ANNUAL SCIENTIFIC MEETING

INCORPORATING

- 3rd Asian Trauma Congress
- National Medical Student Surgical Programme
- National Surgical Nursing Programme
- Royal College of Physicians & Surgeons of Glasgow Symposium
- ASEAN Federation of Surgical Colleges Forum

“Between Scylla and Charybdis: Navigating the Treacherous Waters of Modern Surgery”

13th – 15th MAY 2016
KUALA LUMPUR, MALAYSIA
MEET-THE-EXPERTS 1  |  Hepatobiliary
Advances in understanding acute pancreatitis and their implications
John Windsor (New Zealand)

MEET-THE-EXPERTS 2
Controversies in breast conserving surgery
Elisabeth Elder (Australia), Supakorn Rojananin (Thailand),
Farhana Fadzli (Malaysia)

PLENARY 1  |  Keynote Lecture
The delivery of health services for tomorrow’s Malaysia:
Challenges and solutions
Noor Hisham Abdullah (Director-General of Health, Malaysia)

43RD A M ISMAIL ORATION
An unforgettable surgical journey
J C Mehta

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1.2 Is radical surgery still necessary? The role of fluorescence
imaging in intraoperative colorectal cancer staging
David Jayne (UK)

1.3 Obstetric anal sphincter injuries (OASIS): Role of the
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Monica Millan (Spain)

1.4 When surgical colleagues ask a favour…Re-operative
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2.3 Controversies in the management of metastatic breast cancer
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HOW I DO IT SESSION 1
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David Galloway (UK)
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Mohd Yusof Abdul Wahab (Malaysia)

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Hendro Sudjono Yuwono (Indonesia)
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Azmi Alias (Malaysia)
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Azim Idris (Malaysia)
This paper chronicles the author's lifetime experiences and contributions to Malaysian surgery in the fields of general and hepatopancreatobiliary (HPB) surgery. The fifty-over year journey began at the General Hospital Penang in 1959 when I was first exposed to the workings of a surgical unit. After a short stint as a district medical officer, I had the opportunity to train under three prominent surgeons of that time – Mr. Owen O’Malley, Dato’ Dr. SMA Alhady and Dato’ Dr. Peter Vanniasingham.

After completing my fellowship (FRCS) examination in Edinburgh, Scotland, I returned to serve as a surgical clinical specialist in various district hospitals. An early posting was in Bukit Mertajam where five memorable events are recounted; one was an emotionally moving episode involving our first Prime Minister, Tunku Abdul Rahman. Greater experience was then gained in state general hospitals on the East Coast and in Johor Baru.

In 1983, I was appointed Head of the Department of Surgery, Ministry of Health, Malaysia, based at Hospital Kuala Lumpur (HKL). New surgical techniques were learnt and more complex operations performed. A GI endoscopy unit was formed; the participation of physicians in this unit came later.

HPB surgery was initially at its infancy and only basic procedures such as cholecystostomy and open pancreatic abscess drainage were employed. Complex HPB surgery was first introduced by Dato’ Dr M Balasegaram, my predecessor at HKL. The service was later enhanced with the development of techniques such as flexible choledochoscopy, laparoscopic cholecystectomy and oesophageal transection for variceal haemorrhage. A new idea introduced was the concept of low central venous pressure anaesthesia for liver resections which resulted in a dramatic decrease in intra-operative blood loss. Interventional radiology contributed significantly to the range of services provided.

The first Liver Unit in the country was established in Selayang Hospital, driven by the vision of Tan Sri Dato’ Dr Ismail Merican. In this, the profession is indebted to Professor Russell Strong of the University of Queensland, Australia for his many contributions especially to the Liver Transplantation Programme. Up to November 2015, 82 transplants have been performed.

Current management strategies in liver and pancreatic cancers, including the important roles of the oncologist and interventional radiologist, are discussed.

On retirement from government service in 1999, I remained active both clinically and in administrative capacities in the private setting. In closing, we are best reminded to avoid complacency as doctors and that patients remain our primary concern.
OBSTETRIC ANAL SPHINCTER INJURIES (OASIS): ROLE OF THE COLORECTAL SURGEON

Monica Millan
Joan XXIII University Hospital, Rovira i Virgili University, Tarragona, Spain

Severe perineal trauma can occur during vaginal delivery either spontaneously or secondarily to an episiotomy; obstetric anal sphincter injuries (OASIS) include third and fourth degree tears. OASIS can have significant impact on women impairing both short and long-term quality of life. One of the most disabling in the long term is anal incontinence, with incidence rates of 15-40% after OASIS. The aim of this presentation is to review the evidence relating to OASIS with respect to diagnosis, repair techniques and timing of these techniques, and outcomes comparing repair performed by obstetricians and colorectal surgeons. We will also review subsequent treatment options for anal incontinence secondary to OASIS.

IS RADICAL SURGERY STILL NECESSARY? THE ROLE OF FLUORESCENCE IMAGING IN INTRAOPERATIVE COLORECTAL CANCER STAGING

David Jayne
University of Leeds, Leeds, United Kingdom

The curative treatment of cancers of the colon and rectum usually involves a radical segmental resection whereby the cancer along with its draining lymphatic basin is resected. Whilst this offers a survival benefit for the 30% of patients with node positive disease, the 70% of patients without lymph node disease are exposed to an increased risk of postoperative morbidity with no oncological gain. There is a clinical need to tailor the extent of oncological resection to the biology of the cancer and this need will increase as the population ages and as bowel cancer screening programmes detect earlier stage disease.

This presentation will focus on strategies for tailored colon cancer resection, focusing on the use of fluorescence intra-operative staging as a means of stratifying patients to radical resection with lymphadenectomy (node positive disease) or limited segmental resection (node negative disease). Strategies to be discussed include the application of targeted fluorescence nanotechnologies, molecular probes, and the clinical application of photosensitisers for colorectal cancer and lymph node detection.
NON-SELECTIVE RECURRENT LARYNGEAL NERVE REPAIR IN UNILATERAL VOCAL FOLD PARALYSIS

Marina Mat Baki1, Mawaddah Azman1, Mohd Razif MY1, Abdullah Sani1, Shonit Punwani4, Martin A Birchall2,3

1Faculty of Medicine- Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
2University College London, Ear Institute, London, United Kingdom
3Royal National Throat Nose Ear Hospital, London, United Kingdom
4Centre for Medical Imaging, University College Hospital, London, United Kingdom

OBJECTIVES
To present a case series of unilateral vocal fold paralysis (UVFP) patients undergoing laryngeal reinnervation with a range of outcome measures collected prospectively in London and Malaysia.

METHODS
Ten patients with UVFP (7 females, 28 to 51 years old; 3 males, 28 and 60 years old) with range of 0 to 24 months duration of vocal fold paralysis underwent non-selective laryngeal reinnervation with concomitant injection laryngoplasty. All of them were subjected to multidimensional outcome measures in which VHI-10 was the primary outcome measure, at baseline, 3-, 6-, and 12-month post-reinnervation. Laryngeal electromyography (LEMG) and T2-weighted MRI of the larynx was performed at baseline and at 12-months in 3 patients to measure the neuromuscular integrity of the thyroarytenoid muscle (TA). Five of ten patients completed a 12-month review.

RESULTS
Voice improvement was achieved in all patients. The mean and standard deviation (SD) of VHI-10 scores were of 26.3(11.0), 6.2(8.7) and 6.2 (6.2) at baseline, 3- and 6-month, respectively. The normal score was maintained at 12-months in 5 patients who had completed the 12-month review in whom the LEMG score was also improved. A high signal intensity values detected on the paralysed TA (4.00 and 3.03) compared to the opposite 'control' on T2-MRI images at baseline (1.82 and 1.51). Repeat T2-MRI at 12-month showed normalisation of the signal intensity of the reinnervated muscles (1.88 and 1.85).

CONCLUSIONS
Voice improvement was demonstrated by VHI-10 and other multidimensional outcome measures following the laryngeal reinnervation in patients with UVFP. These were supported by LEMG and T2-MRI outcomes.

CREATING ARTERIO-VENOUS FISTULA (AVF), AN EXPERT’S JOB?

Tan Kia Lean
Ara Damansara Medical Center, Selangor, Malaysia

With the increasing number of patient receiving haemodialysis nowadays, the demand for arterio-venous fistula creation and care is rising. Therefore more and more surgeons are takings up the job, among them are general surgeon, vascular surgeon, urologist, plastic surgeon, transplant surgeon, orthopaedic surgeon, cardio-thoracic surgeon an also surgical trainee.

Is the outcome of this small surgical procedure comparable among this group of surgeon? Is creating AVF merely an anastomosis of the vein to the artery? Is the aftercare adequate to avoid early fistula failure?

With the advancement of knowledge, skills and medical technology, most of the issues of AVF can be addressed, and the outcome of this procedure can be greatly improved, giving the patients on haemodialysis a better quality of life.
SYMPOSIUM 5
The Head And The Neck – The Seven Heads Of Hydra

PRESERVATION OF GREAT AURICULAR NERVE IN PAROTID SURGERY
Avatar S
Department of Otolaryngology - Head and Neck Surgery, Taiping Hospital, Perak, Malaysia

Least attention has been paid in general, to preserve the greater auricular nerve in parotid surgeries. The sensory supply of face is mainly contributed by the three cutaneous divisions of the trigeminal nerve. Nevertheless, the importance of the greater auricular nerve in supplying the skin around the angle of mandible and ear lobe cannot be ignored. In most parotid surgeries this nerve will be sacrificed as it is deemed as carrying no significance in the post-operative outcome and due to surgeon’s preference. Executing the correct surgical technique is needed in an attempt to preserve this nerve. Learning these techniques can be often time consuming and could be very delicate owing to its anatomical location. This meticulous starter in performing a parotidectomy has resulted in greater patient’s satisfaction besides giving the patient good aesthetic outcome especially in female patients.

NASOPHARYNGECTOMY: OPEN VERSUS ENDOSCOPIC APPROACH
Baharudin Abdullah
Department of Otorhinolaryngology – Head and Neck Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

Nasopharyngeal mass or tumor represents a challenge for surgical approach as the site is inaccessible. Surgical resection in this area has to consider the ideal surgical approach, which includes adequate tumor visualization, complete surgical resection to negative margins, and the ability to identify and protect critical neurovascular structures, while preserving a high degree of cosmesis and function.

Traditionally open techniques to the nasopharynx include the maxillary swing, the transpalatal and the transmandibular approaches. In addition, limited access may be obtained by the lateral rhinotomy and the Lefort 1 approaches.

However, selected patients and tumors may be effectively treated with an endoscopic approach. This approach provides the ability to perform enblock removal of tumors with confirmed negative margins, while simultaneously reducing the morbidity associated with traditional open treatment methods. Nevertheless, the approach for endoscopic resection depends on optimal patient selection and surgical execution.
SECRET WINDOW TO PARAPHARYNGEAL SPACE
Mohd Razif Mohamad Yunus
Malaysia

Parapharyngeal space is a potential deep neck space. Shaped as an inverted pyramid. Base of the pyramid is at the skull base and apex is at the greater cornu of the hyoid bone.

Medially is bounded by the pharyngobasilar fascia and pharyngeal wall. Its lateral boundaries are medial pterygoid muscle, mandibular ramus, retromandibular portion of the deep lobe of the parotid gland and posterior belly of digastric muscle. Tensor-vascular-styloid fascia separates parapharyngeal spaces to two compartments: Prestyloid and Poststyloid / Retrostyloid.

PRESTYLOID COMPARTMENT CONTENTS:
- deep lobe of the parotid gland
- Minor or ectopic salivary gland
- CN V branch to tensor veli palatini muscle
- Ascending pharyngeal artery and venous plexus

POSTSTYLOID COMPARTMENT CONTENTS:
- Carotid artery
- Internal jugular vein
- CN IX to XII
- Cervical sympathetic chain
- Glomus tissues

SURGICAL APPROACHES ARE:
1. Transparotid
2. transcervical
3. Cervical-Parotid
4. Cervical transpharyngeal
5. Secret window

In the secret window, tumour is located deep to the parotid gland. To utilize this approach, it is important to have imaging study either CT scan or MRI to exclude vascular tumour which is contraindicated for this approach. Transcervical incision is made. The anterior border of sternocleidomastoid muscle is identified and subsequently the digastric muscle is also identified. The digastric muscle can be cut or retracted inferiorly to give more exposure. Then the tumour is traced superiorly deep to the mandible. The advantage for this approach is the facial nerve is avoided.

In conclusion, this approach is good for non vascular solid tumour deep to the parotid gland. There is no risks to the facial nerve and the morbidity is minimal.
MODERNIZING SURGERY IN INDONESIA

Kiki Lukman
President of the College of Surgeons of Indonesia

Surgical practices began in Indonesia since the era of the Dutch occupation in the 19th century, but not until in the Independence Day in 1945, the Indonesian surgeons began to have leading roles in surgical practices along with some foreign surgeons from Europe. In the early years of its independence, formal general surgical training began in a few big cities with traditional apprenticeship model. With more political stability, more number of Indonesian surgeons came in practices in many hospitals all across the country. Since then, the professional societies and the college of Surgeons were also established in 1967, thanked to the government supports to provide opportunities for Indonesian surgeons to pursue with further overseas training in the 1950s and 1960s. By training system designed by the professional societies and the College, the surgical practices and training gained rapid changes and development in various surgical specialties. More modern hospitals and surgical facilities were developed by the government, and hundreds of surgeons were graduated in the 1970s and 1980s under the college base surgical training programmes. Overseas collaboration with different Asian and European countries allowed Indonesian surgeons to gain further academic and professional training in various surgical subspecialties.

In the early 1980s, the government passed the regulation that every formal educational and professional training should be conducted by a medical school in an accredited government university. The training, however, was conducted only in government teaching hospitals. By this way, the surgical practices and training moved towards to modern surgery which consists of academic as well as professional aspects. More and more training centre staff had more opportunities to gain academic degrees such Master of Sciences and Doctor of Philosophies. They were able to conduct researches and better surgical training programme. More over, the government also provided the opportunities to pursue subspecialty training. As a result, in this early 21st century the surgical practices and training become fairly diverse in Indonesia with various surgical subspecialty practices in hospital referral system. Therefore, at present, modern surgical practices in Indonesia involve the integration of basic surgical sciences into clinical practices which combine evidence based surgery and good surgical practice. In order to bring good impact and achieve optimal outcome to the patients and societies, the surgeons through their professional associations and colleges must work together with the government and other state holders. At the moment, there are many national forums and meetings to define dan device longterm national strategic plan in surgical care and to gain wide ranging collaboration nationally as well as internationally. In summary, as a developing country, Indonesia have begun to practice modern surgery in this early 21st century, however there are still many problems that may constraint the implementation due to discrepancies in social, economic, infra structures and political conditions in various regions in Indonesia.

STATE OF THE ART LECTURE

EVOLUTION OF THYROID AND PARATHYROID SURGERY UNDER LOCAL ANAESTHESIA: BACK TO THE FUTURE?

Hisham A N, B K Teoh
Hospital Putrajaya, Malaysia

BACKGROUND

Thyroid and parathyroid surgeries are usually performed under general anaesthesia. However, for a selected group of patients, local anaesthesia may be preferable. Over the years the evolutions of thyroid and parathyroid surgeries performed under local anaesthesia have been reappraised and advanced with modified superficial and deep cervical plexus blockages. Many studies have also compared the technique of local anaesthesia to general anaesthesia under daycare setup. This modified chemical cervical plexus blockage have been used successfully but evolved further to acupuncture assisted analgesia without compromising the safety and outcome of this approach. In this day and age the technique of Acupuncture Assisted Analgesia has evolved bridging the gap between east and west into using electrical nerve stimulations and applying the gate theory for desired blockage. Studies suggest that acupuncture and related techniques trigger a sequence of events that include the release of neurotransmitters and endogenous opioid-like substances within the central nervous system. Recent developments in central nervous system imaging techniques allow scientists to better evaluate the chain of events that occur after acupuncture stimulation. This exciting technique has led to the creative innovation of an android smartphone app for the electrical nerve stimulation of Acupuncture Assisted Analgesia named OMASS to delineate clearly the meridian lines and acupoints and replacing the needle acupuncture to self adhesive gelled electrode pads. The smartphones app is able to deliver a current rate of 4 to 15mA, pulse width of 50 to 800 uS and a frequency of 0.5 to 33 Hz equal to the stimulation of needle acupuncture. Sharing a lifetime journey of evolutions and experiences with local anaesthesia proved to us today the endless possibilities of creative innovations to improve and advance our present techniques of surgery and analgesia into the future.
SHOULD THE FRCS BE BROUGHT BACK?
Chang Keng Wee
Malaysia

The FRCS examinations had been the postgraduate surgical qualification for this country until the old format was withdrawn in 1996. The Joint Committee on Intercollegiate Examinations conducts examinations for UK & Ireland in 10 specialties. But these are only available to candidates trained in centers in UK & Ireland. In 2012, the President of the Royal College of Surgeons of Edinburgh signed an MOU with The College of Surgeon of Malaysia with regards surgical training and education. The college then went on to host the MRCS OSCE in Kuala Lumpur. We hosted the first diet of the FRCS – General Surgery in 2015. This was conducted under the auspices of the Joint Surgical Colleges Fellowship Examinations Committee. It is available to international candidates and at the moment five specialties are examined, namely General Surgery, Cardiothoracic Surgery, Urology, Neurosurgery and Trauma & Orthopaedics. This gives the opportunity for Malaysian candidates to avail themselves to an assessment of international reputation, that is of equal standard to that offered in UK & Ireland. It attests to the surgeon having achieved sufficient standards, with the knowledge and skill to practice independently.

SURGICAL SPECIALISATION, HAVE WE GONE TOO FAR?
Simon Paterson Brown
University of Edinburgh, Edinburgh, United Kingdom

The drive to improved outcomes in all areas of surgery has resulted in centralisation and specialisation. While there is no doubt this has been beneficial in complex procedures is it also the case in less complicated surgery and what about emergency surgery? The pros and cons of sub-specialisation in general surgery will be reviewed in both elective and emergency surgery.
Persisted and recurrent hyperparathyroidism can occur as a postoperative complication in both primary and secondary hyperparathyroidism. The incidence varies in different experienced parathyroid centres. The main cause of failure in primary hyperparathyroidism was due to inexperience surgeon in locating and adequately excising a parathyroid adenoma or in multigland hyperplasia and also the second occult parathyroid adenoma left in situ. Whereas in secondary hyperparathyroidism, it includes presence of supernumerary glands, incomplete excision and autograft hypertrophy.

Re-operation in these situations is more difficult due to scarring, changes in anatomy and loss of tissue planes. Should they require surgery, a meticulous review of their historical, biochemical, imaging and previous operative data are required to establish unequivocal diagnosis as well as pre-operative preparation.

Reoperative surgery require an experienced parathyroid surgeon armed with intraoperative adjuncts to locate the offending parathyroid gland and remove them while minimizing collateral injury, particularly to the recurrent laryngeal nerves. Success of re-operation of hyperparathyroidism may exceeds 95% with complications approximates in the unexplored patients.
THE BIOLOGY OF GASTRIC CANCER: WHY IT IS SO AGGRESSIVE?

Jimmy B Y So
Singapore

For many years, the diagnosis of gastric cancer was synonymous to poor prognosis. However, with advances in endoscopy and medical optics, the proportion of patients detected with early gastric cancer has improved substantially and we now know that these patients also have a favorable prognosis. In this lecture, we will discuss the biology and classification of early and advanced gastric cancer, carcinogenesis and precancerous cascade of gastric cancer as well as to provide an insight into the promising surgical innovations and targeted therapeutics in gastric cancer treatment.

DIFFICULT THYROID SURGERY: TIPS AND TRICKS

Imi Sairi b Ab Hadi
Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

There is no article to date detailing how to deal with a difficult thyroid surgery. I hope to address this need in this small presentation, at least partly, through experiences and difficulties as an independent consultation endocrine surgeon.

I particularly describe the resolution strategies to several difficulties that are commonly encountered and how we as a team have negotiated them. Rhythm in surgery is important and every operation has slow and fast phases with frequent micro-pauses for observation and reflection and then action.

A note of caution to the “Young Turk”, although thyroid surgery may not take an excessive amount of operative time, true success is not the same as speed but outcome. Therefore a further moment or two taken to safely ensure preservation of the nerve or complete tumour resection and haemostasis is always worth it.
RESECTION OF LIVER METASTASIS IN GASTRIC CANCER: CAN WE FOLLOW THE COLORECTAL MODEL

Jimmy B Y So
Singapore

Many patients with gastric cancer present at an advanced stage. The liver is one of the commonest sites of metastases for gastric cancer. It is also one of the commonest sites of recurrence post curative resection. The prognosis of such patients is usually poor.

Hepatectomy or metastectomy has an established place in treating liver metastases from a variety of cancers especially colorectal cancer. The indications for colorectal cancer have been expanded to include all technically resectable metastases numbering 4 or more. However, its role for gastric cancer remains controversial owing to the more aggressive nature of the disease.

Little is known of the prognostic factors that allow for suitable patients to undergo hepatic metastectomy. A literature search only highlights retrospective studies. Age, tumour location and number of liver metastases are some suggested factors. Patients with solitary liver metastasis tend to do better. Recently, the role of intensive chemotherapy prior to resection of liver metastases has also been suggested to improve survival.

Patients who undergo metastectomy may have some survival benefit but the indication for resection of liver metastases requires further careful evaluation via prospective randomized trials.
IS SURGERY THE RIGHT CHOICE FOR ME?

Andre Das
Hospital Kajang, Selangor, Malaysia

THIS QUESTION WAS APPROACHED IN 2 WAYS;
1. Evidence-based with a look at the literature
2. Personal Anecdotal Opinion of a married Senior Consultant Surgeon with more than 20 years of public service at a busy district hospital.

Aptitude factors such as Cognitive, Psychomotor and Visual Spatial Perception, considered important to acquisition of surgical skills and performance were looked into.

Factors causing Attrition of Surgical trainees and Burnout of Surgeons were also looked into.

Lastly an attempt was made to draw an analogy between Marriage and a Surgery career to illustrate several points.

UPPER GI TRAINING IN MALAYSIA: CURRENT AND FUTURE CHALLENGES

Mohammad Shukri Jahit
Hospital Sungai Buloh, Selangor, Malaysia

Upper GI Surgery is considered the newest kid in the block in the surgical fraternity in Malaysia as far as training and its accreditation is concern. General surgeons have been the main pillars of the main bulk of Upper GI surgery in the past; managing all Upper GI related diseases malignant and benign alike. As the medical development in the country progresses Upper GI surgery like any other surgical sub-specialty training has been given the chance to develop with proper training, syllabus and exposure to the current international benchmark. Gone are the days where everyone can treat anything but quality of its clinical outcome and patients' quality of life become almost always doubtful.

Upper GI surgery training started more than 15 years ago but there was no proper syllabus was followed. The problem is more complex when facilities and new technologies were not implemented then. It was a big challenge then. Official training and acceptance into MOH sub-specialty training officially started in the year 2002. There were only a few candidates who were interested. There were also a few senior consultants who are well adept in Upper GI related diseases were capable to become the trainers. Majority cases managed were tumor related cases and the overall outcome was not encouraging thus it has been traditionally known that Upper GI surgery is all about hard work but the clinical outcome is always dismal. This phenomenon has made the younger generation distance themselves from the potential training in Upper GI surgery.

Upper GI surgery and its training programme have progress by leaps and bounds through the years with proper syllabus and more exposure to the wide range of diseases especially the benign ones. The evolution of GI lab has also contributed to the progress on Upper GI training. Nevertheless high volume center is difficult to develop without proper referral system. This is made worse by refusal of patient to travel far for treatment. Currently Upper GI surgery works in zones ie Northern, Central, Southern zones respectively. We are also having the main teething issues of brain drain to the greener pastures in the private centers leaving a handful people to train and develop a high volume center.

MEDICAL STUDENTS – SYMPOSIUM 3
The First Step In Surgery

UPPER GI SURGERY SLAYING THE NEMEAN LION

SYMPOSIUM 12
Upper GI Surgery Slaying The Nemean Lion

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Factors causing Attrition of Surgical trainees and Burnout of Surgeons were also looked into.

Lastly an attempt was made to draw an analogy between Marriage and a Surgery career to illustrate several points.
Clarence Lei
Kidney & Urology Centre, Normah Hospital, Kuching, Sarawak, Malaysia

The Borneo Post of 19.3.2016 reported the arrest of a doctor following a “botched circumcision”. The doctor was arrested for “causing grievous hurt by an act which endangers life, under Section 338 of the Penal Code”. A part of the penis was missing and the boy was brought to the general hospital for further treatment. The postoperative pictures were also posted on social media! In another case, about half the penis was brought to the hospital but it was not re-attached. It is important that the amputated organ be kept in two plastic bags with ice (e.g. from 7-11 Stores) in outer bag. It may be re-attached within 48 hours. The vessels and nerves should preferably be re-attached by micro-surgical techniques, if available. In 1992, there was a similar medicolegal case when the boy had a circumcision by an attendant in a general hospital. Thereafter, there were regulations to the effect that circumcision should only be performed by medically qualified personnel and in medical institutions. The recommended technique is that of dorsal slit technique and not the guillotine technique. It was reported in a MPS case book where 2 doctors were guilty of serious professional misconduct “for failing to follow correct procedures around male circumcisions”. In 1 case, a suture was inserted into the glans penis. The General Medical Council has “Guidance for doctors who are asked to circumcise male children”. In 2002, a mass circumcision in South Africa resulted in 24 deaths and over 100 admitted for sepsis when unsterilised equipment were used for the circumcision. The following complications occurs: submeatal urethral fistula, meatal stenosis, arterial bleeding, haematoma, penile infection and wound breakdown. These are especially so if the patient has any underlying haematological disorder, diabetes or if there is ongoing local infection. In an unfavourable environment or if the patient is uncooperative, there may be inadequate circumcision resulting in scarring and requiring corrective penile surgery. General anaesthesia may be required for most children under the age of 10. For elder children, consent of the child under local anaesthesia must be agreed upon before the surgery. Whenever possible, only bipolar diathermy is used. Some prefer to be uncircumcised. If the patient has an obvious chordee or hypospadias, circumcision should not be performed as a separate operation. Severe para-phimosis should be treated urgently.

Egyptian mummies which are about 4300 years old were circumcised. Circumcision was the 11th AM Ismail oration of the College of Surgeons of Malaysia in 1984. The preferred technique of circumcision is the dorsal slit technique (with scissors) and outer and inner preputial incisions with a knife. This gives precise margins and clear view of the glans penis and meatus. It also allows any excess inner foreskin (especially in cases of severe phimosis) to be excised while preserving the outer penile skin, as well as preserving the variable intervening penile tissue. Bipolar diathermy may be used if necessary. The inner foreskin and glans can then be cleaned properly with Povidone iodine. The skin is closed with interrupted plain Catgut 4/0. Eye ointment and an apron gauze dressing may be applied. 1% Lignocaine dorsal penile block (avoiding the dorsal vessels) and skin block are preferred. The patient may be given a Diclofenac or Paracetamol suppository for postoperative discomfort. If the penis is “withdrawn” by overhanging abdominal fat pad, minimal penile skin should be excised. Where possible, the base of the penis can be sutured to the inner penile skin to prevent the penis from “disappearing” when the patient returns to the ward! Postoperative wound inspection and care should be readily available, at least within the first few days.

Neonatal circumcision is increasing practised in Malaysia, possibly as a result of influence from the expatriates from the Middle East and not necessarily a Muslim practice. It is best done within the first 7 days of life when the baby is still protected by the mother’s immunoglobulin and coagulation factors. ½ cc of 1% Lignocaine with a 26G needle may be used for a ring block. The child may be “sedated” with 20% glucose during the procedure. It is important that not only fine instruments are used but the surgeon should also use an ocular magnifying loop.
EMPYEMA THORACIS: MEDICAL OR SURGICAL TREATMENT

Mohamad Yusof Bin Abdul Wahab
Hospital Tengku Ampuan Rahimah Klang, Selangor, Malaysia

Pleural infections is one of the oldest and severest disease faced by medical practitioners. Hippocrates had identified the spectrum and difficulties in managing pleural infections, even in its most severe form, Empyema Thoracis. The tragic death of Sir William Osler, hailed as the father of modern medicine, due to empyema 2000 years after being described by Hippocrates, further reiterates the severity of this disease.

In Malaysia, the exact mortality rate due to empyema thoracis is unknown. The incidence and prevalence can only be extrapolated from the known incidences of pneumonia. It is estimated that around 1:1000 population in Malaysia is at risk of developing pneumonia and up to 25% of these patients are at risk of developing complicated parapneumonic pleural effusion (CPP).

Currently, patients with pneumonia and CPP are treated by the physicians with systemic antibiotics ± chest tube drainage. Referral of these patients to surgeons are often delayed, often when patients are at stage 3 of empyema (organized stage) where surgical intervention is associated with high morbidity.

The guidelines set by the British Thoracic Society and American Thoracic Society, strongly advocates early referral of patients with CPP to surgeons, within two weeks of initial presentation.

In HTAR Klang, we have treated around 46 patients with empyema thoracis with Video Assisted Thoracic Surgery (VATS) over the duration of the last two years with very favorable outcomes. Thus, VATS should be mastered by the general surgeon to facilitate the physicians in managing CPP to prevent or circumvent long term respiratory dysfunction.

LUNG METASTASECTOMY – WHEN, WHY AND HOW?

Mohd Hamzah Kamarulzaman
Hospital Serdang, Selangor, Malaysia

Malignant disease’s ability to metastasize remains one of the oldest and severest disease faced by medical practitioners. The change from loco-regional to systemic disease usually renders the patient beyond surgical treatment, as local treatment with surgery in a systemic disease is usually considered without benefit. However, numerous retrospective studies have demonstrated that resection of metastases limited to the lungs may be associated with prolonged survival. No prospective, randomized studies have been published, and most series compare highly selected patients with historical data for unresected patients. In this presentation, the current status on pulmonary metastasectomy is discussed. Preoperative assessment and selection of surgical candidates is covered. The different surgical strategies including surgical approach, unilateral versus bilateral exploration, lymph node dissection, and repeat surgery are discussed. Finally, some of the common tumors that metastasize to the lungs are reviewed, the role of metastasectomy in their treatment and the prognostic factors with impact on survival is discussed.
PROSTATIC SPECIFIC ANTIGEN (PSA) AND PROSTATE CANCER SCREENING – WHERE DO WE STAND TODAY?

Teh Guan Chou
Sarawak General Hospital, Kuching, Sarawak, Malaysia

Prostate cancer is the commonest cancer diagnosed in men with lifetime risk of 16.15%. However, the lifetime risk of dying from prostate cancer is estimated at 3%. Many of the prostate cancers diagnosed today are indolent cancer which when left alone or undiagnosed would not have any impact on the patients’ life expectancy.

The risk of dying from prostate cancer depends on patient's comorbidity and general health status as well as the aggressiveness of the cancer, which could be gauged by risk stratifying according to PSA at diagnosis, Gleason score of the cancer, and the stage of the disease at presentation.

In USA where use of PSA in clinical practice is highly prevalent, the incidence of metastatic cancer had dropped to <5%. The overall cancer specific mortality for prostate cancer had declined significantly since 1995 onwards. However, a large proportion of prostate cancers diagnosed in Malaysia today remains metastatic at presentation. The reported overall 5-year relative survival for prostate cancer is 99.2%. However, the prognosis for metastatic prostate cancer remained relatively unchanged with 5 years relative survival rate at 27.8%.

The excellent survival for early prostate cancer when treated with local treatment as compared to the dismay survival and pain that patients with metastatic cancer had, have lead to the widespread use of PSA as a clinical screening tool for prostate cancer despite its low specificity.

The USPTF recommend against routine screening for prostate cancer (Grade D recommendation). All guidelines agree that PSA testing should not be offered to men with short life expectancy (< 10 years) as early detection would have no clinical benefit to the individual. Rather, early Detection (opportunistic screening) should be offered to the well-informed asymptomatic man as well as part of the routine workup for patient presenting with LUTS.
LATE ONSET HYPOGONADISM – MYTH OR REALITY

Christopher Chee Kong Ho
University Kebangsaan Malaysia, Kuala Lumpur, Malaysia

“Late Onset Hypogonadism” or more aptly known as “testosterone deficiency syndrome” has always taken a back seat as compared to women’s menopause. Testosterone deficiency can occur in any age group but in older men, it is known as “late onset hypogonadism”.

Men may not admit it but there is really an equivalent to menopause in men. It is not “men no pause” but “andropause”. Like women, it is due to the gradual decrease of the sex hormone with aging and in men, it is the testosterone hormone. With the decline of this hormone, men will notice a decline in features that makes a man a man.

Fortunately, testosterone replacement therapy is able to reverse these changes. Some have dismissed this as a marketing ploy by the pharmaceutical industry and there are initial scares of cardiovascular complications. Nevertheless, studies have proven otherwise and shown that the benefit outweighs the risk.

The keyword is testosterone replacement and not testosterone supplement. The benefits include psychological well-being, sexual health and physical encompassing cardiovascular, metabolic, muscle and bone. It does not cause prostate cancer but caution is needed in those with prostate cancer.
DEVELOPMENTS IN LIVING DONOR LIVER TRANSPLANTATION

Choon Hyuck David Kwon
Department of Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea

Living donor liver transplantation (LDLT) is now recognized as a good alternative option to deceased donor liver transplantation for treating patients with end stage liver disease and/or hepatocellular carcinoma with cirrhosis when sufficient deceased donors are not available. Scarcity of brain death donors is a major problem especially in Asian countries and for this reason LDLT has flourished more in Asia compared to Europe or US and the techniques necessary for LDLT has been developed more by Asian surgeons.

The most frequently used graft type is the modified right liver with V5 and V8 reconstruction when necessary since the right liver offers sufficient liver volume. However, with the accumulation of experience, more centers are now shifting to left sided liver more frequently in recent years. Also much effort has been done to decrease the invasiveness of the operation such as upper midline incision and laparoscopic assisted heptectomy. In recent years, purely laparoscopic heptectomy is being done increasingly by large volume centers with much experience in both laparoscopic heptectomy and LDLT but larger number of cases and standardization of procedures is still necessary for this approach to gain more popularity.

ADVANCES IN LAPAROSCOPIC HEPATECTOMY

Choon Hyuck David Kwon
Department of Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea

Hepatobiliary surgery is one of the last areas in the surgical arena where laparoscopic approach has had much resistance. However, increasing numbers of liver resections has been done by purely laparoscopic approach during the last 10 years. Initially laparoscopic approach was used for patients with benign disease or patients requiring wedge or minor resection. With the advance of surgical instruments and accumulation of experience, its application has been expanded to malignant diseases and tumors requiring major heptectomy. Less than 3000 cases had been performed worldwide since the first laparscopic liver resection in 1998 until 2008, but the number have tripled in just 6 years. The oncological outcome does not seem to be hampered by laparoscopic approach in well selected patients although randomized controlled trial would be necessary to draw a final conclusion. Also the initial fear of excessive gas embolism through the hepatic veins does not seem to have any clinical consequences.

Anterolateral segments (S2-6) and tumors smaller than 5cm are still the preferred indication for laparoscopic approach but this also is being expanded to tumors larger than 5cm and tumors in S7/8. Recently purely laparoscopic donor heptectomy is being performed in increasing frequency in highly specialized LDLT centers.
Empyema thoracis, defined as collection of pus in the pleural space, has been recognised since the time of Hippocrates and historically has been associated with high mortality. It is classically described in three stages: exudative, fibropurulent and organising phase. The mainstay of treatment of pleural empyema is the control of ongoing infection, and prevention of recurrent infection and late restriction. The advent of video-assisted thoracic surgery (VATS) for the management of empyema has shown rewarding results in several reports. VATS has the advantage of being less invasive than open decortication and to have a better acceptance by the referring physician and the patient.

Patient selection for VATS in empyema thoracis includes those who present in stage 2 of empyema, or in which medical management has failed. Contraindications include haemodynamically unstable patients, previous thoracic surgery, and organised empyema.

Prior to surgery, single lung ventilation can be achieved via double lumen endotracheal tube or an endo-bronchial blocker. Patient should be place with the intended operation site facing up, with the operation table adjusted to hyper-extend the patient's torso. Insufflation of CO2 to improve visualisation of the intra-pleural space can be done in cases with an inadequate view.

Decortication, removal of pleural 'peel', aspiration of pus, irrigation of hemithorax, pleural biopsies and placement of chest drain can be done with standard laparoscopic instruments. Certain instruments used for open surgery (e.g suction apparatus, sponge forceps) can also be used during thoracoscopic surgery.

Complications of VATS include haemorrhage, air leak, surgical emphysema and pneumonia. Post-operative chest physiotherapy and incentive spirometry is as crucial as the surgery in improving patient's recovery and outcome in empyema.

General surgeons who are comfortable doing open thoracic surgery can readily learn and master VATS for empyema without much difficulty.
EP 01 Impact Of PET/CT Scan In Staging And Managing Primary Rectal Cancer – A Pilot Study
Mei-Sze Teh, Hoong-Yin Chong, April Roslani
University of Malaya, Kuala Lumpur, Malaysia

EP 02 A Novel Prospective Study On Early SIRS As A Predictor Of Burns Trauma Mortality
Henry Tan Chor Lip1,2, Tan Jih Huei1,2, Premaa Supramaniam1, Mathew Thomas1, Sarojah Arulanantham1
1Department of Surgery, Hospital Sultan Ismail, Johor Bahru, Malaysia
2Clinical Research Centre, Hospital Sultan Ismail, Johor Bahru, Malaysia

EP 03 Endovenous Mechanosclerotherapy (ClariVein) In Treatment Of Varicose Vein: A Prospective Evaluation
A Atifah1, S Saravakumar1, M Azim Idris2, Zainal Ariffin Azizi1
1Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
2Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

EP 04 A Comparison Of Aesthetic Outcome Between Tissue Adhesive And Subcuticular Suture In Thyroidectomy Wound Closure: A Randomised Controlled Trial
L Y Teoh1, M S Teoh2, K L Ng3
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2Breast and Endocrine Consultant, Hospital Pulau Pinang, Malaysia
3Endocrine Consultant. Division of Endocrine Surgery, Department of Surgery, University of Malaya, Malaysia

EP 05 The Effect Of Carbon Dioxide Insufflation On Ventilation During Endoscopic Thyroidectomy Against Open Thyroidectomy
Faizal A1, Hakim N A1, Aina E N1, Shahrun Niza A S2, Rohaizak M2
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2University Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia
IMPACT OF PET/CT SCAN IN STAGING AND MANAGING PRIMARY RECTAL CANCER – A PILOT STUDY
Mei-Sze Teh, Hoong-Yin Chong, April Roslan
University of Malaya, Kuala Lumpur, Malaysia

INTRODUCTION
Accurate pre-op staging is of utmost importance to delineate the best line of management and cure to primary rectal cancer.

Conventionally, rectal cancers are staged with only structural imaging modalities, CT scan and MRI pelvis Dilemmas arise in determining nodal and occult distant metastasis. This study proposes the addition of functional imaging modality, PET scan to structural modality (CT scan and MRI pelvis).

OBJECTIVES
A prospective, hypothesis generating study to assess the addition of PET scan to CT scan and MRI pelvis in staging and managing primary rectal cancer.

METHODOLOGY
22 patients from UMMC with new middle and low rectal cancer participated. All patients were staged with PET scan, CT scan and MRI pelvis. Two staging reports (conventional and new staging) using the TNM classification were studied and management determined based on each report.

RESULTS
Comparison made between the new and conventional methods showed highest stage migration in N (22.7%), followed by M (9.1%) and T (4.5%). Overall, 81.8% patients had no change in staging, while 13.6% were downstaged and 4.5% upstaged. 22.7% of patients had change in management.

CONCLUSION
The addition of PET/CT scan changes the clinical staging and would potentially alter management of primary rectal cancer. This study is limited by the small number of patients from a single center, and potential change in staging and management appears to be from stage 3 and stage 4 only. It is recommended to conduct a multi-center trial for stage 3 and stage 4 patients. The usage of contrasted PET/CT scan may be utilized in the near future, omitting CT TAP would overall be more cost effective and at the same time lowers radiation dose rendered.
A NOVEL PROSPECTIVE STUDY ON EARLY SIRS AS A PREDICTOR OF BURNS TRAUMA MORTALITY

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INTRODUCTION

Advancement of health care services has allowed more severe burn patients to survive especially in young and healthy patients with over 90% TBSA burn which would have been fatal over a century ago. However, there are still non-survivors whom are young and fit. The aim of this study is to identify the early predictors of death in severe burns patients that may be used to prevent such fatalities in addition to the already known mortality predictors of TBSA burn and presence of inhalational injury.

METHODS

This is a prospective study of all burns patient that were admitted to Hospital Sultan Ismail Burns Intensive Care Unit. Admission criteria were according to the 2009 American Burns Association guidelines and risk factors of interest were recorded prospectively. Data was analyzed using logistic regression to determine significant predictors of mortality. Survival analysis was done using Kaplan-Meier survival curve with the log rank test.

RESULTS

A total of 393 patients were included with a male preponderance of 290/393 patients. The mean age were 35.6(15.72) years and mean length of stay was 15.3(18.91) days. There were 48 deaths with an overall mortality rate of 12.2%. Significant risk factors identified known factors of TBSA>20% (p<0.001), inhalational injury (p<0.001) and pulmonary complications of ARDS (p<0.001), HAP (p<0.001) and ventilated patients (p<0.001) were associated with poorer survival outcome. Early SIRS on admission (p<0.001) was associated with poorer survival outcome and is a finding not found reported in literatures prior to this study.

