comparable to breast centre with resident oncology.

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TOLERANCE OF A HIGH PROTEIN CLEAR LIQUID FORMULA VERSUS CONVENTIONAL CLEAR FLUID DIET AFTER BARIATRIC SURGERY: A RANDOMIZED CLINICAL TRIAL

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BACKGROUND
Feeding after surgery is frequently complicated by post operative vomiting. In bariatric surgery, oral intake is further restricted by the newly created smaller stomach pouch. Generally clear liquids are recommended in the first 48 hours after surgery. However such clear liquids lack nutritional value and electrolytes except for the providence of fluids and simple carbohydrates. The purpose of this study is to study the tolerance of a high protein clear fluid formula (RESOURCE Fruit Beverage) as compared to conventional clear fluids in the immediate post bariatric surgery period (first 48 hours).

METHODS
This is a single centre study performed between January 2014 to October 2014. Ninety-two patients were randomized into two groups (A and B), those receiving oral RESOURCE Fruit Beverage and clear liquids(A) and those receiving clear liquid diets only(B). The primary end-point is the tolerance of feeds. Other secondary end-points include post operative nausea and vomiting (PONV), numeric satisfaction scale, blood glucose levels, serum electrolytes and length of hospital stay.

RESULTS
A total of 87 patients were included in the study. Five patients who were not compliant to the post operative feeding protocol were excluded from the study. There were no statistically significant difference in feeding tolerance and vomiting among the 2 groups but a statistical difference was seen in the satisfaction score between them.

CONCLUSION
Oral RESOURCE Fruit Beverage is well tolerated after bariatric surgery with patients feeling more satisfied.
(22.5%) were pre-malignant and the remaining 24 (60%) were benign lesions. The malignancy rate was 28.6% for benign lesions and 71.4% for malignant lesions, respectively. The Hook Wire Localization procedure was warranted in 40% of our patients who had a final diagnosis of malignant and pre-malignant lesions.

CONCLUSION
Hook Wire Localization offers an opportunity for accurate excision and diagnosis of nonpalpable breast lesions. Overall, the malignancy rate in our study was 17.5%. Previous studies have reported malignancy rates of between 19-32% with Hook Wire Localization biopsy. In January 2015, HTAR has implemented the use of screening guidelines as well as single physician care for proper patient selection in order to improve our malignancy rates.

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INDIRECT LARYNGOSCOPE; DO OR DON'T IN THE BENIGN THYROID SURGERY
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BACKGROUND
According to some authors, routine laryngoscope should be the standard of care in all patients undergoing thyroid surgery. The rationale for this approach is the risk that a patient may have preoperative vocal cord palsy without symptoms. However, there is some literature review show preoperative vocal cord palsy is rare in patient with benign thyroid disease. Thus, the study of the incidence of the preoperative asymptomatic vocal palsy in benign thyroid disease is important.

METHODS
Medical records of total 75 patients who underwent benign thyroid surgery from 2013-2014 were retrospectively review for patient voice complaints, surgeon documented voice quality and result of laryngoscopy. We exclude the thyroid malignancy case in this study.

RESULTS
Of total 75 patients, only 4% (3 patients) had abnormal laryngoscopy findings including 1 asymptomatic vocal cord paralysis (1.2%). Preoperatively, 24% of patient’s complaint of voice changes, but only 3 patients had a corresponding abnormality on laryngoscopy examination. Only 4% of patients had a surgeon documented voice abnormality with 100% corresponding abnormality on laryngoscopy.

CONCLUSION
The incidence of preoperative asymptomatic vocal cord palsy is low in benign thyroid surgery. Thus selective rather than routine use of preoperative laryngoscope is acceptable. We recommended surgeon documented voice abnormality as criteria for preoperative laryngoscopy.

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VIDEO-ASSISTED THORACIC SURGERY (VATS) FOR IATROGENIC THORACIC INJURY; A CASE SERIES
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INTRODUCTION
Video-Assisted Thoracoscopic Surgery (VATS) has an established role in elective thoracic surgery. However, its role in emergency thoracic is still uncommon. We would like to share our experience performing VATS in emergency thoracic surgery.

CASE PRESENTATION
This report presents three cases which were seen at our center from 2013 till 2014. All three cases were referred to the Surgical Department for iatrogenic thoracic injury; One patient developed tension haemothorax after needle thoracocentesis, the second patient developed haemothorax after chest tube insertion, while the third patient developed haemothorax after internal jugular vein catheterisation. We selected these cases to highlight how VATS can be used to manage patients requiring emergency thoracic surgery.
CONCLUSION

VATS is a safe and acceptable option for emergency thoracoscopic surgery with an appropriately resuscitated patient, proper equipment and an experienced/trained surgeon.

MANAGING SUPERIOR MESENTERIC ARTERY SYNDROME: TWO SUCCESSFUL CASES OF LAPAROSCOPIC DUODENOJEJUNOSTOMY
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INTRODUCTION

Superior mesentery artery (SMA) syndrome is a rare cause of mechanical duodenal obstruction. The popular pathogenesis of SMA syndrome is loss of mesenteric fat pad which surrounds the SMA. Loss of intervening fat leads to entrapment of third part of the duodenum when it passes between the SMA and the aorta, results in proximal duodenal obstruction. Its incidence is unknown, estimated to be 0.3% from upper gastrointestinal contrast series.

CASE PRESENTATION

We report 2 cases of SMA syndrome in young females. They presented with typical history of postprandial epigastric pain, vomiting and weight loss. A barium meal study showed an abrupt cut off at the third part of the duodenum. Computed tomography confirmed the diagnosis by demonstrating a narrowed aorto-mesenteric angle and distance. The initial management focused on supporting their nutritional needs. Subsequently, we performed laparoscopic duodenojejunostomy. On follow up, they regained weight gradually and their symptoms improved.

CONCLUSION

Diagnosis of SMA syndrome is often not pursued as the symptoms are non-specific. Hence, high index of suspicion is required if routine management fails. There are various surgical methods which are employed after failed medical management. Traditionally, open approach duodenojejunostomy is favoured as the results are excellent. Currently laparoscopic approach has replaced it as recovery is faster. Laparoscopic duodenojejunostomy is safe, effective and easily reproducible method in managing SMA syndrome.

RARE EMERGENCE OF ABDOMINAL TUBERCULOSIS
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This is a rare presentation of a 27 year old gentleman with no known co-morbidities. Presented with lethargy, abdominal pain and bloating, giddiness, vomiting, diarrhoea, loss of appetite and loss of about 5 kilograms in the past 2 months. On initial examination, patient was thin and frail, abdomen was grossly distended and patient was anaemic.

Initial impression was complex abdominal cystic mass ergo patient was planned for an urgent CT abdomen and pelvis and for both oesophagogastroduodenoscopy (OGDS) and colonoscopy. OGDS findings was pangastritis with reflux oesophagitis and from colonoscopy he was queried to have a bleeding gastrointestinal stromal tumour and was admitted to ward.

CT abdomen/pelvis was done and was noted there was a huge intraperitoneal complex cyst with air and fluid within occupying the whole abdominal cavity. Impression was a huge intraperitoneal contained complex fluid with large air within is very suggestive
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or perforated viscus with underlying presence of capsulated (or pseudo capsulated) complex peritoneal cyst and bilateral moderate hydronephrosis.

As it was still uncertain the nature of the disease or causative factor, patient was opted for a surgery and underwent an exploratory laparotomy. Intra operatively the cyst was turbid, blackish, foul smelling and contaminated with feces. Diagnosis was still uncertain then and was pending for the HPE report.

The HPE result with Ziehl-Neelsen stain for acid fast bacilli was positive. Patient was then started on anti-TB medication was managed in the ward.

Abdominal TB usually presents with almost similar complaints but presentations will be hematochezia, bowel obstruction, and fever amongst others and CT scans will usually show peritoneal lymphadenopathies. With this poster presentation, this rare presentation can be further exposed and brought to attention and thus be a differential when a patient presents with signs and symptoms such as this patient

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PATENT VITELLO INTESTINAL DUCT; A RARE CAUSE OF UMBILICAL DISCHARGE
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This is a case of a 2 year old boy who from history has been having discharge from his umbilicus since birth. He has been brought to multiple practitioners prior to this and has been treated as umbilical sepsis and been given courses of antibiotics, when he first presented to us, there was a small 2x2 swelling over the umbilical region. It was erythematous with healthy mucosa. He was treated as umbilical granuloma and was given a date for a laparoscopic examination.

Laparoscopic examination showed a Patent Vitello Intestinal Duct (PVID) and hence it was converted to an open laparotomy and resection of the Vitello Intestinal Duct with primary anastomosis. Patient recovered well and there was no discharge or active complaint post-surgery.

Differentials for patients who present with similar swelling are umbilical adenoma, umbilical sepsis, patent urachus and patent VID. The latter two would require surgical intervention hence is important to be identified from the primary setting and for early surgical referral to prevent mismanagement and prompt intervention. Mortality rate can increase detrimentally especially in the event of a prolapse.

Patients will usually present with persistent discharge from the umbilicus, swelling over the umbilical region, and with complications; bleeding, and obstructive symptoms. This poster is hoped to be beneficial in exposing amongst the presentation and differentials of such a case. A laparoscopic examination would be able to delineate the differentials and aid in the definitive management.

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CLINICAL EXPERIENCE IN MANAGING MEDULLARY THYROID CARCINOMA IN PUTRAJAYA HOSPITAL – A 15-YEAR EVALUATION
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Medullary thyroid carcinoma(MTC) is a tumour of the parafollicular C cells. It accounts for approximately 4% of thyroid carcinomas. The most common presentation is solitary thyroid nodule in 75 to 95% of patients. Approximately 50% have clinically detectable cervical lymph node metastasis and about 5% have distant metastatic disease.

We report a total of 12 cases of MTC managed in Putrajaya Hospital from January 2000 to December 2014. The gender distribution revealed a male preponderance with male:female ratio of 1.4:1. The mean age at diagnosis was 44.8 years, SD(12.74). The racial distribution showed an equal preference to Malay and Indian races, Malay:Indian:Chinese 2.5:2.5:1. All of the patients came with anterior neck swelling at first presentation. Only one of the patients had associated carcinoid syndrome which proved to be a challenge to manage.
Preoperative tissue biopsies were performed in all patients, six of which (50%) were diagnosed as MTC. Preoperative serum Calcitonin was elevated in six cases (50%), whereas one had a normal level, one had a lysed sample and the rest were not done as they were not diagnosed as MTC preoperatively. Neck nodal metastases were present in 10 patients (83.3%), whilst MTC recurrence was present in 8 patients (66.7%).

Majority of the cases (nine patients) were sporadic MTC, while three patients with familial MTC; one of which with MEN Type 2A. During a period 0.4 - 10.0 years follow-up, nine are still alive, one lost to follow-up, and two succumbed to death. In conclusion, the preliminary data suggests that MTC cases managed in Putrajaya Hospital has following characteristics: (1) male preference, (2) mostly sporadic MTCs, (3) neck nodal metastasis is common, (4) MTC with carcinoid syndrome is plausible but very rare.

Prospective Study: The Pattern and Early Treatment Outcome of Abdominal Injury in Hospital Pakar Sultanah Fatimah, Muar

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Objective
Trauma is the leading cause of death under the age of forty and of all traumatic deaths abdominal trauma is responsible for approximately 10%. The objective is to study the demography data, pattern and early treatment outcome of abdominal injury in surgical unit HPSF, Muar.

Method
A prospective, descriptive and observational study of abdominal injury patients from the day of admission to final outcome of management at discharge or death, presenting to surgical unit HPSF, Muar, from June 2014 to February 2015. The data were analyzed using SPSS software.

Results
A total of 29 patients with abdominal trauma managed in the surgical department during the study period were enrolled. Males were 23 and females were 6 with the male to female ratio of 3.8:1. The age range was 11 to 78 years with the mean age of 37.8 years. 10 patients (34.5%) were in the age group of <20 years. Occupational wise student were most involved in accident constituting 31% (9 patients) of all cases. All abdominal injuries were caused by blunt trauma and 89.6% (26 patients) were involved in MVA. 18 patients (62.1%) with intra abdominal solid organ injuries were managed non-operatively. During the study period, 4 complications and 4 death were recorded in which all death are related to MVA. The average length of stay for abdominal injury patients ranged from 3 to 23 days.

Conclusion
Blunt abdominal trauma was the commonest type of abdominal injuries in HPSF, Muar and vast majority were treated non-operatively. Early diagnosis and appropriate treatment contribute greatly to reduce the mortality and morbidity rate.

A Rare Presentation of Small Bowel Lymphoma

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Introduction
Lymphoma of the small bowel is the most common small bowel malignancy, accounting for 25% of all primary small bowel malignancies. Clinical presentation can be either abdominal mass, gastrointestinal bleeding, perforation or intestinal obstruction.

Case Report
A 29 years old gentleman, with generalized colicky abdominal pain for 1 month, persistent vomiting and significant weight loss. He presented to us with worsening abdominal pain and intestinal obstruction. Clinically, there was visible peristalsis. Supine abdominal x-ray showed dilated jejunum.

Intra-operatively, revealed small bowel tumour, located 130 cm from duodenojejunal junction, with only pinpoint lumen, ulcerated mucosa and infiltrating into sigmoid colon. The proximal small bowel was...
Patients were generally happy with the concept of discharging home post-breast cancer surgery with drains which suggests feasibility of daycare breast cancer surgery with adequate education and drain care support.

**CONCLUSION**

Patients were generally happy with the concept of discharging home post-breast cancer surgery with drains which suggests feasibility of daycare breast cancer surgery with adequate education and drain care support.
INTRODUCTION
Intussusception of the bowel is defined as the telescoping of a proximal segment of the gastrointestinal tract (intussusceptum) within the lumen of the adjacent segment (intussuscipient). Adult intussusception is an uncommon cause of intestinal obstruction, thus posing a diagnostic challenge to the surgeon. The majority of intussusception in adults is due to a secondary cause – adhesion, polyps, lymphoma and metastases.

CASE REPORT
We report a case of a 71-year old male with left-sided hemiparesis, on percutaneous gastrostomy tube feeding following a cerebrovascular accident four years ago, who presented with a one-week history of bilious vomiting, colicky abdominal pain and abdominal distension. On examination, he was haemodynamically stable. The abdomen was distended. There was no peritonism and hernial orifices were intact. A diffuse, ill-defined para-umbilical mass was palpable. Digital rectal examination revealed normal findings.

Contrast enhanced computed tomography (CT) scan of the abdomen and pelvis revealed enhancing lobulated para-aortic mass which represents matted lymph nodes, strongly suggestive of abdominal lymphoma. There was ileal thickening at the pelvis which demonstrated concentric layers, suspicious of intussusception.

We proceeded with a diagnostic laparoscopy and found an ileo-ileo intussusception with multiple lymphadenopathy at the mesentry of the small bowel. Segmental resection and primary anastomosis was performed through a lower midline incision. Histopathological report confirmed small bowel Burkitts Lymphoma.

CONCLUSION
Adult intussusception is uncommon and poses a diagnostic challenge. CT scan of the abdomen plays an important diagnostic role – localising the site of intussusception and the presence of a lead point. Surgical resection remains the main treatment modality in adult intussusception.
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A YOUNG GIRL WITH AN ABSENT RIGHT THYROID LOBE: A CASE REPORT AND LITERATURE REVIEW

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Lingual thyroid is a rare congenital condition results from lack of normal caudal migration of the thyroid gland. We report a case of a young girl diagnosed with lingual thyroid who presented with an anterior neck swelling. The literatures on this rare condition are reviewed and its management discussed.

CASE REPORT
An 18 year old Malay female presented to us in December 2010 with an anterior neck swelling since age 9. She was clinically euthyroid and had neither constitutional nor compressive symptoms. Physical examination revealed no evidence of hyperthyroidism or hypothyroidism. She has a 4 x 4 cm swelling lateral to the thyroid cartilage on the left. Her blood tests revealed a high TSH and low free T4 levels. Microsomal antibody was detected. She was started on L-thyroxine 100 mcg daily.

Ultrasound showed a superiorly located diffusely enlarged left thyroid lobe with absence of the right lobe. Cytology revealed nodular hyperplasia with thyroiditis. CT scan showed an aberrant left thyroid lobe and presence of a lingual thyroid tissue, confirmed by the subsequent thyroid scan with Tc-99m.

Following medical therapy, her anterior neck swelling reduced in size, there was no obstructive symptoms from her lingual thyroid, and she remained clinically and biochemically euthyroid.

CONCLUSION
Lingual thyroid is the most frequent ectopic location of the thyroid gland although the prevalence varies between 1:100000 to 1:300000. It occurs more frequently in female. About 33-62% of patients showed subclinical hypothyroidism. Differential diagnosis includes thyroglossal, epidermal, dermoid or sebaceous cyst and lipoma. Management is controversial and no treatment is required when lingual thyroid is asymptomatic and patient is euthyroid.

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SPONTANEOUS HAEMO-PNEUMOTHORAX: A RARE, LIFE THREATENING ENTITY

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INTRODUCTION
Spontaneous haemo-pneumothorax (SHP) is a rare clinical disorder, complicating 2 to 7.3% of patients with spontaneous pneumothorax and is potentially life threatening due to massive bleeding. SHP occurs commonly in young male patients with a 30:1 predominance, following collapsed lung from pneumothorax with haemorrhage from torn congenital aberrant vessel, bleeding from torn adhesions between parietal and visceral pleurae or bleeding from ruptured bullae.

CASE REPORT
We report a case of a 24 years old man, presented with 1 day history of right sided chest pain and breathlessness, with no history of trauma. He was a smoker but had no significant medical history. Upon presentation, patient was hemodynamically unstable due to hypovolemia with drop in Hb from 12.8 to 9g/dl, requiring aggressive resuscitation and blood products transfusion. Chest X-ray revealed a right hydropneumothorax with possible lung collapse. Tube thoracostomy was done and drained 2.6 litres of blood over 4 hours. Cardiothoracic team was consulted and in view of hypovolemic shock with drainage of more than 600mls/hour for 4 hours, patient was planned for urgent surgery. Video Assisted Thoracic Surgery (VATS) was done and intoaratively found a spurring vessel over the apical region due to torn adhesion band between an apical right lung bullae and the parietal pleura. The tear was due to a collapse following spontaneous rupture of the apical lung bullae. Hemostasis was secured with endoscopic ligaclips and bullectomy was performed with endoscopic staplers. Patient had a complete recovery postoperatively.

CONCLUSION
We are reporting this case to emphasize: (i) unique mechanism of SHP (ii) importance of early surgical intervention which has led to uncomplicated and complete recovery.
We diagnosed an acute small bowel obstruction and performed emergency laparatomy. The intraoperative findings were distension of the small bowel and intussusception of ileum due to an adhesion of inverted Meckel's diverticulum. Adhesiolysis with wedge resection of Meckel's diverticulum and hand-sewn anastomosis was performed. Histopathology examination distinguished Meckel's diverticulum and no sign of malignancy seen. Post operatively, the patient made an uneventful recovery.

**INTUSSUSCPTION DUE TO MECKEL'S DIVERTICULUM: A CASE REPORT**

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Adult intussusception due to Meckel’s diverticulum is an uncommon cause of intestinal obstruction. Adult intussusception itself occurs infrequently and differs from childhood intussusception in its presentation, aetiology, and treatment. Diagnosis can be delayed because of its longstanding, intermittent, and non-specific symptoms and most cases are diagnosed at emergency laparotomy. With more frequent use of computed tomography in the evaluation of patients with abdominal pain, the condition can be diagnosed more reliably. We experienced a case of intussusception due to Meckel’s diverticulum which caused intestinal obstruction. A 16 year old boy presented with complaint of generalized abdominal pain associated with multiple episodes of vomiting. Patient had history of similar symptoms last year but never investigated. An abdominal radiograph showed small bowel loop dilated. Subsequently, computed tomography was done and findings of small bowel obstruction with transition point seen at the ileum and incidental finding of intussusception.
investigating “benign-looking” esophageal strictures in the background of breast cancer.

**METHODOLOGY AND RESULT (CASE REPORT)**

A 50-year-old woman who was treated for invasive ductal carcinoma of the left breast 10 years earlier, presented to the surgical clinic with complaint of progressive dysphagia. Narrowing of lower esophagus with normal mucosa was seen on oesophagoduodenoscopy. Initial biopsy of the stricture was inconclusive. Endoscopic ultrasonography (EUS) guided tissue biopsy confirmed the diagnosis of metastatic breast carcinoma with positive ER and PR status. There were no adverse events following the endoscopic procedures. The nasogastric tube was removed and he was allowed orally. The stents were then removed with no residual fistulation demonstrated.

**CONCLUSION**

Benign acquired tracheo-oesophageal fistula (TOF) can be effectively managed with endoscopic procedures.

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**BREAST-ESOPHAGUS SYNDROME: ESOPHAGEAL METASTASIS FROM INVASIVE DUCTAL CARCINOMA OF BREAST**

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**INTRODUCTION**

Breast cancer remains the most prevalent cancer among women, with metastatic spread seen commonly to the liver, bone and brain. Esophageal metastasis is relatively uncommon, favors a delayed occurrence following initial breast cancer treatment and is often mistaken as benign. Largely asymptomatic, onset of clinical manifestation such as dysphagia denotes disease progression and confers poorer prognosis. Metastatic spread to the distal esophagus occurs via lymphatic channels and affects the outer layer while sparing the mucosa.

**OBJECTIVE**

We aim to highlight a rare case of metastatic esophageal disease in a patient who was earlier treated for invasive ductal carcinoma of the breast. Awareness of this clinical entity will prompt surgeons to adopt a higher index of clinical suspicion when investigating “benign-looking” esophageal strictures in the background of breast cancer.
A RARE CASE OF ISCHAEMIC COLITIS PRECIPITATING RUPTURED ABDOMINAL AORTIC ANEURYSM

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INTRODUCTION
Abdominal aortic aneurysm (AAA) occurs as degeneration of tunica media leading to loss of structural integrity. Old age, Caucasian, male gender, with smoking history and underlying atherosclerotic disease are well-recognised risk factors associated with AAA development. Progressive dilatation and expansion of the aorta may eventually lead to rupture of the aneurysm. Recent literatures postulate that mechanical force may not be solely responsible for an acute aneurysm rupture, as inflammatory activity may also precipitate it owing to the enzymatic effect of matrix metalloproteinases.

PRESENTATION OF CASE
Here we present a rare case of ischaemic caecal colitis precipitating the rupture of an abdominal aortic aneurysm. A 71 year old Caucasian gentleman with a previous history of cerebrovascular event presented to us with right iliac fossa pain for 1 week associated with loose stool and fever. The pain then become generalised with increasing severity and radiating to the back. Clinical examination shows a generalised tender and guarded abdomen and abdominal computed tomography scan was arranged which demonstrated a ruptured infrarenal fusiform AAA. Open surgery subsequently revealed a concomitant ischaemic caecal colitis with rupture AAA.

CONCLUSION
A review of literature suggests that the inflammatory response from sepsis or peritonitis upregulates level of matrix metalloproteinases which can degrade aortic wall elastin and collagens leading to expansion and rupture of AAA.

SPONTANEOUS MESENTERIC HEMATOMA: UNCOMMON YET FEARFUL COMPLICATION IN PATIENT ON ANTICOAGULANT THERAPY

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INTRODUCTION
Spontaneous mesenteric hematoma is uncommon with variable aetiologies. It is potentially life-threatening if not duly recognized and promptly treated. In comparison with gastrointestinal haemorrhage and hematuria, spontaneous mesenteric hematoma is a rare complication of anticoagulant therapy. With advent use of anticoagulant therapy worldwide, incidence of occurrence may be on the rise. Here we describe a case of spontaneous mesenteric haematoma occurring as a complication of anticoagulant therapy leading to hemorrhagic shock.