CONCLUSION

Early SIRS on presentation and other pulmonary complication is a significant predictor of death in our centre. In addition to TBSA and inhalational injury, it is suggested early SIRS to be the triad of death in predicting death in severe burns patients.
ENDOVENOUS MECHANOSCLEROTHERAPY (CLARIVEIN) IN TREATMENT OF VARICOSE VEIN: A PROSPECTIVE EVALUATION

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²Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

OBJECTIVE
The primary objective is to assess early efficacy of the ClariVein device in treatment of varicose veins. The secondary objective is to evaluate post procedural related complication of ClariVein including post procedural pain score.

METHODS
40 limbs in 27 patients (10 male and 17 female) with mean age of 51 were recruited. A single surgeon performed both the mechano-sclerotherapy (MOCA) using the ClariVein device and multiple stab avulsions (if indicated). Follow up was done at 48 hours, 1st, 3rd and 6th months post procedure. Patients were assessed based on clinical improvement in VCSS and CEAP classification, presence of complication, post-operative pain and patient recovery after the procedure. Duplex scan was done on all treated legs to identify thrombosis complete or partial, recanalization and presence or absence of reflux.

RESULT
The closure rate intra-operatively and 48 hours post operatively was 100% and 98% at 1st month, 3rd month and 6th months post procedure. There is significant reduction (p<0.05) in VCSS and CEAP class post procedure. The complication rate was 35% after the first 48 hours post procedure. Erythema, phlebitis and ecchymosis rate were 22.5%, 7.5% and 2.5% respectively. The mean pain score was 1.65 at 48 hours post procedure and 0.3 at 1 month post procedure. The mean number of days for patients to return to normal activity was 2.1 and return to work was 2.88 respectively.

CONCLUSION
Mechano-sclerotherapy (MOCA) has comparable efficacy and complication rates to other endovenous ablation therapies at 6 months post procedure.

KEYWORDS
Varicose vein, mechanosclerotherapy, clarivein
A COMPARISON OF AESTHETIC OUTCOME BETWEEN TISSUE ADHESIVE AND SUBCUTICULAR SUTURE IN THYROIDECTOMY WOUND CLOSURE: A RANDOMISED CONTROLLED TRIAL

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INTRODUCTION
Conventionally, absorbable monofilament suture is used for closure of thyroidectomy wounds. There are very few published studies on the aesthetic outcomes of tissue adhesive in neck surgeries. Aim of this study is to compare the patients’ and doctor’s satisfaction scores in the cosmetic outcome between both methods of closure of thyroidectomy wounds.

MATERIALS AND METHODS
96 patients who underwent thyroidectomies and parathyroidectomies patients in Penang General Hospital from January 2014 to March 2015 were recruited and randomised into two treatment arms. Scoring of the wounds was done by an independent observer at 6 weeks and 3 months postoperatively, whereas patients were required to score their own scars at 3 months using validated scores (SBSES and POSAS).

RESULTS
49 patients versus 47 patients received tissue adhesive and conventional suture, respectively. No statistical difference were observed in the aesthetic outcome using both the patients’ and observer’s components of POSAS scoring system in between both arms at 3 months postoperatively [with median score of 9 (p=0.246, SD±6.5) and 14 (p=0.772, SD±6.2) respectively]. There is no significance in the observer’s median score using the SBSES scoring system (score 3, p=0.121, SD±1.3). There was significant reduction in duration of closure using glue (4.42 mins vs 6.36 mins, p<0.05).

DISCUSSION
Many surgeons opted for suture in closure of neck wound due to the cost factor. In this study, we found no difference in the 3-month postoperative score in between both arms from both surgeon’s and patient’s perspective. Shorter closure time was clinically insignificant. We however observed a higher score of hyperpigmentation among certain races. There was no difference in the level of pain, pruritus or degree of stiffness between both arms.

CONCLUSION
Tissue adhesive offers a comparable cosmetic outcome and hence, an alternative suture method to the absorbable suture in thyroidectomy wound closure.
THE EFFECT OF CARBON DIOXIDE INSUFFLATION ON VENTILATION DURING ENDOSCOPIC THYROIDECTOMY AGAINST OPEN THYROIDECTOMY

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INTRODUCTION
Endoscopic Thyroidectomy (ET) with carbon dioxide (CO2) insufflation is one of methods for minimally invasive thyroid surgery. Studies have reported on possible complications related to usage of this gas. The objective of this study was to observe effects of CO2 on ventilation during ET as compared to Open Thyroidectomy (OT) and complications related to CO2 retention.

METHODS
This randomized controlled trial was conducted in Hospital Kuala Lumpur between November 2014 and June 2015. Inclusion criteria were patients aged 18 to 75 years old with thyroid nodule measuring 5cm or less on ultrasound. Exclusion criteria were patients with lung disease, major comorbid illnesses and preoperative cytology of malignant disease. Patients were randomized into two groups via closed envelope method indicating whether they will undergo ET or OT. In ET, the technique used was ipsilateral axilla breast approach with CO2 insufflation pressure at 10mmHg. OT was performed according to the standard open thyroidectomy procedure. Standardized anesthesia protocol was implemented in both groups. Venous pCO2, pH and bicarbonate (HCO3) as well as minute ventilation (MV) and end-tidal CO2 (ETCO2) were measured intraoperatively at 0, 30, 60, 90 minutes and one hour post operative. Multivariate ANOVA, Spearman’s correlation and T-test were used for statistical analysis.

RESULTS
A total of 30 patients were recruited. There were significant difference between ET and OT group for pCO2, pH, HC03, ETCO2 and MV over periods of time (p< 0.01) however there were no correlation of pCO2 and ETCO2 over MV in ET at 30, 60 and 90 minutes. These indicate although raised of pCO2 and ETCO2 in ET, it does not affect the ventilation. ET showed significant subcutaneous emphysema compared to OT (p< 0.001).

CONCLUSIONS
ET with CO2 insufflation was safe, devoid of any major complications and does not affect ventilation in normal healthy patients.
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FP 10  Do Therapeutic Mammaplasty Or Neoadjuvant Therapy Influence Breast Conserving Surgical Margins?
N E Noor Shaari¹, Saladina Jasze², Shahrun², Norlia A², Rohaizak M²
¹Universiti Teknologi MARA (UiTM),
²University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
THE FLESS (FOLLICULAR LESION/NEOPLASM SCORING SYSTEM): A NEW CLINICAL SCORE IN PREDICTING THYROID CANCER

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1Department of Breast & Endocrine Surgery, Hospital Putrajaya, Putrajaya, Malaysia
2Department of Pathology, Hospital Putrajaya, Putrajaya, Malaysia
3National Clinical Research Centre, Kuala Lumpur, Malaysia

BACKGROUND
The diagnosis of thyroid follicular carcinoma, on cytology alone has always been challenging. Surgery is necessary for definitive diagnosis, therefore preoperative decision is important to avoid second surgery. The objective of this study is to develop a new clinical score to predict the thyroid cancer in patients with follicular lesion and neoplasm on cytology.

METHODS
We retrospectively reviewed 345 patients who underwent thyroid surgery in Hospital Putrajaya from March 2001 - June 2015 who had initial fine-needle-aspiration-cytology (FNAC) of follicular lesion and neoplasm based on Bethesda System Grading. The selected predictive factors that may be associated with malignancy were comprising suspicious clinical findings; nodule characteristics and ultrasound findings were analyzed. All variables for predictors were entered into a full binary logistic regression model. Variables that were statistically significant (p-value <0.05) will be chosen in FLESS. The odd ratio calculated for chosen variables will be converted into weights (points) and the optimal cut off value of score was calculated by means of youden index.

RESULTS
Fourty-one patients were excluded due to incomplete data. Of 301 patients, 93(31%) patients had confirmed of thyroid carcinoma. The FLESS score comprises of eight variables; Firmness(4 points), rapid growth(7 points), solitary(2 points), heterogeneity(3 points), irregular margin(5 points), solid(3 points), calcification(4 points), lymphadenopathy(3 points). The optimal cut off point calculated was 10. The score predicted a total of 82 patients (88%) who scored more than 10 points had thyroid cancer. (sensitivity 0.88; specificity 0.82)

CONCLUSION
The FLESS score can assist in predicting of thyroid cancer in patients with follicular neoplasm and lesion, hence reducing the rate of unnecessary surgery.

THE FLESS (FOLLICULAR LESION/NEOPLASM SCORING SYSTEM): A NEW CLINICAL SCORE IN PREDICTING THYROID CANCER

Adibah A1, Hiew K C1, Sarinah B1, Normayah K1, Asmiati A2, Sa’at N3
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CONCLUSION
The FLESS score can assist in predicting of thyroid cancer in patients with follicular neoplasm and lesion, hence reducing the rate of unnecessary surgery.
RESULTS
Out of 200 patients, 12 patients (6%) are identified to have more than 40% stenosis. The incidence among female was 6.8% and male 5.4%. Indian race predominantly comprises 17% (3 out of 17 patients) Followed by Chinese 6% and Malay 4.2%. The prevalence of carotid artery disease is increased with advancing age. Bilateral stenosis is seen in 1 patient. All the 12 patients have hypertension, 50% have hyperlipidaemia, 50% have coronary artery disease and 42% has peripheral arterial disease.

DISCUSSION
Previous studies show that the efficiency of screening for symptomatic carotid artery stenosis in order to prevent stroke. However, screening for asymptomatic patients remains controversial. Our study showed the prevalence of 6%, almost similar to previous data. From this study, we found that 10 out of 12 patients belong to the mild to moderate group of carotid artery stenosis. Another 2 are having severe carotid artery stenosis. The duration of Diabetes mellitus and the advanced patients’ age had a positive correlation with the incidence of macrovascular complications and carotid artery stenosis. There is no significant difference in prevalence among gender. This multiracial study showed Indian ethnicity has the highest incidence with 17%, followed by Chinese 6.06% and Malay 4.27%.

The carotid endarterectomy among the diabetes mellitus patients were associated with higher risk of perioperative complications.
FP 4

The risk of stroke in asymptomatic patients or those with more distant symptoms were remarkably low compared to patients with recent symptoms, at only 2% per annum. However, carotid endarterectomy will have no benefit in asymptomatic patients with complication rate more than 4% and will be harmful with a complication rate more than 6%. Therefore, most neurologist concluded that asymptomatic patients with <60% stenosis and/or age more than 75 years old, should not be routinely offered for surgery. Ultrasound is a tool of choice with high specificity and sensitivity, safe, readily available and could be used as a screening tool.

CONCLUSION

Prevalence of carotid artery disease among the asymptomatic DM type II is low and it is not cost effective to screen this population. However special consideration should be given for this population with other disease such as hypertension, hyperlipidaemia, coronary artery disease and peripheral arterial disease. These populations may benefit from screening.

FP 5

THE MODIFIED ROUND BLOCK TECHNIQUE WITH NIPPLE REMOVAL: AN ALTERNATIVE ONCOPLASTIC PROCEDURE IN CENTRAL LESIONS FOR EARLY BREAST CANCER

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INTRODUCTION

Centrally located lesion in early breast cancer has always been a challenging area to deal with. More often than not, a mastectomy is performed even in T2 tumour which is suitable for conservation. The round block technique (RBT) or donut mastopexy has been widely describe in oncoplastic procedure involving the periareolar lesions especially in the upper quadrant of the breast. We performed a modification of RBT in 7 patients with central tumour in early breast cancer.

METHODOLOGY

Retrospective data were obtained from the case notes. All patient operated from Jan 2014 till December 2015 were included. Surgical technique involves removal of the nipple complex enbloc with the tumour while preserving part of the areolar skin. The margin assessment, local recurrence and cosmetic outcome was assessed.

FP 6

LATE TRAUMATIC VASCULAR INJURY REPAIR IN EXTREMITIES – THE REPERCUSSION AND OUTCOME

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INTRODUCTION

Extremities vascular injury on the increase due to high velocity injuries following motor vehicle accident. Management is not optimum due to late diagnosis, delayed referrals and lack of expertise in managing vascular injury. Delayed revascularization is associated with higher amputation rate and increased in complication post vascular surgery. Most of patient present later than 6 hours ischemic time.

OBJECTIVES

This study was to investigate pattern of injuries and evaluate the complications post vascular surgery especially in reperfusion injury in our patients who were managed in intensive care unit (ICU) with delayed revascularization and replantation following vascular injuries of extremities.

METHODS

Retrospective review was performed between 2001 to 2015 on 15
**FP 6**

consecutive vascular injuries in the extremities post replantation and revascularization managed in ICU.

**RESULTS**

The mean ischemic time was 15 hours (5-72 hours). Nine patient (64%) were treated for upper extremities vascular injury and 4 (36%) patients for lower limb vascular injuries and only 2 (14%) cases came less than 6 hours ischemic time. Three patients developed rhabdomyolysis in which only one patient developed severe reperfusion injury and required hemodialysis. Other complications such as delayed amputation 2 cases (14%), 2 cases (14%) arterial and venous thrombosis, while the rest of the limb survived. Joint stiffness was noted in 10 patients (71%) involving knee, elbow, fingers and shoulder. Infection also noted in 5 patient (35%).

**CONCLUSIONS**

Early detection and revascularization of traumatic vascular injuries is important and cases that involve major bulk muscle injury required close monitoring in ICU.

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**FP 7**

**BREAST CONSERVING SURGERY AND FACTORS AFFECTING THE RATE OF RE-EXCISION IN UMMC: SINGLE INSTITUTION EXPERIENCE**

Wong Shu Shyan, See Mee Hoong, Tan Gie Hooi, Suniza Jamaris, Nur Aishah Taib

Breast Surgery Unit, Department of Surgery, University of Malaya Medical Centre, Kuala Lumpur, Malaysia

**INTRODUCTION**

Breast-conserving surgery (BCS) is an alternative to mastectomy for treatment of early breast carcinoma. Although overall survival rates are similar to mastectomy, the patient is still exposed to a lifelong risk of local recurrence. A microscopically clear margin is of utmost importance to minimize the risk of local recurrence in patients undergoing BCS. There has been scarcity of local studies that identifies re-excision rates in breast conserving surgery, predictive factors on re-excision rate and residual disease in re-excision specimens.

**OBJECTIVE**

To determine the re-excision rates and the rates of residual tumour in re-excision specimens for breast conserving surgery (BCS) in University Malaya Medical Center and the factors affecting them.

**METHODS AND MATERIALS**

From 2010 to 2014, 250 patients underwent BCS. The margins of the initial resection specimen were assessed. Stepwise logistic regression was used to establish the relationship between the margin status and variables such as age, tumour size and prognostic factors.

**RESULTS**

A total of 39 patients (15.6%) underwent re-excision. In-situ lesions (OR 4.37, 95% CI: 1.85-10.30, \(P=0.001\)) and age 40 years and less (OR 3.89, 95% CI: 1.42-10.62, \(P=0.008\)) was significantly correlated with positive excision margins. Multivariate analysis showed that young age (OR 5.08, 95% CI: 1.41-18.35, \(P=0.013\)) and in-situ lesions (OR 4.88, 95% CI: 1.60-14.87, \(P=0.005\)) were also significant independent predictors of residual tumour in re-excision specimens.

**CONCLUSION**

Young age and in-situ lesions have been established as risk factors for re-excision and presence of residual tumour in re-excision specimens. Pre-operative MRI should be used in younger women and those with evidence of in-situ lesions. Operative techniques such as cavity shaving, frozen section sampling and oncoplastic techniques should be adopted to ensure a negative margin.

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**FP 8**

**SURVIVAL OF HEPATOCELLULAR CARCINOMA: REVIEW OF SINGLE CENTRE EXPERIENCE IN MALAYSIA**

Yusoff A R1,2, Bazin M S2, Ab Rahim E2, Mokhtar S2, K F Lim2, Raman K2, Harjit S2

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2Hospital Selayang, Lebuhraya Selayang-Kepong, Batu Caves, Selangor, Malaysia

**INTRODUCTION**

Hepatocellular carcinoma (HCC) is the most common primary malignant tumour of the liver. It is among the major cause of cancer mortality in Asia Pacific because of the endemicity of chronic hepatitis B and C viruses infection. We described the clinical features of HCC in our institution and analysed the survival rate of our curatively resected patients.

**METHOD**

A study of prospectively collected data of patients with HCC was conducted from January 2012 till December 2014 in Selayang Hospital, Malaysia. Patients’ demography, clinical presentation, modalities of treatment and outcome were retrieved from an electronic database. Statistical analysis was performed using SPSS.
DO THERAPEUTIC MAMMOPLASTY OR NEOADJUVANT THERAPY INFLUENCE BREAST CONSERVING SURGICAL MARGINS?

N E Noor Shaari1, Saladina Jaszle2, Shahrun2, Norlia A2, Rohaizak M2
1Universiti Teknologi MARA (UiTM), 2University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Breast conserving surgery (BCS) is an established surgical option for early breast cancer. The amount of tissue excised in BCS ranges and depends on the size of tumour. Generally, resection of more than 30% of breast volume results in poorer cosmetic outcome. The advent of therapeutic mammoplasty procedures, potentially provide good oncologic resection as well as better cosmetic outcome.

Neoadjuvant therapy (chemotherapy or hormonal) on the other hand, has traditionally been advocated as a tool to downsize and treat locally advanced breast cancer to make it operable. Often times, patient with T3 tumours are subjected to mastectomy for fear of margin involvement as well as poorer cosmetic outcome in BCS. However, new evidence has shown that this practice can be extended to early breast cancer to increase the rate of conservation surgery.

COMPARISON OF SLEEVE GASTRECTOMY VERSUS ROUX-EN-Y GASTRIC BYPASS IN THE REMISSION OF T2DM OBESE PATIENTS

S Y Lim, T Gee, Zubaidah N H, K W Ong
University Putra Malaysia, Serdang, Malaysia

OBJECTIVE
To study and evaluate the remission rates for T2DM in obese subjects in both the bariatric procedures.

METHODS
A multicentre study performed prospectively between October 2010 till September 2014. A total of 114 obese patients with T2DM between the ages of 24 to 65 years were recruited for the study. Sixty-one patients underwent laparoscopic sleeve gastrectomy (SG) while the remaining fifty-three patients underwent Roux-en-Y Gastric Bypass (RYGB). Patients were seen in the clinic regularly following surgery and pre- and post-operative blood tests were performed.

RESULTS
A total of 494 patients were included in the study. Of these 77% (n=382) were male and 23% (n=112) were female. The majority were Chinese (57%), followed by Malay (31%) and Indian (6%). Hepatitis B was the main risk factor in 55% of the patient while Hepatitis C, 17%. Only 115 patients (23%) had surgical extirpation while 34% and 11% had transarterial chemoembolization (TACE) and local ablation respectively. About 32% were palliatively treated. Within the surgical group, 90% (n= 103) had curative resection while the remaining was deemed unresectable. Only 68 patients with histologically confirmed HCC were selected for survival analysis. The mean survival was 24.3 months (range 3-60 months). Tumour recurrence was noted in 43% of these patients and significantly reduced their survival (P<0.05).

DISCUSSION/CONCLUSION
Although curative resection rate among our HCC patient is high, almost half will develop tumour recurrence. Further studies are needed to determine the factors that affect HCC recurrence after surgical resection.
A retrospective review of all wide local excision cases operated in UKMMC from Jan 2014 until March 2016 was carried out. We compare the surgical margins in standard BCS cases with therapeutic mammoplasty and post-neoadjuvant therapy cases.

‘Adequate’ margins is 2mm away from resected margin, ‘close’ margin is <2mm, and ‘involved’ margin is when tumour is found on the resected margin.

RESULTS
A total of 102 BCS procedures were carried out during this time period – 58 standard BCS, 25 therapeutic mammoplasties and 19 post-neoadjuvant BCS.

Majority of the margins were ‘adequate’ (standard BCS: 46; therapeutic mammoplasty: 18; post-neoadjuvant BCS: 15)

2 of 58(3.4%) of the standard BCS cases had ‘involved’ margins while 12(20.7%) had ‘closed’ margins. 2 of 25(8%) therapeutic mammoplasties had ‘involved’ margins, and 5(20%) had ‘close’ margins. None of the 19 post-neoadjuvant BCS had ‘involved’ margins, and 4(21%) had ‘close’ margins.

CONCLUSION
Therapeutic mammoplasties and post-neoadjuvant BCS are safe alternatives to standard BCS procedures.
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N R Kosai2, H L Tan1, C S Ngiu1, J Naidu1, R Abdul Rani1, I M Rose3, M T Azmi4, R A Raja Ali1
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Minimally Invasive, Upper Gastrointestinal and Bariatric Surgery Unit, Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre (UKMMC), The National University of Malaysia, Kuala Lumpur, Malaysia
RETROPERITONEAL INFLAMMATORY MYOFIBROBLASTIC TUMOUR IN UNCONTROLLED ASTHMA: A CASE REPORT
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Endocrinology Unit, Discipline of Internal Medicine, Universiti Teknologi MARA, Shah Alam, Malaysia

Inflammatory myofibroblastic tumour (IMT) was first described in 1937. It is a rare mesenchymal tumour with a wide spectrum of biological behaviour from benign lesions to tumours that have tendency to recur and metastasize. To date, there are only case series or case reports available. Infection, trauma, or abnormal immunological reactions have all been implicated as a cause. IMT can occur in any organ of the body, but most commonly reported in the lung. Extrapulmonary IMTs account for 5% of all IMTs. It has been described in the mesentery, omentum, head & neck, pancreas, female genital tract, heart, other sites of GI tract and retroperitoneum. Retroperitoneal IMTs are exceedingly rare. Indeed, a PubMed search shows there have only been 20 cases reported worldwide for retroperitoneal IMT. We present the 21st case; a 30 year old man with retroperitoneal IMT detected on...
PP 03

CT scan of the thorax and abdomen performed for evaluation of severe uncontrolled asthma. We discuss probable etiopathological relation between IMT and bronchial asthma and management of retroperitoneal IMT.

PP 04

IMPACT OF PET/CT SCAN IN STAGING AND MANAGING PRIMARY RECTAL CANCER – A PILOT STUDY

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University of Malaya, Kuala Lumpur, Malaysia

INTRODUCTION

Accurate pre-op staging is of utmost importance to delineate the best line of management and cure to primary rectal cancer.

Conventionally, rectal cancers are staged with only structural imaging modalities, CT scan and MRI pelvis. Dilemmas arise in determining nodal and occult distant metastasis. This study proposes the addition of functional imaging modality, PET scan to structural modality (CT scan and MRI pelvis).

OBJECTIVES

A prospective, hypothesis generating study to assess the addition of PET scan to CT scan and MRI pelvis in staging and managing primary rectal cancer.

METHODOLOGY

22 patients from UMMC with new middle and low rectal cancer participated. All patients were staged with PET scan, CT scan and MRI pelvis. Two staging reports (conventional and new staging) using the TNM classification were studied and management determined based on each report.

RESULTS

Comparison made between the new and conventional methods showed highest stage migration in N (22.7%), followed by M (9.1%) and T (4.5%). Overall, 81.8% patients had no change in staging, while 13.6% were downstaged and 4.5% upstaged. 22.7% of patients had change in management.

CONCLUSION

The addition of PET/CT scan changes the clinical staging and would potentially alter management of primary rectal cancer. This study is limited by the small number of patients from a single center, and potential change in staging and management appears to be from stage 3 and stage 4 only. It is recommended to conduct a multi-center trial for stage 3 and stage 4 patients. The usage of contrasted PET/CT scan may be utilized in the near future, omitting CT TAP would overall be more cost effective and at the same time lowers radiation dose rendered.

PP 05

METAPLASTIC BREAST CARCINOMA: A RARE SUBTYPE OF BREAST MALIGNANCY

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INTRODUCTION

Metaplastic breast carcinoma (MBC) is a heterogeneous group of malignancies and composed of epithelial and mesenchymal components. It is a rare subtype of breast carcinoma which account for less than 1% of all mammary carcinoma and often carry poor prognosis.

CASE DESCRIPTION

A 54 years old Malay lady presented with right breast lump for 1 month duration. Clinically, that there was hard and irregular mass measuring 6x6cm at right outer quadrant of right breast. Mammogram examination revealed BI-RADS 5 lesion of right breast which then proceed with trucut biopsy. The result showed invasive malignant tumour with moderately differentiated malignant squamous cells. Subsequently, she underwent right mastectomy with axillary clearance. Final histopathological examination showed an invasive malignant lesion with obvious squamous differentiation characterized by dyskeratotic cells, intercellular bridges with occasional keratin pearls. There are strongly positive toward p63+ and CK7+ but negative toward CK20-. The resection margins are free from tumour. 10 out of 19 retrieved lymph nodes
**PP 05**

are involved by malignant cells and triple test are negative. She was then underwent adjuvant chemotherapy (FEC regime) and planned for adjuvant radiotherapy once completed chemotherapy.

**CONCLUSIONS**

MBC is rare type of breast cancer with poor prognosis. Special immunohistochemistry staining is essential in the diagnosis and identifying the subtypes of the MBC. There is no specific treatment for MBC a part from current standard treatment for invasive breast carcinoma. Therefore, more cases should be reported and multicentric or multi-institutional studies are necessary for better outcome of the treatment.

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**PP 06**

**VIDEO-ASSISTED THORACOSCOPIC SURGERY (VATS) FOR ECTOPIC INTRATHYMIC PARATHYROID ADENOMA. A CASE REPORT**

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**INTRODUCTION**

Mediastinal ectopic parathyroid adenoma is a rare entity that can complicate treatment of primary hyperparathyroidism. Up to 16% of abnormal parathyroid glands are located ectopically and of these, approximately 2% reside in the mediastinum and are not always resectable through the traditional cervical approach. Minimally invasive methods such as video-assisted thoracoscopic surgery (VATS) is fast becoming a promising first line surgical approach in treating ectopic mediastinal parathyroid adenoma.

**CASE PRESENTATION**

A 56 year old Malay female presented with a large multinodular goiter requiring surgery. She was clinically and biochemically euthyroid (T4; 15.18 pmol/L, TSH; 0.638 miU/L). She underwent an uneventful total thyroidectomy but however, postoperative serum calcium level taken were unexpectedly elevated, ranging from 2.6-2.8 mmol/L (normal range, 2.12 - 2.57 mmol/L) whilst patient remained asymptomatic.

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**PP 07**

**RARE TUMOUR OF THE APPENDIX: GOBLET CELL CARCINOID (GCC)**

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Hospital Kajang, Selangor, Malaysia

**REPORT**

Goblet cell carcinoid (GCC) is a rare tumour of the appendix. Usually there are no features in the clinical history or the macroscopic appearance which will suggest the diagnosis. Essentially, diagnosis will be made on histological grounds. GCC has more aggressive phenotype than classical carcinoid tumors however the prognosis is generally good in patients treated with simple appendicectomy with no adjuvant chemotherapy needed except for advanced stage.

We are reporting a case of a 36 years old Bangladeshi man presented with symptoms mimicking acute appendicitis. There were neither constitutional symptoms nor family history of malignancy. However, patient had similar history of pain few years ago which resolved spontaneously. Blood investigations were unremarkable. We proceeded with open appendicectomy which revealed an acutely inflamed appendix with surrounding abscess. Histopathology report revealed goblet cells carcinoid with associated acute appendicitis. Patient was then subjected with a limited right hemicolectomy which showed no abnormalities histopathology wise.
A RARE CASE OF DOUBLE CYSTIC DUCT

N Tharveen, R Natheen, O Firdaus, D Andre
Hospital Kajang, Selangor, Malaysia

REPORT

Variations of the extrahepatic biliary system is common as normally found anatomy of the biliary tract is only present in 50% of the population. Adequate knowledge of these variations is vital to avoid iatrogenic ductal injuries given the fact that cholecystectomy is the most commonly performed surgical procedure.

We present a 42 years old gentleman who presented with chronic dyspepsia symptoms with an unremarkable OGDS findings. An ultrasound of the hepatobiliary system showed features of chronic cholecystitis and he was scheduled for an elective laparoscopic cholecystectomy. Intraoperatively noted there is an additional cystic duct which was arising from the neck of the gallbladder just above and parallel to the normal cystic duct. The termination was into the main cystic duct itself which also arises from the neck of the gallbladder and descended down and joined the common hepatic duct to form the common bile duct. There were no other variations noted in the anatomy of the liver, gallbladder or the content of the Calot's triangle. No intraoperative cholangiogram performed due to the limitation of our centre. There were no post-operative complications noted.
A SYSTEMATIC REVIEW: ANGIOGENIC EFFECT OF VASCULAR ENDOTHELIAL GROWTH FACTOR IN CHRONIC WOUND HEALING

Lai Fen Wong, Alizan Khalil
University of Malaya, Kuala Lumpur, Malaysia

BACKGROUND
Chronic non-healing wounds remain to be a clinical challenge and a socioeconomic burden for many countries. Revascularization is necessary in damaged tissue to assist wound healing. Angiogenesis is regulated by various growth factors and cytokines. Vascular endothelial growth factor (VEGF) is the most critical growth factor in promoting angiogenesis. Our aim is to assess the potential application of VEGF therapy in chronic wound.

METHODS
A systematic literatures search was performed according to PRISMA guideline via electronic databases (Pubmed, Cochrane Library, Web of Science) for trials of VEGF treatment in chronic wounds. The objective is to summarize the existing scientific literature on VEGF therapy in chronic wounds in term of its safety and efficacy.

RESULTS
Included studies showed elevation of VEGF in term of expression and concentration in chronic wounds with an increased in

DELAYED PRESENTATION OF TRAUMATIC DIAPHRAGMATIC HERNIA: A CASE REPORT

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2Universiti Sains Malaysia, Kelantan, Malaysia

Traumatic diaphragmatic hernias are an unusual presentation of trauma. The diagnosis is often missed because of non-specific clinical signs, and the absence of additional intra-abdominal and thoracic injuries. Thus, a delay in diagnosis may occur which, in the presence of obstruction and/or strangulation, is associated with a high mortality and morbidity.

We reported a case of a 69 year-old Malay male presented with left hypochondriac pain for 5 days duration associated with inability to pass motion and flatus. 8 months prior to this presentation, he had a history of fall from 6 feet height and sustained left 7th and 8th ribs fracture. Clinically, he was dehydrated with tachycardia, tachypnic and temperature of 38.3oC. The abdomen was distended with tenderness over upper abdomen. Chest x-ray showed loss of left diaphragmatic shadow and present of bowel within left hemithorax. Abdominal x-ray showed grossly dilated small bowel. Urgent CT abdomen confirmed the left diaphragmatic herniation with obstructed large bowel. He underwent an emergency laparotomy which revealed a defect at posterolateral aspect of left diaphragm measuring about 2cm x 2cm with herniation of loop...
Goblet cell carcinoid (GCC) is a rare tumour of the appendix. Usually there are no features in the clinical history or the macroscopic appearance which will suggest the diagnosis. Essentially, diagnosis will be made on histological grounds. GCC has more aggressive phenotype than classical carcinoid tumors however the prognosis is generally good in patients treated with simple appendicectomy with no adjuvant chemotherapy needed except for advanced stage.

We are reporting a case of a 36 years old Bangladeshi man presented with symptoms mimicking acute appendicitis. There were neither constitutional symptoms nor family history of malignancy. However, patient had similar history of pain few years ago which resolved spontaneously. Blood investigations were unremarkable. We proceeded with open appendicectomy which revealed an acutely inflamed appendix with surrounding abscess. Histopathology report revealed goblet cells carcinoid with associated acute appendicitis. Patient was then subjected with a limited right hemicolectomy which showed no abnormalities histopathology wise.
PNEUMOTHORAX, PNEUMOMEDIASTINUM, PNEUMOPERITONEUM, PNEUMORETROPERITONEUM AND SUBCUTANEOUS EMPHYSEMA FOLLOWING DIAGNOSTIC COLONOSCOPY

Ronald Siaw Yong Hong

Diagnosing late onset congenital diaphragmatic hernia remains a challenge. Good clinical judgement aided with imaging and always considering congenital diaphragmatic hernia as a diagnosis in highly suspicious case will lead to a correct diagnosis and in turn early surgical intervention gives rise to excellent prognosis.

DELAYED PRESENTATION OF CONGENITAL DIAPHRAGMATIC HERNIA IN ADULT

N Tharveen, N Gunavathy, G Umaparan, D Andre
Hospital Kajang, Selangor, Malaysia

REPORT
The delayed presentation of a congenital diaphragmatic hernia (CDH) (diagnosed at later than 30 days of age) is a rare subset of CDH but it is not uncommon, accounting for 5-30% of all CDH cases in several studies. Time before diagnosis may be prolonged sometimes in to the adult period.

We are reporting a case of a 27 year old nulliparous lady whom initially presented with complaint of irregular menses and was taught to have right ovarian growth via trans abdominal sonography. She later underwent a laparoscopic surgery for biopsy of right ovarian tumour, and developed vague respiratory symptoms post operatively. Those symptoms were initially attributed to the acute anaemia she developed post-surgery. She raised high suspicion index when her symptoms were not resolving with adequate blood transfusion. Later a diagnosis of left Bochdaleck hernia was made based on chest x-ray and aided by computed tomography of chest, confirmed intra operatively and successfully repaired.

Considering the difficulty of clinical suspicion of this tumour, presenting as appendicitis and diagnosis made on histological grounds, it is mandatory to review post appendicectomy histopathological report during follow up in clinic.
AN 18CM LONG APPENDIX : A CASE REPORT
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Hospital Tanah Merah, Kelantan, Malaysia

OBJECTIVES
We report a rare case of exceptionally long appendix, measuring 18cm in length to highlight intra-operative difficulties.

CLINICAL SUMMARY
We report a case of a 27 year old male who presented with clinical features suggestive of acute appendicitis. Diagnosis of acute appendicitis was made and he underwent emergency open appendicectomy. Intra-operatively, the appendix was found to be retrocaecal in position and exceptionally long, reached up to hepatic flexure along the posterior peritoneum. At the proximal part, it was swollen and inflamed about 6cm then become long thin tubular structure measuring about 12cm. We were unable to identify the tip of appendix. However, the tubular structure could be traced to the convergence point of taenia coli at the caecum, thus differentiating it from right ureter. Post-operative intravenous urogram confirmed right ureter was intact and histopathology confirmed perforated appendicitis. Appendix length greater than 10cm is rare, with only a handful of reports citing length between 15 – 28cm.
CONCLUSION
The discovery of an exceptionally long appendix can be challenging and confusing intra-operatively as it can be mistaken for other structures such as ureter or fallopian tube. There are various methods that can be used to overcome this doubt, such as retrograde appendicectomy and intraoperative intravenous urogram.
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**RESULTS**
A total of 1489 patients with a male predominance (965/1489) with mean age of 57.4(17.00) were included. There were 151 deaths with an overall mortality rate of 10.1%. Majority of patients had peptic ulcer disease with/without bleeding (607/1489) and varices (165/1489). The highest presenting symptoms were malaena (711 patients), followed by hematemesis (294 patients) and coffee ground vomitus (206 patients). Endoscopy was performed within 24hrs of presentation in 71% (1064/1489) and 17.8% (265/1489) were performed after 48hrs. Significant predictors identified were further analyzed using multiple logistic regression and we identified high risk ulcers of Forest 1A, 1B, 2A, 2B (p=0.028), Rockall score of ≥8 (p=0.045) and patients that had delayed OGDS done >48hrs (p=0.002) with odds ratio of 1.73 (95% CI: 1.06, 2.37), 3.68 (95% CI: 1.03, 13.12) and 2.39 (95% CI: 1.37, 4.14) against death respectively.

**CONCLUSION**
High risk ulcer of Forest 1A, 1B, 2A, 2B, Rockall score of ≥8 and patients that had delayed endoscopy done >48hrs are significant risk factors and predictors of UGIB mortality.

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**SPONTANEOUS SPLENIC RUPTURE IN PREGNANCY**

*P Dineshwary, N Tharveen, O Firdaus, D Andre*
Hospital Kajang, Selangor, Malaysia

**REPORT**
Splenic rupture in pregnancy without anterior trauma or systemic disease is very rare and often misdiagnosed with ectopic pregnancy, abruptio placenta or uterine rupture. Prompt resuscitation and early decision for surgery is vital to prevent disastrous consequences to the mother and the foetus.

This is a case of a 33 years old Indian lady gravida 4 para 3 with no co-morbidities presented at the first trimester (10 weeks) with lower abdominal pain and left shoulder tip pain. There were no history of vaginal bleeding, trauma or blood disorder. Clinically, she was pallor and tachycardic but normotensive. Abdomen examination revealed generalised tenderness with guarding. Trans-abdominal ultrasound by obstetrics team showed regular intrauterine sac with evidence of foetal heart and intra-abdominal free fluid. Decision for diagnostic laparoscopy was made in suspicion of ruptured luteal cyst or a heterotrophic pregnancy. Intra-operatively, noted haemoperitoneum and was referred to surgical on table in view of normal gynaecological organs. Upon conversion to midline laparotomy, noted splenic laceration with blood clots. Splenectomy was performed and post-operative recovery was uneventful. Histopathological report showed a non-diseased spleen.

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**RIGHT ILIAC FOSSA PAIN WITH A LEFT SIDED APPENDIX**

*N Tharveen, R Natheen, D Andre*
Hospital Kajang, Selangor, Malaysia

**REPORT**
One of the most common cause of acute abdomen in emergency department is acute appendicitis. Left sided appendicitis is rare and it can be caused by midgut malrotation which is 0.03 to 0.5% incidence in live births. However, it can still present with a right iliac fossa (RIF) pain in 18 to 31% of patients. Therefore, diagnostic dilemma rises intra-operatively when patients present with classical presentation of appendicitis only to be realised that the appendix is not situated at the RIF.

We are presenting a 10 year old Indian girl with no co-morbidities who presented with RIF pain, fever and vomiting. Abdomen examination revealed tenderness over the RIF with rebound tenderness. White cell count was elevated as well. She was subjected for an open appendectomy. Intra-operatively noted gangrenous left sided appendix with a left caecum. Appendectomy was done and patient made an uneventful recovery. Chest radiograph post-operatively showed no evidence of dextrocardia. Abdominal ultrasound was done revealed reversal relationship of the anatomic relationship of the superior mesenteric vessels which later confirmed the diagnosis of intestinal malrotation.
Therefore, left sided appendix is a rare entity which further complicates when it presents with a RIF pain. One should always have a high index of suspicion intra-operatively and be aware of the occurrence of this pathology despite its rare occurrence.

Mesenteric cysts are rare intra-abdominal lesions. The incidence of these cysts range from 1 in 27,000 to 1 in 250,000. They commonly occur in the fourth decade of life with females affected more than males. They are usually found in small bowel mesentery, followed by mesocolon and retroperitoneum. Approximately 3% of mesenteric cysts are found to be malignant.

The presentation of mesenteric cysts is variable and depends on many factors. They may be asymptomatic, or present with nonspecific abdominal complaints. Some may be the cause of acute abdomen due to complications of the cyst. Most patients present with abdominal pain, followed by abdominal mass and distension.

Blood investigation plays little role in the workup of a mesenteric cyst. Radiological imaging via ultrasound or computed tomography is the diagnostic modality of choice. Complete surgical resection allows for an excellent prognosis with little recurrence.

We present the case of a 48 year old gentleman who presented with a history of progressive abdominal distension for 6 months. Physical examination showed a firm abdominal mass measuring 10X10cm which was mobile in both longitudinal and horizontal axes. He was diagnosed to have a mesenteric cyst via computed tomography of the abdomen. The patient underwent laparoscopic assisted mesenteric cyst excision. Postoperative recovery was uneventful and he was discharged on postoperative day one. Histopathology of the resected specimen revealed a benign mesenteric cyst.

In conclusion, mesenteric cysts are rare intra-abdominal lesions that have a wide mode of presentation. Investigation comprises mainly radiological imaging. Complete surgical resection is the mainstay of management with laparoscopic excision a feasible option for many patients.

Primary gastrointestinal synovial sarcoma or its metastases to the gastrointestinal tract is rare. Misdiagnose between synovial sarcoma and GIST are known to happen but with increased awareness more and more cases are reported worldwide recently.

Here we present a case of 56 year old gentleman with left thigh synovial sarcoma and gastric metastases that manifested as a gastric ulcer along with the literature review.

More cases should be reported in order to study its disease pattern and prevalence as only then clinical practice and management guideline for this malignant disease may be established.
had underwent a wide local excision, with reported as cavernous hemangioma. Seven months post-surgery, she had a left posterior chest wall swelling and biopsy was consistent with benign spindle cell hemangioma. Computed tomography showed features of suggestive of metastatic lesions at right 7th rib, right pleura and T12 vertebrae. She had underwent posterior instrumentation and fusion of T10-L2 after developing pain and numbness at right hip a month later. Tumour at T12 was confirmed as metastatic angiosarcoma.

**CONCLUSION**

Benign and malignant vascular breast tumours are often share similar initial clinical presentation. It is difficult to distinguish them through core biopsy and imaging, therefore surgical excision is often required to confirm diagnosis. Progression of hemangioma to angiosarcoma has been reported; hence breast hemangioma should be on long-term surveillance follow up.

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**SUPERIOR MESENTERIC ARTERY SYNDROME: A CASE REPORT AND LITERATURE REVIEW OF ITS TREATMENT**

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**INTRODUCTION**

Superior mesenteric artery syndrome (SMAS) is a rare cause of intestinal obstruction. It occurs when the fat between the aorta and the superior mesenteric artery is lost, causing reduction of aortomesenteric space, leading to duodenal obstruction. Its incidence is roughly 0.013–0.3% in the general population and is more frequent in females.