CASE PRESENTATION
A 63-year-old man with hypertension and atrial fibrillation on warfarin, presented with sudden onset left iliac fossa pain and abdominal distension without other significant history. Clinically, a 5X7cm tender mass was palpable over left iliac fossa. Patient was noted to be hypotensive with rapid drop of hemoglobin count. Coagulation profile was deranged with INR of 4.66. Computed Tomography (CT) angiography of abdomen confirmed the diagnosis of mesenteric hematoma with active extravasation. Following resuscitation and correction of the abnormally prolonged INR, there was no evidence of further bleeding. Patient was discharged uneventfully after 4 days of hospitalization. Oral warfarin was reintroduced on subsequent follow up with no further complication.

CONCLUSION
Patient on anticoagulant therapy with abnormally prolonged INR and abdominal symptoms should prompt the suspicion of spontaneous mesenteric hematoma. Imaging should be done immediately to confirm the diagnosis. CT remains the modality of choice as it provides the benefits of localizing the site of bleeding, visualizing active extravasation and identifying any vascular malformation. Accurate diagnosis followed by prompt treatment ensure a favourable outcome in spontaneous mesenteric hematoma.
time, a right adrenalectomy was performed since the ectopic was adjacent to it and there was a large feeder vessel originating from the adrenal gland. The post-operative period was uneventful and the patient was discharged 2 days after the surgery. A 6 month follow up revealed that the patient has a complete resolution of hypertension and hypokalemia.

**DISCUSSION**

Anterior laparoscopic approach is employed in the management of ectopic adrenocortical tumors which are more "anteriorly" located. Simultaneous adrenalectomy could also be performed using the same approach.
CASE REPORT: CONGENITAL MESOBLASTIC NEPHROMA (AGGRESSIVE CELLULAR VARIANT)

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INTRODUCTION
Congenital Mesoblastic Nephroma (CMN) is a rare pediatric renal tumor. However, the most common renal tumor in neonates. It comprises two histological subtypes, namely classic and cellular. It remains a diagnostic challenge for pathologists due to its similarity with other more frequent pediatric kidney neoplasms.

CASE PRESENTATION
Baby girl born at 37 weeks and 5 days of gestation born to a 27 yr old mother G3P2with Gestational diabetes. Antenataley no documented polyhydroamnios.

Post-delivery noted to have abdominal distension with palpable left abdominal mass; associated with persistent high BP reading which requiring nifidipine suspension 0.25mg/kg tds dosing. Computer tomography (CT) of abdomen confirmed the presence of left renal tumor well circumcised heterogeneously enhancing mass. Therefore underwent left nephrectomy at 1-month of life. Histopathological report revealed complete specimen consistent with cellular mesoblastic nephroma. However at 3-month of life presented with right sided pleural effusion which suggestive of lung metastasis. Thus given given trial of chemotherapy VAC regime (vincristine, actinomycin and cyclophosphamide). In view of good response completed 9 cycles of VAC regime. At 1yr of age repeated CT abdomen and thorax not suggestive of recurrence.

DISCUSSION
CMN should always be considered in the differential diagnosis of hypertension in neonatal period. In contrast to classical CMN histological variants may exhibit aggressive behavior, tumor recurrence and metastasis very rare except in atypical mesoblastic nephroma (aggressive cellular variant). Otherwise, CMN generally benign and only warrants adjuvant therapy in rare cases.

CHEMOPORT INSERTION: COMPARISON BETWEEN THE OPEN AND CLOSED METHOD WITH THEIR RELATED COMPLICATIONS AMONG ONCOLOGY PATIENTS
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Oncology patients undergoing complex chemotherapy generally require a long-term venous access. Repetitive intravenous (IV) cannulations or central line (CVL) insertions may cause venous thrombosis, peripheral veins damage and extravasation of drugs, leading to tissue necrosis. To overcome this, chemoport - a tunneled vascular access device, are routinely implanted using either an Open method or Closed method. This study is to evaluate and compare the complications between the two techniques.

METHOD
A 5 years retrospective analysis on 269 patients who underwent chemoport insertions by Breast and Endocrine Surgeons in our two centres, Putrajaya Hospital and Institut Kanser Negara, from January 2009 to December 2014 were studied.

RESULT
Of those patients, 24 were male and 245 were female, with mean age of 49.4 years. 229 cases (85.1%) were performed under local anesthesia while other 40 patients (14.9%) underwent general anesthesia. Indications for insertions were for chemotherapy commencement (96.6%), intravenous fluid access (2.6%), antibiotic administration (0.4%), and parenteral feeding (0.4%).

A total of 17 out of 94 patients (18.1%) who underwent Open method and 50 out of 175 patients (28.6%) where Closed method performed, developed complications of post-procedural hematoma or bleeding - 3.2% and 2.3% (p = 0.698), venous thrombosis - 4.3% and 1.7% (p = 0.243), infection - 4.3% and 8.0% (p = 0.241), port malposition and migration - 5.3% and 4.0% (p = 0.617), arterial puncture - 1.1% and 8.6% (p = 0.013), and pneumothorax - nil and 2.3% (p = 0.301), respectively. At least 8 patients (3.0%) required readjustment and 16 patients (5.9%) needed their ports removed.

CONCLUSION
Based on our study, chemoport insertion can be performed safely within an acceptable risk of complications. However, one should always keep in mind of a higher risk of arterial puncture while performing the closed method technique.
INTRODUCTION

Bariatric surgery is a rare, multi-system inflammatory disease that affects the eye, oral cavity, and genitalia. Highest prevalence has been reported in Turkey, young East Asian women and Middle Eastern men. Intestinal BD is seen in 10-15% of BD patients. These subsets of BD patients share similar characteristics as those with inflammatory bowel disease (IBD). The blurred line of differentiation between the two clinical entities often poses a diagnostic challenge. With no confirmatory laboratory test, diagnosis often rests on the shoulders of the attending physician.

OBJECTIVE

We aim to describe a case of intestinal BD in a young female who presented with symptoms of chronic intestinal obstruction and lower gastrointestinal bleeding.

METHODOLOGY (CASE REPORT)

A 35-year-old lady presented with complaints of orogenital ulcers, rash and fever for the past 2 weeks. She also had abdominal distension, intermittent abdominal pain and bloody diarrhea for the past 3 days. There was generalised abdominal distension with hyperactive bowels sounds. Abdominal radiograph demonstrated dilated loops of small bowel. There was no previous surgical history. Emergency laparotomy was performed the same day.

RESULTS

Intraoperatively, a stricture was noted 10cm from ileo-caecal junction as well as deep mucosal ulcers at the ascending colon. Right hemicolectomy was performed with functional end-to-end anastomosis. Post-operative recovery was unremarkable and she was discharged well 5 days later. HPE of the resected specimen showed severe enterocolitis with vasculitis changes.

CONCLUSION

Intestinal BD is a rare subset of BD. The multi-system disease can eventually lead to multi organ failure. Surgical resection followed by systemic control of disease by use of steroids or immune modulators may be beneficial to prevent further recurrence and progression of the disease.
THE MOREL LAVALLEE LESION: HOSPITAL KUALA LUMPUR EARLY EXPERIENCE

R Rosnelifaizur, M K Azuddin, Hussein Hanif, Ariffin Azizi Zainal

Morel-Lavallee lesions are rarely diagnosed posttraumatic sequelae that firstly described by the French physician Maurice Morel-Lavallee in 1853. It follow closed degloving injuries due to accumulation of blood and debris in the subcutaneous plane in association with pelvic and acetabular fractures, but it can also occur from low velocity crush injury. Though they are not uncommon, they are rarely diagnosed which results in delay in their treatment. Diagnosis is through a combination of clinical examination, history, and imaging studies. Missed diagnosis can lead to delayed presentation or death. Different treatments have been used for their management like compression therapy, sclerosant injection, pulse lavage, and open debridement. Treatments resulted in varying degree of success. Here we reported 2 cases from our recent experienced in managing this cases in our centre. Multidiciplinary approach is essential for a good results.

OUTCOMES OF EARLY VERSUS DELAYED CHOLECYSTECTOMY IN PATIENTS WITH MILD TO MODERATE ACUTE BILIARY PANCREATITIS – A RANDOMIZED PROSPECTIVE STUDY

S L Jee, K F Lim, K Raman, R Jarmin

In patients with ABP, cholecystectomy is mandatory to prevent further biliary events, but the precise timing of cholecystectomy for mild to moderate disease remain a subject of ongoing debate. The aim of this study is to assess the morbidity and effectiveness of early versus delayed cholecystectomy. We hypothesize that early cholecystectomy as compared to delayed cholecystectomy reduces recurrent biliary events without a higher peri-operative complication rate.

METHODS

Patients with mild to moderate ABP were prospectively randomized to either an early cholecystectomy (within the same index admission) versus a delayed cholecystectomy group (performed after discharge from index admission). Recurrent biliary events, peri-operative complications, conversion rate, length of surgery and total hospital length of stay between the two groups were evaluated. The study was designed to enroll 120 patients with an interim analysis midway through the study.

RESULTS

A total of 72 patients of multiracial population were enrolled at a single public hospital. Of them, 38 were randomized to the early group and 34 patients to the delayed group. There were no baseline differences between groups with regards to demographics. There were no differences regarding peri-operative complications (7.78% vs 11.76%; P = 0.700), conversion rate to open surgery (10.53% vs 11.76%; P = 1.000) and duration of surgery performed (80 vs 85 minutes, P = 0.752). Nevertheless, a greater rate of recurrent biliary events was found in the delayed group (44.12% vs 0%; P = < 0.0001) and the hospital length of stay was longer in the delayed group (9 vs 8 days, P = 0.002).

CONCLUSION

In mild to moderate ABP, laparoscopic cholecystectomy performed within the same index admission reduces the risk of recurrent biliary events without an increase in operative difficulty or perioperative morbidity.

PREDICTORS OF OCCULT NIPPLE INVOLVEMENT IN BREAST CANCER PATIENTS WITH GROSSLY NORMAL NIPPLES

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INTRODUCTION

Breast conserving surgery (BCS) with nipple –areolar complex (NAC) sparing is a preferred treatment for early breast cancer patients. We aim to predict the occult nipple involvement in grossly normal nipples to guide a safe nipple sparing surgery.

METHODS

We retrospectively analysed mastectomy specimens with grossly normal nipples from 2013 until 2014 in our centre. The occult nipple involvement is compared with respect to the tumour size and tumour – nipple – distance (TND) obtained from Electronic Medical Record (EMR).

RESULTS

A total of 67 mastectomy specimens with grossly normal nipples were analysed for this study. 8 specimens showed occult nipple malignancy (12%).
INTRODUCTION
Aspergillosis is an uncommon lung pathology commonly affecting immunocompromised patients and few reported case of concomitant tuberculosis infection. One of severe manifestation are invasive aspergillosis.

CASE SUMMARY
Our case is a 34-year-old lady presented with nonresolving hemoptysis. Previously known case of TB completed therapy 10 years ago.

Serial CT was done show cavitation with fungal ball formation. Subsequent CT show increasing left fungal ball.

She was referred to thoracic HKL for intervention. Her lung function was FEV1 was 26%. CPET was arranged. Left upper zone Lobectomy was plan. Trisegmentectomy was done. Her follow-up showed improvement in symptoms.

ACUTE PANCREATITIS IN HOSPITAL TAIPING, PERAK: A ONE-YEAR AUDIT
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BACKGROUND
Acute pancreatitis has various precipitants; the most common are gallstone and alcoholism. It causes morbidity and mortality depending on its severity which ranges from mild, moderate to severe. We studied patients who were admitted to determine the primary aetiology of pancreatitis and outcome in treating acute pancreatitis.

DESIGN
Retrospective audit of medical records

METHODS
The medical records of patients admitted to hospital Taiping Perak with diagnosis of acute pancreatitis from 20th March 2014 to 20th March 2015.

RESULTS
Forty four patients were admitted with a diagnosis of acute pancreatitis where by the median age group was 51 years old. There were 54 specimens in TND≥ 20 mm, and out of these, 5 specimens (9%) showed occult nipple involvement. In the group of TND ≥ 20 mm, the mean tumour size for specimens with occult nipple involvement was 51 mm (12 – 125 mm), whereas the mean size of specimens without occult nipple involvement was 35 mm (6 – 120 mm). As for TND ≤ 20 mm, there were 13 specimens and 3 specimens (23%), the nipples were involved. In these group, the mean size of tumour with nipple involvement was 85 mm (range 45 – 125 mm). The mean size of tumour without nipple involvement was 39 mm (6 – 90 mm). Out of 8 patients with occult nipple involvement, only 4 (50%) were associated with multifocality.

CONCLUSION
Tumour nipple distance is unreliable to predict occult nipple involvement. Preoperative MRI and intraoperative frozen section are required to detect occult nipple involvement prior to nipple sparing surgery.

TRISEGMENTECTOMY SURGICAL OPTION FOR INVASIVE ASPERGILLOSIS
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INTRODUCTION
Aspergillosis is an uncommon lung pathology commonly affecting immunocompromised patients and few reported case of concomitant tuberculosis infection. One of severe manifestation are invasive aspergillosis.

CASE SUMMARY
Our case is a 34-year-old lady presented with nonresolving hemoptysis. Previously known case of TB completed therapy 10 years ago.

Serial CT was done show cavitation with fungal ball formation. Subsequent CT show increasing left fungal ball.

She was referred to thoracic HKL for intervention. Her lung function was FEV1 was 26%. CPET was arranged. Left upper zone Lobectomy was plan. Trisegmentectomy was done. Her follow-up showed improvement in symptoms.
**CONCLUSION**
Invasive aspergillosis planned for lobectomy however in our case trisegmentectomy was done instead for preservation in lung function in a poor lung status.

**IMMEDIATE BREAST RECONSTRUCTION POST MASTECTOMY AND AXILLARY CLEARANCE - AUTOLOGOUS OR PROSTHETIC?**

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Breast carcinoma is the number one life threatening cancer and leading cause of death in the women population in Malaysia. Some women are avoiding the ultimate treatment which is mastectomy as the loss of a single breast will reduced their confidence and hallmark as a woman. Therefore introduction of immediate breast reconstruction either by autologous or synthetic breast reconstruction has been offered to the women in Malaysia to improve their psychosocial well being and confidence as a woman after mastectomy. Throughout the years, there has always been a debate on which type of breast reconstruction is the ideal most in a long term run - Autologous or prosthetic breast reconstruction?

A case report of a breast reconstruction that was performed in University Sains Malaysia using an autologous tissue - deep inferior epigastric perforator (DIEP) flap immediately post mastectomy and axillary clearance for a 31 years old Malay lady. She presented to us with a right breast carcinoma (T3 N1 Mx). Initially she refused for surgery intervention and defaulted her follow up despite knowing the consequences. Her main concern was her appearance after mastectomy. Her breasts are of a cup C size. After the offer of breast reconstruction immediately post mastectomy, she agreed and opted for a more natural looking breast using autologous tissue. Postoperatively she progressed well and the flap was well perfused without any flap necrosis. She was discharged home in less than a week. The size of the newly mould breast was of adequate size compared to the left breast.

**MIDGUT VOLVULUS: MISLOOKED DIFFERENTIAL IN ADULT PATIENTS**

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**BACKGROUND**
One of the most common complication will be midgut volvulus. This manifestation is usually seen in the pediatric age group and is quite rare in adults.

We present a case of a 29 year old male who presented to us with abdomen pain and vomiting for about 3 years. He had a BMI of only 17 on presentation. He was initially treated at various hospitals for chronic abdomen pain. He presented to us with worsening abdomen pain and vomiting. Upper endoscope showed grossly dilated stomach and duodenum. Bile retention seen in the duodenum beyond D2. CT abdomen to reveal mid gut volvulus with possible malrotation. Intraoperatively, the stomach and duodenum was dilated till the 3rd part of duodenum. The superior mesenteric artery pedicle were running anterior to the duodenum at the 4th part of duodenum. Small bowel appeared twisted the superior mesenteric artery pedicle causing obstruction and dilatation.
SUCCESSFUL PREGNANCY “DURING” PEDICLED TRANSVERSE RECTUS ABDOMINIS MUSCULOCUTANEOUS FLAP FOR BREAST RECONSTRUCTION WITH NORMAL VAGINAL DELIVERY

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A Transverse Rectus Abdominis Myocutaneous (TRAM) flap is a popular choice for breast reconstruction. Pregnancies in women following a TRAM flap present concerns regarding both safety and the integrity of the abdominal wall. We report a case of a patient who was pregnant during immediate breast reconstruction with pedicled TRAM flap and had a successful spontaneous vaginal delivery. We also conducted a literature review using Pubmed on pregnancy post TRAM flap, type of reconstruction, timing of pregnancy after TRAM flap, complication and mode of delivery, which are summarized in this report. We concluded that patients may have safe pregnancies and normal deliveries following TRAM flap breast reconstruction regardless of the time frame of pregnancy after the procedure. Therefore TRAM flaps can continue to be a reconstruction option, even in women of childbearing age.

DISCUSSION

Massive weight loss patients will have various body contour deformities due to the laxity of redundant skin and fat deposition. Pseudogynaecomastia and gynaecomastia in male may lead to psychological stress. The goal of chest contouring surgery is to obtain ideal chest wall contour in male and ideal nipple-areola complex position. Various techniques have been described with their advantages and disadvantages. Therefore, pre-operative assessment of chest aesthetic unit of chest including lateral chest wall and upper abdomen is important.

CONCLUSION

Combination of bilateral mastopexy with inferiorly based dermoglandular pedicle and reverse abdominoplasty was reliable, safe and achieve satisfactory results as in our patient.
Hence, we conclude that preoperative endoscopic tattooing improve the lymph nodes retrieval rate and it can be implement as a standard procedure in laparoscopic colorectal surgery.

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PREOPERATIVE TATTOOING IMPROVED LYMPH NODES RETRIEVAL RATE IN LAPAROSCOPIC COLORECTAL SURGERY

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Laparoscopic surgery is currently the gold standard for resection of colorectal malignancies. However, the lack of tactile sensation may possess challenges to the surgeons in localizing the tumour for resection and lymphadenectomy. Previous studies have shown that preoperative endoscopic tattooing of malignant lesion may increase the lymph node yield from pathology specimens removed with subsequent surgery.

From our local experience on going trial, we postulate that preoperative endoscopic tattooing may produce a clear lymphatic mapping and facilitate the lymph nodes retrieval rate during laparoscopic surgery.

82% cases in the tattooed subject achieved the benchmark of > 12 lymph nodes retrieved as compared to 56 % in standard non tattoo cases. The mean total lymph nodes count in the tattoo group was shown to be superior to the non tattoo group, 20 lymph nodes and 14 respectively.

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A RARE CAUSE OF GASTROINTESTINAL HAEMORRHAGE: BLEEDING JEJUNAL DIVERTICULA

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BACKGROUND
Jejunal diverticula is a rare condition that is usually found incidentally during postmortem examination. Isolated bleeding from jejunal diverticulum is a rare entity but nevertheless could still present as a massive gastrointestinal bleeding.

METHOD
The study design was an observational study. We reported a rare case of gastrointestinal haemorrhage from multiple jejunal diverticulum.

RESULTS
A 66 year old gentleman had presented with fresh per rectal bleeding that is large in amount with symptoms of anemia. Further examination showed that patient was pale and per rectal examination showed melenic stool with blood clots. Oesophagastroduodenoscopy and colonoscopy showed only blood clots in the lumen. Exploratory laparotomy done revealed multiple diverticulum over the jejunum, 80 cm of the jejunum resected. After close monitoring in the intensive care unit, patient was discharged to the ward and subsequently discharged well from the hospital after 6 days.

CONCLUSION
Gastrointestinal haemorrhage is a common surgical disease and requires quick management. Although jejunal diverticula is uncommon, it is an important differential when the cause of gastrointestinal haemorrhage could not be identified through endoscopy.
We discovered the presence of right posterior segmental duct (RPSD) which was reported as one of the rare variants which accounts for only 0.5% to 2.8%. The cystic duct drains directly to the right posterior segmental ducts (RPSD). Because of its proximity to the cystohepatic angle formed by the cystic duct laterally, the right hepatic lobe above, and the common hepatic duct medially, this accessory duct may be accidentally transected or ligated during cholecystectomy, and therefore, complications, such as the formation of a biliary fistula and biloma. When cholecystectomy is performed in patients with this variation, the cystic duct must be ligated between the gallbladder and the point at which the cystic duct joins the right posterior segmental duct.

Extrahepatic bile ducts constitute a significant anatomic site for surgeons when performing hepato-biliary operations from minor procedure such as cholecystectomy to major operation such as hepatectomy. The challenges for surgeon in performing such cases increase when congenital variance of biliary tree occurs which may lead to unintentional bile duct injuries.

We reported a case of a young lady who presented with obstructive jaundice secondary to huge distal common bile duct stone. The presence of right posterior segmental hepatic duct which rarely occur was discovered during intraoperative cholangiogram before common bile duct exploration. The operation was successful without incidence of biliary duct injury.
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**TRANSVERSE TESTICULAR ECTOPIA; A RARE CLINICAL PHENOMENON**

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**INTRODUCTION**

Transverse Testicular Ectopia (TTE) is an uncommon congenital abnormality in which both testes migrate towards the same hemiscrotum. TTE also known as crossed testicular ectopia, testicular pseudoduplication and unilateral double testes. Our case report describes this rare phenomenon which was diagnosed intraoperatively in a periphery hospital.

**CASE PRESENTATION**

Five years old Malay boy presented with reducible left inguinal swelling since infancy. Clinically there was a left inguinal swelling with positive cough impulse. Left testis was palpable in left scrotum. Patient diagnosed with left inguinal hernia and planned for herniotomy. Intraoperatively both testes were unexpectedly delivered from left side. Each testis had separate epididymis, vas deferans and testicular vessels. Both spermatic cords followed into the left deep inguinal ring and entered the abdomen. Hernial sac separated carefully and herniotomy was performed. Left testis was secured at left hemiscrotum. Right testis was fixed at right subdartos pouch trough a transeptal window.

**DISCUSSION**

TTE was first reported by Von Lenhosseck in 1886. Up to 2011, 148 cases have been reported in journals. Incidence of TTE is about 1 in 4 million. The mean age at presentation is 9.3 years. TTE is associated with inguinal hernia, cryptorchidism or hypospadius and the correct diagnosis usually made during surgery. Management for TTE is either transeptal or extraperitoneal transposition orchidopexy with search for Mullerian remnants and other anomalies. Long term follow up is required as infertility and risk of malignancy are known complications of TTE.

**CONCLUSION**

TTE with ipsilateral inguinal hernia and contralateral undescended testis is a rare anomaly. Surgeons who frequently repair inguinal hernia among children should be aware of appropriate surgical management options available when this condition is unexpectedly identified during inguinal exploration.

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**LAPAROSCOPIC MANAGEMENT OF PARAESOPHAGEAL HIATAL HERNIA WITH INTRATHORACIC MESENTERICOAXIAL TYPE OF GASTRIC VOLVULUS**

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**OBJECTIVES**

Paraesophageal hernia with intrathoracic mesentericoaxial type of gastric volvulus is a rare clinical entity. Here, we report the case of a patient with such a condition who underwent successful laparoscopic surgery. A literature search revealed that this is the first case report from Southeast Asia.

**METHOD**

A 55-year-old lady presented with symptoms suggestive of gastric outlet obstruction for one year duration. Computed tomography scan and barium swallow study demonstrated the presence of a type III paraesophageal hernia with intrathoracic upside-down stomach. Laparoscopic approach followed several key technical steps: (1) Reduction of herniated stomach into the abdomen; (2) Resection of mediastinal part of the hernial sac; (3) Circumferential oesophageal dissection; (4) A lateral releasing incision made adjacent to the right crus; (5) Primary closure of the crural defect; (5) Placement of the composite mesh over the diaphragmatic defect and the hiatal closure; and (6) Toupet fundoplication.