**CASE REPORT**

We report a 47 year old gentleman who is an active heroine chaser with underlying hepatitis C, presented with symptoms of acute intestinal obstruction. On examination, he appeared dehydrated, per abdomen distended, tender over epigastrium and sucussion splash positive. Blood investigations showed acute kidney impairment with metabolic alkalosis. Initial gastric decompression drained 3.4L of bilious material. An OGDS showed a Forrest III cardia ulcer with no mechanical obstruction hence we proceeded with a contrasted CT abdomen in which findings were consistent with SMA syndrome. He was commenced on total parenteral nutrition, electrolyte imbalance corrected and renal impairment improved. Subsequently he underwent an open duodenoejunoanastomosis (Roux En Y reconstruction). Post operative recovery was uneventfully and he was symptom free up to 1 year follow up with good weight gain.

**DISCUSSION**

SMAS has a reported mortality rate of 33%. Its diagnosis is made through CT findings of reduced aortomesenteric distance to 2-8mm, and narrowing of the aortomesenteric angle to 6-25°. Ultimately, surgery is the definitive treatment for SMAS. Duodenoejunoanastomosis is most frequently performed with a 90% success rate making it the treatment of choice.

**CONCLUSION**

Based on current literature review, we conclude that patients with SMA syndrome would benefit from laparoscopic duodenoejunoanastomosis as it offers all the benefits of minimally invasive surgery and excellent surgical outcome.

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**CHALLENGES IN DIFFERENTIATING BENIGN VS MALIGNANT VASCULAR BREAST TUMOUR**

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**INTRODUCTION**

Differentiating benign vs malignant vascular breast tumour is difficult and remains a challenge to surgeon. In attempt to provide a safe approach to these rare tumours, we reported our experience in managing cases of breast hemangioma; two young women who presented with suspicious palpable breast lump, one had transformed to angiosarcoma.

**RESULTS**

Thirty-three years old malay lady presented with right breast lump measuring 7x5 cm for one year. Magnetic resonance imaging showed a suspicious non-mass lesion BIRADS V. Core biopsy revealed no malignancy cells. She developed reddish skin lesion at the post biopsy site, which was biopsied and reported as hemangioma. Wide local excision was performed and reported as breast hemangioma histologically. She had no recurrence after eight months follow up.

Another thirty years old lady presented with right breast lump for the past eight months measuring 5x6 cm. Ultrasound breast showed BIRADS IV. Core biopsy resulted as hemangioma. She had underwent a wide local excision, with reported as cavernous hemangioma. Seven months post-surgery, she had a left posterior chest wall swelling and biopsy was consistent with benign spindle cell hemangioma. Computed tomography showed features of suggestive of metastatic lesions at right 7th rib, right pleura and T12 vertebrae. She had underwent posterior instrumentation and fusion of T10-L2 after developing pain and numbness at right hip a month later. Tumour at T12 was confirmed as metastatic angiosarcoma.

**CONCLUSION**

Benign and malignant vascular breast tumours are often share similar initial clinical presentation. It is difficult to distinguish them through core biopsy and imaging, therefore surgical excision is often required to confirm diagnosis. Progression of hemangioma to angiosarcoma has been reported; hence breast hemangioma should be on long-term surveillance follow up.
A RARE CASE OF PRIMARY THYROID ABSCESS DUE TO MULTI-DRUG RESISTANT ACINETOBACTER BAUMANII

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INTRODUCTION
Thyroid abscess is rare and commonly secondary to suppurative thyroiditis or in association with a congenital anomaly or trauma. Primary thyroid abscess is uncommon as the thyroid is fully encapsulated, richly-vascularized and high in iodine. Recently, there has been a reported case of thyroid abscess secondary to a community-acquired Acinetobacter successfully treated with cephalosporin.

METHODOLOGY
We report an acute primary thyroid abscess secondary to multi-drug resistant Acinetobacter baumanii (MDRAB).

CASE REPORT
This is a 71-year-old inadequately-controlled diabetic Indian lady who presented with a rapidly enlarging left anterior neck swelling associated with worsening odynophagia and intermittent stridor over 2 weeks. She had a diffusely large non-tender mass over the left side of her neck with retrosternal extension and associated neutrophilia, subclinical hypothyroidism and poor glucose control. A contrasted CT showed a suspicious retrosternal thyroid mass with superimposed infection. Attempt for fine needle aspiration failed. She eventually had total thyroidectomy with drainage of left thyroid abscess when she deteriorated in septic shock. Histopathology was benign. Abscess and blood culture yielded MDRAB. She responded well with a 4-week course of Colistin.

DISCUSSION
The rarity of primary thyroid abscess constitutes diagnostic delay especially in a diabetic patient with atypical sepsis. Antibiotic use should be tailored to the culture. Conservative approaches of repeated image-guided aspirations and intra-cavitary antibiotics have been discussed but surgical thyroidectomy and drainage would be best in a clinically deteriorating patient although technically challenging.

CONCLUSION
Primary thyroid abscess is rare but morbid. Abscess culture is critical for adequate systemic antibiotic therapy.
THE SURREPTITIOUS SWELLING: JEJUNAL NEUROENDOCRINE TUMOR – A TREATMENT DILEMMA
Anand Philip Joshua, Gunaseelan Durairaj

Neuroendocrine Tumors are relatively rare in their occurrence, approximately 2 – 3 cases in about 100,000 population. Neuroendocrine tumors can be differentiated from adenocarcinomas based on their histological appearance. This case reviews a 30-year old male with history of obstructive bowel symptoms was diagnosed with a neuroendocrine tumor in the jejunum that showed transmural infiltration along with lymphatic and perineural invasion.

MINIMIZING MINIMAL ACCESS SURGERY – LAPAROSCOPIC NOSE ANTERIOR RESECTION
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INTRODUCTION
Laparoscopic surgery is one of the hallmark for ERAS (Enhanced Recovery after Surgery) in colorectal resection; associated with lower rate of morbidity and early recovery to normal activity. The common approaches for specimen retrieval includes minipfannenstiel and left transverse, and periumbilical incision.

OBJECTIVES
To describe a series of 3 patients undergone laparoscopic NOSE (Natural Orifice Specimen Extraction) AR with retrieval via posterior vaginal wall for rectal carcinoma in QEH Sabah from 2014 to 2015.

METHODS
Patient selection preoperatively by surgeon based on female gender, age, tumour resectability and distance from anal- verge. Tumour distance from anal- verge were assessed from colonoscopy. All patients were staged by CTTAP. 1 patient was further investigated with PET scan. 2 of the patients were stage II at diagnosis and 1 stage III disease was given 6 cycles of chemotherapy prior to surgery. Patient with tumour radial size
GALLSTONE ILEUS: A RARE CAUSE OF A COMMON PRESENTATION

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Gallstone ileus is a rare complication of cholelithiasis about 0.3 to 0.5% and accounts for 1-4% of all cases with mechanical intestinal obstruction. It is usually caused by transition of gallstones into the gastrointestinal tract via a biliary-enteric fistula. It is common in the elderly with a high mortality rate. Clinical diagnosis is always difficult due to its common presentation as the other causes of intestinal obstruction.

This is a case of an elderly 70 years old Malay gentleman with underlying diabetes mellitus and hypertension. He presented with 3 days history of sudden onset of abdominal distension and pain with 1 day history of vomiting and absolute constipation. He was previously well with no constitutional symptoms. Abdomen examination revealed generalized tenderness and guarding with abdominal radiograph showed small bowel dilatation. A decision for laparotomy was made. Intra-operatively noted gallstone ileus causing small bowel obstruction with dense adhesions between the liver and duodenum causing difficulty in visualizing the gallbladder. Enterolithotomy and repair was done. Post-operative recovery was uneventful.
INFECTED SQUAMOUS CELL CARCINOMA OF GALLBLADDER IS A CON ARTIST?


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Gallbladder carcinoma is a rare hepatobiliary malignancy. According to Surveillance Epidemiology and End Results (SEER) program, the incidence of gallbladder carcinoma is estimated 2.5 per 100,000 persons in United States. Female to male ratio is 3:1 and the mean age is 65 years old. Despite advances in technology, sadly most of the cases present as late stage of the disease and has poor prognosis.

CASE REPORT

We present to you a case of an elderly gentleman whom initially presented with septic shock secondary to liver abscess. Percutaneous drainage of liver abscess was done. Repeated ultrasound imaging showed mass in gallbladder and cytology of the pus reported as squamous cell carcinoma.
RIGHT INGUINOSCROTAL SWELLING AND ILIAC FOSSA MASS: AN UNUSUAL PRESENTATION OF MAYDL HERNIA
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INTRODUCTION
Maydl hernia is a rare type of hernia, with a reported incidence of 0.6-1.92% of all strangulated hernia. Also known as hernia en W, it describes the W shaped orientation of the bowel in the hernia sac and its vulnerability to undergo intra-abdominal closed loop strangulation. In almost 80% of patients of advanced disease is unresectable. The role of chemotherapy or radiotherapy either as neoadjuvant or adjuvant is still inconclusive.

CASE DESCRIPTION
A 52 years old gentleman presented with irreducible and painful right inguinal scrotal lump for one day. He had one episode of vomiting food particles, and is able to pass flatus. Abdominal examination revealed a tender firm mass at right iliac fossa. There was also a huge 20x10 cm tense and tender right inguinoscrotal lump with no erythema at the overlying skin. Blood investigations showed leucocytosis 18.9 and raised lactate 2.3. Abdominal x-ray showed dilated loops of jejunum. A clinical diagnosis of strangulated right inguinal hernia was made and patient was arranged for emergency operation. Inguinal incision was made and an indirect inguinal hernia sac was identified which contain dusky coloured small bowel. However, further traction of the loop showed suspicious gangrenous segment. Thus, we proceeded...
with midline laparotomy which revealed longer segment of distended gangrenous ileum intraperitoneally measuring about 80cm. This explained the palpable mass at right iliac fossa. Non-viable small bowel was resected and end to end anastomosis performed. Post-operatively, patient was monitored in ICU, and discharged well at day 4. HPE showed haemorrhagic infarction.

DISCUSSIONS
Although hernia sac may contain viable loops of bowel, further traction and examination of intervening loop should be done in cases suspicious of strangulation. This is important to avoid missing out a diagnosis of Maydl hernia, which will lead to disastrous outcome.

CANCELLATION OF ELECTIVE SURGICAL CASES: A LOCAL STUDY
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BACKGROUND
Elective surgical case cancellation refers to any surgical case that is booked into the operation theatre list on the day prior to surgery, but is not operated upon as scheduled. The reported incidence of rate of cancellation range from 20-40%. This can lead to various consequences which include distress to patient and caregiver, waste of resources and underutilizing of OT time.

AIM
The purpose of this study is to evaluate the numbers and reasons of cancellation of elective cases in our Surgical Department.

METHOD
This is a prospective study carried out from November 2015 till February 2016. All cases which were posted for elective surgery under Surgical Department were included. Cancelled cases were identified and reasons evaluated. The information is then entered into a computer database.

RESULTS
A total of 247 elective surgeries were performed during this four months duration. Of these, 47 (19%) of cases were cancelled. The most common reason is because of patient did not turn up for operation which accounts for 23 cases (48.9%). This is followed by medical reasons (23.4%), change in surgical plan (10.6%), inadequate OT time (6.4%) and others (8.5%). Among the 23 cases which did not turn up, 12 cases were due to patient refuses for surgery, 8 cases were not able to be contacted and 3 cases due to various other reasons. Preventable causes that were identified include patient still on antiplatelet drugs (2 cases) and smoking prior to surgery (1 case).

CONCLUSIONS
Cancellation of elective surgery cases in our hospital is multifactorial in etiology with the majority due to no show by patient. Reasons of patient refusing surgery should be explored. Better explanation to patient regarding operation and providing ways for patient to change date of operation may be helpful in reducing the rate of cancellation.

EPIDEMIOLOGY, OUTCOME AND SURVIVAL OF PANCREATIC CANCERS IN UNIVERSITY OF MALAYA MEDICAL CENTER: AN OBSERVATIONAL STUDY IN A TERTIARY INSTITUTION
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INTRODUCTION
Pancreatic cancer is associated with high perioperative morbidity and mortality but in specialized units, it can be less than 5%. Despite improved surgical techniques, survival remained poor.

OBJECTIVE
To analyze the clinicopathologic data and survival among patients with pancreatic cancer in a tertiary institution practice.

METHODOLOGY
From 2011 to 2014, 104 patients were diagnosed with pancreatic cancer. Ninety-nine patients were available for analysis. Patient’s medical records were obtained. Their demographics, tumor status, treatment outcomes and survival were evaluated. Kaplan-Meier method was performed for survival analysis and a p-value of <0.05 were significant.
INTRODUCTION
Complications related to high-grade liver injuries (Grade 3 to 6) can be up to almost 50% in all liver trauma, with more than half can be attributed to bile leak or biloma formation followed by hepatic necrosis and rebleeding. The current practice dictates that most hospitals manage patient with liver injuries and only refer to a dedicated hepatopancreatobiliary or trauma centre once a complication that require such expertise to manage arises. However, the presence of sepsis in these patients complicates treatment in tertiary center.

DESIGN AND METHOD
2 young male were involved in a motor vehicle accident on 2 separate occasions. Both were diagnosed with grade 4 liver injuries. Their initial resuscitation and life saving surgery were performed in a district hospital. More than a week after their initial surgeries, sepsis ensues. Radiological examinations operatively, the child was well and thriving however he was noted to be persistently jaundiced and was passing out acholic stools. Preliminary biochemical work-up was consistent with BA. By Day 66 of life, he underwent OTC confirming the diagnosis and proceeded Kasai Procedure.

DISCUSSION
The coexistence of BA with other congenital anomalies has been reported, with an incidence of up to 10%. However, The association of BA with intestinal atresia is rare.

CONCLUSION
This was our first experience of Biliary Atresia with an associated anomaly in our centre. Close follow up after the initial laparotomy was key to detecting the possibility of BA. Realization of this possible association would prevent delayed diagnosis of the double pathology whenever presented with the diagnostic clue.
TRAINERS’ PERSPECTIVE ON SINGLE INCISION LAPAROSCOPIC CHOLECYSTECTOMY (SILC) IN UNIVERSITY HOSPITAL SETTING: HOW LONG DOES IT TAKE TO BRIDLE?
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BACKGROUND
Single incision laparoscopic cholecystectomy is increasingly favored operation. Knowledge regarding SILC learning curve is sparse. We performed retrospective observational study comparing operative outcome, operative-related complications and patients’ overall satisfaction after undergoing (SILC) in our center for successive two years.

PATIENTS AND METHODS
Patients’ demographics, operative outcome and postoperative follow up were obtained from patient’s records. Surgical procedure was standardized for all patients and performed by single surgeon.

KEYWORDS
Internal herniation, intestinal obstruction, laparoscopic nephrectomy, mesenteric defect, renal cell carcinoma.

CONCLUSION
With the frequency of such complication being higher in high-grade liver injuries, it may be in the patients’ best interest to be transferred to a hepatopancreatobiliary or trauma center as soon as they are stable enough to be transported. Accurate diagnosis and definitive treatment can be achieved earlier; hence this may reduce the morbidity developed from the liver injuries and its complications. A more advanced center may ensure earlier treatment before complications occur.
Patients were divided into two groups; namely Group A which included those operated in 2014 and Group B those in 2015.

RESULTS
Twenty-nine patients underwent SILC, six patients in 2014 (Group A) and 23 in 2015 (Group B). Except for surgeon experience, there were no significance differences in baseline characteristics. Success rate was significantly higher in Group B (17% vs 70%, p 0.01). Additionally, operative time was 112.5±39 minutes for Group A and 80.2±30.2 minutes for Group B (p 0.037). There was no significant difference between the two groups in terms of complications, pain score and duration, length of hospital stay and overall satisfaction. However there was a trend towards doing more emergency SILC in Group B.

CONCLUSIONS
SILC is a safe and feasible procedure which can be safely performed even in emergency setting for selected patients. Reasonable success rate and reduction of operation time can be achieved after an average of one year experience or performing six cases. To reach level of competence within short period, we recommend that SILC to be performed by experienced trained laparoscopic surgeons.

KEY WORDS
Single, incision, cholecystectomy, learning curve, complications.

"WHAT WAS UNCOMMON, NOW COMMON?" GALLBLADDER CANCER: CASE SERIES
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INTRODUCTION
Gallbladder cancer (GBC) is a rare type of biliary tract malignancy. The incidence is more in female (1.5%) than male (1%) worldwide. Mean age at presentation is 65 years old. GBC can present as different clinical scenarios: symptomatic presentation preoperatively, incidental finding from imaging, intraoperative diagnosis or from histopathology examination post-cholecystectomy. Due to vague clinical presentation, diagnosis is usually at advanced stage with dismal prognosis.

CASE PRESENTATION
We illustrated 4 cases of GBC with different presentation in 4 months period from November 2015 to February 2016 in Hospital Universiti Sains Malaysia. There were 3 females and one male patient and the age ranges between 30 to 70 years old. The presentation was different among all four (septicemic shock secondary to liver abscess, obstructive jaundice, right hypochondriac mass and pain). Ultrasonographies (USG) were performed in all cases and found to have soft tissue mass arising from gallbladder except in one case whereby USG finding mimicking liver abscess. Computed tomographies (CT) were performed in all cases as well and further delineation of the plane, local invasiveness and distant metastases can be assessed. Two patients were treated conservatively due to advanced disease. Two were found unresectable at laparotomy whom had metallic stenting and given palliative chemotherapy.

GASTROGRAFIN IN ADHESIVE SMALL BOWEL OBSTRUCTION: OUTCOME COMPARISON OF SINGLE VERSUS MULTIPLE ABDOMINAL SURGERIES
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INTRODUCTION
Therapeutic gastrografin is an important treatment option in adhesive small bowel obstruction (ASBO). The objective of this study is to determine if there is an association with single versus multiple previous abdominal surgeries done and the outcome of therapeutic gastrografin in preventing need for surgery.

DESIGN AND METHODS
This is a retrospective cohort study of ASBO treated with gastrografin from 2009 till 2013 in Hospital Sultan Ismail general surgery department. Previous abdominal surgery, types of surgery, time to recurrence, length of stay (LOS) and operative rate were recorded. Qualitative data was analyzed with chi-square with fisher exact and quantitative data was analyzed with Mann Whitney Test using SPSS version 16.
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RESULTS
Total of 24 patients with median age of 30 (8-69) were included. There were 13 males and 11 females with equal distribution. Majority were Malay ethnicity (54.2%), followed by Chinese (25%), mixture of others races (20.8%). Twenty patients had single surgery and four patients with ≥2 previous surgeries. Those with single surgeries had a lower operative rate (60%) and higher percentage of resolution of symptoms with therapeutic gastrografin (45%) in comparison to patients with multiple surgeries with an operative rate of 75% and only 25% had resolution of intestinal obstruction. There is 10% of patients that had single surgery with symptoms recurred within 30 days but this is not statistically different (fisher exact p = 1.00). Majority of the patients (83.5%) had previous surgery done by general surgeon involving appendix (41.7%), small bowel (16.7%), colon (16.7%) and rectum (8.4%). LOS between both groups are comparable with median length of stay (11vs18.5days), p value 0.128.

CONCLUSION
From our study, we observed in patients with previous single surgery had a lower operative rate and higher percentage of resolution of symptoms in comparison to patients whom had underwent multiple surgeries.

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“SAYS GOODBYE TO FLABBY BELLY”:
ABDOMINAL WALL RECONSTRUCTION WITH COMPONENTS SEPARATION AND AUTOLOGOUS DERMAL GRAFT REINFORCEMENT WITH ON-LAY SYNTHETIC MESH IN GIANT INCISIONAL HERNIA REPAIR
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INTRODUCTION
Abdominal closure following incisional hernia repair can be technically challenging to a general surgeon especially if the defect is large. Various repair techniques have been used over the past decades with varying degrees of cosmetic results and complication rates. However controversy still exists with regard to abdominal wall reconstruction, types of synthetic mesh or biological prosthesis, and the positioning of the mesh.

CASE PRESENTATION
We reported a case of giant unobstructed incisional hernia in a 48-year-old women that was successfully repaired and reconstructed by collaboration efforts between general surgical team and plastic reconstructive science team. This giant hernia with a huge defect of 20cm x 20cm in diameter was developed following total abdominal hysterectomy and bilateral salpingo-oophorectomy for malignant gestational trophoblastic tumour 2 years ago. Intraoperatively, the component separation was performed by general surgeon following reduction of hernia contents, to create bilateral sliding rectus abdominis myofascial flap. The flaps were brought to the midline for suture closure. Subsequently, an autologous dermal graft was harvested by plastic surgeon and applied over the repaired myofascial flap before reinforcement with an on-lay synthetic mesh. She recovered well without complications. Most importantly, she has regained confidence in her appearance after surgery.

CONCLUSION
Components separation and autologous dermal graft reinforcement with on-lay synthetic mesh is a successful technique in the management of giant incisional hernia with high satisfaction rates.
EMERGENCY LAPAROSCOPIC PARAEOEOSOPHAGEAL HERNIA REPAIR, A CASE REPORT

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INTRODUCTION
Paraeoesophageal hernias are relatively rare, but they are account for 5-10% of all hiatus hernia. Acute life threatening complication such as obstruction, incarceration or strangulation can occur which prompt an emergency surgery. Conventional surgical repair can be done through the abdomen or chest, but with the era of laparoscopic surgery, this technique becoming the preferred approach.

PATIENT
We present a case of 61 year old lady, presented with bilious vomiting and dysphagia. OGDS noted whole fundus of stomach herniated up with greater curvature intrathoracically with grade 4 oesophagitis.

METHODS
Laparoscopic reduction of hernia was done using 5 ports. Hernia sac was identified, content was reduced and sac was removed. Crura and defect was repaired with Ethibond 2/0 and diaphragmatic reinforcement was done with a composite mesh without using tackers. A 270degree TOUPET fundoplication was done. Vagus nerve was identified and preserved. A barium study was performed on patient day two post operatively.

RESULTS
The surgery was completed laparascopically and the operating time was 200 minutes. Blood loss intraoperatively was minimal. Post operative hospital stay was three days. Barium study perform on patient day two post operatively.

DISCUSSION
Emergency Laparoscopic oesophageal hernia repair although associated with higher rate or conversion, with surgeon’s experience, it will substantially decreases morbidity and mortality if the procedure completed laparascopically.

CONCLUSION
Emergency paraoesophageal hernia repair are complex interventions.
Laparoscopic repairs are associated with higher conversion rate in an emergency setting.
Laparoscopic repair offers a better outcome and rapid recovery for the patient. Surgeon’s experience and technique plays a major role in achieving this outcome, especially in emergency cases.
INTRODUCTION

Hydrostatic pressure-induced rectal perforations are rare as anal sphincter act as barrier against external force. It is a serious injury and potentially fatal. We present a case of rectal perforation induced by hydrostatic pressure.

CASE REPORT

51 years old Malay gentleman presented with alleged air injected into anal canal which he claimed occurred after his friend accidentally pointed water hose towards his back and blew high pressure water into his anus. Post incident, patient complained of severe abdominal pain. On examination there was generalized guarding over his abdomen. Chest X-ray revealed air under diaphragm. He underwent exploratory laparotomy. Intraoperatively there was upper rectal perforation with severe fecal contamination. Simple repair of rectal perforation and diverting sigmoid colostomy was done. This operation was complicated with burst abdomen. Thus relaparotomy with tension suturing was done. Subsequently patient was discharged well with plan of closure of diverting sigmoid colostomy at a later date.
IMMEDIATE PEDICLE TRAM FLAP BREAST RECONSTRUCTION BY BREAST SURGEONS: EARLY HOSPITAL KUALA LUMPUR EXPERIENCE

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INTRODUCTION
Advances in post mastectomy breast reconstruction has created a diversity of procedures ranging from implants to autologous reconstruction, with the TRAM flap being the most popular. This year we have started services for immediate breast reconstruction at our Breast and Endocrine surgical unit of HKL.

KEYWORD
TRAM breast reconstruction.

RESULTS
From January till March 2016, we have performed 4 cases of immediate pedicle TRAM breast reconstruction following mastectomy. The range of age is 34 - 54 years old. Three patients were at stage 2 and 1 patient had neoadjuvant chemoreduction for locally advanced breast cancer. Surgery was uneventful in all 5 patients. Only 1 patient developed post operative wound infection.
Introduction
Laparoscopic cholecystectomy is one of the commonest operations performed. Indications for cholecystectomy are mostly due to symptomatic cholelithiasis. The causes of cholelithiasis include infection, bile stasis, biliary sludge, etc.

Objectives and Method
To investigate whether bacterial infection causes cholelithiasis. Ideal prophylactic antibiotic for laparoscopic cholecystectomy. Optimize cost of antibiotics use.

Method
A prospective study conducted in Hospital Seberang Jaya, from January 2014 to December 2015. Samples are collected by bile swab from patients undergoing elective cholecystectomy for cholelithiasis and/or choledocholithiasis.

Results
A total of 113 cases were done in our Centre, 25 male patients and 88 female patients. 49 patients fall in age group 40 to 60.

Conclusion
Our La.S.T procedure is an innovative and cost-effective method in prolonging catheter survival, hence affording patients with catheter malfunctions a second chance at continuing PD.

Pedicle TRAM flap has proven to be a reliable method of breast reconstruction and can be safely performed by trained breast surgeons.

“THE LA.S.T RESORT”: THE PANACEA TO MALFUNCTIONING TENCKHOFF CATHETERS
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Introduction
The number of new patients requiring peritoneal dialysis (PD) was reported to be 731 in year 2013 (21st MDTR report). With the rising need for PD access and the emerging trend of peritoneoscopic Tenckhoff catheter insertion by nephrologists, it is evident that the availability of a surgeon’s expertise is vital in managing complications and salvaging the malfunctioning catheters. We report our La.S.T procedure technique (Laparoscopic Salvage of Tenckhoff) in salvaging 27 malfunctioning Tenckhoff catheters out of 206 implantations in 2015 at Hospital Serdang.

Method
This is a descriptive study from January 2015 to December 2015. All procedures were performed by a single operator. Pneumoperitoneum was created via the existing Tenckhoff catheter. Laparoscopic camera port was inserted at Palmer’s point followed by insertion of two working ports. The catheter was released from its surrounding adhesions, positioned and anchored to suprapubic abdominal wall using Prolene suture sling guided by a suture passer. Tip of omentum was anchored to upper abdominal wall using two tackers.

Results
Intraoperative success rate of catheter placement was 100%. Catheter functionality at 1 month was 81% and at 3 months was 74%. Three cases were lost in follow up and two cases required catheter removal due to exit site infection. Two other cases had subsequent refractory peritonitis resulting in conversion to hemodialysis. The average cost of admission and procedure for a class-3 hospitalization was RM58 per patient. All patients with successful salvage and functioning catheters at the end of 3 months were very satisfied when interviewed.

Conclusion
Our La.S.T procedure is an innovative and cost-effective method in prolonging catheter survival, hence affording patients with catheter malfunctions a second chance at continuing PD.

GENTAMICIN AS ANTIBIOTIC PROPHYLAXIS FOR LAPAROSCOPIC CHOLECYSTECTOMY: SINGLE CENTRE EXPERIENCE
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Introduction
Laparoscopic cholecystectomy is one of the commonest operations performed. Indication for cholecystectomy is mostly due to symptomatic cholelithiasis. The causes of cholelithiasis include infection, bile stasis, biliary “sludge”, etc.

Objective & Method
To investigate whether bacterial infection causes cholelithiasis. Ideal prophylactic antibiotic for laparoscopic cholecystectomy. Optimize cost of antibiotics use.

Method
A prospective study conducted in Hospital Seberang Jaya, from January 2014 to December 2015. Samples are collected by bile swab from patients undergoing elective cholecystectomy for cholelithiasis and/or choledocholithiasis.

Results
A total of 113 cases were done in our Centre, 25 male patients and 88 female patients. 49 patients fall in age group 40 to 60.
SHORT TERM OUTCOME OF TRAUMATIC EXTREMITY INJURIES DUE TO ROAD TRAFFIC ACCIDENTS: SINGLE CENTRE EXPERIENCE

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ABSTRACT

Traumatic vascular extremities injuries have been on the increase in Malaysia due to high velocity injuries following road traffic accidents. This study aimed to evaluate the short term outcome of traumatic vascular extremity injuries, the variety of cofounding factors that influence limb salvage and patient follow up of patients that were ascertained at Hospital Kuala Lumpur in the year 2013-2015.

METHOD

33 cases of traumatic vascular injuries involving vascular intervention were retrospectively analyzed in 2013-2015 at Hospital Kuala Lumpur, Malaysia. Extensive patient demographics, injury data, including time of injury to time of arrival to vascular center, angiographic findings, outcome of surgery and limb salvage, cofounding factors and patient’s follow up were systematically gathered.

RESULT

Most traumatic vascular injuries due to road traffic accidents...
EXPERIENCE WITH HOOKWIRE LOCALIZATION BIOPSY OF IMPALPABLE SUSPICIOUS BREAST LESIONS IN HOSPITAL QUEEN ELIZABETH, SABAH.

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INTRODUCTION
Many suspicious impalpable breast lesions are detected via breast imaging. Hookwire localization under radiological guidance followed by wide local excision is commonly performed and efficacious in obtaining tissue biopsy of these lesions.

OBJECTIVES
This study was conducted to evaluate the performance of this method in our centre. Specifically, the rate of successful excision of targeted lesions, completeness of excision and malignancy detection via hookwire localization is audited.

METHOD
This was a retrospective and prospective study involving patients who underwent hookwire localization of impalpable breast lesions.
Routinely checking for Meckel’s diverticulum in patients undergoing appendicectomy

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Objective
We report a case of Meckel’s diverticulum in a young man who underwent open appendicectomy 2 years prior.

Case Report
In patients who undergo either a laparoscopic or open appendicectomy, it might not be routine practice to check for Meckel’s diverticulum. A 38 year old man presented with clinical features of acute small bowel obstruction with a background history of open appendicectomy for perforated appendicitis 2 years prior. He was diagnosed as partial small bowel obstruction secondary to adhesions and treated non-operatively for the first day. Failing non-operative management, he underwent laparotomy. Intraoperatively there was a Meckel’s diverticulum 5cm in length with a base of 3cm, located 60cm from the ileocecal junction. There was adhesion of the Meckel’s diverticulum to the mesentery, causing an adhesion band which caused constriction of the small bowels. A wedge resection was done with end to end anastomosis of the bowels. The patient recovered well, and was discharged home on the seventh day after surgery.
WHERE'S THE PARATHYROID? VARIABLE LOCATION OF AN ECTOPIC PARATHYROID GLAND
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INTRODUCTION
Secondary hyperparathyroidism occurs as a normal response to hypocalcaemia in end stage renal disease (ESRD). Patients are often subjected to total parathyroidectomy to alleviate the debilitating symptoms of bone pain. However, identification of the parathyroid glands is a daunting task, given the variable anatomy of the parathyroid glands. The presence of ectopic parathyroid glands further complicate the process of neck exploration.

CASE REPORT
We report a 48 year old male with ESRD who underwent total parathyroidectomy for secondary hyperparathyroidism. Intraoperatively, both left superior and inferior parathyroids, and the right superior parathyroid was removed. However the right inferior parathyroid gland was not seen, and hence proceeded with a right hemithyroidectomy. The patient underwent a second surgery, neck exploration and sternotomy, and the ectopic parathyroid gland was found in between the brachiocephalic and left common carotid artery in compression of the trachea and oesophagus, oesophagus is displaced anteriorly.

This case was dicussed with the cardiothoracic surgery team and she was planned for total thyroidectomy KIV sternotomy. She underwent a total thyroidectomy via collar incision and intraoperatively noted a multinodular goiter with extension of the left lobe downwards, behind the trachea and oesophagus, crossing into the right posterior mediastinum. The left thyroid lobe extension was successfully mobilized via blunt dissection and traction, without the need for sternotomy. HPE of the gland shows benign nodular hyperplasia of the gland.

The surgery was successfully conducted without the need for sternotomy, under the hands of an experienced surgeon.
FAMILIAL MEDULLARY THYROID CARCINOMA: A RARE THYROID MALIGNANCY
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Medullary thyroid carcinoma (MTC) is a rare C-cell calcitonin-producing tumour, represents approximately 5% of all thyroid tumours. It occurs in sporadic and hereditary forms. The hereditary form of MTC accounts for 20–25% of cases, and is usually a component of multiple endocrine neoplasia (MEN) 2A or 2B, or presents as familial MTC (FMTC) syndrome. Mutation of RET proto-oncogene is well known cause of hereditary form. Here we presents a series of aggressive FMTC involving three siblings in a family.

The first sibling presented with bilateral neck swelling at the age of 26 year-old, total thyroidectomy with cervical lymph node dissection done in August 2014. Post-operative ultrasonography showed residual disease closed to the esophagus and trachea. However recent PETCT showed resolved hypermetabolic lesion. The second sibling, a 30 year-old man, presented with gradually increase right thyroid nodule in July 2014. He had underwent the same procedure as his brother. In May 2015, he had right cervical

DISCUSSION
The presence of ectopic parathyroid glands justify an exhaustive search during surgery. Pre-operative scanning may be an adjunct to localized the ectopic gland, however due to the low sensibility of the scans, it is still necessary to perform exploration of the common sites of presence of ectopic glands, namely the thyroid parenchyma, the thyro-thymic tract, and the retroesophageal position.

options for treating sigmoid volvulus may vary from excision of the redundant bowel segment, or simply performing sigmoidopexy. But the outcome of the procedures should be taken into consideration in view of some of the procedures may have a high recurrence risk. In this case, the patient presented again with recurrent sigmoid volvulus after done sigmoidopexy which required another relaparotomy.

In case of sigmoid volvulus, excision of the affected bowel may yield better result to avoid further need of operation. Even though it has a small percentage of recurrent (2-3%), it still provide significant benefit comparing to sigmoidopexy.

SIGMOID VOLVULUS, MANAGING THE UNCOMMON: A CASE REPORT
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INTRODUCTION
Sigmoid volvulus is a common presentation of bowel obstruction in the elderly age group with a mean of 70 years at presentation due to redundancy of sigmoid colon. Few cases occurring during pregnancy, in patients with Crohn disease and Chagas disease have been reported. However sigmoid volvulus is a very rare case of intestinal obstruction in young children.

CASE PRESENTATION
We report a case of 16 years old young male who presented with intestinal obstruction to our hospital. Patient also had history of laparotomy and sigmoidopexy 6 months prior to this admission at another centre, when patient presented with the same symptoms. Abdominal x-ray showing dilated large bowel resemble the “coffee bean” signs. Patient then underwent exploratory laparotomy and proceed. Intra operative findings was redundant and dilated sigmoid colon. Sigmoid colectomy with end-to-end anastomosis performed. Patient made an uneventful recovery and still under our follow up.
CONCLUSION
Screening for MTC and early treatment had nearly a 100% cure rate. However vigilant surveillance with calcitonin and imaging is important to detect early recurrence.

KEYWORDS
Familial medullary thyroid carcinoma, Medullary thyroid carcinoma, RET proto-oncogene

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MANAGING ADVANCED FOLLICULAR THYROID CARCINOMA PRESENTED WITH BILATERAL PATHOLOGICAL HUMERUS FRACTURE; IS PRIMARY THYROID SURGERY NECESSARY?
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INTRODUCTION
Follicular thyroid cancer (FTC) is a differentiated thyroid carcinoma (DTC) which accounts for 10% of total thyroid cancer. FTC commonly metastases haematogenously mainly to lung, liver and bone.

CASE REPORT
A 67 years old Malay lady presented to orthopaedic team with bilateral upper limb swelling and pain. There was no history of trauma. Beside that, she also has slow growing thyroid swelling for the past 17 years. Her humerus x-ray showed bilateral pathological humerus fracture. Subsequently, she undergone humerus biopsy with findings of metastatic follicular thyroid carcinoma. However, thyroid FNAC only showed nodular hyperplasia. Her imaging studies showed right thyroid carcinoma with extensive metastases to cervical lymph nodes, lung, liver and bones. She was subjected for total thyroidectomy and selective cervical lymph node dissection. Her final histopathological report confirmed follicular thyroid carcinoma.

DISCUSSION
The 10 years survival rates in DTC reported up to 95%. However, in advanced FTC, the 10 years survival rates decreased to 40% and worse with bone metastases (14-21%). In advanced FTC, prompt treatment is warranted as it severely reduced the quality of life mainly due to pain, fractures and immobilisation. Primary thyroid surgery in advanced FTC is the treatment of choice before commencing subsequent treatment i.e: radioablation therapy and to improve overall survival. However, primary thyroid surgery in advanced FTC is not without complications. In the above case, patient's postoperatively developed hypoparathyroidism and also ventilatory problems.

CONCLUSION
In managing advanced FTC, primary thyroid surgery is indicated after careful risk assessment and benefit outweighing complications.
RESULTS
Ninety-eight candidates (73.7%) responded to the online questionnaire. Only 71 of the candidates were either well prepared or somewhat prepared for the exit examinations at the time of the survey. The level of confidence and level of independence in performing surgeries were both 100% in the 4th-year candidates compared to 66.7% and 44.4% respectively among the 1st-year candidates. Neither age, marital, parity nor prior surgical experiences was found to contribute to their level of confidence or independence. The large number of trainees in the program, followed by lack of autonomy in making decision and inadequate case volume were reported to be the main reason for encumbering confidence and independence. Majority reported the use of simulations and autonomy to perform during surgery might able to improve their overall preparedness.

CONCLUSION
Our study confirmed that the DGS degree is an apprenticeship-based program, which showed an increasing level of confidence and independence as the candidates progress through the 4 years of the study. There are many challenges, which might affect the candidates during the training, but none is found to be statistically significant.

KEYWORDS
Preparedness, doctors, surgery education, general surgery training program
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IMPROVING THE TRAUMA SERVICES: EXPERIENCE OF TRAUMA MANAGEMENT IN A SINGLE CENTER

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INTRODUCTION

Trauma is a major health problem in Malaysia as well as worldwide. Developing a trauma service in a tertiary center requires comprehensive understanding of trauma epidemiology in the served region. We present an interim report of trauma cases managed in our center. The aim is to understand the pattern of trauma epidemiology in our center and Klang Valley and subsequently develop a customized trauma registry system to serve this purpose.

RESULTS

During the year of 2013, one hundred and forty-two trauma cases arrived to our center. Majority were male 127 (89.4%) while 15 (10.6%) were females. Average age was 41 years old with the majority are between 14-59 year-old (86.7%). Mechanism includes mostly motor vehicle accidents (87.3%), fall from height (7.7%), and stab wound (3.5%). Most of the trauma presentation falls under moderate, serious and severe (38.7%, 22.5% and 29.6%) respectively. Two-thirds of the cases required surgical intervention. Average hospital length of stay (LOS) was 11 days. Most of the patients were discharged without permanent disability (71.8%). There was no significant difference in type, severity and final outcome for patients presented during weekdays, weekends, holidays, day and night time (p ≤ 0.5, 0.8, 0.6, 0.17). Interestingly, we notice an increase of trauma cases among younger patients during weekends. As expected, the Injury Severity Score (ISS) has a strong correlation with longer hospital length of stay and poor prognosis (p ≤ 0.000, 0.000).

CONCLUSION

Although our institution is not designated as a trauma center but we do receive a significant load of trauma cases yearly. Majority of cases are motor vehicle accidents, which requires surgical intervention in most cases. The statistic data from our analysis may improve our trauma services especially in molding an efficient trauma unit. A modified trauma registry will definitely assist with the documentation and management of these cases. Optimistically, this improvement will eventually allow us to be designated as one of the trauma centers in the country.
A CASE REPORT OF SPONTANEOUS BLADDER RUPTURE IN PREGNANCY
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INTRODUCTION
Spontaneous rupture of bladder is a rare event and provides a great diagnostic challenge. Patients usually present with features of peritonitis and delayed diagnosis, leads to high morbidity and mortality rate. Here a case report of spontaneous bladder rupture in pregnancy is discussed.

CASE REPORT
A 31 year old Malay female, G1P0 at 17 weeks presented to the Emergency Department with acute urinary retention which resolved after catheterization. Subsequently she was discharged to home without CBD. After few days she presented again with multiple episodes of vomiting, abdominal pain and hematuria. Initial clinical finding showed generalized abdominal tenderness but there was no peritonism. Case was referred to Obstetrics And Gynecology team, but showed no gynecological pathology. Patient was transferred to Intensive Care Unit due to worsening sepsis. USG assessment of the abdomen showed complex ascites with bilateral hydronephrosis.

Appendicectomy was also performed. Post operative recovery was uneventful.

CONCLUSION
Whether to resect asymptomatic, incidentally discovered Meckel’s diverticulum has been contested for decades, however new research has shown that there is an increased incidence of carcinoma associated with Meckel’s Diverticulum; this risk continues to increase with age. This increased risk of malignancy in addition to the high rate of regional and distant metastatic disease observed in Meckel’s diverticulum associated carcinoma will likely become important factors in the ongoing debate regarding the treatment of patients with asymptomatic, incidentally discovered Meckel’s diverticula.
**RESULTS**
No mortality or morbidity is found in this series to date. The median hospital stays are 11.3 days. All patients resumed normal daily activity after the surgery.

**CONCLUSION**
Radical gastrectomy for extreme old age patients is feasible and safe in a community hospital. D2 lymph node dissection can be performed electively without increase morbidity.
INAPPROPRIATE PRE-OPERATIVE INVESTIGATIONS FOR ELECTIVE SURGICAL PATIENTS; REINFORCEMENT OF LOCAL GUIDELINE IN CLINICAL PRACTICE IS CRUCIAL

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INTRODUCTION
Inappropriate pre-operative investigations will cause an unnecessary work for the laboratories, significant overheads to hospital and discomfort to patient. We audited our current practice on ordering preoperative investigations within our surgical department as an attempt to improve our services.

METHODOLOGY
We retrospectively reviewed 160 patients who underwent elective surgery from January-March 2015 in Surgical Department, Hospital Putrajaya. These data were analyzed with regards to patient’s age, grade of surgery according to BUPA 2006 (British United Provident Association), physical status based on ASA classification (American Society of Anaesthesiologist) and all investigations taken before the surgery. Preoperative investigations were categorised as appropriate or inappropriate according to the NICE guideline 2003 and local recommendation by our anaesthetic team. The mean age of our patients was 48 (range 17-79 years) and majority were female (70%). 44% of patients were in ASA 1, 49% in ASA II and only 7% in ASA III. Majority of them (64%) had grade 3 surgery, 24% had grade 2 surgery, 9% had grade 4 surgery and 2.5 % had grade 1 surgery. The percentage of inappropriate preoperative investigation was found to be significantly high for coagulation profile (71%) followed by chest x-ray (21%), random blood sugar (16.8%) and ECG (16.2%). High percentage was apparent in the age group < 40 years with ASA 1 and in uncomplicated surgery grade 1 and 2. Incidence of repeated routine preoperative investigations and other unnecessary blood tests were also high, 56.8% and 36.8% respectively. Significant percentage of unnecessary blood cross-match was seen in patients with uncomplicated surgery (100% for grade 1 and 97% for grade 2).

CONCLUSION
Local recommendation on pre-operative investigations should be strictly followed in clinical practice to minimize the incidence of inappropriate investigations. Reinforcement should be given at all level of involved clinicians to ensure successful outcome.

LAPAROSCOPIC REVISION OF MALFUNCTIONING TENCHKOFF CATHETER IN PATIENT UNDERGOING PERITONEAL DIALYSIS

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Tenchkoff catheter was commonly inserted via open technique under local anaesthesia in many centres in Malaysia. It has a significant malfunctioning rate post insertion because the catheter maybe wrapped by omentum or migrated out from the pelvis. Once the catheter is malfunction despite conservative management, then the usual next management will be to remove the catheter and attempt reinsertion of new catheter. Laparoscopic intervention to salvage the malfunctioning catheter was previously done in some centers with different success rate. We started our laparoscopic revision of malfunctioning tenchkoff catheter since April 2014, and would like to report our brief experience of laparoscopic intervention of malfunction catheter.

The objective of this study is to audit the success rate of laparoscopic revision of malfunctioning tenchkoff catheter in HTAR, Klang.

This retrospective study includes all ESRF patients who underwent laparoscopic tenchkoff revision between September 2014 until December 2015. Primary catheter patency at 2 weeks and 3 months post laparoscopic revision were reviewed.

A total of 28 patients underwent laparoscopic revision of tenchkoff catheter in September 2014 to December 2015. Out of these, 64% (18) was successful and 36% (10) need another revision. The commonest causes of the malfunctioning catheter were determined.

Laparoscopic Tenchkoff revision provides an alternative for treating patients with a dysfunctional Tenchkoff catheter. This method can be used as an option to salvage more catheters before it is removed or before a new catheter is re-implanted. It is a feasible option for patients who are fit for general anaesthesia.
SELECTIVE INTERNAL RADIATION THERAPY (SIRT) AS TREATMENT OF LIVER MALIGNANCIES, A SHORT TERM OUTCOME ANALYSIS IN UNIVERSITY MALAYA MEDICAL CENTER

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BACKGROUND
Selective internal radiation therapy (SIRT) is used in the treatment of non-resectable primary and secondary liver malignancy by injecting Yttrium(Y90) into hepatic arteries. Due to its effectiveness in treating both primary and secondary liver malignancy, this regional therapy is becoming an alternative choice to Transarterial Chemoembolisation (TACE).

METHODS
This is a retrospective review of all patients diagnosed with liver malignancies and undergone SIRT between June 2014 to Nov 2015 in UMMC. Patients with Computed Tomography and blood investigations at 3 months post SIRT are included and the results reviewed. Progression of disease is defined as increasing in tumour size or development of new lesion or metastasis. Pugh Child's Scoring system is used to judge patient's liver function.

RESULTS
20 SIRT were performed during the study period. 5 patients are excluded due to incomplete blood investigation or CT scan. Out of 15 patients included in the study, 8 have primary hepatocellular carcinoma(HCC) and 7 have secondary metastasis(3 breast, 3 colorectal & 1 oesophagus). 6(75%) out of 8 patients with HCC showed no disease progression post SIRT with 3(37%) of them had tumour size reduction. All patients(100%) with secondary metastasis showed no disease progression with 5(71%) of them had tumour size reduction.

All 8 patients with primary liver cancers were Pugh Child's Score A prior to SIRT. 4 out of 8 patients(50%) had deterioration of Child's score where 2(25%) became Child's B, 2(25%) becomes Child's C. All 7 patients with secondary metastasis had Pugh Child's Score A before and 3 months after SIRT.

CONCLUSION
SIRT is an effective option for treatment of non-resectable liver tumour.

PARATHYROID SURGERY: CASE SERIES IN A NEWLY ESTABLISHED ENDOCRINE SURGERY UNIT FROM IPOH, PERAK

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INTRODUCTION
Hyperparathyroidism (HPT) occurs with elevated levels of parathyroid hormone (PTH) causing symptomatic hypercalcemia. Mechanisms involved include: release of calcium and phosphate from the bone matrix, increased renal reabsorption of calcium, and increased intestinal absorption of calcium secondary to calcitriol. Primary HPT is usually caused by a parathyroid adenoma, while secondary and tertiary HPT are seen in patients with chronic renal disease. Parathyroidectomy is the mainstay of treatment in these conditions. As a newly established endocrine surgery unit in Hospital Raja Permaisuri Bainun (HRPB), Ipoh, Perak, we reviewed our cases of parathyroid surgeries undertaken in the last 18 months.

METHOD
From September 2014 – February 2016, twenty-six patients underwent parathyroid surgery, including five patients who also had total thyroidectomy or hemithyroidectomy. Twenty-four patients underwent surgery for renal parathyroid disease, and two patients for parathyroid adenomas. Two patients were operated under local anestheisia/acupuncture. Each patient was assessed preoperatively with baseline serum calcium, phosphate, iPTH levels, echocardiography, indirect laryngoscopy (IDL) and ultrasound neck. All parathyroid tissue removed were sent for frozen section in each case.

RESULTS
Presently twenty-five out of twenty-six patients show no evidence of recurrent disease, or hypoparathyroidism up to 6 months post-surgery. One patient presented with persistently high iPTH levels postoperatively, although in this case the patient had already undergone 2 previous parathyroidectomies at another center. Histopathology for twenty-four patients was reported as benign. Notably, histopathology for one patient was reported as parathyroid carcinoma, and in another as thyroid carcinoma with nodular parathyroid hyperplasia.

CONCLUSION
Parathyroidectomy is an effective treatment modality in cases of primary HPT, and of palliation in renal failure patients resistant to medical therapy.
METHOD
Patient was positioned in a modified lithotomy position. Operating surgeon stood in the middle with the assistants on patient’s sides. A 5-port technique was initially planned but an additional port was later placed. A 30 degree laparoscope was used. Laparoscopic splenectomy was first performed using the pedicle-first approach, followed by cholecystectomy. Dissection was mostly done with harmonic scalpel and vessels ligated individually with haemolock clips. Gallbladder was retrieved via umbilical port site with an endobag and spleen was then delivered via Pfennstiel’s incision.

RESULTS
Gallbladder and 847g (20x12cm) spleen were removed laparoscopically over 205 minutes with estimated blood loss of 500mL. No major complication was observed and no perioperative blood transfusion required. Patient experienced less pain and was satisfied with the cosmesis. She was discharged well on postoperative Day-4.

CONCLUSION
Combined laparoscopic splenectomy and cholecystectomy is feasible and can be performed safely in experienced hands. It allows a faster recovery with shorter hospital stay, reduced post-op pain and good cosmetic result.
INTRODUCTION

A colonic diverticulum is an acquired herniation of colonic wall through its weak point. It affects more than 70% of individual who aged more than 80-year-old. Complications of diverticular disease occur in 10-25% of patients suffering from diverticulosis. Our objective was to identify the demographic distribution of colonic diverticular disease among our patient population.

METHODS

This is a single centered, retrospective descriptive analysis of 2861 patients who underwent colonoscopic examination at Sarawak General Hospital, Kuching from 1st of February 2014 until 31st of January 2016. The incidence of diverticular disease was compared against patient’s demographic background. SPSS (Ver. 19) was used for data analysis.

RESULTS

Among 2861 patients, 12.02% (N=344) of them were found to have diverticular disease. Twenty-six patients were excluded due to incomplete documentation. Of the remaining 318 patients, there were 205 male patients as compared to 113 female patients with male to female ratio of 1.8:1. The median age is 66 years (range: 21-94 years). Incidence is highest among the Chinese (170 patients or 53.5%). Almost half (42.8%) of our patients have right sided diverticulum, while 24.5% are left sided, and 1/3 of them have diverticulum over both sides of colon. Most of the patients (83.0%) have asymptomatic diverticulosis. Only 7 (2.2%) out of all patients with diverticulum required operative management. Indications for performing operation was colovesical fistula (2 patients), perforated sigmoid colon (1 patient), diverticular disease (2 patients) and bleeding diverticulum (2 patients).

CONCLUSION

Colonic diverticulosis was more common among male patients, more prevalence among Chinese and occurred more frequently over right sided colon. Surgical management was rarely indicated.
of abdominal discomfort and dysuria however still able to pass urine. Upon examination, his abdomen was soft, bladder not distended and x-ray KUB showed foreign body at pelvic region. Rigid cystoscopy under spinal anesthesia was done and the tube was removed uneventfully. Patient was discharge with planned transurethral resection of prostate later.

DISCUSSION
Presence of a foreign body in urinary tract is a urologic emergency. There are several methods of extraction of the foreign body. In most cases, endoscopic method is used however if failed open surgery is needed to extract the object. Subsequent definitive management to relieved urinary obstruction for this patient must be taken to prevent recurrence of self –catheterization.

CONCLUSION
A self-inflicted foreign body in the urinary tract is a rare situation. Prompt treatment must be taken prevent undesired sequelae.

CORRELATION OF TUMOUR SIZE (T1 AND T2) IN PREDICTING REGIONAL LYMPH NODES METASTASIS IN EARLY BREAST CANCER
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For patients with breast carcinoma, tumor size and regional lymph nodes status are biological markers of tumor aggressiveness and are independent prognostic factors for survival after diagnosis. The lymph nodes metastases of patients with T1 and T2 breast carcinoma remains controversial. Some studies have shown a low risk of lymph node metastasis whereas others have not. In this retrospective study, we are correlating the relation of tumor size (T1, T2) and regional lymph nodes metastasis in early breast cancer patients at Hospital Kuala Lumpur in 2014-2015.

METHOD
All female patients that undergone breast surgery and axillary clearance demographic data and histopathology data were retrospectively collected for the year 2014-2015 in Hospital Kuala Lumpur.

RESULTS
Of all the 107 patient whom underwent surgery in 2015 at HKL,
SURVIVAL IN CURATIVE AND METASTATIC OF NEUROENDOCRINE TUMOUR

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INTRODUCTION
Neuroendocrine tumour is also known as gastroentero-pancreatic neuroendocrine tumors (GEP-NETs) arise from cells of the diffuse neuroendocrine system such as the enterochromafin (EC) cells. These cells possess secretory granules and release neurohormones. NET is on the rise maybe due to increase awareness and better diagnostic modalities. However in Malaysia there is still poor and late when diagnosing NET among the medical communities.

OBJECTIVES
Clinical outcome and long term survival in 78 patients with neuroendocrine tumours from the gastrointestinal tract.

METHODS
This is a retrospective study from year 2000 until 2014 about 78 patients gathered and 36 of them are metastatic NET. Clinical presentation, surgery, metastases, and pattern of recurrence were related to survival.

RESULTS
According to age; three quarter were between 45 – 68 years of age while in gender; about 71% were female and about more than half of them are Malays. No other clinical factors can support regarding the survival rate other than to those who seeking treatment and Ki67 percentage was range 15-20% from the HPE.

DISCUSSION
The outcome were better in those undergone tumour resections. Nine cases confirmed death as other patients were uncontactable as they have been transferred to other hospital and continue the treatment from the referring hospitals. The survival of the 50% of the confirmed death case was 28 months. The survival mean was 126.3 month \[\text{SE } 18.6\]. No median able to calculated due to limitation of data.

CONCLUSION
The survival of the 50% of the confirmed death case was 28 months. Maybe it’s due to lack of exposure and spreading the updates regarding this unknown and indistinct behaviour of this rare tumour.
A CASE OF DESMOID FIBROMATOSIS OF THE BREAST

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Desmoid fibromatosis is a rare mesenchymal tumor of the breast, accounting for only 0.2% of all breast tumors. It is classically a non-metastasizing tumor arising from fibroblasts, and its morbidities and mortalities are linked to local invasion and repeated local recurrence due to incomplete excision. Their presence with colonic adenomatous polyps has been recognised in Gardner Syndrome. Identification and diagnosis of this tumor is vital, as it is known to mimic invasive carcinoma of the breast clinically and radiographically.

A 31 year old woman presented with a 4 month history of a painless right breast lump at 5 months of gestation. The lump was about 4x3cm in size, irregular, firm and immobile, arising from the lower inner quadrant of the right breast.

Ultrasound imaging of the breast revealed a BIRADS 5 lesion. Fine needle biopsy and subsequent core biopsies revealed only fibrohyalinized stroma without atypia, mitosis or features of malignancy.

The patient refused any form of intervention and proceeded with her pregnancy. She presented again two years later with a large, fungating and ulcerating right breast mass which was infected

INDEX OF SUSPICION WITH APPROPRIATE TIMING OF CT SCAN HELPS PREVENT MISSED DIAGNOSIS IN UROLOGICAL TRAUMA

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Urological trauma is rare, difficult to diagnose and rarely occurs in isolation. Here we present two cases of urological trauma where the presentation was subtle, difficult to diagnose but would have resulted in grave outcome had the diagnosis been missed altogether. The first case was a sport-related injury involving an 18-year-old boy, who had a fierce tackle with an opponent while playing soccer. The resultant trauma brought this young boy to the emergency department complaining of lower abdominal pain and tinge of haematuria. A tender lower abdomen raised the possibility of a bladder injury. Contrast enhanced CT at venous phase showed normal bladder and kidneys but minimal fluid with fat streakiness seen at left perinephric region, unable to trace left ureter at 5 minutes delay images. However, due to strong suspicion of possible collecting system injury, a delayed phase of 20 minutes was performed. These delayed images showed contrast leakage surrounding the left kidney and proximal left ureter revealing a total ureteropelvic junction (UPJ) avulsion. The left kidney was stented and patient recovered well. The second case was a high speed motor vehicle collision involving a 30-year-old gentleman, who sustained concussion, right femur fracture and a streak of haematuria after urinary catheterization. Right iliac fossa tenderness prompted a CT of the abdomen. A delayed film performed at 30 minutes revealed ruptured dome of the bladder which was missed on the initial scan. Repair was performed and patient recovered well. These two cases highlight the importance of prompt and proper imaging timing to look for evidence of injury even though signs may be subtle.
PRIMARY LARGE CELL NEUROENDOCRINE CARCINOMA OF THE BREAST: A CASE REPORT

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Although neuroendocrine carcinomas can originate from various organs of the body, primary neuroendocrine carcinomas of the breast are considered a rare entity, and for this reason there are no data from prospective clinical trials on its optimal management. Early stage tumours are usually treated with the same strategy used for the other types of invasive breast cancer. The diagnosis of primary neuroendocrine carcinoma of the breast can only be made if nonmammary sites are confidently excluded or if an in situ component can be found.

Here we report a 59-year-old woman who presented with a mass in the left breast that was initially diagnosed as an infiltrating ductal carcinoma by core needle biopsy. The patient was given neo-adjuvant chemotherapy, and computed tomography post neo-adjuvant chemotherapy revealed the lesion to be increasing in size, with local infiltration, subcentimeter lymph nodes and suspicious lytic lesion in L5 vertebral body. A left mastectomy and axillary clearance was then performed. Histopathological and immunohistochemical examination reported that the tumour was a large cell neuroendocrine carcinoma, grade 3, with all 11 lymph nodes removed positive for metastatic tumour. The tumour was also positive for the neuroendocrine markers (chromogranin A and synaptophysin) plus the tumour cells were hormone-receptor positive and HER2 1+. Post-operatively, the patient was given radiotherapy, and then started on hormonal therapy. A bone scan was also done post-operatively which showed no bone metastasis. She has been followed up for a year now, and no recurrence has been noted.

In the near future, a better knowledge of the biology of these tumours will hopefully provide new therapeutic targets for personalised treatment.

SPONTANEOUS RECTUS SHEATH HAEMATOMA, A RARE CAUSE OF ACUTE ABDOMEN: CASE REPORT

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INTRODUCTION
Rectus Sheath Haematoma (RSH) results from bleeding into rectus sheath following injury to the epigastric arteries or by direct muscular tear.

It is a rare cause of acute abdomen and often overlooked as it may mimics other intraabdominal pathologies.

CASE SUMMARY
We report a case of a 25-year old pregnant lady with history of previous laparotomy via a right paramedian incision who presented with acute abdominal pain associated with a painful epigastric mass. As patient presented with signs of peritonitis and unstable haemodynamics with evidence of intraperitoneal free fluids on ultrasound, an emergency laparotomy was carried out. Intraoperatively, it was found that she had a significant haemoperitoneum, (EBL 3L) with a large left RSH extending into the subdiaphragmatic space. Bleeding had stopped and superior epigastric vessels were not identified. Also noted, there were dense adhesions between small bowels and omentum to the right paramedian scar. 2 radivac drains were placed and the rectus sheath was obliterated with vicryl sutures. Postoperatively patient was well and discharged after 5 days.

CONCLUSION
RSH is an uncommon cause of acute abdomen with reported incidence of 1.8%. Usually, it is self-limiting and non-surgical expectant management is sufficient. This case highlights the rare occasion of severe haemorrhage in cases of RSH and the role of surgical intervention.
A RARE CASE OF PAPILLARY THYROID MICROCARCINOMA OF A THYROGLOSSAL CYST IN A 35-YEAR-OLD MAN

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The thyroglossal cyst is the most common anomaly in the development of the thyroid gland. Seventy percent of thyroglossal cysts are diagnosed during childhood and 7% are diagnosed in adulthood. Only 1% of thyroid carcinomas evolve from a thyroglossal cyst. And when we received this patient’s histopathology report post Sistrunk’s procedure, we found it truly intriguing.

This is a case report of a 35-year-old man with papillary thyroid microcarcinoma of a thyroglossal cyst. He presented to us with an asymptomatic anterior midline neck mass. His thyroid function tests were normal. An ultrasound of the neck revealed a midline cystic neck lesion with internal septations, which appeared to be an infected thyroglossal cyst, and the thyroid gland was normal in size with no focal lesion. Surgical resection using Sistrunk’s procedure was performed. The histopathological examination reported a thyroglossal cyst with the presence on an intracystic focus of papillomatous structures (microscopically 3 x 2mm in diameter), lined by flattened epithelium expressing Thyroglobulin and TTF-1 positivity with scattered psammoma bodies suggestive of papillary thyroid microadenocarcinoma. It also reported sinus histiocytosis of the removed cervical lymph node. Post-operatively, an ultrasound showed a small midline nodule at the level of the hyoid bone with right cervical lymph node enlargement. Fine needle aspiration cytology of the nodule revealed only a reactive lymph node. Another ultrasound was repeated 6 months later and displayed no residual lymph node or neck swelling. The patient has been followed up for a year now, with 6-monthly surveillance ultrasound and is well.

Malignancy within a thyroglossal cyst is very rare but should be considered in the differential diagnosis of a midline neck mass.
ZERO MORTALITY IN EXTRADURAL HEMATOMA: A MILESTONE IN THE MODERN CARE SYSTEM FOR HEAD INJURY PATIENTS

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INTRODUCTION
Traumatic extradural hemorrhage (EDH) is a neurosurgical emergency and the gold standard of care remains timely surgical intervention. EDH has the potential for low mortality because of its extra-axial location. However, a high index of suspicion is required to diagnose EDH as most patients present with nonspecific symptoms and no focal neurology. In the last four decades, improvements in rescue and intensive care have led to better outcomes.

OBJECTIVES
To determine mortality of consecutive EDH cases admitted to our center, and to identify contributing factors toward outcomes.

METHOD
In this retrospective study, a total of 102 consecutive patients who presented with pure EDH at Hospital Queen Elizabeth II between March 2013 and February 2016 were included. The diagnosis was made radiologically by CT scans in all cases.

RESULTS
69.6% of patients presented with GCS > 14, 11.8% with a GCS < 8. Three patients (2.9%) presented with bilateral extradural hematoma. 20% of patients went into surgery with a GCS < 8. Of those operated, 92.1% made a good recovery or only had moderate residual neurology. The 40.2% who were treated conservatively all had good recovery. Only GCS prior to surgery, clot size, early cerebral protection and occurrence of bilateral hematoma seemed to be associated with outcome.

CONCLUSION
The results of this study indicate that zero mortality from EDH is an achievable goal. No single factor could be identified as the major contributor to zero mortality. Early diagnosis, prompt referral from district hospitals, early measures for cerebral protection and early surgical intervention when indicated are the keys to successful management of EDH.

TRIPLE TROUBLE INGUINAL HERNIA: CASE REPORT
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INTRODUCTION
Maydl’s hernia (Hernia-in-W) is a rare type of hernia, its association with Amyand’s and Littre’s hernia is even rarer. We presented an unusual case of strangulated right inguinal hernia with triple pathologies – Maydl’s, Amyand’s and Littre’s hernia.

CASE PRESENTATION
A 54 years old man presented with sudden onset of painful irreducible right inguinal swelling for 12 hours, associated with abdominal distention. The inguinal swelling had been present for past two years but was reducible previously. Clinical examination revealed an 8x5cm tender irreducible right inguinal hernia, with sign of peritonism. With the impression of strangulated right inguinal hernia, he was rushed for emergency inguinal exploration. A right oblique groin incision showed indirect inguinal hernia, with non-viable caecum, appendix, terminal ileum, and surprisingly, a loop of ileum with Meckel’s diverticulum within hernia sac. In view of difficulty in mobilization of colon, operation was converted to midline laparotomy and limited right hemicolectomy. Specimen resected including 5cm of ascending colon, caecum, appendix, Meckel’s diverticulum with 90cm of small bowel loop. Linear stapler was used for primary colono-enteric anastomosis. Darning technique was performed for the inguinal hernia. Patient made a good recovery, able to pass motion and subsequently was discharged home on post-operative day four. No recurrence noted during outpatient clinic follow up.

DISCUSSION
Maydl’s, Amyand’s and Littre’s hernia are rare entities of inguinal hernia. In this case, adhesion predisposed to “W” configuration of bowel loops, which in turn permitting more mobile loops herniated further into the sac. Further intraoperative examination of proximal bowel loops is important to avoid overlooking ischemic segment.

CONCLUSION
Prompt emergency surgical exploration is crucial in the management of Maydl’s hernia.
HERNIOTOMY IN ADULT WITH UNCOMPPLICATED INDIRECT INGUINAL HERNIA; IS IT SUFFICIENT?
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Options of surgery are still controversial in young adults with uncomplicated indirect inguinal hernia which is congenital in origin. The objective of this study is to evaluate outcomes of herniotomy in young adults with uncomplicated indirect inguinal hernias. This is a retrospective cross-sectional study of case record of patients aged between 15 and 34 years old who were diagnosed to have uncomplicated indirect inguinal hernia and underwent herniotomy in Hospital Seberang Jaya, Pulau Pinang. There are 3 aspects of outcome of the surgery in which are postoperative haematoma, chronic pain and recurrence are taken into account. Results were analyzed using descriptive analysis method. A total of 117 patients aged between 15 and 34 years (Mean 23.8 ± 5.5 years), comprising 108 males and 9 females with a male: female ratio of 12:1. Majority were Malays (65.8%) followed by foreigners (22.2%). Mean duration of swelling before presentation was 1653.5 ± 2263.9 days. Majority of hernia was right-sided hernia (59.8%). 79.5% of surgery was performed under local anaesthesia. Mean duration surgery was 46.38 ± 21.5 minutes. Content of hernial sac was mostly empty (72.6%). There were postoperative haematoma by 5%. Recurrence of hernia occurs by only 2%. There was no chronic pain. In conclusion, herniotomy alone is sufficient in treating young adults with uncomplicated indirect inguinal hernia in term of postoperative haematoma, chronic pain and recurrence compared to other types of procedure.

CONCLUSION
This case demonstrates the need for clinical alertness of concurrent thyroid cancer and hyperparathyroidism. Careful clinical assessment is essential for post thyroid cancer patient.
Although perinatal testicular torsion is not common, we should be familiar with the clinical presentation and should consider it as an emergency situation. Immediate surgery is mandatory to preserve the viability of the testis.

**TESTICULAR TORSION IN A NEWBORN? A CASE REPORT**

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Testicular torsion is relatively rare in early neonatal period, but well-known entity in paediatric surgery practice. Early diagnosis is difficult as clinical findings will cause confusion and subsequently delays salvaging surgical management.

Herein, we report a 3 days old male neonate delivered via normal spontaneous vaginal delivery at term, with a firm to hard right scrotal swelling since birth. No changes on the overlying skin and the contralateral scrotum are normal. Doppler ultrasound was done on day 1 of life with differentials of testicular torsion, epididymoorchitis or tumor. However the baby was referred on day 3 of life with a working diagnosis, to rule out malignancy.

Surgical exploration was undertaken immediately with findings of engorged and gangrenous testis and spermatic cord, thus right orchidectomy was performed. Histopathological evaluation shows extensive haemorrhages of the testicular and spermatic cord tissue, confirmed the diagnosis of testicular torsion.

**ASSESSMENT OF OUTCOMES AND QUALITY OF LIFE IN POST TOTAL PARATHYROIDECTOMY PATIENTS IN A NEWLY ESTABLISHED ENDOCRINE SURGERY UNIT IN IPOH, PERAK**

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**INTRODUCTION**

Secondary and tertiary hyperparathyroidism (HPT) are conditions related to chronic renal disease. Abnormally high parathyroid hormone (PTH) levels causes hypercalcemia, which can lead to renal osteodystrophy, calculus formation, peptic ulcers, pancreatitis, and depression. Often these conditions have a great impact on a patient’s physical and psychosocial status. As a newly established endocrine surgery unit in Hospital Raja Permaisuri Bainun (HRPB) Ipoh, Perak, we find value in reviewing our patients’ outcomes post total parathyroidectomy over the past eighteen months.

**METHOD**

Twenty-six patients underwent parathyroid surgery from September 2014 – February 2016, twenty-four of them for renal parathyroid disease. Each patient’s disease symptoms, as well as serum calcium, phosphate and iPTH levels were followed up until six months post-surgery. Evaluation of quality of life in this

**RESULTS**

An overall improvement in symptoms and serum calcium and phosphate levels was reported post total parathyroidectomy. Interestingly, our female patients (at a male-to-female ratio of 3.5 : 2) described a more positive outlook on their disease progress after surgery, although no significant enhancement in physical function (assisted daily living) or social integration was demonstrated in either gender.

**CONCLUSION**

Total parathyroidectomy in renal failure patients appears to benefit its recipients most, in terms of symptomatic and biochemical control. Patient satisfaction was largely influenced by symptom improvement following surgery.
SQUAMOUS-CELL THYROID CARCINOMA: A RARE & AGGRESSIVE FORM OF THYROID CANCER

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2Department of Breast & Endocrine Surgery, Hospital Queen Elizabeth, Sabah, Malaysia

Squamous-cell thyroid carcinoma consists of less than 1% out of all thyroid malignancies. The rarity of this form of thyroid cancer and its aggressiveness makes the management remain a great challenge to this day.

A 42-year-old Melanau man presented to us complaining of a neck swelling which appeared 2 months earlier and was rapidly increasing in size. Initial neck ultrasound showed a large heterogenous swelling in right thyroid lobe measuring 11x6x7cm with tracheal deviation but without retrosternal or retrotracheal extension. CT neck/upper thorax done 12 days later showed a solitary large mixed solid cystic right thyroid mass measuring 10.7x9.1x9.8cm (WxAPxHt) with retrosternal extension and tracheal deviation. There was capsular breach of upper margin with encasement of right carotid sheath and single right level II enlarged lymph node. FNAC had low cell yield and was consistent with benign cystic content. Tru-cut biopsy revealed metastatic thyroid carcinoma of squamous cell differentiation from lung/head/neck origin. ENT review & CT TAP did not reveal any evidence of a primary malignancy. He was initially planned for debulking...
PRIMARY HYPERPARATHYROIDISM: SABAH EXPERIENCE

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1Russian National Research Medical University (RNRMU)
2Universitas Padjadjaran (UNPAD)
3University Kebangsaan Malaysia

OBJECTIVE
A Demographic series on Primary Hyperparathyroidism in Sabah.

METHODS
Patient whom were diagnosed with primary hyperparathyroidism and subjected to parathyroidectomy were identified and their medical records collected. Total of 20 patients whom underwent surgery from 2012 till 2015 from Hospital Queen Elizabeth were collected. Data on clinical symptoms and laboratory results (serum calcium, ALP, iPTH) were obtained. Parameters were compared between pre and post operation, including clinic follow up.

RESULTS
The prevalence of primary parathyroidism were seen more in women and the average age 58. Common presentations were bony pain and most have high serum calcium with iPTH. Post parathyroidectomy patients have significant improvement symptomatically and biochemically. The iPTH and BMD scan was compared pre and post operation.

PP 105
INTRA-CYSTIC HEMORRHAGE IN A FETAL OVARIAN CYST: A "RARE" CASE REPORT

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Neonatal ovarian cyst was a rare condition before the widespread use of antenatal ultrasonography. Diagnosis of fetal ovarian cyst (OC) has increased in recent decades to an incidence of 1 in 2500 live births. Its detection can be distressing to the family and a multidisciplinary team management is essential. Majority of neonatal OC are simple. However, they may occasionally give rise to complications such as hemorrhage or torsion. In practice, management of simple OC is expectant. Whereas in cases of complicated cysts, an active management is warranted.

We present a case of a massive OC detected by antenatal ultrasonography which was complicated with intra-cystic hemorrhage. The baby girl was delivered via emergency caesarian section at 35th week of gestation. She had anemia at birth; thus, requiring blood transfusion prior to surgery. We elaborate our case and findings along with literature review for antenatal diagnosis and management of OC.

PP 106
PRIMARY BREAST LYMPHOMA, MASTECTOMY OR NOT? – A CASE REPORT AND LITERATURE REVIEW

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Primary breast lymphomas (PBL) accounts about less than 0.5% of all malignant breast neoplasm and 2% of extranodal lymphomas. There are multiple variant of PBL encountered worldwide where the commonest is diffuse large B-cell lymphomas (DLBCL). We report a case of 67 years old lady affected with primary lymphoma of the left breast. She presented with painless left breast mass which gradually increased in size over 1 year. She had no constitutional symptoms and no family history of breast malignancy. Physical examination revealed an ill-defined fixed mass measuring 6cmx4cm occupying the upper outer quadrant of the left breast with no involvement of the skin. Examination of the neck and axillary region was negative for lymphadenopathy. Mammogram showed diffuse abnormal hypoechoic tissues involving both upper and lower outer quadrant of the left breast. Subsequently, a trucut biopsy was performed and the histopathology of the sample yield a non-hodgkin B-cell lymphoma in favour of follicular lymphoma. Patient was then referred to hematology subspecialty for chemotherapy commencement. In relation to our case the
HUGE NEONATAL ABDOMINAL DISTENSION – WHAT COULD IT BE?

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INTRODUCTION
A case report on a neonate with acute abdominal distension.

CASE REPORT
A 5-day-old neonate born full term presenting with 1-day history of acute abdominal distension with no symptoms of bowel obstruction. Clinically, child appeared lethargic, dehydrated with gross abdominal distension but soft on palpation and normal bowel sounds. Abdominal radiograph showed minimal bowel shadow. Ultrasound abdomen reported dilated loops of bowel. CT abdomen revealed huge cystic mass encompassing the entire abdomen. Patient underwent emergency laparotomy discovering a huge retroperitoneal lymphangioma arising from the duodenal-jejunal flexure that was completely excised. The patient recovered well post operatively.

DISCUSSION
Acute abdominal distension in a paediatric patient may be caused by fluid, masses, organomegaly, and functional or mechanical bowel obstruction. The commonest cause is ileus. However, with
CASE REPORT ON AN UNEXPECTED GANGRENOUS DUPLICATION OF ILEUM

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INTRODUCTION
Alimentary tract duplication is a rare congenital anomaly which may involve gastric, duodenum, jejenum, ileum, ileocaecal junction, colon and rectum. Aetiology is always related to embryogenic development. Clinical presentation varies from asymptomatic to obstruction, bleeding, perforation, gangrene or malignant changes.

CASE DESCRIPTION
A 9 year-old boy with acute onset of right iliac fossa pain was brought to operation theater for acute appendicitis as initial diagnosis. Intra-operatively, a normal appendix prompts further search of underlying pathology and revealed a gangrenous ileal duplication. En-bloc resection with primary bowel anastomosis was done. Histopathology report revealed a gangrenous small bowel duplication with no ectopic gastric or pancreatic musoca.
Kimura disease (KD) is a chronic inflammatory disorder of unknown etiology that commonly presents as painless lymphadenopathy or subcutaneous masses in the head and neck region of a young Asian man. Due to its rarity coupled within a locality where tuberculosis is endemic, KD represents a significant diagnostic challenge in patients that present with localised painless lymphadenopathy.

We report a patient with KD who presented with painless, progressively enlarging right inguinal lymphadenopathy of six months duration who otherwise did not exhibit any systemic manifestations. Initial haematological, biochemical, radiological and cytology investigations failed to ascertain the nature of the lymphadenopathy thus necessitating an excision biopsy which raised the suspicion of KD. This was further supported by a markedly raised total serum IgE level.

We reviewed existing literature and we will highlight the salient and unique clinical features of this rarely encountered disease as we believe it is an important differential to contemplate when reviewing a patient with localised lymphadenopathy.

KIMURA DISEASE – A RARE CAUSE OF LOCALISED LYMPHADENOPATHY

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Kimura disease (KD) is a chronic inflammatory disorder of unknown etiology that commonly presents as painless lymphadenopathy or subcutaneous masses in the head and neck region of a young Asian man. Due to its rarity coupled within a locality where tuberculosis is endemic, KD represents a significant diagnostic challenge in patients that present with localised painless lymphadenopathy.

We report a patient with KD who presented with painless, progressively enlarging right inguinal lymphadenopathy of six months duration who otherwise did not exhibit any systemic manifestations. Initial haematological, biochemical, radiological and cytology investigations failed to ascertain the nature of the lymphadenopathy thus necessitating an excision biopsy which raised the suspicion of KD. This was further supported by a markedly raised total serum IgE level.

We reviewed existing literature and we will highlight the salient and unique clinical features of this rarely encountered disease as we believe it is an important differential to contemplate when reviewing a patient with localised lymphadenopathy.
A 46 year-old Iban lady was referred to us for the complaint of a solitary left frontal scalp mass which was progressively increasing in size for 4 months. She also had a neck swelling which was present for >20 years and was claimed to remain the same without any significant increase in size. Clinically she was euthyroid with normal serum T4/TSH and had never been investigated for the neck swelling. Her main concern was her scalp mass. Tissue biopsy of the left frontal scalp mass had features suggestive of metastatic adenocarcinoma, possible primaries included lung and thyroid. Subsequently FNAC of thyroid was done but was unable to exclude/conclude neoplastic process. CT brain showed soft tissue mass at left frontal scalp causing erosion of inner and outer table of adjacent left frontal bone but not infiltrating into brain parenchyma. CT neck showed enlarged right thyroid lobe with multiple cervical lymphadenopathy. CTTAP showed diffuse nodules of varying sizes in both lungs suggestive of lung metastases. Total thyroidectomy done and HPE was reported as follicular thyroid carcinoma with numerous capsular and vascular invasion. The left frontal scalp lesion was not excised. She underwent 5 fractions of radiotherapy but subsequently refused any further treatment and is currently still surviving.

Conclusion

Scalp lesions in patients with thyroid swelling can easily be mistaken for primary adnexal tumours and a high index of suspicion is crucial for establishing a right diagnosis. Management of metastatic scalp lesions in follicular thyroid carcinoma is still controversial in view of its rare presentation.
AIRBAG: FRIEND OR FOE?
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Airbags have gained global acceptance as a regular automobile safety feature since the 1990s. While the use of airbags has been shown to significantly reduce the mortality and morbidity from motor vehicle accidents, it is not a bulletproof risk-free system. We report a case of a 4-year-old child, who sustained 6% second degree facial burn injuries as a result of the deployment of an automobile airbag in a low-speed, side collision. The described collision, which was of low-energy, would have otherwise been less or non-injurious to the child. The burnt area was conservatively managed and the child recovered well.

We discuss the mechanism of airbag deployment, causing three types of burn injuries; chemical injury, thermal injury and frictional injury. This case report highlights the clinical approach to air-bag related injuries. It is of paramount importance for health-care personnel facing a case of an air-bag burn injury, to anticipate the possibility of the burn areas being deeper than it appears and the associated injuries such as maxillofacial injuries, cervical injuries, thoracic injuries and ocular injuries.

OUTCOMES OF FILAC (FISTULA LASER CLOSURE), A REVIEW OF THE MALAYSIAN EXPERIENCE
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INTRODUCTION
Anal fistulae has always been a challenging problem to tackle partly due to variation in anatomical severity and partly due to the challenge of persevering continence. Filac is a sphincter saving technique that involve using laser delivery probe to destroy the chronically inflamed connective tissue of the fistula tract allowing tissue repair by the macrophages and fibroblasts coming from the surrounding healthy connective tissue (1) with a long-term success rate of 71 % (2).it was first described in two studies in 1981 (3) and 1995 (3) but with different techniques.

Filac has been practiced in Malaysia since 2014, but is limited by cost, and long-term outcomes are unknown.

OBJECTIVE
To review the outcomes of FILAC procedure for anal fistulae in Malaysia.

METHODS
Outcomes of all patients who had undergone this procedure

HERNIATION OF A LOOP OF SMALL BOWEL THROUGH A BROAD LIGAMENT DEFECT-A CASE REPORT
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INTRODUCTION
Intestinal obstruction occurring from internal hernia is very rare, with a reported incidence between 0.2% and 0.8% .Hernia of the broad ligament is extremely rare and accounted for less than 7% of all internal hernias.

METHODS
We would like to report a case of internal herniation through a broad ligament defect that happen last year presented with symptoms of intestinal obstruction.

RESULTS
59 year old lady came for left sided abdominal pain associated with intestinal obstruction symptoms. On physical examination vital signs were normal. Per abdomen noted abdominal distension. Blood investigations showed compensated metabolic acidosis. Abdominal radiograph showed small bowel dilatation. CECT abdomen showed dilated small bowel. Intraoperatively revealed grossly dilated small bowel with loop of ileum about 30cm from terminal ileum herniated through a left broad ligament defect. The
GRANULAR CELL TUMOUR OF BREAST
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A granular cell tumour (GCT) is an uncommon mesenchymal soft tissue neoplasm that originates in the Schwann cells of the peripheral nervous system. They are benign, indolent and slow growing tumor with little potential of invasion or malignant transformation. Most of the time, these tumours grow in the head and neck region. The more common fenestra type as in our patient has the complete defect and may allow passage of the small bowel loop causing obstruction.

CONCLUSIONS
Internal hernia through a defect of broad ligament is a very rare form of all and internal hernias.

ATYPICAL ABSCESS PRESENTATION OF COLON MALIGNANCY: CASE REPORT
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Typical presentation of colon malignancy is based on the extent and stages of diseases during presentation. Commonest symptoms are bowel obstruction, per rectal bleeding or mucus discharge, altered bowel habit, loss of weight or reduce in appetite, or in rarer cases, perforated bowel and atypical abscess formation without underlying obstruction.

Atypical abscess formation of colon malignancy in this case report is a 36 years old gentleman who presented with back pain and swelling for 1 month, with clinical picture suggestive of an abscess. Ultrasonography shows a left retroperitoneal collection which tract and forming an intramuscular collection at the back. Contrast CT reveals a descending colon tumor with left retroperitoneal perforation extending to left posterior abdominal wall. This case was diagnosed preoperatively and aid for definitive treatment. We performed an emergency laparotomy with left hemicolectomy, colo-colic hand sewn anastomosis, with drain insertion to the left retroperitoneal abscess cavity.

Histopathology examination shows a moderately differentiated adenocarcinoma; with clear margin T4N2M0. Post operatively patient made an uneventful recovery. He was referred for oncology chemo/radiotherapy.

Our aim is to emphasize and increase our index of suspicious to those patients who presented with an abscess. Complete surgical evaluation will subject the patient for appropriate plan of management. Which in this case, prevent a conceal abscess from perforated retroperitoneal tumor to leak out by a simple incision and drainage.

DISCUSSION
Hernia through a defect of the broad ligament is rare and constitutes less than 7% of all internal hernias. The etiologies may be congenital or acquired as for our patient, most likely to be congenital. Congenital defects are the result of a developmental defect in the broad ligament. The more common fenestra type as in our patient has the complete defect and may allow passage of the small bowel loop causing obstruction.