**RESULT**

She made an uneventful recovery and was asymptomatic at six-month follow-up assessment.

**CONCLUSION**

Laparoscopic repair of such a condition can be accomplished successfully and safely when it is performed with meticulous attention to the details of the surgical technique.
HARTMANN’S PROCEDURE: PENANG HOSPITAL EXPERIENCE
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The purpose of this retrospective cohort study is to evaluate the indication and outcomes of Hartmann’s procedure performed in Penang General Hospital from Year 2012 to year 2014. A total of 50 Hartmann’s procedures were performed under emergency setting. There were 30 male and 20 female patients. The majority had either complicated diverticular disease (14) or colorectal carcinoma (28). 43 patients were discharged home and 7 patients passed away within 30 days of surgery (14 %). Of the 22 cases for benign disease 10 proceeded to reversal with no mortality. Of the 28 patients who had complicated colorectal cancer only 6 had their stoma closed. The mean time from the primary operation to the reconstruction was 7.3 months (3 -13 months) in benign cases and 11.4 months (8 – 15 months) for malignant cases. 12 patients underwent open reversal of Hartmann’s procedure and 4 patients underwent laparoscopic reversal of Hartmann’s procedure. 14 anastomoses were stapled and 2 anastomoses were hand sewn. Average duration of hospital stay for patient who underwent reversal was 6 days. We conclude that hartmann’s procedure has a definite place in the management of complicated diverticular disease and colorectal malignancy under emergency setting. The restoration of bowel continuity is a safe procedure with proper timing and patient’s optimization.

URACHAL SINUS TUBERCULOSIS AS A COMPONENT OF ABDOMINAL TUBERCULOSIS IN AN ADOLESCENT
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INTRODUCTION
Abdominal tuberculosis (TB) is uncommon and can be caused by lympho-haematogenous spread after primary infection in the lung or by ingestion of infected sputum. It has a nonspecific and protean presentation as it can affect any component of the abdomen. TB of the urachus is a rare entity with only two reported cases previously published in the literature. We report a case of a concurrent subclinical pulmonary and abdominal TB that presented as an infection of the urachal sinus.

CASE PRESENTATION
A 14-year-old boy presented to our institution with peri-umbilical swelling and purulent discharge from his umbilicus for 2 weeks duration. There were no radiological, microbiological or clinical evidences of TB in the initial presentation, though he had close social contact with someone who had TB. A computed tomography scan of the abdomen confirmed the diagnosis of an urachal abscess. An incision and drainage procedure was performed followed by a course of antibiotics. An elective diagnostic laparoscopy done later showed a more sinister dilemma. Histopathology examination of the resected urachal sinus, peritoneal nodules and falciform ligament were consistent with TB infection. He recovered fully after completing 6 months of anti-tuberculous therapy.

CONCLUSION
Although rare, we should suspect TB when presented with an infection of the urachus in endemic areas. The clinical diagnosis of abdominal TB is challenging and we advocate the use of laparoscopy in achieving the diagnosis in such cases.

KEYWORDS
Tuberculosis, Urachus, Urachal Sinus.
Tuberculous infection is highly prevalent in South East Asia country. However Tuberculosis of the breast is an uncommon disease with non-specific clinical, radiological and histological findings. Misdiagnosis is common as biopsy specimens are pauci-bacillary and investigations such as microscopy and culture are frequently negative. Isolated axillary tuberculous lymphadenopathy is also rare and described in patients without evidence of previous or ongoing tuberculosis anywhere in the body. Tuberculosis (TB) is a cause of a large volume disease and involves about one third of the world population with maximum number of patients belong to developing countries. Extra pulmonary TB constitutes 7-30% of TB cases and lymphadenitis cases are 17 43% of total TB cases. Cervical lymph nodes are the most commonly involved site and axillary lymph nodes are affected in 3.8-20.3% cases. But tubercular axillary lymph nodes occurring in patients who were not suffering from active tubercular disease elsewhere are rarely reported.

REFERENCES

A CASE SERIES – TB BREAST, DIAGNOSTIC DILEMMA
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A 27 year old lady presented to a private hospital with a 2 week history of progressive right breast swelling and pain with gangrenous of overlying skin and pus discharge. She was diagnosed as a right breast abscess and subsequently, underwent incision and drainage. Post operatively, she deteriorated and went into severe sepsis requiring admission to intensive care unit and inotropic support. Rapid progression of the necrotising fasciitis led to gangrenous of the whole breast tissue. She was finally referred to our centre where vigorous resuscitation, intravenous antibiotics and emergency mastectomy were performed. Her condition gradually improved with resolution of the sepsis. The wound is still requiring daily dressing with intermittent surgical debridement.

CONCLUSION
Necrotizing fasciitis of breast may masquerade as a simple breast abscess. Early detection and surgical intervention is a paramount importance for breast preservation.
A CASE REPORT – LAPAROSCOPIC MODIFIED SUGIURA PROCEDURE – A SURGICAL MODALITY IN THE ACUTE MANAGEMENT OF BLEEDING GASTROESOPHAGEAL VARICES

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The current gold standard in the management of acute gastroesophageal variceal bleeding is a combination of pharmacological and endoscopic therapy followed by Transjugular Intrahepatic Portosystemic Shunt (TIPS) as a rescue therapy when the former fails to establish hemostasis. However, TIPS facility is not readily available in our country. Laparoscopic Esophagogastric Devascularization (Modified Sugiura) has gained interest as a treatment modality for patients who have failed conventional therapy.

We report a case with video presentation, of a Modified Sugiura without oesophageal transection, performed laparoscopically in a cirrhotic patient with an uncontrolled bleed from a fundal varix. Splenectomy was not performed to reduce perioperative morbidity risk associated with prolonged surgery. His recovery was uneventful and was discharged well nine days after the surgery.

This emergency surgical procedure which successfully controls gastroesophageal variceal bleeding while conferring the benefits of a laparoscopic surgery, is not widely documented. We provide evidence on the effectiveness in achieving hemostasis, significantly reducing perioperative mortality and risk of rebleed.

FISH BONE AND ISCHIORECTAL ABSCESS

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INTRODUCTION
An ingested foreign body often passes the gastrointestinal tract without any complications. Foreign bodies, such as fish bones, chicken bones and toothpicks, have been known to cause perforation of the gastrointestinal. This case report presents a case of rare cause of Ischiorectal Abscess by ingestion of a fish bone.

CASE REPORT
59-year-old male who ingested a fish bone 1 month ago, presented with left buttock painful swelling for 1 week associated with fever. Prior to buttock swelling patient had pain during defecation as though something was piercing through the gut above his anal. Physical examination revealed a fish bone protruding out around 6cm from the anal opening at the left buttock. Patient underwent removal of the fish bone.

DISCUSSION
Literature review revealed several case reports on perianal abscess or fistula-in-ano associated with fish bone. Fish bone ingested causing perianal abscess is a rare cause. The cause of such condition may be that suggested in previous case report by Alawi et al. (2001). The ingested fish bone passed through almost the whole gastro-intestinal tract and reached the anal canal. However, the high sphincter pressure at anal canal during defecation forced the sharp fish bone through the anal wall into the ischio-rectal fossa, resulting in abscess formation. Besides that factor this incidence can also occur due to anterior angulation of the rectum which causes the fish bone to lodge at the mid rectum and during defecation the fish bone passes through the rectum in to the ischiorectal fossa.
MANAGING TRAUMATIC THORACIC DUCT INJURY: A CASE REPORT

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INTRODUCTION
Injury to the thoracic duct is infrequent, but can cause significant morbidity in cases of persistent chylous leakage. There are various means of conservative management, failing which surgical approach is warranted, including direct ligation, VATS, percutaneous embolization, biological glue, and microscopic repair.

CASE DESCRIPTION
We report a case of successful management of traumatic thoracic duct injury by ligation via abdominal approach.

A 34 year old gentleman with acute psychotic suicidal intent allegedly stabbed himself in the neck and abdomen, sustaining small bowel perforation, tracheal and oesophageal laceration, and recurrent laryngeal nerve injury. Primary repair of small bowel and tracheostomy was performed. He then developed left chylothorax and tracheo-oesophageal fistula within first week of trauma. A second surgery was performed where oesophagus was repaired using sternocleidomastoid flap but failed to identify thoracic duct at cervical level. A neck drain was inserted draining up to 2L lymph per day while chylothorax resolved. Conservative trial for 2 weeks by keeping patient nil per oral, octreotide, drainage tubes, and later fat free liquid diet was ineffective in controlling lymph losses. Surgical management was warranted when neck drain was blocked, causing chylous leak into the trachea resulting in aspiration pneumonia. Mini upper midline laparotomy was performed. Thoracic duct was identified anterior to the lumbar vertebra and ligated. Dramatic result was evident by immediate cessation of lymph leakage from the newly inserted neck drain and abdominal drain. Drains were removed and patient was discharged home well.

CONCLUSION
Identification of thoracic duct poses major challenge in managing thoracic duct injury. Definite approach should be tailored according to patient’s condition and availability of modalities. In this case, abdominal approach was preferred over thoracoscopy due to patient’s lung condition. The authors may consider laparoscopic approach in future depending on feasibility.

PRIMARY BREAST DIFFUSE LARGE B-CELL LYMPHOMA RARE PRESENTATION OF BREAST CANCER: A CASE REPORT

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INTRODUCTION
Lymphoma is rare presented as primary breast tumor. Primary breast lymphoma (PBL) accounts for 0.4% of breast malignancies1. Diffuse Large B-cell lymphoma (PBL) is the commonest histological diagnosis2. We report a case of Primary breast Diffuse Large B-cell Lymphoma in HRPZ II.

CASE REPORT
A 30 year old Malay lady, presented with right breast lump for 1 year, which increase in size gradually, painless and no nipple discharge. She had no family history cancer and no other risk of breast cancer. On examination, there was right breast lump, 6x6cm, nontender, multilobulated and hard mass, mobile, not attached to underlying muscle and skin, no skin changes, no nipple retraction. FNAC done showed features consistent with lymphoproliferative lesion probably low Non-Hodgkin Lymphoma. Then, she proceeded with trucut biopsy. Finding revealed Diffuse Large B cell Lymphoma. Patient was started on chemotherapy.

DISCUSSION
PBL is a rare disease. The clinical presentation is usually not different with the other breast cancer. Tissue biopsy is mandatory to diagnose PBL. Even though, Diffuse Large B-cell lymphoma is the commonest type, however, there have been shown to be of a non-germinal centre B-cell phenotype with a high proliferation index and are thought to be associated with a poor outcome2. There is no consensus on the question of how to best treat PBL. Mastectomy offers no benefit in the treatment of PBL. The combined therapy approach, with chemotherapy and radiotherapy, is the most successful treatment3.
THE EFFECTIVENESS OF PEER TUTORING ON BASIC SURGICAL KNOWLEDGE FOR PRECLINICAL STUDENTS

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INTRODUCTION
Peer learning involves the sharing of knowledge; experience and ideas between participants, which would further enhance the learning process. Peer based teaching trains students to manage their personal development and to be a better team player, a skills necessary in the field of medicine.

OBJECTIVES
1. To assess the basic knowledge of pre-clinical students in suturing, wound management and sterility.
2. To evaluate the effectiveness of peer tutoring.

MATERIAL AND METHODS
Inclusion criteria were pre-clinical students who attended the surgical skill workshop at the Asia Pacific Global Health Conference (APGHC) 2014 and the Basic Surgical Skill Workshop (BSSW) held in IMU.

RESULTS
The scores were divided into fail (lower than 50%), moderate (51-75%) and good (74-100%). There was significant improvement in performance of the respondents from BSSW. 11.5% obtained good scores and 11.5% obtained moderate scores in the posttest. Results from the APGHC showed no significant improvement in the posttest. 91.4% (n=32) failed the pre test and no difference was noted in the posttest.

CONCLUSION
Peer tutoring is an excellent platform for both parties to grow academically, but it is not a substitute of formal learning taught in the universities. However these results could not be extrapolated to the population due to the small sample size.

RADICAL RESECTION OF PRIMARY LEIOMYOSARCOMA OF INFERIOR VENA CAVA

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Leiomyosarcoma of the Inferior Vena Cava (IVC) is a rare soft tissue tumour which accounts for only 0.5% of all soft tissue sarcomas. The patients usually presented with non specific clinical signs and often diagnosed at advanced stage.

We reported a case of a 58-year-old lady who presented with right sided abdominal pain for about 6 months. CT scan showed large retrohepatic (level II) IVC tumour which encased the right renal vein and abutting the caudate lobe of the liver. She underwent radical resection (Ro resection) of the IVC tumour with the right kidney removed en bloc. Vascular reconstruction was not performed as established collateral veins present. Histopathological Examination results revealed IVC Leiomyosarcoma.

The goals of surgical management of these tumors include the achievement of local tumor control, maintenance of caval flow, and the prevention of recurrence. Complete surgical resection with a tumor-free margin (1 cm) is felt to be the treatment of choice. There are few reported techniques in dealing with the IVC following excision including IVC ligation; primary repair of IVC; patching of IVC and interposition grafting with a synthetic conduit.

The 5-year actuarial survival rate after curative resection is 28% for primary leiomyosarcoma of IVC. The survival rate improved up to 53% in 5 years when surgery to the IVC is combined with adjuvant radiotherapy and chemotherapy.
last resort after having failed to achieve hemostasis with all other hemostatic techniques and agents available. Discussion: It is difficult to control massive presacral venous hemorrhage with conventional hemostatic measures like diathermy, suture ligation, pelvic packing, and hemostatic agents. Several alternative hemostatic techniques for controlling this intraoperative emergency have been proposed, such as the use of thumbtacks, bone wax, balloon tamponade, and tissue welding using muscle fragment, epiploic appendices or omental scrap. However, some techniques fail to arrest the bleeding, resulting in shock and even death. TachoSil is a absorbable fibrin sealant patch consisting of a collagen sponge coated with fibrinogen and thrombin. The sponge is manufactured from horse tendons. TachoSil reacts upon contact with blood, other body fluids or saline to form a fibrin clot that glues it to the tissue surface. Hemostasis is achieved in a few minutes, and the sponge is absorbed by the body within several weeks.

**CONCLUSION**

TachoSil is a safe and highly effective alternative hemostatic adjunct for controlling massive presacral bleeding from the presacral venous plexus.

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**RESULT**

A total of 5 patients with recurrent CGM had wide local excision. They were treated with multiple courses of antibiotics and oral steroid prior to operation. There has been no recurrence in all patients post wide local excision.

**CONCLUSION**

The management of recurrent CGM can be challenging. This study showed that wide local excision can prevent recurrent CGM. However, a larger sample size in the future would be useful to see the best treatment option in treating recurrent CGM.

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**INTRODUCTION**

Chronic granulomatous mastitis (CGM) is a rare benign disease with unknown aetiology. However, the management of CGM can be challenging and the recurrence rate of CGM is as high as 50%. Patients with recurrent CGM have high morbidity due to breast abscess, fistula, ulceration, nipple inversion and breast distortion. Unfortunately, there is no clear clinical guideline regarding the ideal management of recurrent CGM.

**OBJECTIVE**

To analyze the effectiveness of wide local excision in treating patient with recurrent CGM.

**METHOD**

All patients with recurrent CGM underwent wide local excision at Hospital Sultanah Nur Zahirah, Terengganu, Malaysia from January 2014 to April 2015 were enrolled in this study. Data were analyzed retrospectively.

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**INTRODUCTION**

Massive presacral bleeding is an uncommon but potentially life-threatening complication of pelvic surgery and remains one of the most challenging intraoperative emergencies to surgeons. The incidence and the mortality have been reported as high as 9.4% and 4.3%, respectively. Total mesorectal excision was introduced in 1982 and is considered the gold standard with an acceptable intraoperative risk for rectal carcinoma. However, massive presacral bleeding remains inevitable, especially in difficult operations.

**CASE REPORTS**

We described our experience of using TachoSil as an alternative method of hemostasis in 2 patients with massive presacral bleeding. First patient was a 58 year-old man with low rectal carcinoma and the second case involved an 80 year-old lady with colonovesical fistula secondary to perforated sigmoid diverticulitis. TachoSil was used in both patients as the
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GIANtic MAliGnANT PhYlLoiDeS: MANAgEMENT DILEMMa

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Introduction: Phylloides tumour is a rare (0.3–0.5%) biphasic breast tumour of fibroepithelial origin. It can be benign, borderline or malignant (10%) based on stromal findings of cellular atypia, anaplasia and degree of mitotic activity. It can therefore recur and metastasize hematogenously (12.6%). It is more commonly seen in Asian women with peak age 45–49 years; rare in adolescent and elderly.

CASE SUMMARY
We report a case of a 39 year-old unmarried lady with an exceptionally huge, smelly, ulcerated, and infected fungating breast mass with intermittent bleeding. She experienced painless gradual enlargement for her left breast for 2 years with no family history of malignancy. She was anaemic with Hb 8.08 g/dl. Tissue biopsy revealed phylloides tumour, likely to be benign. Staging computed tomography showed local infiltration into pectoralis muscle & ipsilateral axillary metastasis, no distant metastasis. She underwent left toilet mastectomy and split skin graft (SSG). Specimen weighted 2.2kg. Histology of the left breast turned out to be malignant phylloides.

DISCUSSION
There is no effective neoadjuvant chemotherapy to date to downsize the tumour before surgery. Mastectomy wound coverage for huge breast sarcomatous tumour is always a challenge. Tumour may grow on top of SSG. Latissimus dorsi flap is not adequate for big defect. TRAM flap may be feasible. Surgery is the primary treatment for phylloides tumour. Benign lesions can be treated with local excision (enucleation) using cosmetic incision. Borderline or malignant phylloides can be treated with wide local excision (simple mastectomy) or re-excision to negative margins as there is tendency to recur with incomplete excision. Axillary dissection is usually not necessary. Adjuvant radiation if wide local spread of tumour is present and resection margin < 2cm. 5-year survival is 90% with benign tumour, 69% with borderline tumour, and 61% with malignant tumour.

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RELATIONSHIP BETWEEN STONE DENSITY ON CT AND OUTCOMES OF PERCUTANEOUS NEPHROLITHOTOMY

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INTRODUCTION
We aim to analyze the relationship between stone density on CT and outcomes of percutaneous nephrolithotomy (PCNL)

MATERIALS AND METHODS
We retrospectively examined the records of 183 patients who underwent PCNL in between July 2008 and September 2014. Patients undergoing PCNL were assigned to low stone density (LSD, ≤1000HU) vs high stone density (HSD, >1000HU) based on Hounsfield units of primary renal stone. Preoperative characteristics and outcomes were analysed

RESULTS
Mean stone size is 30±12mm. Duration of follow up is 25 months. Mean operating time is slightly longer in the HSD group (176 min vs 154 min, p=0.098). Univariate regression analysis reveal a linear relationship between the stone density and the probability of achieving stone free status; with increasing stone density, stone free rate decreases. Post op imaging within the first 48 hours revealed overall SFR is lower in the HSD group (53.3% vs 31.1%, p=0.008). There were no significant difference in terms of complication rates and need for blood transfusion in both groups. There is no significant difference between the sizes of residual fragments (RFs) and also subsequent spontaneous expulsion of RFs in both groups and need for secondary treatment.

CONCLUSIONS
High stone densities are associated with lower rates of treatment success and longer operating time in PCNL.

TRAUMATIC ABDOMINAL WALL HERNIA: A CASE REPORT OF A RARE ENTITY

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Abdominal wall herniation caused by direct blunt trauma is a relatively uncommon entity when compared to the amount of trauma cases seen. It is associated with other intra-abdominal injuries in about 30–60%, with a particular high incidence of bowel injury.

Diagnosis maybe difficult as the herniation may not be apparent; at times only localized ecchymoses and tenderness may be present.

We present a case of a traumatic anterior abdominal wall herniation (TAWH) which occurred in a 37 years old man who was involved in a road traffic accident. On initial presentation, he had lower abdominal pain. Examination of the abdomen revealed abrasions over the left iliac fossa, with a reducible tender swelling. He was stable haemodynamically with no overt signs of peritonitis, thus a computed tomography of the abdomen was performed, which revealed small bowel herniation through the fascial layers of the anterior abdominal wall with free gas seen, along with splenic and left ureteric injuries.

CONSERVATIVE MANAGEMENT OF A TRAUMATIC CHYLOTHORAX AFTER BLUNT CHEST TRAUMA: A CASE REPORT

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Chylothorax is rare following blunt thoracic trauma; diagnosis is usually delayed until drainage of the post-traumatic pleural effusion is done. Traumatic chylothorax is usually the result of penetrating trauma and disruption of the thoracic duct. We describe an unusual patient with chylothorax from closed chest injury. The patient was successfully treated through a conservative approach with chest drainage and total parenteral nutrition leads to resolution of the condition within 2 weeks.

CASE REPORT
A 39 year old male was involved in a motor vehicle accident. He was a motorcyclist and sustained injury while motorbike is skidded. His examination and radiographic work-up revealed fractures over the left transverse process of L1, L2, L3 and right transverse process fracture of T9 and T10. He also sustained bilateral hemothorax secondary to multiple rib fractures. Drainage of the right hemothorax led to the diagnosis of a traumatic chylothorax. The thoracic and lumbar spinous process fractures were treated conservatively and the chylothorax was successfully treated with drainage and dietary manipulation.

CONCLUSION
In general, traumatic chylothorax should be managed conservatively for at least 4 weeks before surgical intervention is considered. We believe that with the triad of RST (re-expansion, starvation diet, TPN), conservative treatment will be successful in the majority cases.
A RARE CASE OF A PERFORATED JEJUNAL DIVERTICULUM IN AN ELDERLY PATIENT
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We present a case of an elderly gentleman, who underwent emergency surgery and segmental jejunal resection for perforated jejunal diverticulum. He was 87 years old at the time of presentation, and admitted to the ward for signs and symptoms of peritonitis. Subsequent laparotomy showed multiple small bowel diverticulum from the duodeno-jejunal (DJ) junction, extending till 150 cm of small bowel length. One of the diverticulum, about 60 cm from the DJ junction had perforated and thus, the segment of affected small bowel was resected. Continuity of small bowel restored via primary anastomosis. Recovery was uneventful with return of bowel motility on day four post surgery.

CONCLUSIONS
Necrotizing fasciitis of the breast is a rare condition and carries high mortality and morbidity. Early diagnosis and prompt intervention save life and are vital for preservation of breast tissue. The mainstays of treatments include vigilance resuscitation, aggressive surgical debridement with concurrent broad-spectrum antibiotic therapy.

A YOUNG GIRL WITH OESOPHAGEAL, RECTAL AND PORTA VARICES: A CASE REPORT
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We present a case of 15-year-old lady with history of recurrent upper and lower gastrointestinal bleeding since 11-year-old. She had frequent visits to various clinics and hospitals for her gastrointestinal bleeding but there was no proper investigation done for her. Oesophagogastroduodenoscopy and colonoscopy performed on her at our centre revealed oesophageal and rectal varices. Ultrasound hepatobiliary found splenomegaly with tortuous vessels at porta hepatis suggestive of varices. She has normal liver echotexture. Computed tomography of the abdomen showed normal portal vein confluence with small necrotic tissue almost occupying the left breast and a quadrant of the contralateral breast. Tissue culture grew staphylococcus aureus and she underwent repeated debridement, received a broad spectrum antibiotic and expectant wound dressing. She was discharged with a date for secondary suturing for the left breast wound.

CONCLUSIONS
Necrotizing fasciitis of the breast is a rare condition and carries high mortality and morbidity. Early diagnosis and prompt intervention save life and are vital for preservation of breast tissue. The mainstays of treatments include vigilance resuscitation, aggressive surgical debridement with concurrent broad-spectrum antibiotic therapy.