CONCLUSIONS
Hernia through a defect of the broad ligament is rare and constitutes less than 7% of all internal hernias. The etiologies may be congenital or acquired as for our patient, most likely to be congenital. Congenital defects are the result of a developmental defect in the broad ligament. The more common fenestra type as in our patient has the complete defect and may allow passage of the small bowel loop causing obstruction.

CONCLUSIONS
Internal hernia through a defect of broad ligament is a very rare form of all and internal hernias.
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DIAGNOSTIC CONUNDRUM IN INTESTINAL OBSTRUCTION – MALROTATION IN THE ELDERLY
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Intestinal malrotation is a rare disease estimated to occur in 1:500 live births. Most of the cases present in neonatal life and only small number remain undiagnosed till adulthood. Midgut malrotation is an anomaly of intestinal rotation and fixation which occurs during fetal development. It’s a diagnostic challenge in adulthood due to its rarity. Indeed, most adults patient are asymptomatic and later been diagnosed incidentally during operation for other clinical condition.

Here we present a case of malrotation in a 79-year-old Malay gentleman with complaint of intermittent colicky abdominal pain, obstipation and vomiting for 2 days prior to admission. He had history of intermittent chronic constipation and needed to rely on laxatives. Abdominal examination revealed slightly distended abdomen, tenderness at right hypochondriac and right lumbar region with peritonism. A contrast-enhanced computed tomography abdominal scan showed small bowel malrotation with suspected volvulus. The patient was consented for exploratory laparotomy during which the intraoperative finding was perforated gallbladder empyema in addition to small bowel appendectomy. Intraoperatively noted appendix mildly inflamed with seropurulent peritoneal fluid about 100cc. Operation converted to exploratory laparotomy and noted urachal cyst with a perforation over the dome of urinary bladder measuring 1.5cm x 1.5cm. peritoneal fluid C&S reveals Enterobacter agglomerans which is opportunistic pathogen in urinary tract. Histopathologically appendix is acute periappendicitis and tissue HPE from bladder perforation is acute inflammation. Bladder perforation successfully repaired treated with antibiotic according to the sensitivity test. Post operatively patient recover well without further complication.

CONCLUSION
Bladder perforation is rarely considered in acute abdomen patient and we hope that with this report it could be diagnose earlier and appropriate management were provide to the patient.

ACUTE ABDOMEN CAUSED BY BLADDER PERFORATION ATTRIBUTABLE TO NEUROGENIC BLADDER IN A SPINA BIFIDA PATIENT
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INTRODUCTION
Spontaneous bladder rupture is a rare and serious event with high mortality. One of the complication that may rise in the patient with neurogenic bladder is recurrent urinary tract infection that may lead to spontaneous bladder perforation.

CASE REPORT
We report a case of 15 years old boy with underlying spina bifida cystica with lipomyelomeningocele and thethred cord syndrome ( done operation perinatally ), neurogenic bladder and bowel, right CTEV presented with right iliac fossa pain for 1 day and subsequently developed generalized abdominal pain associated with fever. Otherwise, no diarrhea, no vomiting ,no hematuria, pass urine in pampers usually, not on catheterization. On examination noted he is tachycardic ( PR : 112bpm) and febrile (T 38.5C). blood investigation showed leucocytosis (TWC : 20.4 x10^9/L) Abdominal examination is tenderness over right iliac fossa. We treat as perforated appendix and proceed with open appendicectomy.
INTRODUCTION
Desmoid tumors are rare tumors with an incidence between 2-5 cases per million population per year. It has a higher predilection amongst females of reproductive age as well as during pregnancy. Although desmoid tumors do not have metastatic potential, they tend to be locally invasive with a propensity to recur.

CASE
We report a young 27-year-old lady of Malay ethnicity with a left anterior abdominal wall desmoid tumor. She initially presented with a four-year history of a painful left iliac fossa mass that progressively increased in size. Computed tomography and magnetic resonance imaging had shown a soft tissue mass measuring 5.7 x 6.2 x 7cm arising from the left internal oblique muscle with iso-attenuation to the muscle. Intra-operatively, the tumor had invaded the adjacent external oblique and transversus abdominis muscle, sparing the peritoneum. The tumor was excised in toto and the resulting abdominal wall defect was closed with a polypropylene mesh. Histopathological examination showed eosinophilic spindle shaped cells with collagenous stroma, low mitotic figure, and diffusely positive for vimentin in keeping with a desmoid fibromatosis. The patient recovered well and did not develop recurrence or ventral hernia.

CONCLUSION
Radical surgical resection remains the cornerstone in the treatment in abdominal wall desmoid tumors, however it often leaves a large defect in the musculo-aponeurotic layers that cannot be repaired primarily. Reconstruction of the abdominal wall defect with prosthetic mesh achieves the desired outcome of complete tumor clearance while minimizing the risk of local recurrence and avoiding complications such ventral hernias.

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MANAGING A WOUNDED HEART: A CASE REPORT
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Chest trauma is one of the leading causes of death and accounts for 25-50% of all trauma related injuries. We report a case of a 63 year old industrial worker who presented following a penetrating injury to the left anterior chest wall caused by a dislodged metal grinder blade. Following aggressive resuscitation, he was subjected to emergency surgery as he was hemodynamically unstable for further imaging. Decision on the choice of access was made based on the chest radiograph findings. Intraoperatively, he was noted to have a large hematoma overlying a 7cm long full thickness laceration of the left ventricle adjacent to the left anterior descending artery and open fracture of the left 3rd to 6th ribs at the costochondral junctions sparing the left lung of any injury. An emergent median sternotomy, left ventricular repair as well as wound debridement and suturing of the external chest wound was performed and the patient was discharged home well 6 days later. A follow up echocardiogram on day 14 showed good contractility of the heart with no regional wall motion abnormalities. The presentation, diagnosis and management strategies in this case are described with emphasis on choice of access and technique of myocardial repair without compromising perfusion.

ADULT GASTROSCHIASIS: IS IT POSSIBLE?
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INTRODUCTION
Evisceration of bowel is commonly seen in paediatrics surgical age group. Evisceration is a common finding with penetrating wound injury. However, spontaneous evisceration in adult is almost unheard of.

CASE HISTORY
A 58 year old Indonesian gentleman with underlying hypertension, dyslipidemia, chronic smoker and paraumbilical hernia was presented to us for sudden protrusion of a segment of bowel from previous paraumbilical hernia. It was associated with history of chronic cough without any history of constipation or trauma. He was first presented with paraumbilical hernia 6 month and he was under our follow up in surgical outpatient clinic.

On examination revealed large paraumbilical swelling with eviscerated small bowel through skin. We proceeded with emergency laparotomy, limited right hemicolectomy and primary anastomosis. The diagnosis post-operatively was strangulated eviscerated small bowel from paraumbilical hernia.
MULTIMODAL MANAGEMENT OF MORE THAN 50% MIXED DEEP DERMAL AND FULL THICKNESS BURNS IN A CHILD

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Early tangential excision and wound coverage by autologous skin grafting after initial resuscitation is the mainstay of treatment for deep dermal and full thickness burns. However, this becomes extremely challenging in children with major burns involving more than 50% of body surface area and the sequence of management needs to be meticulously planned in the best interest of the patient. The main challenges in such cases are the large area that needs debridement and the scarcity of unburnt skin available to procure skin grafts for wound coverage. Herein, we report a case of a child with 52% deep dermal and full thickness burns and discuss the various modalities used to achieve skin coverage. We also highlight the associated hurdles in managing such cases, namely difficult intravenous access, nutritional support, local wound infection, septicemia and graft failure which were tackled aptly in a multi-disciplinary approach.
A RARE CASE OF GaSTRIC DIVERTICULUM
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Gastric diverticulums are uncommon form of diverticular disease. The incidence ranges from 0.02% in autopsy studies to 0.01% to 0.11% at endoscopy. They are often single, varying in size from 1 to 3 cm and most commonly found in middle-aged patients with equal sex incidence. Often patients are asymptomatic therefore possessed a challenge to diagnose as it is usually found incidentally either during endoscopy or imaging.

Here we report a case of a 37-year-old female patient who came for an oesophagogastrroduodenoscopy with a history of epigastric pain for a year; which was mild, continuous and increased after meals, however she has no constitutional and upper GI bleed symptoms. OGDS revealed a solitary pre pyloric diverticulum. She was then started on PPI(omeprazole 40mg OD). C1o test taken came back negative.Her symptoms improved after PPI however she is currently still having on and off epigastric pain.

The low incidence of these cases highlights the challenges in diagnosing and managing it. Patients with dyspeptic symptoms should have gastric diverticulum as a differential diagnosis and those who failed medical therapy or developed complications (hemorrhage, perforation) should be considered for surgical resection.

UTILIZATION OF BREAST MRI IN EVALUATING BREAST PATHOLOGY ESPECIALLY IN BREAST CANCER PATIENTS
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INTRODUCTION
Breast magnetic resonance imaging (MRI) is increasingly used for both screening and diagnostic purposes. We examined our utilization of breast MRI as an adjunct to mammogram(MMG) and ultrasound(US) in screening and diagnosing breast pathology.

METHOD
We retrospectively reviewed all breast MRIs that were performed on patients in Hospital Putrajaya from July 2013 until February 2016. Clinical indications for MRI, other imaging reports, biopsy result and type of surgery performed were analyzed.

RESULT
A total of 124 breast MRIs was performed for high-risk group screening(n=12), diagnostic purposes(n=51) and assessing breast cancer patients(n=61). For diagnostic purposes, MRIs were performed for indeterminate or suspicious lesion on MMG/US(n=37), evaluation of nipple discharge(n=6), detection of occult primary breast lesion(n=5) and for suspicious lumps associated with history of silicone injection(n=3). In breast cancer patients, 15 MRIs were for pre-operative assessment of multifocality and contralateral occult lesion, 6 for post-neoadjuvant chemotherapy in patients requested for breast conserving surgery(BCS) and 40 for surveillance upon completion of treatment. Among surveillance MRIs, 7 for patients underwent mastectomy with implant reconstruction, 9 for young or dense breast, and the remaining 24 MRIs for further evaluation of lesion detected on MMG/US.

MRI corresponded with MMG/US in 89 cases(72%), hence patient management remained unchanged. In the remaining 35 cases(28%), 8(23%) reported more extensive abnormalities in MRI than MMG/US whilst 27(77%) reported more benign findings compared to MMG/US. 3 of 9 patients that demonstrated multicentric disease on MRI had focal disease after mastectomy.

CONCLUSION
Breast MRI is a sensitive diagnostic tool as an adjunct to mammogram and ultrasound to evaluate breast lesions especially in diagnosing and surveillance of breast cancer.

BREAST CARCINOMA IN AUGMENTED BREASTS – A CASE SERIES AND LITERATURE REVIEW
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INTRODUCTION
Breast augmentation by foreign body injections, popular since the 1960s has stir up controversies about the long term adverse effects, including increased risk of breast malignancy and difficulty in diagnosis. Major cohort studies investigating the frequency of breast cancer following breast augmentation have reported rates ranging from 0.2 to 2.7%. We herein report three cases of breast carcinoma following silicone and hydrogel injection.

METHODS
Medical records of these three patients who are still under follow up were reviewed. We identified features including risk factors, age of breast augmentation, age of breast lump detection, age of diagnosis of carcinoma, method of detection, stage at diagnosis, treatment given, and follow up modalities.

DISCUSSION
In these three patients, the average interval of breast augmentation and diagnosis of breast carcinoma is 8.3 years and interval of breast augmentation and detection of breast lump is 2.5 years.
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**CASE OF A METASTATIC DIFFUSE LARGE B CELL LYMPHOMA OF BREAST AND OVARY**

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A primary breast or ovarian lymphomas are by themselves considered extremely rare. The reported incidence of breast lymphoma is 0.04–0.5% of malignant breast tumours, whilst in all non-Hodgkin's lymphoma cases is less than 1%. We herein describe to you a case of a 55-year-old female diagnosed with both ovarian and breast diffuse large B-cell non Hodgkin's lymphoma which evolved just 11 months apart.

This 55-year-old female, para 5, initially presented to the gynaecology team with right sided abdominal pain and growing mass, further imaging showed ovarian tumour. Proceeded with TAHBSO. HPE with further Immunochemistry study showed diffuse large b cell lymphoma. 5 months later patient was referred for a right breast lump. Ultrasound and mammogram showed indeterminate right breast lump. Tru-cut biopsy done and HPE reported as malignant large cell non Hodgkin's lymphoma. CT-TAP done revealed no other metastases. We’ve noted while waiting for the HPE report, the breast mass grew larger with ulcerations.

Currently she is still undergoing her chemotherapy (R-CHOP regime).

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**“COSMETIC” THYROIDECTOMY – AN INITIAL EXPERIENCE OF ENDOSCOPIC THYROIDECTOMIES IN SABAH**

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Conventional open thyroidectomies have been the treatment of choice for benign and malignant thyroid nodules, leaving behind prominent scars. Cosmesis is an important factor as females form a majority of thyroid diseases. With the technical advances in surgery, endoscopic thyroidectomies have been increasingly adopted to achieve better cosmesis.

This is a retrospective review of outcome of endoscopic thyroid surgeries performed by general surgeons in Queen Elizabeth Hospital. From March 2015 to March 2016, a total of eighteen endoscopic thyroid surgeries were performed, out of which sixteen hemithyroidectomies and one total thyroidectomy were successfully performed, whereas one required conversion to open method. In all cases, surgery was performed for benign lesion, which was consistent with the histopathology report, except in two cases.

These two patients who were preoperatively diagnosed as benign solitary thyroid nodules based on fine needle aspiration cytology had papillary carcinoma on histopathological examination. One of them had bone metastases at the time of diagnosis. In this series, breast lumps were discovered by patient themselves, but sought medical attention late. Hence, delay of diagnosis was likely not related to breast augmentation. They undergo MRI for screening of contralateral breast instead of mammography or ultrasonography, and PET-CT for patient with metastases.

**CONCLUSION**

Prophylactic mastectomy and reconstruction for contralateral breast can be considered due to screening difficulties in augmented breasts.
KNOTTED INTRA-VESICLE NASOGASTRIC TUBE: AN UNCOMMON AND PREVENTABLE COMPLICATION OF BLADDER DRAINAGE

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Acute urinary retention is commonly seen in men and frequently presents as a complication of benign prostatic hyperplasia. There are reports on urinary obstruction secondary to knotted catheters seen in children however it is still a rare cause of acute retention. Here we report of a case of an elderly gentleman who initially presented initially to a district hospital with acute urinary retention. A diagnosis of acute urinary retention secondary to benign prostatic hyperplasia was made. Initial attempt to relief obstruction with Foley’s catheter failed which prompted the medical officer to insert a nasogastric tube which relieved the obstruction. The patient presented again after three days to the same hospital with another episode of acute urinary retention. A plain KUB radiograph showed an entangled nasogastric tube in the bladder. A suprapubic catheterisation was done to relieve the obstruction and a cystostomy under general anaesthesia was done to remove the nasogastric tube. It is thus important to understand the management of acute urinary retention, proper technique of continuous bladder drainage and the risk factors of catheter knotting.
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A RETROSPECTIVE REVIEW OF OUTCOMES FOR OPEN THORACOTOMY PATIENTS IN HOSPITAL SULTAN ABDUL HALIM (HSAH)

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INTRODUCTION
Open thoracotomy is perceived to be synonymous with protracted recovery and prolonged hospitalisation. Advocates of thoracoscopic surgery cite earlier chest drain removal and hospital discharge. This paper challenges traditional prejudice towards open surgery.

OBJECTIVES
The objectives are to evaluate the outcomes of open thoracotomy in our centre and to serve as an audit for improvement in the future.

METHODS
A retrospective review of 27 patients who underwent open thoracotomy or Video-Assisted Thoracoscopic Surgery (VATS) converted to open thoracotomy from January 2013 until December 2015 was done. Exclusion criteria was patients who underwent VATS. Data collected includes patient demographics, American Society of Anaesthesiologists’ (ASA) classification, diagnosis and type of surgery. The surgical outcomes of our interest include duration of surgery, estimated blood loss (EBL), duration of ICU stay and duration of chest drainage.

RESULTS
The series comprised of 27 patients; 18 males (66.7%) and 9 females (33.3%) with mean age 48.7. The ethnic distribution was; 20 Malay patients (74%), 5 Chinese (18.5%) and 2 Indian patients (7.5%). There were; 20 Malay patients (74%), 5 Chinese (18.5%) and 2 Indian patients (7.5%). The diagnosis was divided into categories; infective causes (13, 48.1%), carcinoma (7, 25.9%), trauma (4, 14.8%) and others (3, 11.1%). 13 patients (48.2%) had open thoracotomy with decortication, lobectomy (10, 37%), decortication with lobectomy (2, 7.4%) and pneumonectomy (2, 7.4%). The most common duration of surgery ranging from 90-120 minutes (11, 40.7%) and about 5 patients had surgery ≥ 211 minutes. Most of the open thoracotomy cases had minimal blood loss of ≤ 500 mls intra-operatively (10, 37%). The median ICU stay was within 24-48hours (13, 44.4%). Meanwhile, the mode duration of chest drainage over the apex (A) was within 73 – 96 hours (6, 22.2%) and chest drainage at lung base (B) was ≥ 7 days (6, 22.2%). All procedures were performed without significant complications or intra-operative deaths. However, there was one post-operative mortality due acute coronary syndrome (ACS).

CONCLUSION
Based on our clinical experience, open thoracotomy has a very good outcome and it is a relatively safe surgery. However, further prospective study is needed.

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AUDIT OF CASES FOR OPEN THORACOTOMY : OUR 3 YEAR EXPERIENCE IN HOSPITAL SULTAN ABDUL HALIM (HSAH)

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INTRODUCTION
Open thoracotomy is an incision into the pleural space of the chest. It is considered as a major surgery. Not all surgeons are familiar with thoracotomy. In Malaysia, our centre is one of the centers which performed thoracotomy in elective settings.

OBJECTIVES
The objectives are to analyse the cases of open thoracotomy performed in our centre and to serve as an audit for improvement in the future.

METHODS
The hospital records from January 2013 until December 2015 were retrospectively reviewed. Data collected includes patient demographics, American Society of Anaesthesiologists’ (ASA) classification, diagnosis and type of surgery. Inclusion criteria include patients who underwent open thoracotomy or Video-Assisted Thoracoscopic Surgery (VATS). Data collected includes patient demographics, American Society of Anaesthesiologists’ (ASA) classification, diagnosis and type of surgery. The surgical outcomes of our interest include duration of surgery, estimated blood loss (EBL), duration of ICU stay and duration of chest drainage.

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CONCLUSIONS
Patients who underwent open thoracotomy in our centre are a wide variation of age, pre-morbid conditions, indications for surgery and types of surgery. These will affect our outcome. Therefore, a larger group of subjects and proper study should be carried out to address these issues.
A 3 YEAR AUDIT OF ASSOCIATED FACTORS THAT AFFECT DURATION OF ICU STAY FOR OPEN THORACOTOMY PATIENTS: A HOSPITAL SULTAN ABDUL HALIM EXPERIENCE

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INTRODUCTION
Length of stay (LOS) in the intensive care unit (ICU) is one of the most important factors that influence health management. There are several factors that influence the ICU LOS: medical severity factors, psychosocial factors, and institutional factors.

OBJECTIVES
The objectives are to analyse the associated factors that affect duration of ICU stay for open thoracotomy patients and to serve as an audit for improvement in the future.

METHODS
The hospital records over a 3 year span from January 2013 until December 2015 were retrospectively reviewed. Data collected includes patient demographics, American Society of Anaesthesiologists’ (ASA) classification, diagnosis, type and duration of operation and duration of ICU stay. Inclusion criteria included patients who underwent open thoracotomy or Video-Assisted Thoracoscopic Surgery (VATS) converted to open thoracotomy. Patients who underwent VATS were excluded.

RESULTS
The series comprised of 27 patients; 18 males (66.7%) and 9 females (33.3%) with mean age 48.7. 2 patients ≥ 70 years (7.5%). 33.3% (9) of the patients in our series didn’t require ICU stay ≥ 24 hours. 55.5% (15) stayed 1 to 3 days in ICU and only 11.1% (3) stayed longer than 3 days in ICU. 9 (33.3%) patients were classified as ASA I, 11 patients (40.7%) ASA II and 7 (25.9%) patients ASA III. The diagnosis was divided into categories: infective causes (13, 48.1%), carcinoma (7, 25.9%), trauma (4, 14.8%) and others (3, 11.1% ). 13 patients (48.2%) had open thoracotomy with decortication, lobectomy (10, 37%), decortication with lobectomy (2 , 7.4%) and pneumonectomy (2 , 7.4%). Most common duration of surgery ranging from 90-120 minutes (11 , 40.7%) and about 5 patients (18.5%) had surgery ≥ 211 minutes.

CONCLUSIONS
Based on our clinical audit, none of the parameters was associated with prolonged ICU stay. However, our data might not be accurate due to small sample size and further statistical analysis needed to provide more information.

PROGNOSTIC FACTOR AND SURVIVAL RATE AMONG TRIPLE NEGATIVE BREAST CANCER PATIENT AT BREAST UNIT HOSPITAL SULTAN ISMAIL JOHOR BHARU

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INTRODUCTION
Triple negative breast cancer (TNBC) is defined a lack of expression of both estrogen (ER) and progesterone (PR) as well as human epidermal growth factor receptor 2 (HER2). It is account around 10 to 15% of all breast cancer. Among all the breast cancer subtypes TNBC is associated with a worse prognosis.

OBJECTIVE
Our aim for this study was to determine the factors that correlate with poor outcome in TNBC and to look at the 5 years survival rate among them.

MATERIALS AND METHOD
We retrieved information on tumour characteristic from the THIS system, unit record and pathology unit Hospital Sultan Ismail Johor Bharu. Our retrospective study obtained 324 all breast cancer patient treated at Breast unit between January 1997 to December 2010, of these 57 was TNBC but 47 only included in the study due to incomplete record. The survival analysis was performed using the Kaplan-Meier method. The Cox proportional hazard model was used in the multivariate analysis.

RESULT
The median age of TNBC patient was 51.1. The most common tumour type was Infiltrating ductal carcinoma (89.4%) with tumour size around 2-5cm (70.2%) and tumour grade III (57.5%). Almost half of them have lymphovascular invasion (48.9%). Around 46.8% have LNs metastases and patients experience distance recurrence in 27.7% . 5 year overall survival was around 70.2 %. In our univariate analysis adjuvant chemotherapy (HR=0.15;95%CI=0.02-0.94;p=0.042) have significant impact on overall survival but in multivariate analysis, no significant factors found on overall survival of the TNBC. In comparing with hormone positive patient (Kaplan Meier analysis) TNBC patient has less median survival time (p=0.004).

CONCLUSION
In our analysis of TNBC patient, no obvious factors contribute to the overall survival rate. Our result only indicated that TNBC patients have worse 5 year overall survival than non-TNBC patient.
Ultrasound was done features suggestive of aneurysm of proximal branch of abdominal aorta likely superior mesenteric artery. The diagnosis confirmed with CT angiogram. Then he underwent CT angiogram and stenting without any complications. He was discharged well 2 days after the procedure. Nowadays surgeon preferred endovascular technique rather than open repair as it can reduce the morbidity and mortality of the patients.

Visceral artery aneurysms and pseudoaneurysms are rare but potentially lethal disease entities. The clinical significance of identifying and appropriately treating these pathologies stems from an effort to prevent aneurysm rupture into the peritoneal cavity or hepatobiliary and gastrointestinal tract. The increased application of high-resolution imaging techniques has resulted in increased identification of visceral artery aneurysm (VAAs). In addition, increased manipulation of the biliary tree through percutaneous and endoscopic techniques, as well as placement of intravascular chemoembolization catheters, has resulted in a greater incidence of pseudoaneurysmal degeneration of the visceral vessels. Arterial trauma related to laparoscopic treatment of intra-abdominal and retroperitoneal pathologies has also contributed to the increasing incidence of visceral artery pseudoaneurysm (VAPA).

Here we present a case of superior mesenteric artery pseudoaneurysm with no obvious precipitating factor that point to it. This 50 year old gentleman presented with right sided abdominal pain and no bowel opening for one week. His vital signs and biochemical parameters are normal. Ultrasound was done features suggestive of aneurysm of proximal branch of abdominal aorta likely superior mesenteric artery. The diagnosis confirmed with CT angiogram. Then he undergone CT angiogram and stenting without any complications. He was discharged well 2 days after the procedure. Nowadays surgeon preferred endovascular technique rather than open repair as it can reduce the morbidity and mortality of the patients.
Cancer of the appendix is rare. Most of the cases are found incidentally during appendicectomies performed for presumed appendicitis or perforated appendix. Tumor of appendix is rarely diagnosed before operation. Majority of the tumors are carcinoid, adenoma, and lymphoma. Adenocarcinoma of appendix comprises only 0.08% of all gastrointestinal cancers and the treatment remains controversial.

Here we report 4 cases of appendiceal tumors encountered in our centre for the past 5 years (2011-2015), out of 1526 appendicectomies done during the same period. They consisted of 3 cases of neuroendocrine tumors and 1 case of mucinous cystadenocarcinoma.

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Here we report 4 cases of appendiceal tumors encountered in our centre for the past 5 years (2011-2015), out of 1526 appendicectomies done during the same period. They consisted of 3 cases of neuroendocrine tumors and 1 case of mucinous cystadenocarcinoma.

Of the 3 cases of neuroendocrine tumor, one patient had defaulted follow-up. One patient was noted to have tumor invasion into the mesoappendix, and he was being followed up closely. One patient was discharged well.

The last patient’s histopathology revealed mucinous cystadenocarcinoma. He was planned for right hemicolectomy.
AN UNEXPECTED FINDING OF INTRABDOMINAL TESTICULAR TORSION MIMICKING APPENDCITIS

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The torsion of an intra-abdominal testicle was first reported by Gerster in 1898 and by Ormond in 1923. Twisted intra-abdominal testis is an emergency in young men, and is associated in most cases with abdominal pain. It is often related to malignant degeneration. We would like to present a case of a 42 year-old gentleman who presented to us with right iliac fossa pain for one year which worsened since two days before admission, associated with nausea and vomiting. On examination his lower abdomen was tender and guarded, especially at the right iliac fossa. Ultrasound revealed minimal free fluid at right iliac fossa region. He underwent lower midline laparotomy for presumed perforated appendix but intraoperatively found intrabdominal testicular torsion. Right orchidectomy was done. Histopathology confirmed massive hemorrhagic infarction of testis secondary to torsion. This case demonstrates an unusual differential diagnosis for right iliac fossa pain. It also proved that importance of good history taking and thorough physical examination including genitalia cannot be overstressed.

10 YEAR DATA ON SIGMOID VOLVULUS MANAGEMENT AND OUTCOME: RETROSPECTIVE OBSERVATIONAL STUDY IN PPUKM

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INTRODUCTION
Acute colonic volvulus is apparently quite a common occurrence in Asian population as opposed to patients of European descent, particularly of the sigmoid colon. It accounts for 10-30% of large bowel obstructions. Mostly it is diagnosed relatively accurately when there is clinical suspicion of intestinal obstruction along with the presence of a “coffee bean” sign on plain abdominal x-ray. Patients tend to be elderly with multiple co-morbidities and hence endoscopic derotation tends to be the management of choice in the initial presentation unless suspicion of gangrenous bowel or peritonism is present. There have also been some diagnostic difficulties especially when the abdominal radiograph is not typical or the patient is of younger age group, they tend to undergo emergent laparotomy. We report our 10 year data on patients with “sigmoid volvulus, focussing on their outcome and mortality.

METHODOLOGY
We looked at all patients who were diagnosed with sigmoid volvulus from the year 2006 to 2016 from our hospital electronic database. Medical records of these patients were analysed and incomplete data, we were left with 68 patients. We focussed on pre-operative endoscopic derotation outcome and operative intervention that was instituted as well as mortality rate associated with this condition.

RESULTS
68 patients with confirmed diagnosis of sigmoid volvulus based on the clinical presentation and features on abdominal radiograph and/or intra-operative finding were incorporated into this study. Majority of patients were in the elderly age group with 59% above the age of 65 (65-98). Out of these 40 elderly patients, 18 had recurrent volvulus after initial derotation needing emergent surgery (26%). Total 24 emergent surgery performed, 35%. There was one death due to sigmoid perforation and gangrene with septicaemic shock, 1%. 71% had undergone initial endoscopic derotation successfully.

CONCLUSION
Redundant and elongated sigmoid colon with a short and wide mesentery is usually the pathology found at surgery. Poor dietary fibre resulting in chronic constipation is perhaps part of the pathophysiology contributing to this. Therefore this condition is more synonymous in the elderly population. These patients tend to also have multiple co-morbidities that make emergent surgery an option less appealing. In these patients endoscopic derotation is ideal, effective and safe if performed in the correct setting, with insertion of flatus tube post-procedure. Early recurrence should be tackled with surgical intervention, either resection or pexy or stoma depending on patient’s performance status. Any signs of gangrene or peritonitis should warrant an emergency laparotomy.
EXTRA-GASTROINTESTINAL STROMAL TUMOR OF ADRENAL GLAND – A CASE REPORT AND LITERATURE REVIEW

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INTRODUCTION

Gastrointestinal stromal tumors (GISTs) are rare neoplasms that account for less than 1% of all GI malignancies. The occurrence of tumors with the same histological and immunohistochemical features arising from organs having no connection to the tubular gastrointestinal tract are designated as extra-gastrointestinal stromal tumors (EGISTs) and are extremely uncommon. There have only been 2 reported cases of GIST presenting as primary adrenal tumors from our literature review.

CASE REPORT

We report a case of a 51 year-old man who presented with headache for 2 weeks associated with loss of appetite and loss of weight. Physical examination showed a high BP and a palpable mass at the right hypochondriac region. Imaging via ultrasound and a subsequent CT scan noted a large 11.5 x 14.9 x 12.9 cm right adrenal mass likely to be malignant with IVC infiltration causing extensive IVc and bilateral iliac veins thrombosis with evidence of liver and peritoneal metastases. Endocrine blood workup noted the adrenal mass to be hormonally inactive. An

COEXISTENCE OF DUCTAL CARCINOMA IN SITU AND PHYLLODES TUMOUR: A RARE COMBINATION

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INTRODUCTION

Phyllodes tumour is an uncommon type of breast tumour let alone the coexistence of breast carcinoma within it.

CASE DESCRIPTION

We would like to report a case of a 31 year-old female patient with benign phyllodes tumour with ductal carcinoma in situ (DCIS) within the tumour. She presented with a firm and painless tumour involving the whole left breast. The tumour was gradually increasing in size over the course of five years. The patient underwent a left mastectomy in view of the size of the tumour. Macroscopic examination showed a solid mass, well encapsulated by fibrous tissue. Microscopic examination revealed stromal proliferation with few areas of ducts showing DCIS with low nuclear grade features.

CONCLUSION

It is unusual to encounter the coexistence of phyllodes tumour and breast carcinoma, in this case DCIS. It is therefore important to exclude carcinoma in patient presented with phyllodes tumour. Further investigation is also warranted to better understand this type of rare combination.

ANTERIOR CHEST SWELLING IN A YOUNG MAN

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Malignant germ cell tumors can be classified into seminomas and nonseminomas. The most common site of extragonadal germ cell tumors is in the mediastinum. Primary Germ Cell tumors of the mediastinum are extremely rare and they account for 10-15% of mediastinal tumors today. Seminomas account for more than 25% of primary mediastinal germ cell tumors and they generally represent only about 3% of mediastinal tumors. It is essential for doctors to consider the diagnosis of a Seminomatous Primary Germ Cell tumor when approaching a patient with an anterior mediastinal swelling even if the patient presented with a normal testis. We are presenting a case report of a patient who was admitted under our care.
A RARE PRESENTATION OF GASTRIC LIPOMA

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INTRODUCTION
Gastric lipomas are extremely rare with an incidence of 5% of all gastrointestinal lipomas and accounted for 3% of all benign tumors of the stomach. The majority of benign gastric tumors are asymptomatic, and in very rare cases, they may present with gastric outlet obstruction. We report one such rare case of gastric lipoma that manifested as gastroduodenal intussusception.

CASE SUMMARY
A 55-year-old man presented to surgical outpatient clinic with intermittent epigastric pain, nausea, and vomiting for two months duration. Physical examination revealed a vague mass at epigastric region. Initial upper gastrointestinal endoscopy revealed a large submucosa lesion at pylorus extending to first part of duodenum with ulcerated area. With provisional diagnosis of stomach GIST, subsequent CT scan of abdomen was done and revealed a fat containing mass at gastric pyloric causing intussusception and gastric outlet obstruction. Laparotomy was performed and intraoperatively, a large gastric tumor was found intussuscepted into the first part of duodenum. The intussusception was reduced, following by segmental resection of the gastric tumor and gastrojejunostomy. The histopathological examination of the
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specimen reported as gastric submucosal lipoma. Post operation recovery was uneventful.

CONCLUSION

This case report highlights the unusual presentation of gastric lipoma. CT scan can be regarded as the most accurate diagnostic tool for intussusception. All adult intussusceptions should be treated with surgical resection without attempting reduction preoperatively.

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ISOLATED COMMON ILIAC ARTERY ANEURYSM: MANAGEMENT ISSUES

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Isolated common iliac artery aneurysm (CIAA) is rare. It only constitutes about 2% of all abdominal aneurysm. CIAA develops silently with typical presentation of hemorrhagic shock after rupture, which carries very high perioperative mortality. Atypical presentation includes unilateral lower limb weakness, pain and swelling. These symptoms should alert clinicians the differential diagnosis of iliac artery aneurysm. Early detection and investigations is paramount since immediate intervention can considerably improve the outcome.

We described a 50 year old hypertensive gentleman with isolated left common iliac artery aneurysm presented with left lower limb paresis, pain and swelling. The options of management and literature review regarding open and endovascular treatment will be highlighted.

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BILATERAL ADRENAL MASSES: A RARE ENTITY AND DIAGNOSIS

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Adrenal mass is common and found in 9% of population. Bilateral adrenal masses are a rare condition and include a spectrum of disorders such as neoplastic disorder (metastases or primary) and infection such as tuberculosis and histoplasmosis.

Primary adrenal lymphoma is even rarer with few than 200 cases reported in English literature. Histoplasmosis is a worldwide infectious disease caused by inhalation of spores of a fungus. Usually this patient will present with lung infection and rarely to have bilateral adrenal masses.

Here we present two cases of bilateral adrenal masses with different diagnosis; primary adrenal lymphoma and fungal infection of adrenal gland.

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ABDOMINAL COMPARTMENT SYNDROME: A HIDDEN THREAT?

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INTRODUCTION

Abdominal Compartment Syndrome (ACS) are a hidden threat as clinical sensitivity for diagnosis is less than 50% and ACS carries a 100% mortality rate without intervention.

OBJECTIVE

The purpose of this study was to measure the prevalence of ACS and its correlation to mortality and morbidity post emergency laparotomy.

MATERIALS AND METHODS

A double-blind prospective observational study of all post emergency laparotomy general surgical patients in ICU HTAA, Kuantan from June 2014-June 2015. Intraabdominal pressure (IAP) was measured by intravesicular technique based on WSACS guidelines. Data included the demographics, relevant clinical information, Sequential Organ Failure Assessment (SOFA) score and Acute Physiology And Chronic Health Evaluation II (APACHE II) score. Universal sampling was done and 51 patients were recruited.
DOES SUTURE LIGATION REDUCE POST-LASER HAEMORRHOIDOPLASTY BLEEDING?

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BACKGROUND
Haemorrhoid is a common disease. Many patients required surgical treatment. Non-excisional surgeries have gained popularity as they caused significantly less pain. LASER haemorrhoidoplasty (LHP) is a relatively new non-excisional surgery for haemorrhoids. Postoperative bleeding is observed. Some surgeons supplement suture ligation (SL) to LHP to reduce bleeding. The effectiveness of this is unclear.

OBJECTIVE
To examine the effectiveness of supplementing SL to LHP in reducing postoperative bleeding.

DESIGN
Retrospective cohort study comparing patients who have undergone LHP only with patients who have undergone LHP with SL.

SETTING
Two hospitals: University Malaya Medical Centre and Assunta Hospital.

CONCLUSION
Short duration of presentation, bigger size of tumor and recurrence should raise the clinical suspicion of malignant potential. In malignant PTs, definitive surgery with 1 cm margin is mandatory to reduce the risk of recurrence and successful outcome.
THE OUTCOME OF LASER HAEMORRHOIDOPLASTY PROCEDURE (LHP) IN KLANG VALLEY MALAYSIA

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INTRODUCTION
Management of haemorrhoid has been evolving rapidly over the last 20 years. One of the latest methods of haemorrhoid treatment is laser haemorrhoidoplasty procedure (LHP) which uses laser to destroy the haemorrhoidal tissue submucosally, leading to obliteration of haemorrhoidal tissue’s blood flow and fibrotization of the haemorrhoidal tissue. It was believed to be effective and causes less pain to the patient.

Since introduction, this novel therapeutic option has gradually gained popularity among patients who can afford the treatment. However, the take up of this new treatment in Malaysia has been slow, probably due to the significant cost of the equipment needed for LHP.

OBJECTIVE
In this study, we hope to look at the distribution of LHP in different hospitals in Klang Valley, Malaysia, both in government subsidized medical center as well as private medical center. The primary objective was to find out the different take up rate among the government and private hospitals. The secondary objective was

RESULTS
One hundred and twenty-eight patients underwent LHP. Forty-five patients (44%) had LHP only and 58 patients (56%) had LHP with SL. Ten patients (9.7%) developed postoperative bleeding within 1 week. Nine patients supplemented with SL developed bleeding at 24 hours, compared to 1 patient who had LHP only (p < 0.05). There is no difference in bleeding rate at 1 week and in the secondary outcomes. More than 91% of patients reported mild to no pain (VAS < 4). None had moderate or severe pain at 1 week. Readmission and reoperation are only observed in patients who had SL supplementation. Five patients were readmitted and 3 of them had reoperation.

CONCLUSION
Post-LHP bleeding rate is similar to excisional surgeries for haemorrhoids. Bleeding is also more likely when supplementing SL to LHP. We recommend that SL should not be routinely supplemented to LHP to reduce postoperative bleeding.

A RARE COMPLICATION OF ANASTOMOTIC LEAK AFTER DISTAL LOOPOGRAM

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INTRODUCTION
Ultralow anterior resection (ULAR) is usually performed with a covering ileostomy to protect the anastomosis. Distal loopogram is then routinely performed to assess the patency of the anastomosis before the ileostomy is closed. It is generally considered as a safe procedure with very low rate of complication. However, we encountered a rare complication of AL leading to generalized peritonitis after distal loopogram.

CASE SUMMARY
A 50 year-old man with ULAR and covering ileostomy done 1 year ago, was scheduled to have distal loopogram before closure of ileostomy. It was performed using Gastrografin contrast. The distal loopogram showed anastomotic stricture (5cm) without contrast leak. He presented 8 hours later with generalized abdominal pain. Clinically there was generalized peritonitis. Abdominal radiograph showed extraluminal contrast, which was confirmed by CT abdomen. Emergency laparotomy was performed and found 2 litre of foul smelling, turbid, whitish intraperitoneal fluid. There were 3 small perforations at the descending colon just proximal to the anastomotic stricture. Peritoneal lavage and primary closure of

DISCUSSION
Distal loopogram is deemed to be a safe procedure which rarely cause serious complication. In this patient the leakage of contrast through the anastomotic site was very significant that it caused generalized peritonitis and sepsis. This case report highlighted the potential danger of distal loopogram.

THE OUTCOME OF LASER HAEMORRHOIDOPLASTY PROCEDURE (LHP) IN KLANG VALLEY MALAYSIA

K S Poh, H C Lim, H Y Chong, Roslani A C
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INTRODUCTION
Management of haemorrhoid has been evolving rapidly over the last 20 years. One of the latest methods of haemorrhoid treatment is laser haemorrhoidoplasty procedure (LHP) which uses laser to destroy the haemorrhoidal tissue submucosally, leading to obliteration of haemorrhoidal tissue’s blood flow and fibrotization of the haemorrhoidal tissue. It was believed to be effective and causes less pain to the patient.

Since introduction, this novel therapeutic option has gradually gained popularity among patients who can afford the treatment. However, the take up of this new treatment in Malaysia has been slow, probably due to the significant cost of the equipment needed for LHP.

OBJECTIVE
In this study, we hope to look at the distribution of LHP in different hospitals in Klang Valley, Malaysia, both in government subsidized medical center as well as private medical center. The primary objective was to find out the different take up rate among the government and private hospitals. The secondary objective was
to study the clinical outcomes (e.g. success rate and complication rate) of LHP treatment in Malaysian patients.

MATERIAL AND METHODS
This retrospective, cohort study was based in 4 hospitals in Klang Valley that performed LHP from December 2011 till Dec 2015. All consecutive patients who had undergone LHP in these hospitals were included in the study. Distribution of cases between government hospital and private medical center were compared. Demographic data of patients and the short term clinical outcome after receiving LHP were reviewed.

RESULTS
Demographic data such as age, race, gender and comorbid of the patients will be reviewed. The main objective of the study is to review the distribution of LHP in different hospitals in Klang Valley, and to study the early clinical outcome after having LHP in these hospitals.

CONCLUSION
LHP looks like a promising treatment for symptomatic haemorrhoid with high success rate. However, the high cost of LHP probably the main hindrance to its popularity especially in government medical center with limited resources.

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INAPPROPRIATE PRE-OPERATIVE INVESTIGATIONS FOR ELECTIVE SURGICAL PATIENTS; REINFORCEMENT OF LOCAL GUIDELINE IN CLINICAL PRACTICE IS CRUCIAL
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INTRODUCTION
Inappropriate preoperative investigations will cause an unnecessary work for the laboratories, significant overheads to hospital and discomfort to patient. We audited our current practice on ordering preoperative investigations within our surgical department as an attempt to improve our services.