BILATERAL NECROTIZING FASCITIS OF THE BREAST: A CASE REPORT
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BACKGROUND
Puerperal breast infections encompass mastitis, abscess, and rarely Necrotizing fasciitis. Necrotizing fasciitis (NF) is a rapidly progressive skin, subcutaneous tissue and underneath fascial infection in which involvement of the breast is extremely not common. Delay in differentiating NF from puerperal mastitis leads to increased morbidity and loss of breast tissue to variable extent. We report a case of NF of bilateral breast in a lactating young lady which required almost subtotal mastectomy in one of the breast.

CASE
A healthy 19 year old lactating mother who had a baby two months prior to admission complaint of bilateral swollen and painful breast one week prior to admission. It was associated with fever and skin discoloration at the most painful area of the breasts. Clinically she was in sepsis and white cell counts were markedly raised. She was posted for incisional and drainage but intra-operatively revealed massive necrotic tissue almost occupying the left breast and a quadrant of the contralateral breast. Tissue culture grew staphylococcus aureus and she underwent repeated debridement, received a broad spectrum antibiotic and expectant wound dressing. She was discharged with a date for secondary suturing for the left breast wound.

CONCLUSIONS
Necrotizing fasciitis of the breast is a rare condition and carries high mortality and morbidity. Early diagnosis and prompt intervention save life and are vital for preservation of breast tissue. The mainstays of treatments include vigilance resuscitation, aggressive surgical debridement with concurrent broad-spectrum antibiotic therapy.
visualized proximal portal vein causing oesophageal, porta and rectal varices. There is no evidence of portal vein thrombosis.

**DISCUSSION**

Late diagnosis and treatment of portal hypertension in children can cause significant morbidity. Morbidity is mainly related to variceal bleeding, hypersplenism, limitation of quality of life, recurrent thrombosis, growth retardation, neurocognitive impairment and symptomatic portal biliopathy. Therefore, we must have a high index of suspicion for portal hypertension in paediatric patient with recurrent gastrointestinal bleeding.

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**CASE 1**

A healthy 24 year old gentleman admitted for painful abdominal distension of one week duration associated with rapid weight loss of 10 kg within one month. Clinically he was in sepsis with tender palpable abdominal mass. White cell count was elevated and CT scan showed enhanced cystic lesion of unknown origin with ascites. In view of worsening of sepsis,

**CASE 2**

A 32 year old lady with no co-morbid admitted for acute abdomen with pelvic mass. She was in severe sepsis and CT scan suggestive of a huge infected mesenteric cyst. She was posted for laparotomy and it was a cocoon abdomen. The cystic lesion adhered among the loop of bowel and was cut open. She developed high output enterocutaneous fistula and the sepsis did not resolve even after started with anti-tuberculosis as the diagnosis confirmed with biopsy. She later succumbed to sepsis.

**CONCLUSIONS**

Gastrointestinal tuberculosis appears sporadically and a great mimicry of other conditions of the bowel especially if presented with abdominal mass. A cystic lesion can be arising from bowel and result in an enterocutaneous fistula particularly following surgery in which is a disturbing complication. Anti-tuberculous therapy is mandatory.

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**UPPER GASTROINTESTINAL BLEEDING AUDIT IN HOSPITAL SARIKEI, ONE-YEAR REVIEW – A DISTRICT CHALLENGE**

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**INTRODUCTION**

Upper gastrointestinal bleeding (UGIB) is a life-threatening emergency and a common cause of hospitalization in Sarakei Hospital.

**OBJECTIVE**

To identify the demographics, the endoscopic findings of UGIB and to analyze the provision of emergency esophagogastroduodenoscopy (OGDS) services Hospital Sarikei and its outcomes.

**METHODS**

Retrospective review of all the patients who underwent emergency OGDS for UGIB from March 2014 to March 2015 by collecting the demographics, risk factors, Glasgow-Blatchford Score (GBS) and endoscopic findings. Timing to scope, and number of blood products used are evaluated. Mortality and re-bleeding are reviewed.
INTRODUCTION
Accidental ingestion of foreign body in adult usually does not pose significant problems. Ingested foreign bodies usually pass the intestinal tract uneventfully, and perforation occurs in less than 1%.

CASE SUMMARY
We report a case of small bowel obstruction with perforation in a 59-year-old male due to the accidental swallowing of a toothpick. He presented with persistent colicky lower abdomen pain for 2 week, which was treated as diverticulitis 1 week earlier at a private Centre. After a day of admission, patient shows no clinical improvement. Emergency laparotomy reveals a 4cm toothpick causing perforation at terminal ileum near ileocecal valve. Limited right hemicolecetomy done. Post-operative recovery was uncomplicated.

DISCUSSION
Ingestion of a foreign body is an uncommon

Data was gathered with Microsoft Excel 2010 analysed using Graph Pad software.

RESULTS
Total of 85 patients with AP was taken into this study. Their mean ages were 41.6 (Range 24-64 yrs). Ethnic distribution consists of Malay 23.5%, Chinese 2.4%, Indian 72.9%, others 1.1%. 69(81.1%) had alcholol-related pancreatitis, 15(17.6%) gall stone pancreatitis and 3(3.5%) had idiopathic pancreatitis. 74(87%) had mild AP, and 11(13%) severe AP according to IC. In DBC, mild AP 62(72.9%), moderate AP 21(24.7%), severe AP 2(2.4%) and 0 (0%) critical AP. The mortality rate was 2.4% (2 patients). Fisher’s exact test between both groups shows increased mortality in DBC with severe AP (two tailed P value 0.0339).

CONCLUSION
The DBC has accurately predicted mortality and disease progression in our population. DBC should be recommended as primary tool to assess severity to reduce overzealous treatment and use of resources.
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POSTERIOR RETROPERITONEOSCOPIC ADRENALECTOMY: PENANG GENERAL HOSPITAL'S EXPERIENCE
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INTRODUCTION
Posterior Retroperitoneoscopic Adrenalectomy (PRA) has proven to be technically feasible and easy to perform with short learning curve and minimal complications.

OBJECTIVE
To review the epidemiology and outcome of PRA patients in Penang General Hospital (PGH).

METHODS
Data of patients with PRA done between March 2011 to December 2014 were collected from Computerized Operating Theatre Documentation System (COTDS) and General Surgery On Line (GSO). The patients’ demographic data, clinic-pathological results and surgical outcomes were reviewed and analyzed.

RESULTS
A total of 30 patients underwent PRA over the 4 years period. The female to male ratio is 1.42:1. The age range is between 27 years to 60 years old with a median age of 43.5 years. Average operative time for PRA in PGH has been reducing from 123.3 minutes in 2011 to 107.3 minutes in 2014. Median duration of hospital stay is 5 days ranging from 4 to 12 days. Clinico-pathological diagnosis showed highest in Conn’s adenoma with 76.66% (23 cases), followed by 3(10%) adrenal Cushing’s, 2(6.66%) adrenal adenomas, 1(3.33%) incidentalomas and 1(3.33%) other tumor. Mean size of tumor removed via PRA was 2.9 cm ranging between 1 and 7cm. Among the patients who had PRA done, 2 (6.7%) patients developed complications. One patient developed subcutaneous emphysema while the other patient had infected retroperitoneal collection. There was no conversion rate.

DISCUSSION
PRA done here is mainly for Conn’s adenoma with mean size of 2.9cm. Average operative time is reducing and median hospital stay is 5 days.

CONCLUSION
PRA is a safe and less invasive method for treatment of small adrenal tumors. As it is a relatively new procedure, a safe learning curve is necessary before one embarks using this approach.

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GASTROINTESTINAL BLEED SECONDARY TO GASTRIC LIPOMA: A CASE REPORT
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INTRODUCTION
Gastrointestinal lipoma is a rare condition. It accounts for 2% to 3% of all the benign tumour in the stomach and 1% out of all the neoplasms in the stomach. From literature research noted that most gastrointestinal lipoma are located in the colon (65%-75%). Followed by small bowel 20%-25%. Due to its rarity, gastric lipoma are usually underdiagnosed or often misdiagnosed as GIST. We would like to report a case of a 75 year old lady who was presented with upper gastrointestinal bleeding secondary to suspected large cardia GIST. Due to difficult tumour location, laparoscopic intragastric resection was performed which reveal a large lipoma, thus tumor enucleation and primary mucosal closure with sutures performed. Essential steps of this unique procedure explained.

METHODS
1. Laparoscopic access with CO2 pneumoperitoneum
2. 3 balloon ports inserted into gastric lumen. Intragastric pressure set at 8mmHg
**OBJECTIVES**

To study the common and uncommon presenting symptoms of Hirshprung’s disease in adult.

To highlight the importance of Hirshprung’s disease when dealing with adults with chronic constipation.

**METHOD**

Clinical presentation and investigation with intraoperative findings will be presented, discussed and supported with literature review.

**RESULT**

A 25 years old non Malaysian lady, presented with progressively enlarging suprapubic mass for the past six months duration. On further questioning the mass initially appeared almost two years ago, positive history of chronic constipation since her teenage years with frequent use of laxatives and GP visit. She

**CONCLUSION**

Despite being a rare entity, Hirshprung’s disease must be borne in mind by all health care personnel when managing patient with chronic constipation.

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**RESULTS**

Post-operatively, she recovered rapidly with oral intake allow the next day and was discharged on POD 3

**CONCLUSION**

Laparoscopic intra-gastric resection is a safe, minimal invasive and function-preserving gastrectomy for benign gastric tumour.

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**OBJECTIVES**

To highlight the possibility of ureterocele formation post nephrectomy

To discuss the prevention of ureterocele formation post nephrectomy.

**METHOD**

Clinical presentation, Investigations, U/S and CECT abdomen with intraoperative findings will be presented, discussed & supported with literature review.

**RESULTS**

This 60 years old gentleman, with past history of nephrectomy, presented with lower urinary tract symptoms and right sided abdominal mass for one month. Physical examination showed a huge right side abdominal mass. CECT abdomen was reported as highly suggestive of infected mesenteric cyst or
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THE IMPACT OF FDG-PET/CT IN THE MANAGEMENT OF RECURRENT COLORECTAL CANCER
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INTRODUCTION
Colorectal cancer is the 2nd commonest cancer in Malaysia. Most patients present in stage III and IV. Standard method of detection of recurrences include serial CEA and CT scans. However, CT scans may not be able to detect recurrences early enough.

OBJECTIVE
Any significant impact on management with CT scan only or with PET/CT as adjunct?

METHODS
Retrospective review of 125 patients with recurrent Colorectal cancer in UMMC from 2007-2013 who had CT and PET/CT done.

RESULTS
PET/CT changed the management in nearly 50% of the patients (p<0.05, odds ratio 2.97, 95% CI 1.06 – 8.31). With a PET/CT, there is a statistically significant change in disease staging (p<0.05, Z = -4.103). PET/CT has a sensitivity of 88.2% and a specificity of 86%.

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COMPARISON OF COLORECTAL SCREENING STRATEGIES USING QUALITATIVE AND QUANTITATIVE FAECAL IMMUNOCHEMISTRY TEST TO PRIORITISE URGENCY OF COLONOSCOPY REFERRAL-INTERIM RESULTS
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BACKGROUND
Colorectal cancer is the second commonest cancer in Malaysia. Screening for colorectal cancer is critical for early diagnosis and curative treatment. Primary screening with faecal immunochemistry tests allows selection of those to proceed to secondary screening with colonoscopy. There is a wide variation in the

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bowel duplication cyst. Intraoperatively, the cystic mass was found to be arising from the lower pole of the right ureter. Cyst was removed completely and the right ureter was ligated distally. HPE consistent with ureterocele. Postoperatively, patient developed leak from the right ureter which needed relaparotomy and religation of the ureter. Subsequently, patient recovered uneventfully.

CONCLUSION
Formation of ureterocele post nephrectomy is rare, thus making this an exciting case. Failure to ligate the ureter as distally as possible combined with backflow of urine has led to formation of ureterocele in this patient.
prescribed daily hand ball exercise and reassessed after 2 weeks. Our aim was to recruit 20 patients but we discontinued recruitment after 8 patients due to poor outcome.