METHODOLOGY
We retrospectively reviewed 160 patients who underwent elective surgery from January-March 2015 in Surgical Department, Hospital Putrajaya. These data were analysed with regards to patient’s age, grade of surgery according to BUPA 2006 (British United Provident Association), physical status based on ASA classification (American Society of Anaesthesiologist) and all investigations taken before the surgery. Preoperative Investigations were categorised as appropriate or inappropriate according to the NICE guideline 2003 and local recommendation by our anaesthetic team. The mean age of our patients was 48 (range 17-79 years) and majority were female (70%). 44% of patients were in ASA 1, 49% in ASA II and only 7% in ASA III. Majority of them (64%) had grade 3 surgery, 24% had grade 2 surgery, 9% had grade 4 surgery and 2.5% had grade 1 surgery. The percentage of inappropriate preoperative investigation was found to be significantly high for coagulation profile (71%) followed by chest xray (21%), random blood sugar (16.8%) and ECG (16.2%). High percentage was apparent in the age group <40 years with ASA 1 and in uncomplicated surgery grade 1 and 2. Incidence of repeated routine preoperative investigations and other unnecessary blood tests were also high, 56.8% and 36.8% respectively. Significant percentage of unnecessary blood cross-match was seen in patients with uncomplicated surgery (100% for grade 1 and 97% for grade 2).

CONCLUSION
Local recommendation on preoperative investigations should be strictly followed in clinical practice to minimize the incidence of inappropriate investigations. Reinforcement should be given at all level of involved clinicians to ensure successful outcome.

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THE UNEXPECTED FINDING IN ABDOMINAL AORTIC ANEURYSM SURGERY: A CHALLENGE
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Aorto-caval fistula associated with ruptured aneurysm is a rare condition. It was first described in 1831 by Syme. It is found in about 1% of overall abdominal aortic aneurysm (AAA) surgery and about 4% in emergency surgery for ruptured AAA. Rupture of an abdominal aortic aneurysm (AAA) into inferior vena cava (IVC) is a rare but devastating condition. It only presents in about 4% of surgeries performed for ruptured AAA. Most of the cases are surgical emergencies and associated with high mortality rate. We present a case of aorto-caval fistula which was detected intraoperatively in a 65 year old patient presented with symptoms of leaking AAA.
PORTAL PYAEMIA WITH LIVER ABBSESS

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INTRODUCTION
Portal pyaemia is infection and thrombosis within the portal veins. It can be diagnosed with ultrasound or CT abdomen, and can be treated with antibiotics. Here, is a case with perforated sigmoid diverticulitis leading to portal pyaemia causing liver abscess.

CASE REPORT
41 years old Malay man with underlying schizophrenia and hypertension. Presented with fever and diarrhea for one week, associated with lower abdominal pain and distension. Loss of weight and appetite. Patient was alert, but mildly dehydrated. Vital signs were stable with peritonitis. Blood investigations showed microcytic hypochromic anemia, raised white cell count, renal profile, VBG were normal, hypoalbuminemia, no coagulopathy. AXR noted dilated large bowel. Ultrasound abdomen suggestive of ruptured liver abscess. He was proceed with laparoscopic drainage, peritoneal lavage KIV open procedure. Intraoperative findings were ruptured liver abscess, gross purulent and faecal contamination in the pelvic cavity, multiple perforations at sigmoid colon. Subsequently operation was converted to laparotomy, peritoneal washout and Hartmann’s procedure. Post operation, completed 10 days of rocephine and flagyl. However his recovery was complicated with wound breakdown, which was managed expectantly with dressing. One week later, he was discharge home.

DISCUSSION
Mortality in patients with portal pyaemia is more likely due to severe sepsis secondary to an overwhelming intra-abdominal infection rather than the thrombosis leading to bowel infarction. However, in recent years the mortality rate has decreased due to earlier detection and advancement of medical facilities.

CONCLUSION
Treatment of portal pyaemia is best achieved by treating the primary source using broad-spectrum antibiotics or surgical intervention. Early detection of it and its primary source is the key in reducing the morbidity and mortality.
GIANT PLEXIFORM NEUROFIBROMATOSIS OF THE LOWER LIMB: A CASE REPORT
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INTRODUCTION
Neurofibroma is a benign condition arising as a nerve sheath tumor. It is an autosomal dominant gen inheritance causing physical disfiguration, pain and cognitive disability. Predominantly neurofibroma affects the peripheral nervous system. They are divided into two broad categories, Neurofibroma Type-1(dermal) where they are associated with a single peripheral nerve, while Neurofibromatosis Plexiform are associated with multiple nerve bundles. Giant NF are usually 20% or more of the patients’ total weight. They are highly vascularized and extensively infiltrative. These conditions requires intricate preoperative planning and post-operative care. We bring to a case report of a 55 year old lady, with a long standing giant plexiform neurofibroma of the right lower limb.

CASE REPORT
A 55 year old house wife initially came in for right hypochondrium pain later diagnosed as cholelithiasis. However noted she has been living with a huge pedunculated mass arising from the right inner thigh encasing the right lower limb for 25 years. This caused her to be bed bound later leading to obesity and recurrent skin infection. An echo was done to assess the cardiac function showed an ejection fraction of 70 percent. A computerized tomography showed a huge heterogenous soft tissue lesion involving the entire lower limb. The femoral artery was encased by the mass with large draining veins from the mass. She was transferred to a tertiary facility for surgical intervention. Surgery was successful and the 50 kg mass was excised. Later, she was transferred to intensive care for monitoring.

CONCLUSION
Early diagnosis of giant plexiform neurofibromatosis is important and regular follow-up is needed to detect recurrence and ensure optimum continuation of care.

UPPER GASTROINTESTINAL BLEEDING AS A RARE PRESENTATION OF TESTICULAR CANCER
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INTRODUCTION
Testicular germ cell tumors (GCTs) are the most common malignancy in young men aged 15 to 35 and represents approximately 1% of malignancies in men. In most cases, GCTs present as a painless testicular mass. However, 30% of patients initially endorse symptoms of flank pain, abdominal pain, shortness of breath, hemoptysis, and in rare cases, occult GI bleeding suggestive of metastatic disease to the lungs and retroperitoneal lymph nodes. We report a rare case of occult GI bleeding as the presenting symptom for GCT.

CASE REPORT
A 33 year old gentleman with features of UGIB and symptomatic anemia. Upon examination there was a left testicular swelling. Endoscopic examination revealed an ulcerative lesion at D3. Patient was subjected to an emergency laparotomy due failure of arresting the bleeder endoscopically. Intraoperatively noted to have large paraaortic nodes eroding into D3D4. The nodes were removed en bloc with the involved duodenum and end to end anastomosis was created. Left orchidectomy was performed and patient was discharged well subsequently. He is currently undergoing chemotherapy.

CONCLUSION
This case study reports a rare presentation of metastatic testicular carcinoma, thus we should have a high index of suspicion in young male patients presenting with UGIB.
SUCCESSFUL MANAGEMENT OF MALE URETHRAL FOREIGN BODY INSERTION: A PROPOSAL OF TREATMENT ALGORITHM
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INTRODUCTION
Male urethra foreign body insertion is an increasingly encountered by urologists. Here, we discuss an unusual case and the subsequent management of a self-inserted urethral foreign body and propose an algorithm for the management for the removal urethral foreign bodies.

CASE REPORT
A 54 year old gentleman claimed to have inserted a hollow television cable into his urethra to relieve an episode of urinary retention one week ago, and subsequently developed poor urinary stream and painful micturition. There was no history of psychiatric illnesses. On examination, there was a 3mm protusion of a hollow plastic cable beyond the urethral meatus. A plain pelvic radiograph revealed a coiled foreign body in the urethra, extending from the meatus to the midshaft.

Removal of the foreign body involves lubrication and removing with controlled traction, followed by cystoscopy which revealed a 2cm longitudinal tear, 5 cm from the urethral meatus. The patient voided well and was discharged. On follow up, there were no evidence of stricture, and cystoscopy showed healed mucosa.

DISCUSSION
Due to the increasing incidence and complexity of cases encountered, an algorithm for the initial management of urethral foreign body insertion is proposed.

CONCLUSION
Urethral foreign body insertion is seen in increasing frequencies. Clinician should be aware of this diagnosis when patients present with lower urinary tract symptoms to promptly diagnose and remove the foreign body. Management must involve clinicians experienced in urology, with the aid of cystoscopy and skills for open surgery. All patients should have a psychiatric assessment to treat underlying illness if present, and to avoid further episodes of insertion.

A RECURRENT LOCALIZED GASTROINTESTINAL STROMAL TUMOR OF THE RECTUM: A CASE REPORT
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Gastrointestinal stromal tumors (GISTs) are uncommon neoplasms of the gastrointestinal tract with the rectum being a relatively rare site. Biopsy of the lesion with immunohistochemistry confirms the diagnosis.

The clinical behavior of GISTs, however, is highly variable, as histologically they tend to have bland morphologic features. Therefore the term “benign” or “malignant” is no longer applicable. The approach to GISTs risk stratification depends on the tumor size, mitotic rate and location of the tumor.

We describe a 43 year old man diagnosed with rectal GIST which was initially misdiagnosed as a bleeding hemorrhoid. There were three recurrence of the disease in 4 years despite complete resections and treatment with Imatinib. The pathology report from the second surgery revealed a benign GIST with a clear margin. However, this was still unable to prevent a re-recurrence from happening. Could it be possible that treatment with imatinib may alter the tumour and cause a deceiving histological report?

BOERHAAVE SYNDROME; A CASE REPORT
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INTRODUCTION
Spontaneous rupture of esophagus is a rare condition but delay in diagnosis and treatment may lead to a devastated outcome. The Mackler triads, consist of vomiting, lower thoracic pain and subcutaneous emphysema, are a classical presentation of transmural tear of the esophagus.

CASE REPORT
We would like to report a 41 year old man, no known medical illness, chronic smoker, presented to Emergency department with history of worsening dyspnea for two days duration associated with persistent nausea and excessive vomiting for 1 day. A chest radiograph revealed bilateral pleural effusion. He was put on non-rebreathing mask upon arrival but subsequently he was intubated due to type 2 respiratory failure. Bedside ultrasound guided thoracocentesis of the left thorax was perform, and large amount of gastric content was aspirated. He underwent Esophagogastrroduodenoscopy (OGDS) and distal esophageal perforation about 2cm length noted. Computerized tomography (CT-scan) of the thorax and abdomen showed massive bilateral pleural effusion with pneumothorax, and foreign bodies at the left
PRIMARY LARGE CELL NEUROENDOCRINE CARCINOMA OF THE BREAST: A CASE REPORT

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Although neuroendocrine carcinomas can originate from various organs of the body, primary neuroendocrine carcinomas of the breast are considered a rare entity, and for this reason there are no data from prospective clinical trials on its optimal management. Early stage tumours are usually treated with the same strategy used for the other types of invasive breast cancer. The diagnosis of primary neuroendocrine carcinoma of the breast can only be made if nonmammary sites are confidently excluded or if an in situ component can be found.

Here we report a 59-year-old woman who presented with a mass in the left breast that was initially diagnosed as an infiltrating ductal carcinoma by core needle biopsy. The patient was given neo-adjuvant chemotherapy, and computed tomography post neo-adjuvant chemotherapy revealed the lesion to be increasing in size, with local infiltration, subcentimeter lymph nodes and suspicious lytic lesion in L5 vertebral body. A left mastectomy and axillary clearance was then performed. Histopathological and immunohistochemical examination reported that the tumour was a large cell neuroendocrine carcinoma, grade 3, with all 11 lymph nodes removed positive for metastatic tumour. The tumour...
UNUSUAL PRESENTATION OF PANCREATIC GLUCAGONOMA: A CASE REPORT
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OBJECTIVES
Glucagonoma (GC) is an uncommon neuroendocrine pancreatic tumor (PNET) with systemic manifestation due to glucagon secretion.

METHODS
A 59-year-old lady with a history of insulin-dependent DM presented with skin lesion for 1 year started as superficial small ulcers at left foot becoming generalised skin erosion. Patient was treated for many diagnoses of skin conditions until biopsy taken came back as necrolytic migratory erythema (NME), leading to further workup.

RESULTS
CT scan reveals pancreatic neck and body tumor, with associated liver metastases in segment IV. Chromogranin A sent was positive, supporting the diagnosis of glucagonoma. En Bloc Resection Distal Pancreatectomy and wedge resection of liver nodule performed. HPE revealed neuroendocrine carcinoma of pancreas with liver metastasis.
Bleeding Meckel’s Diverticulum in Adult: A Case Report

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Introduction
Meckel’s diverticulum is the remnant of the prenatal vitellointestinal duct, which regress during fetal development. This structure arises due to failure of its regression. It is usually being diagnosed incidentally, and its significance is valued only if complications occur. Life-time risk of developing complications from a Meckel’s diverticulum ranges from 4-6% according to literature, therefore making removing an incidentally found Meckel’s diverticulum not justifiable. Meckel’s diverticulum is more common in the paediatric age group, as opposed to the adult population, with the incidence reported less than 5%. Main mechanism of bleeding from Meckel’s is due to the acid secretion from ectopic gastric mucosa, causing erosions and ulceration of the adjacent ileal mucosa, leading to chronic iron deficiency anemia. Surgery remains the mainstay of treatment, aim at resecting the Meckel’s diverticulum, all ectopic gastric mucosa, and any ulcerated adjacent ileum to prevent recurrent bleeding.

Case Report
We report a case of a 33 year old lady, presented with passing out blood clots per rectal, associated with lethargy and dizziness.
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AN OVERVIEW OF BREAST CANCER PRESENTATION IN AMPANG HOSPITAL, MALAYSIA
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INTRODUCTION
Breast cancer is the most common cancer in women in developed and developing countries. The incidence is rising with an estimation of more than 1.7 millions cases as in 2012 worldwide. In Malaysia, the ratios about 1 in 19 women are at risk of developing breast cancer compared to 1 in 8 in Europe and the United States. Many studies in the past showed that women in Malaysia present at late stage. Among the ethnicity in Malaysia, Malays tend to present at an advanced stage of the disease compared to other ethnics. There are many factors that contribute to the late presentation such as, race, socio-economic status, level of awareness and education level. Vigorous campaign has been implemented to increase level of awareness. The current screening policy for breast cancer in Malaysia is opportunistic screening. This study is looking at the presentation of the disease in the urban area at Ampang Hospital.

OBJECTIVE
1. To describe the distribution of stage of breast cancer at diagnosis

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VASCULAR INJURY IN JOHOR: OUR 5 YEARS EXPERIENCE
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INTRODUCTION
Vascular trauma is a life-threatening injury leading to serious morbidity if not timely and efficiently managed. It presents a great challenge to the trauma and vascular surgeons. The aim of this study is to analyze the outcomes of vascular injuries sustained in Johor state.

METHODS
The Surgical Registry was retrospectively analysed from January 2011 to December 2015 for patients with vascular injuries. All available data were gathered and analysed. Only patients requiring vascular repair were considered. Unsalvable extremity injury requiring primary amputation was excluded.

RESULTS
Seventy four (74) patients were included, with age ranges from 8-71 years (mean 30 years). Fifty two sustained blunt injury (70.3%) from road traffic accident. Majority were referred from district hospitals (66.2%). Mean duration of presentation from injury time to our center was 6.2 hours. The mean time of interval between the injury and surgical intervention was 8.8 hours. Ischaemic time ranges from 2 to 42 hours. Thirty one cases (42%) had MESS score more than 7 and fifty two (69%) were operated beyond golden hours. Primary repair were performed on 25 cases, 39 cases had autogenous reversed saphenous vein graft and only 1 case required temporary shunting. Lower limb vascular injuries (n:37) were as common as upper limb vascular injury. There were 3 peri-operative mortality. Secondary amputation was carried out on 7 cases as a results of failed graft or infected wound. Overall limb salvage rate was 90.5%.

CONCLUSION
Delayed intervention in vascular injuries is associated with higher risk of amputation however our study showed that limbs could still be salvaged in stable patients even with long periods of ischemia.

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AN OVERVIEW OF BREAST CANCER PRESENTATION IN AMPANG HOSPITAL, MALAYSIA
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INTRODUCTION
Breast cancer is the most common cancer in women in developed and developing countries. The incidence is rising with an estimation of more than 1.7 millions cases as in 2012 worldwide. In Malaysia, the ratios about 1 in 19 women are at risk of developing breast cancer compared to 1 in 8 in Europe and the United States. Many studies in the past showed that women in Malaysia present at late stage. Among the ethnicity in Malaysia, Malays tend to present at an advanced stage of the disease compared to other ethnics. There are many factors that contribute to the late presentation such as, race, socio-economic status, level of awareness and education level. Vigorous campaign has been implemented to increase level of awareness. The current screening policy for breast cancer in Malaysia is opportunistic screening. This study is looking at the presentation of the disease in the urban area at Ampang Hospital.

OBJECTIVE
1. To describe the distribution of stage of breast cancer at diagnosis
DIAGNOSTIC DILEMMA OF BREAST CANCER IN PREGNANCY. A CASE REPORT AND LITERATURE REVIEW

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INTRODUCTION
Diagnosing breast cancer in pregnancy is a devastating condition to the mother, family members and the attending doctors. The incidence is about 1 in 3000 to 1 in 10 000. Breast cancer in pregnancy is defined as breast cancer that occurs during pregnancy and up to 1 year after delivery.

CASE REPORT
In this account, we report a case of a 35 year old gravida 2 para 1 lady at 25 weeks of gestation who was initially under our follow up for left breast abscess and left breast chronic granulomatous mastitis. During her follow up, she developed a small right breast lump. Ultrasound was suggestive of fibroadenoma. Core needle biopsy was done twice due to the rapidly increasing in size of the lump during follow up. Both results showed similar histological findings of fibroadenomatoid hyperplasia hence she was scheduled for excision biopsy of the right breast lump.

Her operation was however postponed as she was noted to be 10 weeks pregnant prior to her operation. After 3 months at 25 weeks of gestation, she presented with worsening swelling of the para esophageal herniation. Patient underwent successful open repair of Morgagni diaphragmatic hernia.

DISCUSSION/CONCLUSION
Majority of the patients presented at stage II and IV of the disease despite vigorous campaign by the government. Mostly, came from a low socioeconomic growth and affected Malays more than others. The preventative measured should be reinforced in order to reduce the figure of late presentation, which can improve the survival rate of breast cancer patient.

MORGAGNI CONGENITAL DIAPHRAGMATIC HERNIA IN ADULT, A RARE CAUSE OF GASTRIC OUTLET OBSTRUCTION, A CASE REPORT

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INTRODUCTION
Congenital diaphragmatic hernia of the Morgagni variant is one of the rare causes of gastric outlet obstruction (approximately 2% of all CDH cases). Patient can present with multitudes of symptoms encompassing gastrointestinal symptoms as well as respiratory tract symptoms.

CASE REPORT
A previously healthy 43 years old lady was admitted from casualty with symptoms of gastric outlet obstruction and severe electrolyte imbalances (hypochloremic metabolic alkalosis with hypokalemia). It was preceded by similar presentations for the past 2 years and was treated as gastritis. Baseline investigation reveals dilated stomach on radiographs with severe electrolyte imbalance requiring fast correction. After initial resuscitation, subsequent endoscopic examination shows external compression from the body to the pylorus of stomach. This was followed by CT imaging with suspected mesentero-axial volvulus of the stomach.
A CASE REPORT: A RARE PRESENTATION OF PANCREATIC ADENOCARCINOMA WITH INTRALUMINAL BOWEL METASTASES PRESENTING WITH INTESTINAL OBSTRUCTION

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We report a case of a 53 years old man who was being investigated for altered bowel habit and constitutional symptoms. Initial CT Thorax, Abdomen, Pelvis showed bowel wall thickening seen at distal third of transverse colon and splenic flexure, with irregular hypodense lesion seen at tail of pancreas; PET CT noted long hypermetabolic lesion occupying a large part of sigmoid colon. Tumour markers showed a raise in CEA (19) and CA19.9 (2932). Patient presented again with complains of abdominal distension, nausea, vomiting with no opening of bowel. With the diagnosis of intestinal obstruction, he underwent laparotomy, limited right hemicolectomy with double barrel stoma creation. Intraoperatively, it was noted that there was a caecal perforation with present of pelvic, small bowel and peritoneal nodules, a fungating mass was seen at the lesser sac extending to the tail of pancreas, transverse colon and spleen, there was an intraluminal hard mass at the sigmoid colon. Pathologic diagnosis of the specimens are metastatic adenocarcinoma suggestive of pancreatic or hepatobiliary tract origin, macroscopically noted an intraluminal tumour 6 cm from the distal end of small bowel forming a stenosis 1.5cm in length. Post operatively, the patient was referred to oncology team for palliative chemotherapy.

ANOMALOUS PANCRETICO BILIARY JUNCTION, PRESENTATIONS AND COMPLICATIONS, A CASE REPORT

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INTRODUCTION

The abnormal junction of the pancreatic-duct and the common bile duct that occurs outside the duodenal wall forming a long channel (>15mm) are known as anomalous pancreaticobiliary junction (APBJ). This anomalous junction is often associated with choledochal cyst and biliary tract carcinoma and predisposes to acute pancreatitis.

CASE REPORT

A previously healthy 22 years old lady presented to us with 3 days history of right hypochondriac pain migrating to the back, aggravated by meals, associated with vomiting and low grade fever. She also had history of tea colored urine and pale stool. This patient was clinically pink with no other pertinent findings apart from tender right hypochondriac. Baseline investigation revealed normal liver functions and bilirubin levels but with an amylase level of 1311. This patient underwent MRCP which revealed CBD dilatation measuring 12.5 mm and no suggestive features of stones. There was a proximal connection between the main pancreatic duct and the CBD outside the duodenum, forming a relatively long common channel. The subsequent ERCP confirms the dilated common hepatic duct with anomalous pancreatic duct and CBD.

DISCUSSION

Patients with APBJ are often associated with biliary tract and pancreatic diseases. This includes choledochal cysts, recurrent pancreatitis, as well as precancerous and carcinoma of the gallbladder. Early detection and correct surgical intervention by means of either MRCP or ERCP could be key to avoid serious complications associated with APBJ.

REFERENCES

study due to incomplete data. The Cox proportional hazard model was used in the multivariate analysis. The survival analysis was performed using the Kaplan-Meier method.

RESULT
The median age of our patient was 51.1 years. Malay race among the highest 58.9% followed by Chinese 26.5%, Indian 12.2% and others 2.4%. The most common tumour type was Infiltating ductal carcinoma (92.1%) with tumour size around 2-5cm (70.4%) and tumour grade II (44.7%). Lymphovascular invasion noted in 42.7%. Around 60.3% have LNs metastases. Patients experience distance recurrence in 39.1%. 5 year overall survival was around 70.4 %.

In our univariate analysis, tumour size, Lymphovascular invasion, hormonal status, adjuvant chemotherapy were found to have significant impact on overall survival. In the multivariate analysis only lymphovascular invasion (HR=1.94; 95%CI= 1.18-3.18; p=0.009) and hormonal status (HR=0.49; 95%CI=0.30-0.79; p=0.004) retained their independent prognostic value for overall survival.

CONCLUSION
In our series of breast cancer patient at our breast unit, lymphovascular invasion and hormonal status were found to be independent prognostic factor for overall survival.
In primary hyperparathyroidism, all patients had reduction of IOPTH > 50% after 10 minutes that indicate a successful removal of parathyroid adenoma and there was no further exploration done.

In renal hyperparathyroidism, all patients showed reduction of IOPTH > 80% after 10 minutes and all of the patients had removal of all 4 parathyroid glands confirmed by histopathology. In recurrence/persistent hyperparathyroidism, the IOPTH after 10 minutes for both patients was not significantly reduced.

**CONCLUSION**

In this study, there was no added value of IOPTH in management of parathyroid diseases.
**AUDIT OF LIVER INJURY PATIENTS SPANNING THREE YEARS IN A REGIONAL TRAUMA CENTRE**

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**INTRODUCTION**
Hospital Sultanah Aminah Johor Bahru serves as a trauma referral centre for the southernmost state of Peninsular Malaysia. The following is an audit of liver trauma managed by the Trauma Surgery Unit for three years.

**METHODOLOGY**
A retrospective analysis of the local Trauma Surgery Registry from May 2011 to April 2014 were carried out. All parameters were analysed and outcome of liver injury were recorded. Mortality recorded were inpatient deaths during the same admission. Liver trauma was graded using AAST grading system.

**FINDINGS**
There was a total of 2208 trauma cases managed by Trauma Surgery Unit during this period. 540 or 24.4% were diagnosed with intraabdominal injury. 41.3% (n=223) of the intraabdominally injured patients had liver injury. 65.5% (n=146) of the liver injured patients sustained high grade liver injury (AAST grade 3, 4 and 5). Mortality rate of this cohort of liver injury patients was 22.0% (n=49). 87.8% (n=43) of the deaths involved high grade liver injury. 56 patients (32.2%) with liver injury underwent crash laparotomy. Most of these patients (n=52) were high grade liver injuries. 27(48.2%) of the operated patients survived, while the remaining 29 (51.8%) died. Majority died due to massive haemorrhage and coagulopathy(n=15). Parametric statistical analysis of the means of ISS, RTS and TRISS shows statistically significant difference (p<0.005) between those who survive and those who died.

**CONCLUSION**
Being the regional Trauma Centre handling major trauma, mortality rate of liver injury patients managed in this series were in tandem with the severity of the injury. These data is of paramount importance in aiding future improvements in trauma systems and management to improve outcome.

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**THREE EYED WONDER : FUSE COLONOSCOPY MALAYSIAN ENCOUNTER**

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Colonoscopy is widely accepted as the gold standard for screening, surveillance, and diagnosis of lower GI diseases. However, endoscopy technology has not changed significantly in decades and interval cancers still occur. In a tandem study using traditional, forward-viewing (TFV) endoscopes, Rex et al. found they missed 24% of the adenomas in the first colonoscopy. Since that landmark study, other technologies have shown the miss rate for TFV to be 31%.

We review all colonoscopic images of mucosal lesions detected in a number of endoscopies performed with FUSE colonoscopy and assess our detection rates of lesions seen via the panoramic 330 degree scope that would have been missed by traditional forward viewing scopes.

Images of lesions detected view the side viewing camera were denominated against lesions seen at front viewing camera and lesions seen overall to determine our detection rate.

Our results would show whether having three images as opposed to one, really did make a difference to detecting lesions on endoscopic examinations.

1. Rex et al. Gastroenterology 1997;

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**NO MANS LAND; A LOOK AT THE REPAIR OF PERINEAL INJURIES**

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Obstetric Anal Sphincter Injuries is a recognised complication of childbirth that may cause devastating lifetime effect to both mother and baby. Prevention, recognition and repair of anal sphincter injury at childbirth is paramount to limiting long term if not permanent incontinence and sphincter dysfunction.

Repair in an operating theatre will allow the repair to be performed under optimal conditions with appropriate instruments, adequate light and an assistant. Regional or general anaesthesia will facilitate identification of the full extent of the injury and enable retrieval of the retracted ends of the torn anal sphincter. Often, the first repair is the best chance at restoring normal anatomical structure in an effort to preserve function, as subsequent repeated corrective procedures are marred with scars and disrupted anatomy.

Involvement of a colorectal surgeon will be dependent on local protocols, expertise and availability. Invariably NICE guidelines 2015 advocated that, if a woman is experiencing incontinence or pain at follow-up, referral to a specialist gynaecologist or colorectal surgeon should be considered.
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In a tertiary centre, we looked at all diagnosed perineal injury repaired at childbirth from the year 2012 to 2015. Our results would show that all repairs were done primarily by the trained gynaecologist with only a handful of cases where general surgery. This trend is suggestive of strong correlation of referral and degree of injury.

1. The Management of Third and Fourth Degree Perineal Tears, Green-Top Guideline No 29 June 2015, Royal College of Obstetricians and Gynaecologist.

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RUPTURED AND LEAKING ABDOMINAL AORTIC ANEURYSM: WHERE ARE WE NOW AND HKL EXPERIENCE

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Endovascular aneurysm repair for ruptured abdominal aortic aneurysm (REVAR) has proved superior to ruptured open repair (ROR) in (most) comparative single and multicenter studies. However, in Malaysia setting, REVAR almost impossible in view cost constraint and availability of the graft.

Here we retrospective analysis outcome of open repair (OR) for ruptured AAA and leaking aneurysm for past 4 years.

Introduction: Endovascular aneurysm repair (EVAR) is a comparatively less invasive technique than open repair (OR). Debate remains with regard to the benefit of EVAR for patients with ruptured abdominal aortic aneurysm (rAAA). We sought to evaluate and report outcomes of OR for rAAA and leaking AAA in an tertiary vascular referral centre.

Methods: Patients undergoing emergency surgery for ruptured or leaking AAA were identified from theatre logbooks and database.

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VIDEO ASSISTED THORACOSCOPIC REMOVAL OF INTRA-THORACIC FOREIGN BODY: A CASE REPORT

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INTRODUCTION
Intra-thoracic foreign body especially in pleura had been rarely reported in literature. It usually occur following penetrating chest trauma. Video assisted thoracoscopy (VATS) is a minimally invasive technique that is accepted as treatment of intra-thoracic foreign body.

CASE PRESENTATION
A 24 year-old man, presented to our casualty after alleged fall from a tree on a glass aquarium. He sustained a laceration wound over right posterior chest associated with foreign body (glass) over the wound, which was removed in casualty. X-ray and CT thorax revealed right pneumothorax with intra-pleural foreign body at lower part of the thorax. The foreign body was successfully removed via video assisted thoracoscopy and patient recovered well post-operatively.
AN UNUSUAL PRESENTATION OF SMALL BOWEL TUBERCULOSIS IN PREGNANCY

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INTRODUCTION

The incidence of Tuberculosis is on a rise worldwide and this is linked to the increasing incidence of HIV and immigration from underdeveloped countries. In Malaysia, the commonest form is pulmonary Tuberculosis although the incidence of extrapolunary Tuberculosis is steadily increasing. Extrapulmonary Tuberculosis such as gastrointestinal Tuberculosis can be a diagnostic dilemma as symptoms can be non-specific and mimic more common conditions and this can be especially difficult in pregnancy.

CASE SUMMARY

A 25 year old gravida 1 at 12 weeks of pregnancy was admitted to the obstetrics and gynaecological ward for fever and non-specific abdominal pain for 2 weeks duration. On admission, she was febrile, tachycardic and anemic. Initial impression was pyrexia of unknown origin and she was treated with multiple courses of antibiotics however, fever and tachycardia did not resolve. On the 12th day of admission, she was noted to have progressive abdominal distention and worsening abdominal pain. A chest radiograph revealed pneumoperitoneum thus she...
ONCOPLASTIC SURGERY IN GIANT FIBROADENOMA

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INTRODUCTION
Resection of giant fibroadenoma can be challenging to surgeons as majority of patients are young and have high expectations of post-operative outcome. We present 2 cases of giant fibroadenoma and two different oncoplastic techniques to treat them.

CASE NUMBER 1
A 26-year-old lady, pregnant at 20 weeks presented with a huge mass over her left breast for 6 years duration. On examination, the mass was about 20cm x 15cm with visible dilated veins. An ultrasound showed a large lobulated solid soft tissue mass in the lower breast. Core needle biopsy reported as fibroepithelial tumor. We proceeded with wide local excision of the mass with vertical reduction mastopexy. The tumor weighed 2.75kg. Final histopathological report was giant fibroadenoma with a background of pregnancy associated adenosis.

CASE NUMBER 2
A 28-year-old lady presented with 2 months history of enlarging left breast lump. Clinically, there was a large mass at the upper inner quadrant measuring 8 x 8cm. Ultrasound showed a benign BIRADS IV lesion and biopsy reported as papillary carcinoma of breast. She underwent Grisotti mastopexy and axillary clearance. The histopathology examination confirmed intraductal papillary carcinoma of breast with high grade DCIS. Resection margins were clear.

CONCLUSION
As a conclusion, although symptoms are non-specific, gastrointestinal Tuberculosis is still an important diagnosis. A lack of exposure to such cases and a delay in diagnosis in pregnancy can lead to significant maternal morbidity and mortality.

BYE-BYE MASTECTOMY!

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INTRODUCTION
Surgery for centrally located breast cancer involving the nipple-areolar complex (NAC) has traditionally been mastectomy. Grisotti flap reconstruction following a wide excision of tumor together with NAC enables a good cosmetic outcome without compromising the resection margins. We present our early experience with this technique.

CASE NUMBER 1
A 57-year-old lady presented with right nipple ulceration for 5 years. Clinically, there was ulcerated NAC without underlying palpable lump. Full thickness incisional biopsy of nipple reported as ductal carcinoma in situ (DCIS). We performed Grissotti mastopexy. The final histopathological report confirmed Paget's disease of the nipple with high-grade DCIS with clear surgical margins. She was discharged by post-operative day 7 and she was satisfied with the outcome of the surgery.

CASE NUMBER 2
A 60-year-old lady presented with a painless right breast lump for 4 months duration. The lump was palpable just lateral to the NAC measuring about 2cm diameter. Mammogram showed chronic granulomatous inflammation highly suggestive of small bowel Tuberculosis. She was started on anti tubercular treatment and had a turbulent recovery.

CONCLUSION
As a conclusion, although symptoms are non-specific, gastrointestinal Tuberculosis is still an important diagnosis. A lack of exposure to such cases and a delay in diagnosis in pregnancy can lead to significant maternal morbidity and mortality.
A DOUBLE RIGHT PARATHYROID ADENOMA WITH NON-RECURRENT LARYNGEAL NERVE: A CASE REPORT

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INTRODUCTION
Persistent hypercalcaemia after removal of primary parathyroid adenoma pose a challenge to endocrine surgeon. It requires more investigations and patient may question whether the adenoma was removed during the initial surgery. We present a case of persistent hypercalcaemia after the initial parathyroidectomy and eventually found to have another parathyroid adenoma.

CASE REPORT
A 67 – year old lady admitted in June 2014 with severe headache and muscle cramps. Serum calcium on admission was 2.70 mmol/L and iPTH was 13.55pmol/L. Neck ultrasound showed a right parathyroid gland about 1.8cm with a complex cyst in the left thyroid lobe. She underwent left hemithyroidectomy with focused right parathyroidectomy in October 2014. Histopathological report confirmed right parathyroid adenoma with left nodular hyperplasia. During clinic follow – up her serum calcium was 2.74 mmol/L and iPTH 15.9pmol/L. Sestamibi scan showed a functioning right parathyroid adenoma at inferior pole of right thyroid lobe. Neck ultrasound was consistent with the sestamibi looking lesion. Core needle biopsy confirmed to be fibroadenoma. She underwent excision of the lump via round block mastopexy. The resected tumor weighted 404g. Patient was discharged well and she was happy with the operative outcome.

CONCLUSION
Oncoplastic techniques established in treatment of breast cancer can be useful in cases of giant fibroadenoma with good cosmetic and functional outcomes.

KEYWORDS
Round block mastopexy, vertical reduction mastopexy and giant fibroadenoma.
Gastrointestinal stromal tumors (GISTs) have been recognized as a biologically distinctive tumor type of the gastrointestinal tract with an annual incidence of 0.1-3%. The commonest site of occurrence is stomach (60%), followed by small intestine, duodenum, colorectum and oesophagus. Most presents with non-specific symptoms including abdominal discomfort, dyspepsia and gastrointestinal bleeding. Imatinib is a tyrosine-kinase inhibitor which works at cellular level. Initial therapy in GIST with imatinib may be preferred if a tumor is a potentially resectable primary tumor and reduction in tumor size would significantly decrease the morbidity of surgical resection.

Two rare cases of gastrointestinal bleeding secondary GIST diagnosed in our hospital between the year of 2014 and 2016 will be discussed.

The first case was a 45 year-old gentleman who presented with melaenic stool and anaemic symptoms. Abdominal examination revealed abdominal tenderness in the left upper abdomen without rebound tenderness or guarding. Intraoperatively, a right upper quadrant mass was identified and biopsied. Histopathological examination confirmed the diagnosis of GIST. He was then started on imatinib therapy and is currently doing well with no recurrent bleeding.

The second case was a 58-year-old male who presented with hematemesis and melena. Endoscopy revealed a bleeding esophageal ulcer. Imatinib therapy was initiated, and the patient had no recurrent bleeding. Histopathological examination confirmed the diagnosis of GIST in the esophageal ulcer.

CONCLUSION
In conclusion, sebaceous carcinoma is a rare and aggressive tumour. Disease itself provides a diagnostic dilemma for many physicians and surgeons. Diagnosis is only achieved via histopathological examination. Accurate and prompt diagnosis is crucial for the better outcomes.
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elicited a palpable vague mass at right upper quadrant. Oesophagogastroduodenoscopy revealed irregular mucosa with ulceration at duodenum. Biopsy reported as Gastrointestinal Stromal Tumour. CT abdomen showed a large duodenal lesion with lumen constriction. Patient was started on Tablet Imatinib after discussion with oncologist. Repeated CT Abdomen after 1 year of treatment showed reduction in tumour bulk. Whipple’s Procedure was successfully carried out and patient was subsequently discharged well. Tablet Imatinib was continued.

The second case was a 50 year-old male presented with bloody stool, abdominal pain, vomiting and lethargy. The physical examination revealed patient in pallor and tachycardic. He has mild epigastric tenderness and haematochezia. Oesophagogduodenoscopy showed normal findings and colonoscopy revealed colon filled with blood clots. He was subjected to laparotomy which revealed a large tumor at the jejunum. Bowel resection with primary anastomosis was done.

Surgical resection remained the mainstay curative treatment for Gastrointestinal Stromal Tumour. However successful treatment of GIST is best achieved through multidisciplinary team participation especially surgeons and oncologists.

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**UNIPORTAL VATS LOBECTOMY FOR LUNG CARCINOMA. EARLY EXPERIENCE IN HKL**

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**OBJECTIVES**

Video-assisted thoracoscopic surgery (VATS) lobectomy has become the treatment of choice for lung tumours. It is defined as individual dissection of veins, arteries, and lung lobar bronchi, with mediastinal lymphadenectomy, using a video thoracoscopic approach without rib spreading, avoiding neuropraxia. It is important to distinguish it from hand-assisted resections using a rib retractor and allows the surgeon direct visualization of the surgical field. We present a case of a malignant lung tumor resection using uniporal approach highlighting its advantage in management.

**CASE REPORT**

A 74 year old lady, non-smoker, with dyslipidemia presented with 6 months of dry cough. She had no other constitutional symptoms. Clinically, reduced air entry over the left upper lobe. Blood investigations were normal. Chest X-ray showed a left upper lobe mass and CT Thorax demonstrated a 2.2x2.4x2.7cm mass without mediastinal pathology. CT guided biopsy diagnosed an adenocarcinoma tumor. PET scan confirmed a FDG avid left upper lobe tumor with no mediastinal lymph nodes or distant metastasis.

**CONCLUSION**

Uniportal VATS for pulmonary resection keeps with the evolution of thoracoscopic surgery, from open surgery to thoracoscopy. It has good ergonomics and keeps the surgeon and assistant along the same plane of resection. It reduces hospital stay and morbidity associated with open surgery and provides better cosmesis. In time, newer technology and improved instruments will allow the single incision VATS to become the standard surgical procedure for pulmonary resection.

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**CHALLENGES IN UNIPORTAL VATS LOBECTOMIES FOR INFLAMMATORY LUNG DISEASES**

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**OBJECTIVES**

Uniportal video assisted thoracoscopic surgery (VATS) is an evolving and emerging technique, widely accepted in the management of thoracic cases. However, numerous technical challenges prevent widespread use in managing inflammatory lung conditions. Regardless, it offers a smaller incision, no rib spreading, less pain, reduced risk of infection and faster recovery. We present two cases of inflammatory lung diseases requiring lobectomies, highlighting challenges faced.

**CASE REPORT 1**

A 39 year old army officer, non-smoker, presented with hemoptysis for 2 months. He had no history of tuberculosis. CT thorax showed bilateral apical pleural thickening, emphysematous changes, and left upper lobe fibrosis with bronchiectasis. A well defined thin walled oval cavity at the left upper lobe measuring 3.9x2.7cm with air crescent sign suggested an aspergilloma. He underwent a left uniportal VATS with upper lobectomy. Intraoperatively showed dense adhesions between upper lobe and chest wall and aspergilloma invading anterior chest wall. Postoperative
SPONTANEOUS BACTERIAL PERITONITIS; A RARE BUT DEADLY CONDITION IN PREGNANCY
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A 36 year-old female, 23 weeks into her first pregnancy with no prior medical history presented with fever and severe lower abdominal pain for the 2 days. Upon arrival to the hospital, she was noted to be febrile, tachycardic and hypotensive, in septic shock. Initial blood investigations revealed a white cell count of 26.3 x 10^3/uL with 96.5% predominance of Neutrophils. Ultrasound was unremarkable and revealed a live foetus. Upon assessment by the surgical team she was noted to have localized peritonitis over the suprapubic region and was planned for emergency diagnostic laparoscopy. The patient was pushed to the OT after adequate resuscitation and intraoperatively copious amounts of pus was noted upon entering the peritoneum. The surgery was converted to an exploratory laparotomy. After the abdominal lavage, there was no source of perforation. All the organs were normal, including the appendix. An appendicectomy was done and she was diagnosed with Spontaneous Bacterial Peritonitis. Blood culture results came back and was positive for Streptoccus Pyogenes. An hour after the surgery she had a spontaneous abortion. Otherwise, post operatively she recovered well barring the wound breakdown she had for her laparotomy wound which was treated with dressing and planned for secondary suturing at a later date. She was discharged home day 4. Histopathology confirmed Pulmonary Aspergillosis.