RESULTS
Cephalic vein diameter of all 8 patients measured 2 weeks after hand-ball exercise did not show an increase in size. Out of the 8 patients, 2 underwent AVF creation which failed to mature while the remaining 6 did not proceed with AVF creation.

DISCUSSION
Vein diameter is crucial in creating a functional AVF. Our study suggests that up to 2 weeks hand ball exercise does not appear to increase the size of the vein. The two AVFs that were created in the sample group were not suitable for haemodialysis.

CONCLUSION
Pre operative hand ball exercise does not lead to eventual functional AVF. Therefore we do not recommend pre operative hand ball exercise as this might delay alternative dialysis techniques.

OBJECTIVE
To determine if QT FIT is better than QL FIT in prioritizing screened patients for colonoscopy, resulting in shorter time to diagnosis.

METHOD
Participants with an average risk of developing colorectal cancer were randomised to QL and QT arms. Those tested positive underwent colonoscopy with those in the high-risk QT group being expedited. The primary outcome of the interest was time to diagnosis of advanced neoplasm.

RESULTS
A total of 509 participants were enrolled. Five out of 236 in the QL arm tested positive, three with neoplasia (two malignant, one benign polyp). The time interval from positive test to histological confirmation was 39 to 239 days. In the QT arm, eight out of 274 tested positive, two neoplasia (both benign polyps with faecal Hb level of 169 and 402). Time interval from positive test to histological confirmation was 56 to 83 days.

CONCLUSION
We conclude that QT FIT is better than QL FIT in prioritising screened patients for colonoscopy, resulting in shorter time to diagnosis.

INTRODUCTION
Native vein diameter is an important factor in determining the success rate of vascular access creation. Physicians have routinely subjected end stage renal failure (ESRF) patients to hand-ball exercise prior to vascular access creation to increase the diameter of native vein and therefore improve the success rate of creation.

OBJECTIVES
Our objectives are to evaluate whether pre operative hand-ball exercise will lead to an increase in diameter of native veins and subsequently lead to functional arterio-venous fistulae (AVFs).

MATERIALS AND METHODS
ESRF patients requiring haemodialysis were assessed prior to AVF creation. The diameter of the cephalic vein in the non-dominant forearm were measured using Duplex Ultrasound. Veins less than 2mm were included in this observational study. The patients were waiting time for colonoscopic screening in Malaysia. Quantitative faecal immunochemistry tests (QT FIT) allows those tested positive to be categorised to low, intermediate and high risk groups, as opposed to qualitative FIT (QL FIT) which only distinguishes the positive from negative. There has been no comparison of these two techniques in risk stratification to prioritise early colonoscopy.
Results: There were a total of 13 patients included in the analysis. Under Group 1, there were 3 Lanz, 1 Kocher, 1 transverse incision over transpyloric plane, and 1 transverse incision over right upper quadrant. Group 2, there were 3 midline, 1 upper and 1 lower midline, 1 right subcostal with upper midline extension and 1 upper midline incision with left lateral extension. Group 1 consistently resulted in earlier resolution of pain by an average of 3 days, and had lower initial pain scores with an average of 2.16 versus 4.28 (Group 2). Group 2 required hospitalization for analgesia post-operatively with an average addition of 1 week. 5 patients (71%) in Group 2 required patient-controlled analgesia as compared to none in Group 1.

Discussion

Group 1 patient shows lower initial pain score with an earlier resolution of pain and shorter hospitalization.

Conclusions

Surgical incisions following dermatomal distributions consistently showed lower absolute pain scores in the post-operative period, with a faster resolution of pain.
Results: Total of 50 patients, 31 underwent open repair while 19 underwent laparoscopic repair. The mean age of patient whom underwent open repair was 45.8 ± 18.6 and the mean age for laparoscopic repair was 49.1 ± 18.9. There was no significant difference between the variables of age, gender, race, size of ulcer and pre-operative days between these two groups. The mean post-operative duration of hospital stay for open repair were 6.94 days and laparoscopic repair being 4.68 days. Open repair was subject to a significantly higher rate of complications including intestinal (p<0.05) and surgical site infection. Of the 31 patients of open repair, 7 patients developed intestinal complications such as adhesion and intra-abdominal collection whereas all 19 patients of laparoscopic repair did not develop any intestinal complications.

Conclusion
Laparoscopic repair of perforated peptic ulcer has shown less post-operative complications and shorter hospital stay compared to open repair.

Comparison between Open and Laparoscopic Repair of Perforated Peptic Ulcer: A Retrospective Study
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Background
Laparoscopic technique of repair of perforated peptic ulcer (PPU) has emerged as a superior alternative to the conventional open repair method. Many studies have shown that this minimally invasive method shorten hospital stay, less post-operative pain, reduced size of wound, reduced post-operative complications and mortality.

Aim
To compare post-operative outcome between open and laparoscopic repair of perforated peptic ulcer.

Method
This was a retrospective study involving all patients who underwent repair of perforated peptic ulcer disease during a 5 year period included in this study. 50 consecutive patients’ records with perforated peptic ulcer were analyzed. Data were collected from operation theatre database and hospital medical records. Chi square and t test were used. Epi info and SPSS were employed.
EFFECT OF SLEEVE GASTRECTOMY IN TYPE-2 DM IN MORBIDLY OBESE PATIENTS

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INTRODUCTION

Existing evidence has suggested that bariatric surgery produces sustainable weight loss and remission or cure of type 2 diabetes mellitus (T2DM). Laparoscopic sleeve gastrectomy (LSG) has garnered considerable interest as a low morbidity bariatric surgical procedure that leads to effective weight loss and control of co-morbid disease.1

OBJECTIVES

The aim of this study is to assess the short- and long-term effects of laparoscopic sleeve gastrectomy (LSG) on body weight and improvement or remission in DM in morbidly obese diabetic patients.

MATERIALS & METHODS

The study was conducted on 22 patients from January 2009 to June 2014 who underwent LSG with T2DM in Hospital Putrajaya, for the evaluation of the short- and long-term effects (three-month, six-month and twelve-month) of LSG on diabetes control by assessing the number of hypoglycaemic agent medications in morbidly obese T2DM patients who are not adequately controlled with medical therapy.

RESULTS

There were remission in 14 patients (63.3%), 5 patients (22.7%) showed improvement (22.7%), 2 patient (9.5%) without any changes and 1 patient (4.5%) had to increase hypoglycaemic agents after 1 year post LSG.

CONCLUSION

Our study showed that the LSG is associated with a high rate of resolution of T2DM and markedly improved diabetes control at 12-month after surgery in morbidly obese patients with T2DM.

A RARE ENTITY OF A COMMON DISEASE: A CASE REPORT OF METAPLASTIC SQUAMOUS CELL BREAST CARCINOMA

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Metaplastic carcinoma of the breast (MCB) is a rare histological subtype of breast cancer with an incidence of less than 0.1%–0.5%. MCB is of considerable interest due to its pathological heterogeneity and differences in clinical behavior compared to typical carcinomas. We report a case of MCB in a 61 years old woman who presented to us with septicemic shock secondary to infected ulcerating left breast cancer. CT staging showed left breast carcinoma with left axillary nodal, lung and left adrenal metastasis. She underwent left mastectomy with axillary clearance. Histopathological result revealed left breast metaplastic squamous cel carcinoma with Bloom and Rhichardson Grade 3 and triple negative phenotype.

LAPAROSCOPIC REPAIR OF ACQUIRED ABDOMINAL INTERCOSTAL HERNIA (AAIH)

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Acquired abdominal intercostal hernia (AAIH) is a very rare condition where intra-abdominal contents protrude out at the intercostal space without any damage to the diaphragm.

We discuss a case of a 67-year-old female who initially presented to us after a vehicular trauma and had a long stay in the hospital. Post trauma she noticed a swelling over the right hypochondriac region which was reducible. CT scan revealed defect measuring 11 cm with herniation of small bowel loops, part of the ascending colon and mesentery. She underwent laparoscopic hernia repair without any complications.

Even though acquired intercostal hernia is a rare event, the diagnosis is easy with the help of CT scan and surgical repair is the best method of treatment. The laparoscopic approach offer s better results and less complications.
Incident of non-Hodgkin’s lymphoma (NHL) is increasing which in Malaysia, NHL is the third commonest cancer (7.4%) in male and tenth (2%) in female aged 15-49 years, B-cell lymphoma accounts 80-90% of case (1). The gastrointestinal tract is the most common site of primary extra nodal NHL, accounting for 20%-40% of all extra nodal disease. However, primary diffuse large B cell non-Hodgkin’s lymphoma of the small intestine is rare compare to other intestinal disease. Intussusception due to primary diffuse large B cell non-Hodgkin’s lymphoma in the small intestine is even rarer and is often difficult to diagnose. Case was a 16 years old girl initially operated as appendicitis who presented 3 weeks later with intestinal obstruction and proceeded laparotomy limited right hemi-colectomy for perforated ileocecal intussusception. Pathologic evaluation revealed a diffuse large B cell non-Hodgkin’s lymphoma of the ileum. As been reported (2), Non-Hodgkin’s lymphoma may masquerading as appendicitis and it also been reported present with ileocecal intussusception in children (3). Intestinal lymphoma is difficult to diagnose as by the non-specific clinical presentation.

KEY WORDS
Non-Hodgkin’s lymphoma (NHL); Intestinal Obstruction; Appendicitis; Intussusception; Intestinal lymphoma
ADHERENCE TO HORMONAL THERAPY AMONGST BREAST CANCER PATIENTS ATTENDING PUBLIC HOSPITALS IN MALAYSIA

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INTRODUCTION

Studies have clearly demonstrated the benefits of hormonal therapy in women with breast cancer. However, there is no standardized practice on measuring the adherence of hormonal therapy in breast cancer in Asia generally and Malaysia specifically. Therefore, this study was done to evaluate the adherence rate to hormonal therapy in the first year of therapy, among breast cancer patients attending public hospitals in Malaysia.
compared to its counterpart in LA (F: M=6:4). On the contrary, there was more male patients that underwent OA (F: M=1:9) or conversion LO (F: M=3.5:4.5). (p<0.05). The mean length of hospital stay was 2.77 days in LA compared with 2.54 days in OA (P=0.247). The mean duration of surgery was 68.18 minutes in LA and 72.97 minutes in OA (P=0.06). No statistically significant differences between the LA and OA groups with regard to length of hospital stay and duration of surgery.

In LA, there were 6 patients with postoperative complications and 13 for OA (OR=6.95, CI: 2.60 to 18.60, P value=0.019). The readmission rate is lower for LA 3.0% (14/484) and OA for 8.9% (25/162) (OR=6.13, CI: 3.10 to 12.10, P value=0.0004). The accuracy of laparoscopic as diagnostic tool from histopathology report was 77.7%.

**Conclusion**
Laparoscopic appendicectomy showed less postoperative complications and readmission rate over open appendicectomy.
showed semi-digested fermented food in a dilated stomach with a swollen and distorted pylorus. Duodenum could not be intubated. Rapid urease test was positive and thus, had Helicobacter pylori eradicated. Endoscopic biopsy was inconclusive.

Her symptoms persisted subsequently with same endoscopic findings. Computed tomography (CT) of abdomen was misinterpreted as midgut malrotation resulting in an urgent laparotomy, pyloroplasty, and excision of duodenal polyp. Histology examination revealed Brunneroma. She had an uneventful recovery and complete resolution of symptoms after surgery.

Discussion: Brunner’s glands consist of submucosal mucin-secreting glands located exclusively in the duodenum. They secrete an alkaline fluid composed of viscous mucin, whose function appears to protect the duodenal epithelium from acid chyme of the stomach. It is a tumor without malignant predisposition. Symptomatic Brunner’s gland tumours usually require surgical treatment. When the tumor is small or pedunculated, endoscopic polypectomy is the treatment of choice. Open surgical excision is reserved for cases where snaring has failed or when tumor is too large. In this case, duodenum could not be intubated due to large size of brunneroma, which was covered by a thick intact duodenal mucosa and the biopsy was often not deep enough to reach the submucosal tumour tissue.