CASE REPORT 1
A 32 year old lady, non-smoker, with persistent cough for 5 years, treated for bronchopneumonia but defaulted follow up, developed recurrent cough with yellowish expectoration. CT thorax showed left lower lobe bronchiectasis with mucus plugging and consolidation. She underwent a left uniportal VATS and lower lobectomy. Intraoperatively showed a large consolidated mass over left lower lobe adhered to esophagus. Post operative period was uneventful and she was discharged home day 4.

CONCLUSION
Contraindications for VATS are dense pleural adhesions, previous chemo/radiotherapy, perivascular or peribronchial fibrosis, severe cardiovascular disease, COPD or emphysema. However, it should not be a limitation, although associated with a steep learning curve, especially for inflammatory lung diseases.

CT THORAX WITH 3D RECONSTRUCTION IN PENETRATING CHEST INJURY: A CASE REPORT
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OBJECTIVE
Penetrating thoracic injury, is less common than blunt thoracic injury but has higher mortality rates. It is relatively uncommon in Malaysia and a delay in identifying life threatening complications may be catastrophic. This case report highlights the role of computed tomography (CT) thorax with 3D reconstruction in managing penetrating chest trauma.

CASE REPORT
A 15 year old boy was referred after falling onto a metal spear. It penetrated his left axilla and exited the right supraclavicular fossa. Clinical examination was equivocal and he was hemodynamically stable. Chest x-ray demonstrated the spear penetrating the right first intercostal space and exiting the left supraclavicular fossa. He was intubated for airway protection prior to further intervention. A CT of the neck and thorax with 3D reconstruction demonstrated the spear entered between the clavicle and first rib on the left side, sparing the thorax, anterior to the esophagus and other structures in the mediastinum, exiting superior to the left clavicle on the right side. There was no pneumothorax, lung, esophageal or tracheal injury. The metal rod was removed in the operating theatre through the exit wound, and puncture sites were dressed. He was discharged home a day later symptom free.

CONCLUSION
CT thorax with 3D reconstruction in evaluating penetrating chest injuries can be used to minimize procedures and its associated risks such as angiography, echocardiography and esophagoscopy. It can be used in stable patients to identify the trajectory of the penetrating object, and to assess esophageal, tracheobronchial or vascular injuries thus negating the use of invasive procedures such as a thoracotomy or VATS, as was done in this patient.

SPONTANEOUS BACTERIAL PERITONITIS; A RARE BUT DEADLY CONDITION IN PREGNANCY
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A 36 year-old female, 23 weeks into her first pregnancy with no prior medical history presented with fever and severe lower abdominal pain for the 2 days. Upon arrival to the hospital, she was noted to be febrile, tachycardic and hypotensive, in septic shock. Initial blood investigations revealed a white cell count of 26.3 x 10^3/uL with 96.5% predominance of Neutrophils. Ultrasound was unremarkable and revealed a live foetus. Upon assessment by the surgical team she was noted to have localized peritonitis over the suprapubic region and was planned for emergency diagnostic laparoscopy. The patient was pushed to the OT after adequate resuscitation and intraoperatively copious amounts of pus was noted upon entering the peritoneum. The surgery was converted to an exploratory laparotomy. After the abdominal lavage, there was no source of perforation. All the organs were normal, including the appendix. An appendicectomy was done and she was diagnosed with Spontaneous Bacterial Peritonitis. Blood culture results came back and was positive for Streptoccus Pyogenes. An hour after the surgery she had a spontaneous abortion. Otherwise, post operatively she recovered well barring the wound breakdown she had for her laparotomy wound which was treated with dressing and planned for secondary suturing at a later date. She was discharged home day 4. Histopathology confirmed Pulmonary Aspergillosis.
Spontaneous bacterial Peritonitis is a well-known complication of Nephrosis, Cirrhosis and SLE, however it's occurrence in a healthy pregnant woman is rare. At 23 weeks of pregnancy, the portal of entry for an ascending infection is closed, given that the cervix is closed. In this case the septicaemia was secondary to the peritonitis and as the patient had no obvious ascites, nor immunologically compromised, it makes her a very rare candidate for this pathology.

Fibrinogen is a pro-coagulant favouring platelet aggregation and blood clotting. It is also a pro-inflammatory marker. Reduction of plasma fibrinogen level has been reported following weight loss in obesity, a metabolic and pro-inflammatory disease. However it is unclear whether bariatric surgery, aimed mainly to achieve weight loss may also lead to a reduction of plasma fibrinogen level, thus reducing risk of developing venous thrombosis (DVT).

OBJECTIVE
To assess the effect of laparoscopic bariatric surgery on plasma fibrinogen level in morbidly obese Malaysian population, specifically identifying the baseline plasma fibrinogen level, comparing pre and post operative change in level and correlating it with weight loss.

METHOD
We conducted a prospective study looking at the change in plasma fibrinogen level with weight loss following laparoscopic bariatric surgery in morbidly obese Malaysian in Universiti Kebangsaan Malaysia Medical Center (UKMMC). All consecutive morbidly obese patients who fulfills selection criterias and underwent either laparoscopic sleeve gastrectomy or laparoscopic gastric bypass between March 2015 to March 2016 are included. Plasma fibrinogen levels are taken at baseline preoperatively, one month and three month post surgery. Pre-operative ultrasound doppler to exclude DVT, repeated one month post surgery and incidence of DVT recorded.

RESULTS
Twenty seven patients underwent surgery and completed 3 months follow up are analysed for the purpose of this report. Majority of our patients are females from the Malay community aged between 19 to 66 years old with median age of 37. The median BMI is 43.06 (22 patients in Class III, 5 in Class II obesity). Median weight is 109 kg with median excess weight of 49 kg. The mean ideal weight for these samples is 61.52 kg. Following surgical intervention, there is down going trend of median BMI to 38.39 at 1 month and 33.65 at 3 months. This also showed a redistribution of obesity classification to Class I, II and II at 1 month and even further reclassified down to pre obesity state at 3 months. The median weight dropped by 10.28% to 96 kg at 1 month and 12.37% to 86 kg at 3 months with a total lost of 22.14%. The excess weight reduction is also parallel with this trend with 39 kg at 1 month and 28 kg at 3 month. The median plasma fibrinogen level recorded is 4.1, beyond the normal range of the standard population. Following surgery, median plasma fibrinogen level drop to 3.8 (sd 0.69) at 1 month but subsequently rise to 4.1 at 3 months. No cases of DVT recorded.

CONCLUSION
Though it was hypothesized that plasma fibrinogen level reduction is associated with weight loss, our preliminary data to date does not support so. Further analysis is mandatory with our ongoing study to better understand this theory.
CONSENT TAKING IN SURGERY: ARE WE DOING PROPERLY?
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BACKGROUND
Obtaining a patient’s consent is a crucial component of good medical practice. It must be given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. Thus, if the patient has a good understanding of the entire informed consent process, we will have a better patient satisfaction, higher surgical safety and lower malpractice claims.

OBJECTIVE
To assess on surgical patients’ understanding of their informed consent for surgery preoperatively and the completeness of informed consent by doctors at University of Malaya Medical Centre (UMMC).

METHODOLOGY
This prospective study was conducted from February 2016 to March 2016 in UMMC. Adult patients who underwent general surgical procedures were included in the study. Informed consents that were obtained indirectly (via translator, mentally challenged) were excluded. Interview was conducted and questions were asked based on a structured questionnaire.

RESULTS
A total of 85 patients were studied. 79% of patients understand the consent mostly; 100% able to describe the nature of the operation, 92% able to point out the site of the procedure accurately, 75% were told the benefits of the surgery, 68% were told the complications of refusing surgery, 75% were told whether there was any alternatives and 89% were told about the mode of anaesthesia.

For the problems faced, 6% had language barrier problem, 2.4% had limited time to consider, 2.4% had hearing problem but was not addressed by doctor and 1% had problem understanding due to usage of medical jargons.

Cost of operation and length of hospitalization was being a concern to patient. It was found that 72% were being told the length of hospitalisation, while only 17.7% patients were told the cost of the operation.

31% of the patients were willing to sign the consent form even if they do not understand the consent.

CONCLUSION
Most patients could understand the nature and site of the operation they were going to receive. The provision of relevant information to our patients preoperatively was insufficient. Patients had limited recall of the potential surgical complications. There was room for improvement in the present informed consent process.

SMARTPHONE APPS USE AMONG MEDICAL STUDENTS: A MALAYSIAN PERSPECTIVE
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INTRODUCTION
The past decade has witnessed the advent of the smartphone, a device armed with computing power, mobility and downloadable “apps,” that has become commonplace within the medical field as both a personal and professional tool. There seems a high level of smartphone usage among medical students and junior doctors. However, issues may arise from the improper usage of mobile apps. In this study, we aim to discover the prevalence of smartphone ownership and its apps usage among medical students in Malaysia and to establish the ethical issues that may arise.

METHODS
This was a cross-sectional study web-based electronic questionnaire involving all the University Malaya medical students.

RESULT
The overall respond was 24.6% (194/800). All of the respondents
CASE SERIES: THE EFFICACY OF AUTOLOGOUS BONE MARROW MONONUCLEAR CELLS IN Buerger’s Disease
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INTRODUCTION
Buerger’s Disease is a segmental inflammatory occlusive disorder of unknown aetiology affecting the upper limb and lower limb. It is also known as thromboangiitis obliterans. Studies have shown Bone Marrow Mononuclear cells may enhance neovascularization in ischaemic limbs secondary to Buerger’s disease. We are describing 2 cases of Buerger’s disease with history of multiple amputations of the toes, treated with stem cell therapy.

CASE 1
25 year old smoker presented with non healing painful foot ulcer for 2 months duration. On examination, there was an ulcer at right fifth toe. Digital Subtraction angiography showed a single arterial supply to both lower limb and cork-screw appearance at the ankle region. Wound debridment was done. Autologous bone marrow Mononuclear cells (BM-MNC) obtained using the standard protocol and injected intramuscularly to the calf, plantar and lateral region of the right lower limb. Another cycle of autologous bone marrow mesenchymal stem cells (BM-MSC) injection was done on the
CASE REPORT: AORTOCAVAL FISTULA IN ABDOMINAL AORTIC ANEURYSM
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INTRODUCTION
Aortocaval fistula is an uncommon complication of ruptured abdominal aorta aneurysm (AAA). It accounts for 3-6% of all ruptured cases. The AAA usually ruptures to the retroperitoneum space or peritoneal cavity; rarely do they rupture into the IVC forming an aortocaval fistula.

ABSTRACT
We report a case of aortocaval fistula that was found during an elective abdominal aortic aneurysm repair. A 60 years old gentleman presented with lethargy for 3 days duration. No history of abdominal pain, back pain or shortness of breath. Clinically he was hypotensive and there was a pulsatile central abdominal mass. Computed tomography of the abdomen shows 8.7 x 10 x 12 cm infrarenal abdominal aortic aneurysm that extend to the bifurcation of aorta. There was an aortocaval fistula noted. There was no evidence of leak or dissection. Open Abdominal Aortic Aneurysm repair was done. The fistula was closed within the sac with a monofilament polypropylene sutures. Post operatively patient developed hospital acquired pneumonia and prolonged ileus. He was discharge well on post operative day 10.

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CASE REPORT: SUPERIOR MESENTERIC ARTERY MONITORING FOR ENDOVASCULAR STENTING OF NUTCRACKER SYNDROME

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INTRODUCTION
The Nutcracker Syndrome (NS) is a constellation of symptoms that arise as a result of venous hypertension within the left renal vein (LRV) caused by compression between the superior mesenteric artery (SMA) and the aorta.

ABSTRACT
We report 18 years old girl with chronic abdominal pain, diagnosed with NS which was treated by endovascular stenting (EVS) with a new adjunct technique of monitoring the SMA angle during the procedure. She presented with lower abdominal pain for 1 year. No symptoms suggestive of Nutcracker Syndrome. Examination was unremarkable. She was extensively investigated. Computed tomography of the abdomen revealed compression of the left renal vein by the superior mesenteric artery and the aorta with varicosities of its tributaries. The superior mesenteric angle calculated on computed tomography scan was 47 degrees. A subsequent selective venogram showed preferential contrast flow into the left lumbar plexus and the left gonadal vein. During the procedure, PP 208 was primarily closed. Histopathology report is consistent with arteriovenous malformation. Unfortunately it was complicated with wound breakown and bleeding. This was treated with multiple surgeries and haemostasis. The wound was leave open with vacuum dressing and subsequently healed.

CONCLUSION
Treating arteriovenous malformation is challenging especially dealing with the risk of infection and bleeding.

CASE REPORT: MANAGEMENT OF EXTENSIVE PELVIC AND PERINEUM ARTERIOVENOUS MALFORMATION

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INTRODUCTION
Arteriovenous malformation of the perineum is a rare condition. Although most patients are asymptomatic but it may cause potential sexual dysfunction due to size and position of the lesion. The management of this condition remains challenging because of their unpredictable behavior and high recurrence rate.

ABSTRACT
We report a 28 year old lady with a painless swelling at the vulva since birth which causes her disfigurement. In the past she had seek various treatment but was advice to be treated conservatively due to the extensiveness. She was referred by a gynaecologist to us as she is getting married. On examination, there was a labia swelling size 6x5 cm. There was a limb length discrepancy with varicosities. Computed tomography of the pelvis and lower limb revealed extensive vascular malformation with mixed arteriovenous component involving the perineum, pelvis and left lower limb. Angioembolization was done prior to the excision. Excision was performed using argon plasma and ligasure supplemented with tissue glue for haemostasis. The wound PP 208 was primarily closed. Histopathology report is consistent with arteriovenous malformation. Unfortunately it was complicated with wound breakown and bleeding. This was treated with multiple surgeries and haemostasis. The wound was leave open with vacuum dressing and subsequently healed.

CONCLUSION
Aortocaval fistula is an uncommon complication of AAA. However the diagnosis should be considered as it may lead to massive bleeding intraoperatively.
endovascular stenting, the catheter was angled into the superior mesenteric artery origin for angle monitoring. A 14x60 mm self expanding nitinol stent was deployed. Post stenting run showed good stent expansion, no reflux into the left renal vein and an increased superior mesenteric angle to 55 degrees.

Post procedure, she recovered well. Her symptom was relieved. 1 year post procedure she remains asymptomatic, no evidence of stent migration with patent non dilated left renal vein.

CONCLUSION
EVS plus SMA angle monitoring is an attractive inexpensive new technique which can be used but needs further evaluation due to the potential subsequent risk involved.

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CASE REPORT: METASTATIC ADENOCARCINOMA OF THE AORTA WITH UNKNOWN ORIGIN
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INTRODUCTION
Carcinoma of unknown primary (CUP) is defined as metastatic lesion without identifiable primary origin despite complete clinical history, physical examination; laboratory tests, imaging techniques and extensive histopathological specimen examination have been done.

ABSTRACT
We report a case of a 28 year old lady presented with worsening abdominal pain for 2 weeks duration. Examination was unremarkable. Computed tomography of the abdomen and pelvis showed aortic mass with paraaortic lymph node in which ultrasound guided biopsy confirmed to be metastatic adenocarcinoma. Position emission tomography (PET) scan and colonoscopy failed to find the primary tumour. Exploratory laparotomy, en bloc excision of the aortic tumour with aortic reconstruction with Dacron graft. 28 cycles of radiotherapy was given to the abdomen. She developed graft infection thus the graft was removed and a bilateral axillofemoral bypass was done. Follow-up computed tomography of the abdomen revealed a new lesion at segment V of the liver. Chemotherapy was given. On follow-up, she developed new lesions at the left anterior abdominal wall, right thigh and worsening liver metastasis. She was sent for second line chemotherapy.

CONCLUSION
Metastatic adenocarcinoma in the aorta is rare and can be treated by enbloc resection and reconstruction.
CASE REPORT: AUTOLOGOUS BONE MARROW MONONUCLEAR CELLS IN TREATMENT FOR ACUTE LIMB ISCHAEMIA IN A PATIENT WITH CROHN’S DISEASE

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INTRODUCTION
Chron’s Disease is associated with extraintestinal manifestation including vasculitis. Managing this group of patients is challenging due to vasculitis and microthrombosis.

ABSTRACT
We reported a gentleman with Chron’s Disease that presented with acute limb ischaemia. Clinically he was in pain and the toes were gangrene. He was anticoagulated but compounded by upper gastrointestinal symptoms. In view that the symptoms were augmented, intravenous iloprost infusion was given for 5 days. Digital subtraction angiography shows thrombosis of the left superficial femoral artery, with small collaterals. There was long segment deep vein thrombosis from common femoral to popliteal vein. He went for a transmetarctal amputation, however the healing was poor. He was given autologous bone marrow mononuclear cells (first injection) and autologous bone marrow mesenchymal stem cell (second injection). Follow-up shows good resolution.

CONCLUSION
HAA carries a high morbidity and mortality rate. CTA will help to aid into the diagnosis. It can be treated surgically or by endovascular.
PING PONG BALLS, NOT JUST A SPORTS APPLIANCE

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We report the first Thoracotomy, pneumonectomy and Ping Pong Ball Plombage done in Malaysia for a patient with a rare condition of Oesophageal Lung. We were referred a 5 month old baby girl who had presented with persistent atypical pneumonia and respiratory failure and wiped out right lung on plain chest radiograph. A barium study revealed a Right Bronchus Atresia with Hypoplastic lung with a broncho-oesophageal fistula, suggestive of Oesophageal Lung. A decision was made for thoracotomy and pneumonectomy with Ping Pong ball Plombage.

Thoracic access was obtained via a right Thoracotomy incision. The Broncho-Oesophageal Fistula was ligated and a Right Pneumonectomy was done. Sterilized standard competition Ping Pong balls were inserted into the thoracic cavity. ECG was monitored for evidence of compression of the heart and great vessels. For this patient, 2 Balls filled the cavity without causing compressions onto the heart. Wound was closed. Child made a steady recovery.

Plombages have been used to treat post pneumonectomy syndromes since the 1960s when pneumonectomy was seen as a...
A RARE CASE OF PURE ANDROGEN-SECRETING ADRENAL TUMOR

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BACKGROUND
Pure androgen secreting adrenal tumour (PASAT) is a rare disease, almost uniquely found in female and usually presented with hirsutism, virilization and disruption of menstrual cycle. We report a case of an uncommon PASAT.

CASE REPORT
A 49-year-old lady presented with 4-year history of hirsutism, virilization and menstrual irregularity. Physical examination showed a lady with features of hirsutism and clitoromegaly. Blood investigation revealed high testosterone level: 16.9 nmol/l (0.7-2.8 nmol/l) and her DHEAS (dehydroepiandrosterone) was 78. Her ACTH level was <1 pmol/L (normal <11) and overnight dexamethasone suppression test was normal (serum cortisol: 12.5 nmol/l). She had normal urinary catecholamine. CT abdomen and pelvic was performed to distinguish between an ovarian and adrenal tumour as the cause of virilization. Her CT scan showed left adrenal mass, size 2(AP)x1.9(W) x2.3(CC) cm. She underwent left posterior retroperitoneoscopic adrenalectomy and histopathological examination revealed 4cm adrenal adenoma with Weiss score 0 which suggestive of benign tumour. Her symptoms of hirsutism, virilization and irregular menses improved after 6 months.
INTRODUCTION
Primary squamous cell carcinoma (SCC) of the thyroid gland is a rare disease, it represents less than one per cent of all primary carcinomas of the thyroid gland. It is an aggressive tumor with a poor prognosis. Overall survival usually does not exceed 6 months after the time of diagnosis. We report a rare case of SCC of the thyroid gland at our centre.

CASE PRESENTATION
73-year-old lady presented with anterior neck swelling associated with dysphagia for two months duration. Clinically, she had stridor and enlarged bilateral thyroid lobe, size 8cm x 8cm with hard in consistency. Initial FNAC revealed only colloid goiter and no malignant cell seen. CT scan showed thyroid mass involving both lobes and isthmus with bilateral cervical lymphadenopathy suggestive of malignancy with multiple bilateral lung metastases. Vocal cord assessment found right vocal cord palsy likely due to recurrent laryngeal nerve infiltration. We planned for total thyroidectomy but she refused operation and opted for traditional treatment. However she came back one month later with airway PP 217

was <0.03 mU/L (normal range 0.34-5.6) and fT4 was >76.7 pmol/L (normal range 7.9 -14.4 pmol/L). Her Burch-Wartofsky score was more than 50 points, which suggestive of thyroid storm. Unfortunately she passed away five days later due to myocardial infarction.

DISCUSSION
This patient was diagnosed with HFDM based on presence of clinical hyperthyroidism after total thyroidectomy with at least 3 weeks not on levothyroxine. HFDM in DTC is extremely rare, which is only 0.71% DTC and there is no definitive management guideline for them. The aetiology of HFDM in DTC is still unclear. HFDM represent therapeutic challenge compared to non hyperfunctioning metastases from thyroid cancer, as both the metastases cancer and thyrotoxicosis need to be treated. The usual treatment is to give RAI post total thyroidectomy, however hyperfunctioning bone metastasis responded less well to RAI compare to non-hyperfunctioning bone metastasis.

THYROID STORM DUE TO FUNCTIONING LUNG AND BONE METASTASES OF WELL DIFFERENTIATED THYROID CANCER

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Thyroid storm resulting from hyperfunctioning distant metastasis (HFDM) in differentiated thyroid cancer (DTC) is extremely rare. We report a case of thyroid storm resulting from hyperfunctioning lung and bone metastases from follicular with papillary variant thyroid cancer.

CASE PRESENTATION
A 70-year-old woman was diagnosed with follicular with papillary variant thyroid cancer and multiple distant metastases at skull and lung. She underwent total thyroidectomy and bilateral modified radical neck dissection.

She was scheduled for radioactive iodine (RAI) therapy for her metastatic lesion 4 weeks post operation, however, she presented with sign and symptoms of thyroid storm 3 weeks post operation. She was not on levothyroxine since post operation.

She had persistent vomiting, headache, fever, supraventricular tachycardia and low GCS in the ward. She was intubated for impending respiratory collapse and monitored in ICU. Her TSH PP 218

was <0.03 mU/L (normal range 0.34-5.6) and fT4 was >76.7 pmol/L (normal range 7.9 -14.4 pmol/L). Her Burch-Wartofsky score was more than 50 points, which suggestive of thyroid storm. Unfortunately she passed away five days later due to myocardial infarction.

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WHAT THE BRAIN DOESN’T KNOW, THE EYES WOULD NOT SEE; OBTURATOR HERNIA A RARE CONDITION WITH A COMMON SURGICAL SYMPTOMS

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INTRODUCTION
Worldwide incidence of obturator hernia is 1% of all hernia cases, making it a rare condition with diagnosing difficulty.

CASE REPORT
We reported a case of an 82 year-old Malay female presented with vomiting for 4 days duration associated with no bowel opening, no passing flatus and abdominal discomfort. Clinically, her abdomen was soft, mildly distended and tender at lower abdomen. Bowel sound was normal. Ryle’s tube showed feculent material. Abdominal x-ray revealed mildly dilated small bowel. Urgent CT abdomen showed left obturator hernia with small bowel obstruction. We approached transperitoneally and revealed antimesenteric part of ileal wall tightly herniated through the left obturator foramen causing small bowel obstruction. The affected weight loss was seen. The figures at 12 months follow-up (n = 12) were 32.7 (range 22.0–45.6) % and 77.2 (range 34.6–148.8) %, respectively.

This study demonstrates early safety and efficacy of Mini Gastric Bypass in a carefully selected Malaysia obese population.

LAPAROSCOPIC MINI GASTRIC BYPASS: SINGLE INSTITUTION BARIATRIC EXPERIENCE IN MALAYSIA
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Mini Gastric Bypass or Single Anastomosis Gastric bypass is a promising bariatric procedure with multiple apparent benefits. Ours is the first unit in Malaysia to be routinely performing this procedure since 2014. This retrospective cohort study reports our experience with initial 16 procedures.

Data were retrospectively analyzed from a prospective database. The mean follow-up was 11.4 months. There were 8 (50%) females and the mean age was 41 (range 26-62) years. Mean weight and body mass index was 140.7 (range 82–283) kilograms and 55 (range 36.9–97.9) kg m−2, respectively. The mean operating time was 260 (range 150-370) minutes and the mean post-operative hospital stay was 2 (range 2–7) days. There was no leak, no 30-day reoperation and no mortality in this study. One patients developed anastomotic bleeding post-operative day 2, endoscopic treated successfully and 1 patient required late conversion to roux-en-y bypass due to persistent anastomotic stricture.

At 6 months follow-up (n = 12), 27.0 (range 18.4–32.5) % total body weight loss and 55.6 (range 31.8–106.1) % excess body weight loss was seen. The figures at 12 months follow-up (n = 12) were 32.7 (range 22.0–45.6) % and 77.2 (range 34.6–148.8) %, respectively.

This study demonstrates early safety and efficacy of Mini Gastric Bypass in a carefully selected Malaysia obese population.

SCC is of unknown etiology, as the thyroid gland normally composed of follicular cells. Treatment with surgery, radiation therapy and chemotherapy alone has been found ineffective in previously published similar case reports, as majority of these patients present as locally advanced cases not amenable for curative resection.

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MECKEL'S DIVERTICULUM MASKED BY NON-SPECIFIC ABDOMEN PAIN
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The incidence of Meckel's diverticulum in the general population is about two percent despite being the most prevalent congenital anomaly in gastrointestinal tract. Diagnosis of non-complicated Meckel's diverticulum is challenging as it presents with non-specific symptoms. The objective of this case report is to present an incidental finding of Meckel's diverticulum intra-operatively and the successful management for non-specific abdominal pain.

The patient is an eleven years old girl with no co-morbids. She had multiple visits to a doctor as well as hospital admissions in the past 4 months. She frequently presents with central abdomen pain that is intermittent and colicky in nature associated with vomiting. No history of loose stools or per rectal bleeding. Laboratory investigations were normal. Ultrasound abdomen was unremarkable. We proceeded with Oesophagogastroduodenoscopy and Colonoscopy under general anaesthesia which were normal. Diagnostic laparoscopy was done with intra-operative findings of bowel resected ~10cm and end-to-end anastomosis done. The obturator foramen closed primarily with prolene 2/0.

DISCUSSION
Obturator hernia is a condition where part of peritoneal sac protrudes through the obturator foramen and canal along with obturator nerve and vessels. It is known as 'the skinny old lady hernia' due to larger and more oblique incline of obturator canal in female pelvis. Even though literatures do described on classical presentation of obturator hernia, more than 90% of them presented with acute intestinal obstruction symptoms (vomiting, constipation and abdominal distension). It can be repair via transperitoneal approach (lower midline laparotomy), extraperitoneal approach, thigh approach or laparoscopically.

or other complications. No endoleak was noted in CTA at 3 months post-procedure.

DISCUSSION
The development of debranching technique with subsequent endovascular exclusion of aneurysm provides a new option in the treatment for thoracic aortic aneurysm that arises very near to the left subclavian artery. Preservation of left vertebral perfusion, cerebrospinal fluid (CSF) drainage and staging the procedure help to decrease the risk of spinal cord ischemia injury in the management of concurrent thoracic and abdominal aortic aneurysms.

CONCLUSION
Hybrid procedure is a good option in treating challenging concurrent aortic aneurysms.
abdomen symptoms. Non-complicated Meckel’s diverticulum is notoriously difficult to diagnose clinically. Non-specific abdominal pain and unexplained anaemia are the commonly reported symptoms. Radiological imaging such as ultrasound and computed tomography scan has very low sensitivity and specificity to diagnose Meckel’s diverticulum. Radioisotope scan using Technetium-99m pertechnetate has higher sensitivity and specificity (both above 85%) but its role in children is very limited and controversial. Laparoscopy can be useful in the diagnosis and treatment of Meckel’s diverticulum and should be considered as an early intervention.

CHARACTERISATION OF THE INFLAMMATORY AND FIBROTIC RESPONSES OF FIBROBLASTS ISOLATED FROM NON-DISEASED LUNGS
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INTRODUCTION
Idiopathic pulmonary fibrosis (IPF) is a chronic progressive, fibrotic lung disorder that has a prevalence of 5000 new cases each year in the UK. IPF patients have mostly resorted to lung transplant surgery. Today, lung transplant surgeries are a burden to the National Health Services (NHS) UK as a huge amount of costs is involved. Besides, finding a suitable donor is also one of the current issues faced by the transplant surgeons around the world.

The pro-inflammatory cytokine Interleukin-6, has a vital role in inducing lung injury and consequently, fibrosis of the lung tissues. There is also an increased in collagen-1 in IPF. Hence, an elevated collagen-1 may be used as a biomarker for IPF.

OBJECTIVES
To stimulate fibroblast isolated from non-diseased lungs with pro-inflammatory and pro-fibrotic ligand, IL-1α and TGF-β.

METHODOLOGY
The fibroblast cells which was isolated from non-diseased transplanted lungs were cultured and stimulated with human IL-1α and TGF-β. The RNA is then extracted and cDNA was then synthesised. Subsequently, a PCR was then done on a 96-well plate for IL-6, Coll-1, MMP-1, MMP-3, aSMA and Fibronectin. Then, an ELISA was done on the 96-well plate using specific capture and detection antibodies. It was then followed by Western blotting.

RESULTS
The gene expression of IL-6 is much higher in IL-6 is much higher in IL-1α than in TGF-β. However, treatment with TGF-β shows the greatest gene expression in aSMA, followed by fibronectin, collagen-1, MMP-3 and MMP-1. These results from the fibrotic profile suggest that TGF-β is a pro-fibrotic cytokine which causes fibrosis in the lungs.

CONCLUSION
IL-1α gives a pro-inflammatory phenotype while TGF-β gives more of pro-fibrotic phenotypes in lung fibroblasts.
PAPILLARY THYROID CARCINOMA IN A 9-YEAR-OLD BOY: CASE REPORT

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Well differentiated thyroid carcinoma is rare in paediatric population. It comprises about 3% of all tumour in children. Most paediatric thyroid cancer are either papillary or follicular variant. Adolescents have 10 fold greater incidence than younger children and preponderance of female to male is 5:1. The cornerstone treatment for thyroid carcinoma is thyroidectomy and radioiodine ablation for metastases. Here we report a 9 year old boy who presented to us with enlarging neck swelling and multiple cervical lymph node. Fine needle aspiration cytology (FNAC) confirmed of papillary thyroid carcinoma picture and he was planned for surgery. Our discussion focused on the management and therapeutic measuring in tackling this endocrine tumour.

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Laser haemorrhoidoplasty has shorter surgery duration, less post-operative complications and higher satisfaction score with less re-surgery risk. Prospective randomized control trials with larger sample size will differentiate the outcomes better.

RESULTS

69 samples showed normal distribution. Laser technique had shorter surgery duration ≤ 30 minutes (p=0.052, OR 2.980, CI 95%) and Length of Stay ≤ 24 hours (p=0.043, OR 4.955, CI 95%), with sub-analysis ≤ 8 hours (p=0.042, OR 9.917, CI 95%). Intra-op bleeding, need for blood transfusion, additional procedure (mucopexy, haemostatic suturing, conversion to open technique), and return to activity within 7 days were not statistically significant. Post-op data showed no statistical significant difference in pain, need for extra analgesia, AUR, bleeding, swelling, anal incontinence, anal stricture, recurrent disease, re-surgery, and patient satisfaction. Stapler group had 8.5% risk of anal stricture, 8.5% risk of recurrent disease and 8.5% re-surgery risk, while mean satisfaction scored at 3.9. Laser group had no stricture incidence, 11.7% risk of recurrent disease with 2.9% re-surgery risk, mean satisfaction scored at 4.4.

CONCLUSIONS

Laser haemorrhoidoplasty has shorter surgery duration, less post-operative complications and higher satisfaction score with less re-surgery risk. Prospective randomized control trials with larger sample size will differentiate the outcomes better.
PERIAPPENDICITIS VERSUS APPENDICITIS: GROSS APPEARANCE VERSUS HISTOPATHOLOGICAL

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INTRODUCTION
Periappendicitis is a histological diagnosis of an inflammatory reaction of the surface of the appendix cause by an extra appendiceal surface off inflammation. Although appendicitis is a common clinical condition in surgical practice, the diagnosis is still challenging and periappendicitis became more popular and give major impact in the management of appendicitis.

OBJECTIVE
This study conducted to assess the gross appearance by surgeon in decision to do appendicectomy and through histopathological examination (HPE) to compare if there is any difference between appendicitis and periappendicitis.

METHOD
Prospective review of all appendicectomy done in Hospital Kajang from December 2014 to March 2015. The gross appearance assessed by surgeon and another person will assessed with cut section of appendix. Picture is taken to get third opinion from unrelated experience surgeon. Specimens then sent to lab for HPE. HPE report will be reviewed after a month to know the final diagnosis.

RESULTS
Total of 51 cases were operated for appendicitis. Majority preoperative and postoperative were appendicitis (includes perforated appendix) which accounts to 38 cases while periappendicitis were 3 cases. 3 periappendicitis cases were associated with ruptured right ovarian cyst, right endometrioma and terminal ileitis. 7 cases were normal appendix and 3 were congested appendix. 34 cases were diagnosed and matched with HPE report (true positive). 6 cases were diagnosed disease but negative HPE report (false positive). 6 cases were HPE report positive with negative diagnosis (false negative). 5 cases were diagnosis and HPE report negative (true negative).

DISCUSSION
A small number of patients were operated with preoperative diagnosis of appendicitis but postoperatively gynaecological pathology and terminal ileitis with associated periappendicitis which we had confirm with HPE.

CONCLUSION
Periappendicitis were 5.8%, appendicitis (includes perforated appendix) were 74.5%, congested appendix 5.8% and normal appendix were 1.8%. Sensitivity of this study is 85%.

INDEX OF SUSPICION WITH APPROPRIATE TIMING OF CT SCAN HELPS PREVENT MISSED DIAGNOSIS IN UROLOGICAL TRAUMA

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Urological trauma is rare, difficult to diagnose and rarely occurs in isolation. Here we present two cases of urological trauma where the presentation was subtle, difficult to diagnose but would have resulted in grave outcome had the diagnosis been missed altogether. The first case was a sport-related injury involving an 18-year-old boy, who had a fierce tackle with an opponent while playing soccer. The resultant trauma brought this young boy to the emergency department complaining of lower abdominal pain and tinge of haematuria. A tender lower abdomen raised the possibility of a bladder injury. Contrast enhanced CT at venous phase showed normal bladder and kidneys but minimal fluid with fat streakiness seen at left perinephric region, unable to trace left ureter at 5 minutes delay images. However, due to strong suspicion of possible collecting system injury, a delayed phase of 20 minutes was performed. These delayed images showed contrast leakage surrounding the left kidney and proximal left ureter revealing a total ureteropelvic junction (UPJ) avulsion. The left kidney was stented and patient recovered well. The second case was a high speed motor vehicle collision involving a 30-year-old gentleman, who sustained concussion, right femur fracture and a streak of haematuria after urinary catheterization. Right iliac fossa tenderness prompted a CT of the abdomen. A delayed film performed at 30 minutes revealed ruptured dome of the bladder which was missed on the initial scan. Repair was performed and patient recovered well. These two cases highlight the importance of prompt and proper imaging timing to look for evidence of injury even though signs may be subtle.
DISCUSSION

The term ‘hostile neck’ is defined as an aneurysm neck >28mm, angulation >60°, neck length <15mm, as well as presence of neck thrombus or flare. EVAS does not require a landing zone, rather the graft is held in place via filling of the aneurysm sac with a biostable polymer, contained within mouldable endobags that span the entire length of device. This technique prevents the occurrence of endoleak.

CONCLUSION

The EVAS system shows promise as a safe and viable next-generation device for endovascular treatment of AAAs.
CONCLUSION
Unexplained constipation in pediatric patients must be investigated further to determine its cause. Diagnosis of small bowel diverticulum is difficult from imaging and sometimes can be missed. Clinical correlation and careful assessment of patients' condition must be done to determine whether an operation is required or not.
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BASAL CELL CARCINOMA: A MOLE IN DISGUISE
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Basal Cell Carcinoma (BCC) is a locally invasive malignant epidermal tumour. It is an indolent primary cutaneous neoplasm arising from the basal layer of epidermis. It is locally aggressive, may invade the skin and adjacent structures, including the muscles and bones, and has a low metastatic potential. Surgery is the treatment of choice of primary BCC while chemotherapy is used for metastatic BCC.

This is a case of an elderly 68 years old Indian lady with Hypertension and Dyslipidemia. She presented with a mole at the sacral area which is increasing in size for about 1 year duration. The mole started to become bigger and would bleed on and off. She also complaining of tingling sensation and itchiness surrounding the area. Examination noted a pedunculated pilonidal growth overlying the sacral area measuring about 6x6 cm with skin excoriation. A wedge biopsy was performed initially and result came back as a Meningocele Pyogenic Granuloma with features in favour of malignant skin appendageal tumour. Later she underwent excision biopsy of the tumor with covering rhomboid flap.

Intraoperatively, noted a cauliflower like pilonidal growth measuring about 5x4 cm with stalk height of 1 cm. Excised margin about 2 cm was excised surrounding the tumour. Result came back as BCC with surgical margin free from malignant cell infiltration.

Despite BCC more common occur at the face, we must not forget that it can occur at other places such as the sacral and trunk. Presentation might be atypical such as a mole and may be mistaken as melanoma. Complete excision of the BCC allows disease control and reduction of relapse which emphasize complete clearance of surgical margin from malignant cell.

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TEMPORARY CATHETER FIRST PERFUSION VIA CARDIOPULMONARY BYPASS MACHINE IN PROXIMAL ARM REPLANTATION
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INTRODUCTION
Since the first successful arm replantation reported by Malt and McKhann in 1962, developments and refinements to upper extremity replantation techniques have led to higher success rates with better functional outcomes. One of the most important factors of a successful macroreplantation is the ischaemic time of the amputated part, as irreversible muscle necrosis begins after 6 hours of warm ischaemia. Nunley et al in 1981 has described the use of temporary catheter perfusion technique in upper limb replantation surgery to reduce ischaemia time without any significant complications. This technique helps to reduce complication rates in upper limb replantation surgeries.

METHODS
A case of 31-year-old male man alleged in motor vehicle accident sustained total amputation of right upper limb at the level of proximal arm. Temporary catheter first perfusion was used via cardiopulmonary bypass machine at 6 hours of warm ischaemia, The technique used is described, along with relevant literature.

RESULTS
This technique allowed early reperfusion of the amputated hand, allowed better wound evaluation and debridement, and facilitated better bone stabilisation prior to vascular repair and improving chance of muscle preservation despite delayed presentation.

CONCLUSION
This technique is a useful adjunct for upper extremities replantation especially when the patient presents with a critical duration of warm ischaemia.
After intubation, a submucosal 4 quadrant peritumoural injection of 0.5ml (50ug/ml) ICG solution was performed endoscopically. ICG enhanced fluorescence imaging was carried out using a high definition camera with a 10mm 30 degree telescope equipped with a specific lens and a light source that emits both white and near infrared (NIR) light (KARL STORZ GmbH & Co. KG, Tuttlingen, Germany). All draining lymph nodes showed ICG emitted fluorescence enhancement on NIR light. This created a lymphatic map which made en bloc resection of lymph nodes easy. D2 lymphadenectomy was performed and all fluorescent enhanced spots were removed during the surgery. The ICG enhancement also assisted in dissection of lymph nodes from the specimen. Lymph nodes were sent according to their stations. Histopathology report showed poorly differentiated adenocarcinoma T3N1 with 40 lymph nodes isolated. 1 out of 11 lymphs nodes with ICG enhancement was positive for lymph node metastasis. The remnant of 29 lymph nodes not draining ICG showed no lymph nodes metastasis. The patient is well upon review in clinic 3 months post operation and is currently receiving chemotherapy.

CONCLUSION

In minimally invasive surgery for locally advanced gastric cancer, ICG guided lymph node mapping is useful to assist in completeness of lymph nodes clearance in D2 lymphadenectomy, thus allowing improved staging in patients.
RECURRENT STABLE LOWER GASTROINTESTINAL BLEEDING WITH NEGATIVE PAN-ENDOSCOPY; A YEAR DILEMMA SOLVED BY A SINGLE CT SCAN

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INTRODUCTION
Lower Gastrointestinal Bleeding (LGIB) accounts for nearly 20% of all gastrointestinal bleeding cases and often self-limiting. Despite of low mortality (2-4%), its diagnosis and management are demanding especially with negative pan-endoscopy. Are we dealing with false negative colonoscopy findings or could it be small bowel in origin (rare)?

CT angiogram has been advocated as next modality of choice in massive bleeding however to our best of knowledge, its role in chronic LGIB is still debatable. Our case illustrates further regarding the above dilemmas and demonstrates an essential role of CT scan even in chronic LGIB.

CASE REPORT
A 44 year-old obese lady was admitted to our hospital with 3 days history of fresh per rectal bleeding and abdominal discomfort associated with anaemic symptoms. Clinically, she was neither tachycardic nor hypotensive. She gave history of repeated admissions (total of 5 times) since early 2015 for a similar problem at few other hospitals and was diagnosed as recurrent stable LGIB. During each admission, she required in average of four pints pack cell as her Hb was around 4-5 g/dL. Other than repeated pan-endoscopy, additional advanced imaging were also been done (RBC Technetium scan and Video Capsule Endoscopy) which unfortunately remained inconclusive. We decided to proceed with CT angiography which surprisingly demonstrated an intra-abdominal mass possibly small bowel in origin. The latter was confirmed by laparoscopy and was resected. She recovered well after surgery.

CONCLUSION
CT angiogram has an important role in the management of LGIB and should be considered early especially with negative pan-endoscopy. Its role in chronic bleeding cases remains to be established but looks promising as been demonstrated.

PROTESCAL : GEL ADHESIVE BARRIER FOR EARLY CLOSURE OF DEFUNCTIONING STOMA, MALAYSIAN EXPERIENCE

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Demonstrates procedure, key steps and concept of Protescal, new adhesive barrier used in cases of the temporary defunctioning stoma. This video shows how it is applied to wound and peristomal area and the resulting ease of dissection of stome during reversal two weeks later.

A SURGEON’S DILEMMA IN LEPTOSPIROSIS MIMICKING ACUTE PANCREATITIS

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Hyperamylasemia more than 3 times the normal limit with abdominal pain is pathognomonic presentation of acute pancreatitis. However, serum amylase can be raised in both pancreatic and non-pancreatic diseases. The objective of this case report is to highlight a rare case of leptospirosis mimicking acute pancreatitis. The patient was a 23 years old Orang Asli male with no co-morbid. He presented with persistent dull aching abdominal pain for 5 days that was associated with obstructive jaundice symptoms and fever. Clinically he was deeply jaundiced, febrile with tenderness at right hypochondrium and epigastric region. His serum amylase was 9 times above normal limit. Liver function test showed significant increase in alkaline phosphatase (ALP) and bilirubin level with normal alanine aminotransferase (ALT). Furthermore, he had acute kidney injury with urea 39mmol/L, hypocalcaemia and hypoalbuminaemia. Being an Orang Asli who commonly has contact with open water source, a Leptospirosis Rapid Test was performed which was positive. Base on the result above, he was diagnosed as Acute Pancreatitis with IMRIE Score 3 with possible Leptospirosis. He was nursed in level 3 care and infused with adequate amount of fluid. Subsequently, Ultrasound
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Hepato-Biliary System was performed and he underwent Endoscopic Retrograde Cholangio-Pancreatography which were both unremarkable. Only after repeated serology test for Leptospirosis was positive, his treatment plan was concentrated on the second diagnosis. He recovered well without any complications. Such cases may result in delay of antibiotic administration as antibiotics are not prescribed in mild pancreatitis. The indication for ERCP has to be justified as it can cause further complications. Absence of clinical findings to support pancreatitis should alert the managing team to further investigate for non-pancreatic causes of hyperamylasemia.

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BASIC SURGICAL SKILLS FOR MEDICAL STUDENTS: CAN IT BE DELIVERED BY PEER-ASSISTED LEARNING?

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INTRODUCTION

Peer-assisted learning (PAL) is the use of learning and teaching strategies where students learn from each other. Medical schools have effectively used PAL in teaching and learning activities. However, there is no knowledge of its use in procedural skills learning. Basic surgical skills has become an integral part of undergraduate medical education and is usually delivered by faculty. At International Medical University, students of the surgical society conduct skills training regularly on an informal basis. Effectiveness of this learning activity as compared to faculty led teaching is not known. This project is to study the effectiveness of PAL.

METHOD

This is a randomized single blinded controlled trial. Selected students from surgical society were tutored and trained by faculty in basic surgical skills. A cohort of 35 medical students were randomized to receive basic surgical skills training conducted either by faculty or peers. They received training on basic surgical

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ACUTE SEGMENTAL BOWEL ISCHAEMIA SECONDARY TO MESENTERIC VENOUS THROMBOSIS

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Acute mesenteric venous (AMV) thrombosis is an uncommon disorder that can lead to acute mesenteric ischaemia and patients may present with non-specific signs and symptoms. Mesenteric venous thrombosis causing acute small bowel ischaemia accounts for 5-15% of cases. (1) This case report is on a 48-year-old male patient whom presented with acute jejunum ischaemia secondary to superior mesenteric vein (SMV) and portal vein thrombosis. The diagnosis was made by contrast enhanced computed tomography (CT) abdomen in the presence of equivocal abdominal examination findings. Both angiography and exploratory surgery played diagnostic and therapeutic roles in management of this patient. It is important to investigate the aetiology of this condition such as in acquired or hereditary hypercoagulable states. The mainstay of treatment is systemic anticoagulation to prevent further propagation of thrombus and decrease recurrence and mortality.

KEYWORDS

Mesenteric venous thrombosis, Small bowel ischaemia, Anticoagulation
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TWO IN ONE: AN UNCOMMON SURGICAL CAUSE OF ABDOMINAL PAIN IN PAEDIATRIC AGE GROUP

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One of the most common causes of abdominal pain in children is intussusception. Most intussusceptions are of unknown etiology without recognizable lead points. We present, a case of a twelve-year-old Malay boy with recurrent abdominal pain, which subsequently found to have an ileo-ileo and ileo-colic intussusceptions secondary to a huge polyoidal tumor at the ileo-cecal junction. This uncommon double intussusception as a cause of recurrent abdominal pain will be discussed and all the literature will be reviewed.

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INFECTED URACHAL CYST: A RARE PRESENTATION OF URACHAL CARCINOMA

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INTRODUCTION
Urachus is a vestigial structure that connects the bladder to the allantois during early embryonic development. After birth, it becomes a fibrous cord known as the median umbilical ligament. If the remnant of the allantois remains within the ligament, it may develop into cyst and epithelial neoplasms. As any cystic lesions, it tends to be infected and forms abscess. Infected urachal cyst commonly presented with umbilical discharge and fever. However, it is rarely seen in adult as urachus is normally obliterated during early childhood. As part of the neoplasms, urachal carcinoma is uncommon and can be devastating malignancy of the urinary bladder. It was first described by Hue and Jacquin in 1863. Its pathophysiology is not well understood and the clinical presentation varies.

CASE PRESENTATION
We are reporting a case of urachal carcinoma in a 53-year old gentleman, who presented with a tender periumbilical mass which was associated with purulent umbilical discharge. A diagnosis of infected urachal cyst was made and the patient was treated with antibiotics. Further radiological investigations revealed urachal mass which extended into the urinary bladder.

CONCLUSION
As urachal abnormality is uncommonly found in adults, its presence as the clinical presentation of underlying urinary bladder malignancy is very rare. Further investigations are required to establish accurate diagnosis in an adult patient who presented with infected urachal cyst.

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PARADIGM SHIFT OF IMMEDIATE BREAST RECONSTRUCTION SERVICE IN UMMC BY BREAST ONCOPLASTIC SURGEONS

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OBJECTIVE
The aims of this study are to describe the transition of immediate breast reconstruction service and to evaluate the clinical outcomes of immediate breast reconstruction done by Oncoplastic Breast Surgeons.

METHODS
All records of patients with breast cancer (stage 0 - III) who had immediate breast reconstructions after skin sparing mastectomy between 2013 and 2015 were included in this study. Patient demography and tumour clinicopathological characteristics, type of reconstruction, postoperative complications and incidence of recurrence were reviewed.

RESULTS
Immediate breast reconstruction after skin sparing mastectomy rate rose from 3.2% (94/ 2966) in 2002-2012 to 10.9% (58/532) in 2013-2015. From 2013 to 2015, a total of 58 patients underwent this procedure. Free flaps were done by plastic surgeon and pedicled flaps were done by both breast and plastic
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The commonest technique used by breast surgeons from 2013 to 2015 was the latissimus dorsi musculocutaneous flap (LD) alone in 49 (84.4%) patients and 6 (10.3%) patients had pedicled transverse rectus abdominis myocutaneous (TRAM) flap. Implants were used in 2 (3.4%) patients with combination with LD flap. The average hospital stay was 7.2 days. There were total of 6 local complications noted throughout the three years 6 (10.3%). 3 (5.2%) patients developed post-op wound infection needed admission for antibiotic treatment, 1 (1.7%) haematoma at donor site needed evacuation, and 2 (3.4%) LD flap migration needed re-operation. However, there was no delay in accomplishing postoperative adjuvant therapy. At a median follow-up of 46 months (range 1 to 163 months), local recurrence was seen in 1 patients (1.7%) and systemic recurrence was seen in 2 patients (3.4%).

CONCLUSION

The uptake of immediate reconstruction was 3 times higher from 2002-2012 to 2013-2015. Skin sparing mastectomy and immediate breast reconstruction for breast cancer is safe to be performed by trained Breast Oncoplastic Surgeon as its relatively low complication rate.

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RARE CASE OF METASTATIC LIVER TUMOUR. A REPORT OF TWO CASES AND REVIEW OF THE LITERATURE

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INTRODUCTION

Meningeal haemangiopericytoma is a rare tumour and account for 1% of all intracranial tumour. It quite often recurs at a distant site long after disease free interval following complete surgical removal.

METHOD

Case records of two surgically resected patients with metastatic hemangiopericytoma to liver were retrieved and studied.

RESULTS

CASE 1

A 68-year-old female, who had craniotomy, excision of meningeal haemangiopericytoma and adjuvant radiotherapy in 2007, was seen in clinic with painless abdominal swelling and palpable right hypochondrium mass. Multiphasic CT revealed large encapsulated arterially enhancing hepatic tumour with central necrosis and washout on portovenous phase in the right lobe of liver with another smaller lesion in segment V that resemble of hepatocellular carcinoma. She underwent right hemihepatectomy and microscopic examination revealed metastatic haemangiopericytoma.

CASE 2

A 30-year-old female, who similarly had multiple craniotomies and radiotherapies for her recurrent intracranial haemangiopericytoma had presented with asymptomatic liver lesion on routine imaging. Contrast enhanced computed tomography revealed a large lesion on the right lobe of liver. She underwent right hemihepatectomy and recovered well. Her histopathological examination confirmed that of metastatic haemangiopericytoma.

DISCUSSION

Although benign haemangiopericytoma is curable by complete resection, it behaves aggressively with high rate of local recurrence and distant metastasis. We report two cases of meningeal haemangiopericytoma, which metastasized to the liver 7 years after complete surgical resection and adjuvant radiotherapy.

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MASKED PERITONISM IN THE HYPOTHYROID PATIENT WITH A PERFORATED TERMINAL ILEUM ADENOCARCINOMA. A CASE REPORT

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INTRODUCTION

Principles of Surgery states that abdominal signs evident of Peritonism is inarguably the ultimate decisive factor for interventional laparotomy.

We demonstrate how the lack of said signs has manifested in the delay of diagnosis of an intraperitoneal sepsis , as the patient was clinically and biochemically hypothyroid, and thyroid function stabilization was mandated and prioritized.

CASE REPORT

Madam X , a 79 year old otherwise fit lady presented with PR bleeding and was worked up to have a Terminal ileum Adenocarcinoma with concurrent left adrenal incidentaloma. She was planned for op electively. In the ward, she was noted to be sleepy and delirious at times. Electrolyte and metabolite abnormalities were corrected and deemed normal, including TFT and functional workup for adrenalectomy. She progressively became blunted the night before the surgery and a repeat TFT
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AN ENCOUNTER WITH THE NECK OF SCYLLA . SIGMOID COLECTOMY FOR A VOLVULUS DONE IN THE ELECTIVE SETTING. A CASE REPORT

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INTRODUCTION

Volvulus, from the Latin word volvere (“to twist”), involving the sigmoid colon, deems to be the commonest form of volvulus presented in patients. Majority of patients present with an insidious onset of progressive abdominal pain with symptoms of obstruction. Endoscopic reduction of a sigmoid volvulus has been reported to be successful in 75 to 95 percent of cases. The surgical management of a sigmoid volvulus includes resection with primary anastomosis or a Hartmann’s procedure. Sigmoid resection with primary anastomosis has been associated with the greatest success in patients who have not developed gangrene.

CASE REPORT

60 year old Indian gentleman, with no known Co-morbidities was electively admitted in PPUM on the 31/3/2016 for a Sigmoid Colectomy to be performed electively on the 1/4/2016. Initial presentation in March involved generalised recurrent colicky abdominal pain, nil BO for 3 days associated gross abdominal distension. The abdominal Xray classically revealed a coffee bean sign, CT of the Abdomen and Pelvis revealed a sigmoid volvulus with no evidence of pneumoperitoneum. Decision for an Endoscopic Reduction was made, revealed hyperemic mucosa at the descending colon (area of volvere) and a redundant sigmoid. Endoscopic reduction was successful. Subsequently readmitted as mentioned for a sigmoid colectomy with primary anastomosis. Findings include a grossly dilated, redundant sigmoid colon, with healthy serosa, without evidence of ischaemia.


CONCLUSION

We illustrate key points that influence decision making of sigmoid resection for recurrent volvulus and subsequent factors that influence intra operative decision making for restoration of bowel continuity.

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UPTAKE OF COLORECTAL CANCER SCREENING AMONG HEALTHCARE PROFESSIONALS IN SEREMBAN, MALAYSIA

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INTRODUCTION

Colorectal cancer (CRC) is commonly neglected in Asia due to poor screening rates where Malaysia is among the lowest (3%). Lack of recommendation by physician is one of the main obstacles for CRC screening. For successful implementation of screening programme, healthcare workers (HCW) should be targeted by education and sensitization to increase the awareness, confidence and compliance of the public.

OBJECTIVES

To determine the uptake and factors affecting the uptake of CRC screening among the healthcare community.

MATERIALS AND METHODS

A cross sectional study was done at Hospital Tuanku Jaafar, Seremban on 92 participants using convenience sampling. The participants were HCWs, aged 40 and above. They were administered a screening tool designed according to the Health Belief Model, consisting of sociodemographic details, knowledge...
IS PROPHYLACTIC CONTINUOUS INFUSION OF CALCIUM SOLUTION BETTER THAN BOLUS CALCIUM IN PREVENTING HYPOCALCEMIA AFTER TOTAL THYROIDECTOMY?

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BACKGROUND
Hypocalcemia is a frequent complication after total thyroidectomy; it ranges from 0.33-65%. A significant decrease in postoperative hypocalcemia was identified in patients who received prophylactic calcium. At the moment, there is no established study indicating the suitable dose and route of administration of calcium. Aim of this study is to identify whether prophylactic continuous infusion of calcium solution is better than bolus calcium in preventing hypocalcemia after total thyroidectomy.

METHODS
Prospective randomise study on patients underwent total thyroidectomy. GroupA received continuous intravenous CalciumGluconate 3g in 500ml normal saline for 24hours and groupB received intravenous bolus CalciumGluconate 1g in 20ml normal saline 8hourly for 24hours. Serum calcium was measured at 6hour, 12hour, 18hour and 24hour post operation. Incidence of hypocalcemia, adverse effects of intravenous calcium and duration of hospital stay were recorded.
diagnosis is often delayed for an average 40.5 months. High level of suspicion for carcinoma in all axillary mass is important to prevent delay diagnosis. Immunohistologic test can help to differentiate between accessory breast cancer from carcinoma of adnexal origin, a breast-like or apocrine carcinoma and a metastatic breast cancer. There is no specific treatment protocol for accessory breast cancer. Currently, the staging and treatment is similar to orthotopic breast cancer guidelines. Even though the incidence of accessory breast cancer is very rare, high index of suspicion and knowledge about this disease is very important because it can prevent misdiagnosis and avoid delay treatment.

ACCESSORY BREAST CANCER: CASE REPORT AND REVIEW OF THE LITERATURE

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INTRODUCTION
Incidence of accessory breast cancer is very rare, reported only in 2% to 6% of the normal population. We report a rare case of left accessory breast cancer.

CASE PRESENTATION
Madam Y, 60 years old who has congenital bilateral accessory breast, presented to us with history of mass at her left accessory breast for one year duration. Clinically, there was palpable painless hard mass (7x5 cm) at her left accessory breast. Both her breasts and right accessory breast were normal. Ultrasound and mammogram showed no breast abnormality but found suspicious lesion near left axilla with BIRADS III. FNAC of left accessory breast suggestive of carcinoma from breast tissue. She underwent wide local excision of left accessory breast and level II left axillary clearance. HPE revealed invasive carcinoma of left accessory breast with no lymph node involvement.

DISCUSSION
Incidence of accessory breast cancer is rare (0.2-6%) and axilla is the most frequently involved. Because of its rareness, the
REFUSAL FOR SURGICAL INTERVENTION IN INFLAMMATORY BOWEL DISEASE AT UNIVERSITY MALAYA MEDICAL CENTRE

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Inflammatory bowel disease (IBD) in Malaysia is on the rise. Medical treatment is the primary management. Surgery is indicated for patients refractory to medication or develop disease complications and involves bowel resection with or without stoma creation. There are patients who refuse surgery

This study aims to identify reasons for refusal for surgery. Also, to determine the mean time from surgical referral to surgery and includes consequences of delay of the surgery to the extent of the surgery performed.

This was a retrospective cohort study of all IBD patients, 18 years old and above diagnosed in UMMC from 2010–2014. Demographic data was collected from the database and medical notes. The subgroup of patient agreed and refused for surgery were collected and data analyzed in SPSS.

102 patients were diagnosed with IBD but only 84 (82.4%) analyzed due to missing data. The mean age was 37.6 years and more common in Indian ethnicity. Almost 45% (38) of patients required surgical referrals but only 60% (23) agreed for surgery. Almost 50% (8) of the patients who refused, required surgery eventually due to disease complications. The main reasons for refusals were: stigmata towards stomas (53%), seeking alternative treatment (40%) and financial constraints (26%). The mean time to surgery for patient who initially refused was significantly longer (44.3 weeks) compared to patients who agreed at first referral (17.3 weeks). There was significantly more emergency surgeries (72.7%) and stoma creation (75%) in this group of patients.

The main reason for refusal for surgery in IBD patients was stigmata towards stomas. Delaying surgery significantly increases the mean time to surgery with higher rate of emergency surgeries and stoma creation.
THE USE OF INDOCYANINE GREEN IN COLORECTAL CANCER SURGERIES IN UMMC – AN EARLY EXPERIENCE
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Indocyanine green (ICG) a dye that is widely used in medical diagnostics, is rapidly gaining potential in surgical oncology specifically for colorectal cancer surgeries. It is a sterile, anionic, water-soluble but relatively hydrophobic, tricarbocyanine molecule and, once injected into the vascular system, via the intravenous route, binds to plasma proteins. ICG becomes fluorescent by near-infrared light which creates a vein map for intraoperative evaluation of bowel perfusion and aids decision on where to anastomose and also evaluation of the anastomosis later.

The aim of this study is to analyze our pilot experience with ICG-enhanced fluorescence to evaluate the perfusion of the bowel during colorectal resections and anastomoses. We include 2 cases in this study done via laparotomy, a patient with low rectal cancer for abdominoperineal resection and another with a splenic flexure cancer with liver metastasis for extended right hemicolectomy and enucleation of liver metastasis. 0.3mg/kg of ICG is injected intravenously 2 hours before surgery and at 4 quadrants of the tumours intraoperatively. Near infrared light using Karl-Storz laparoscopic light applied to demonstrate the vein and lymphatics drainage of the tumour.

In conclusion, this poster will demonstrate the use and benefits of ICG dye in colorectal cancer surgeries in our centre.
REVIEW ON DIEP FLAP FOR BREAST RECONSTRUCTION

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INTRODUCTION
Every year many patients diagnosed with breast cancer are subjected to mastectomy. Some of them choose to undergo breast reconstruction to restore their body image. Deep inferior epigastric perforator (DIEP) flap has become a standard for autologous breast reconstruction.

OBJECTIVES
This study examined 28 cases of deep inferior epigastric artery perforator (DIEP) free flaps for breast reconstruction, with respect to complications post operation.

METHODS
Between 2005 to 2015 we performed 28 cases of breast reconstruction with Deep Inferior Epigastric Artery Perforator (DIEP) flap post mastectomy for breast carcinoma. Breast reconstructions were immediate (n = 23) or delayed (n = 5).

RESULTS
Mean age for patient underwent DIEP breast reconstruction is 44 (24-67). Complications post DIEP flap includes arterial thrombosis (n=2), partial flap necrosis (n=1), umbilical wound gapping (n=1), fat necrosis (n=1) and NAC necrosis (n=1) (nipple sparing mastectomy).

CONCLUSIONS
DIEP free flap is the workhorse for breast reconstruction in our centre. Our series of Deep inferior epigastric perforator flap (DIEP) for breast reconstruction showed low donor site morbidity and excellent outcome.

INCIDENTAL ECTOPIC PAPILLARY THYROID CANCER

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Incidental ectopic thyroid cancer is an extremely rare disease. We report a case of incidental ectopic papillary thyroid cancer at inferior to right submandibular gland in a 36-year-old man.

He presented to medical clinic with expressive aphasia. CT brain was done for him and it showed multifocal brain infarct and incidental finding of ectopic thyroid mass at right side of his neck measured 3.8cm (AP) x 4.8 cm (W) x 4.3 cm (CC). FNAC of his ectopic thyroid mass revealed a follicular lesion. Thyroid scan was performed to confirm whether it was the only functioning thyroid tissue. Thyroid scan showed evidence of functioning thyroid tissue in the lingual and right hyoid region. There was no evidence of functioning thyroid tissue in the thyroid bed.

He underwent excision of his ectopic thyroid gland and histopathological examination showed micropapillary thyroid cancer measured 5x 3 mm.
RESULTS
There were 63 patients diagnosed with Duke’s B colorectal carcinoma. 64% were male and 36% were female. 57% were Chinese patients, followed by 38% Malays. 58% of patients have tumor arising from the sigmoid and rectum. 46% received adjuvant treatment. Only 17% are diagnosed with T4 lesion after resection. Among patients whom received adjuvant treatment, 3% are mucinous adenocarcinoma type, 5% lymph node were less than ten and 14% has lymphovascular infiltration. Tumor recurrence occurs in 7% of patients, in both group of patients whom received adjuvant treatment and those whom did not.

CONCLUSIONS
Although a majority of patients will be cured with resection, a significant minority will ultimately relapse, suggesting the need to identify patients who may benefit from adjuvant therapy.

STRUCTURED SURGICAL TRAINING IMPROVES SURGICAL HAND DEXTERITY – AN OBJECTIVE ASSESSMENT WITH THE GROOVED PEGBOARD TEST
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OBJECTIVES
To investigate the relationship between structured surgical training and fine motor skills by objective assessment of manual hand dexterity.

METHODS
The Grooved Pegboard test is a manipulative dexterity test. The participants are to insert the pegs into the slots in sequence, first with the dominant hand and then with the non-dominant hand. The length of time required to perform the trial was then recorded in seconds. The number of “drops” made during each trial were also carefully recorded.

RESULTS
Sixty participants with different levels of surgical training were included in this study. The median age of patients (at the time of study) was 32 years old (mean: 32 ± 4.0, range: 24-39). Males constituted 70% of the population. The participants were equally distributed in terms number of years of surgical training.

One-way ANOVA test showed statistically significant difference between years of surgical training and time taken to complete tasks in both dominant and non-dominant hands (p =0.003 and 0.019 respectively). When analyzed for independent factors with multivariate regression analysis, both musical instruments (for dominant hands) and non-smoking lifestyle (for non-dominant hands) were found to have statistically significant association with the time taken to complete the tasks (p=0.025 and 0.034 respectively).

CONCLUSION
Our study shows that structured surgical training improves dexterity not only by speed but also precision. Factors such as musical background and smoking are important confounders in this association. The Grooved Pegboard being a manipulative dexterity test has the potential to be incorporated as a tool in the evaluation of trainees both in initial as well as ongoing assessment as a surrogate of fine motor skills improvement.

EPIDEMIOLOGIC REVIEW ON INCIDENCES AND TYPES OF EMERGENCY PRESENTATION OF CRC PATIENTS TO UNIVERSITY MALAYA FROM 2011-2014
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OBJECTIVES
CRC (Colorectal Cancer) is the commonest among men and third among women in peninsular Malaysia. The mean age of diagnosis is 61 years, with majority being more than 60 years old. This study aims to determine the correlation between age, sex and types of presentation requiring emergency surgical intervention in University Malaya Medical Centre (UMMC).

METHODOLOGY
Retrospective case review study done on CRC patients at UMMC. Age, sex and reason for emergency surgical intervention were extracted from case-records.

RESULTS
Total of 209 case records of patients were analyzed. Mean age of presentation was 62.8 (SD 13.9), male predominance at 52.6%. Majority of presentation is due to intestinal obstruction 85.6% and tumor perforation 10%.
found the ulcer extended into muscular propria layer. He was scheduled for concomitant chemo-radiotherapy.

SUMMARY
The cause of anal cancer is multifactorial. Virchow postulated that there is an association between chronic inflammation and cancer development since 1863. Foreign body can cause chronic irritation that can expose cells to carcinogenesis. In this case, the patient developed rectal ulcer after the stapler haemorrhoidopexy. This non-healing ulcer lead to local irritation and chronic inflammation. Eventually, it transformed into malignancy.
OUTCOME OF BURNS PATIENTS FOLLOWING INTENSIVE NUTRITION INTERVENTION: A FIVE-YEAR RETROSPECTIVE REVIEW OF A BURNS UNIT IN A TERTIARY HOSPITAL

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INTRODUCTION
Burns patients are among the most critically ill patients in the hospital. Immediate proper care and intensive therapy is crucial in the management of these patients. Early and intensive nutrition intervention is an important component in the management of burns patients.

METHODS
This is a retrospective review of a burns unit in a tertiary referral hospital January 2006 to October 2010. Patients were divided into 2 periods of time, from January 2006 till May 2008 and from June 2008 till December 2010, corresponding to the pre- and post-introduction of intensive nutrition intervention in the burns unit. Clinical data were retrospectively analysed.

RESULTS
A total of 445 patients were included into the study. During the pre-nutrition intervention period (Group A), there were 31 deaths (15%) out of 207 patients and in the post-nutrition intervention period (Group B), 25 deaths (11%) out of 238 patients who were admitted into the burns unit. 17% of patients died in Group A compared to 13% of patients from Group B among the 21-40% TBSA patients and 80% of patients died in Group A compared to 83% of patients in Group B among the 41-60% TBSA patients. 90% of patients died in Group A compared to 85.7% of patients died in Group B among the 61-80% TBSA patients. All 81-100% TBSA patients did not survive.

CONCLUSION
Intensive nutrition intervention is shown to benefit patients with 21-40% TBSA burns but the same benefit is not seen among those beyond 40% TBSA.

METABOLIC SURGERY FOR A NORMAL WEIGHT DIABETIC WITH INSULIN ALLERGY

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INTRODUCTION
Type II diabetes mellitus is usually associated with obesity. However, approximately 15 to 20% of people with type II diabetes mellitus are neither overweight or obese and are within the normal weight range. We report a normal weight patient with type II diabetes mellitus who has a confirmed allergy to all available insulin preparation.

CASE DESCRIPTION
A 68-year-old man of Chinese ethnicity with a BMI of 22, has been suffering from type II diabetes mellitus since the last eight years. He was eventually on two kinds of oral hypoglycaemic agents, and the endocrinologist had planned to start him on insulin. It was then that he was diagnosed with an allergy to insulin preparations. A total of 11 different types of insulin preparations were tested intradermally, and the allergy was confirmed. An impending pancreatic beta cell failure will lead to eventual ketoacidosis and death. After counselling and considering all available options, he had decided to undergo a laparoscopic sleeve gastrectomy and single anastomosis duodenojejunal bypass (SG-SADJB) as an attempt to ameliorate his diabetes. He had responded positively to the surgery with complete remission of diabetes two years following surgery.

CONCLUSION
SADJB is a viable option for normal weight type II diabetes mellitus patients with insulin allergy.
The trocar is withdrawn and the TEP space is created without the use of a balloon or special instrument. Operating time, adverse events and outcomes were measured.

RESULTS
A total of 32 patients were included in the study. The mean operating time is 43 (±8.4) minutes. No adverse events like bleeding or organ injury were seen. No recurrences or pain were recorded during the six-month follow-up of the patients.

CONCLUSION
Laparoscopic TEP approach using the Space Creation with Optical Entry (SCOPE) Technique is easy and feasible to employ with no adverse events or recurrences in the short term period.
As gout is a common disease, adequate treatment of the disease and routine screening should be performed for earlier detection of malignancy. A couple of studies have investigated possible roles of serum uric acid (hyperuricemia and gout) in carcinogenesis and cancer mortality, where findings demonstrated that gout patients were at an elevated risk of overall cancer. However, further research is required in Malaysia.

**SMALL BOWEL LYMPHOMA IN A GOUT PATIENT: A CASE REPORT**

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In Malaysia, gout is the commonest inflammatory disease characterized by acute arthritis and hyperuricemia seen in general practice. The epidemiology of gout is changing probably due to lifestyle changes. On the other hand, primary gastrointestinal lymphoma is very rare, comprising of only about 1-4% of all gastrointestinal malignancies.

This is a rare case of a 59 year old Malay gentleman with underlying hypertension and gouty arthritis with multiple scattered tophyr. He presented with signs and symptoms of peritonism secondary to perforated viscus. His Serum Uric Acid was raised with a value of 738umol/L. Exploratory laparotomy was performed where intraoperative findings showed multiple intraluminal mass throughout the small bowel with a size of 2-3cm, one which perforated approximately 50cm from the duodenojejuno junction. Resection of the jejunum was done and the histopathology report noted perforated small bowel with serositis secondary to Non Hodgkins Lymphoma, diffuse large B cell type (Non GCB).
She was initially offered radical laryngectomy with permanent gastrostomy but patient was not keen, and so a debulking procedure was planned, which would potentially compromise oncological resection. Intra operatively, there was a hard tumour involving the right carotid artery and extending posteriorly. The Right RLN was extensively involved and cut. ENT proceeded w injection thyroplasty. Post-operatively patient is planned for IMRT and RAI. Unfortunately she has persistent dysphagia (able to tolerate blended meal only), thus an open gastrostomy had to be carried out as a temporary feeding aid.

INDEED – SCHYLLA VS CHARYBIS : WHICH IS THE FAIRER MONSTER?”

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²University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

We present and discuss a treacherous case of right sided papillary thyroid cancer with retrotracheal extension causing right vocal cord palsy and dysphagia. 62 year old female presented with an anterior neck lump, and symptoms of dysphagia associated with intermittent dyspnoea and a change of voice. She denied any symptoms of hyper- or hypothyroidism. Examination revealed a large goiter that extends into the right posterior triangle. A barium swallow showed oesophageal narrowing at level Cc7 vertebra with pooling of contrast above the narrowing. An OGDS also failed to pass through the narrowing at the upper oesophagus. FNAC suggested papillary carcinoma. CT neck/thorax showed right thyroid lobe mass causing external compression to cervical structures and upper thoracic oesophagus. Pre-op Vocal cords assessment revealed right VC palsy.

Ileum was completely collapsed and a Meckel’s diverticulum was incidentally discovered. A diagnosis of a volvulus was made and the bowel was untwisted laparoscopically. As the bowel was strangulated, an enterectomy and primary anastomosis was made. The post-operative period was marked by a brief period of ileus but the patient was discharged well a week after the surgery. Conclusion: Volvulus and intestinal obstruction in a young adult may occasionally have a congenital aetiology. Although intestinal obstruction is a contraindication for laparoscopy, it may be feasible and indicated in some cases especially where a pre-operative diagnosis is uncertain.
**INTRODUCTION**

Bariatric surgery is relatively new in Malaysia with the first recorded open gastric band surgery performed in 1999 at our institution. There is a growing need for bariatric surgery in this country where the obesity rate is the highest in South East Asia.

**METHODS**

Prospective collection of data was undertaken from October 2010 till June 2015. Five hundred patients were included in the series. Statistics were by univariate analysis.

**RESULTS**

Four hundred eighteen female patients and 82 male patients with a mean age of 35.7 years, underwent laparoscopic bariatric surgery. Three hundred twenty-five patients (65%) had BMI <50. Sleeve gastrectomy (SG) was performed for 274 patients (55%), Roux-en-Y Gastric Bypass (RYGB) 123 patients (24%), gastric band 14 patients (3%), greater curvature plication (GCP) 15 patients (3%), banded plication (GCP+band) 36 patients (7%), single anastomosis duodenojugal bypass (SADJB) 7 patients

**CONCLUSION**

Laparoscopic bariatric surgery is an effective weight loss and metabolic procedure with low complication rates and mortality.

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**FACTORS INFLUENCING THE OUTCOME OF LAPAROSCOPIC CHOLECYSTECTOMY IN OUR SETUP AT HOSPITAL TUANKU JA’AFAR SEREMBAN MALAYSIA**

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**INTRODUCTION**

Laparoscopic cholecystectomy is the removal of the gall bladder with the aid of a laparoscope. It is now the gold standard treatment for symptomatic cholelithiasis and is more favorable compared to open cholecystectomy in terms of rapid recovery, less post-operative pain and early ambulation.

**OBJECTIVES**

This study is conducted to identify pre-operative factors that predispose to conversion of laparoscopic cholecystectomy.

**MATERIALS AND METHODS**

Patients with symptomatic cholelithiasis from Hospital Tuanku Ja’afar (HTJ) were selected for this study. The patient data was obtained from the records of operative notes and online database. Patients aged ≥ 18 years with clinical diagnosis of symptomatic cholelithiasis who underwent laparoscopic cholecystectomy at HTJ from January 2013 to December 2014 were included in this study. Data was analyzed using chi-square test, T-test, Fisher’s exact test and logistic regression.

**RESULTS**

200 patients fulfilled the inclusion criteria. Conversion to open cholecystectomy was in 28 patients (14%). Patients with acute cholecystitis were 3.375 times more likely to undergo conversion. Men were 2.5 times more likely to undergo conversion than women. Patients aged ≥53 were more likely to undergo conversion. Patients with diabetes mellitus were 3.79 times more likely to undergo conversion. Patients with hypertension were 2.55 times more likely to undergo conversion. When the five factors that are statistically significant in univariate analysis were entered into a logistic regression model, only two factors remain statistically independently significant: diabetes mellitus (OR=3.1, 95%CI 1.2 to 8.0) and acute cholecystitis (OR=3.6, 95%CI 1.5 to 8.6).

**DISCUSSIONS**

In diabetic patients, there may be several attacks of sub-acute inflammation causing more scarring and making laparoscopic cholecystectomy more difficult.

**CONCLUSION**

Age, sex, acute cholecystitis, diabetes mellitus and hypertension have significant relationship with conversion of laparoscopic cholecystectomy. Diabetes mellitus and acute cholecystitis were the statistically independently significant factors that contribute to conversion.
ASSESSING RISK OF BREAST MALIGNANCY AMONG ASYMPTOMATIC WOMEN IN MALAYSIA USING ELECTRICAL IMPEDANCE TOMOGRAPHY: A PRELIMINARY RESULT

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INTRODUCTION
In Malaysia, early diagnosis of breast cancer in primary suburban healthcare setting is difficult to achieve chiefly due to the lack of mammogram availability. Therefore, Electrical Impedance Tomography (EIT), which uses electrical impedance for breast imaging is introduced as a potential adjunct modality for breast cancer screening.

OBJECTIVE
This study aimed to assess the risk of breast malignancy via Breast Imaging Reporting and Data System (BI-RADS) classification using EIT and to compare the percentage of population with increased risk of breast malignancy between EIT and mammogram (MMG) among asymptomatic women in Malaysia.
Angiosarcoma is an uncommon soft tissue sarcoma. This lesion mainly affects the skin and deep soft tissue. Involvement of the head and neck region is usually reported in the literature, especially in patient with long standing multinodular goiter.

Thyroid angiosarcoma is uncommon thyroid carcinoma and its incidence is the highest in the European Alpine regions. Thyroid angiosarcoma is also very aggressive tumor that can rapidly spread to cervical lymph nodes, lungs and brain or can metastasize to small and large bowel and induce severe bleeding. We present a case of angiosarcoma of thyroid gland with extrathyroid soft tissue invasion and lymphovascular invasion in a 57 year old lady.

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BACKGROUND

Bile duct injury during laparoscopic cholecystectomy is not uncommon. The use of ICG-enhanced fluorescence guided laparoscopic cholecystectomy has been described to prevent such injury. ICG dye was first discovered in 1955 by Kodak Laboratories for near infrared photography where its use has been extended to clinical applications such as measurement of cardiac output and determining functional liver reserve. The use of this method has been reported to reduce the incidence and prevent bile duct injury.

OBJECTIVE

To describe the use of ICG in laparoscopic cholecystectomy. We present a case to illustrate its application.

CASE PRESENTATION

A 70-year-old man was admitted for laparoscopic cholecystectomy following symptomatic cholelithiasis. Pre-operatively, 5mg of ICG was given intravenously 2 hours before surgery. The laparoscopic system used was a high definition camera system connected to

METHODS

The translation of the Malay SDM-Q-9 from the German version was carried out using the forward and back translation method. The Malay with existing English and Chinese SDM-Q-9 were assessed for content validity by SDM experts. They rated items ‘relevance’ to SDM concept using a 4-point scale. SDM-Q-9 was then assessed for face validity by five breast cancer patients for each version. For the main validation study, newly diagnosed breast cancer patients who were making treatment decisions were sampled conveniently at one tertiary hospital and two medical centres in an urban setting in Malaysia between August 2015 and February 2016. They completed the SDM-Q-9 after their consultations. Data was analysed using SPSS and AMOS software.

RESULTS

A total of 222 breast cancer patients were recruited where 87 participants answered in English (39.2%), 66 in Malay (29.7%) and 69 in Chinese (31.1%). The mean age of the participants was 54.8 (SD=12.3). All SDM experts agreed the nine items in the instrument are content valid and the breast cancer patients found the questions to be clear with no modification for each version (face validity). Reliability analyses showed high Cronbach’s alpha of 0.88, 0.92 and 0.92 and good inter-item correlations $r=$0.35-0.72, 0.56-0.84 and 0.45-0.77 for English, Malay and Chinese versions respectively. In exploratory factor analyses the KMO values were excellent (0.87, 0.89 and 0.91). Single factors were extracted for all three language versions and each accounted for more than 50% of the variance. In confirmatory factor analysis, the English, Malay and Chinese SDM-Q-9 demonstrated good reliability, face validity and content validity. In all versions, seven items in the SDM-Q-9 demonstrated good validity hence we propose the use of a 7-item questionnaire among the breast cancer patients in Malaysia for assessing their treatment decision making.
reducing weight, BMI and liver volume prior to bariatric surgery, however we were unable to determine the superiority of one treatment modality over the other. Dietary restriction of up to 800 kcal/day in the VLCD regime is the most common cause of non-compliance among our obese patients awaiting surgery. The absence of such restriction in the PUFA approach could render it more palatable and favourable for purpose of pre-operative hepatic volume reduction. A separate cost analysis study is currently in progress at our institution and we hope it may be able to shed more light into the economic impact of pre-operative administration of Omega 3 PUFA supplementation in obese patients.

METHOD
A randomized control trial (RCT) was conducted by the Upper GI and Bariatric Surgery Unit of UKM Medical Centre (UKMMC) between January 2014 to December 2015, to compare the outcome of VLCD and Omega-3 PUFA supplementation in reducing hepatic volume. Total of 52 morbidly obese patients were randomized into the two groups for duration of 4 weeks; VLCD group (n=25) and Omega-3 PUFA supplementation group (n=27). MRI volumetry of liver, measurement of weight, BMI and serum Alanine Transaminase (ALT) levels were carried out upon study enrollment and again at the end of 4 weeks post completion of either modality.

RESULTS
Mean BMI in VLCD group was 43.22 + 10.87 at baseline and 42.05 + 10.34 at 4 weeks (p=0.001), while mean BMI in Omega 3 Pufa group was 42.03 + 6.97 at baseline and 40.91 + 6.85 at 4 weeks. Significant weight loss and reduction in BMI was noted in both groups at the end of 4 weeks but statistically not significant when compared between the two. Liver volume reduction in VLCD group was 37.10 + 15.76 cm3 and 34.88 + 9.99 cm3 in the Omega 3 PUFA group. Individually significant, inter group comparison of hepatic volume reduction was not (p=0.29). Serum ALT did not show much change at the end of study duration with no statistical difference between both groups (p=0.41)

CONCLUSION
VLCD and Omega-3 PUFA supplementation are both beneficial in reducing weight, BMI and liver volume prior to bariatric surgery, however we were unable to determine the superiority of one treatment modality over the other. Dietary restriction of up to 800 kcal/day in the VLCD regime is the most common cause of non-compliance among our obese patients awaiting surgery. The absence of such restriction in the PUFA approach could render it more palatable and favourable for purpose of pre-operative hepatic volume reduction. A separate cost analysis study is currently in progress at our institution and we hope it may be able to shed more light into the economic impact of pre-operative administration of Omega 3 PUFA supplementation in obese patients.
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PRELIMINARY RESULT – THE EFFECT OF CRURA REINFORCEMENT ON GASTRO-OESOPHAGEAL REFUX DISEASE SCORE POST LAPAROSCOPIC SLEEVE GASTRECTOMY – A RANDOMISED CONTROL TRIAL

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OBJECTIVE
Obesity is a healthcare burden worldwide, an independent risk factor for multiple serious chronic illnesses, impacting healthcare financially. Gastro-oesophageal reflux disease (GERD) is one of the diseases related to obesity. Bariatric surgery is seen as an option to treat obesity but not without shortcomings, for example laparoscopic sleeve gastrectomy is a refluxogenic surgery which worsens the GERD post operatively. We aim to propose an additional procedure to be added onto standard laparoscopic sleeve gastrectomy (LSG) which can counter the shortcomings of a refluxogenic surgery via crura reinforcement in the same setting.

METHODS
Single-centre randomised control trial (RCT) with morbidly obese patients indicated for bariatric intervention, block-randomised into standard LSG (n=10) or LSG with crura reinforcement (n=8). GERD score was taken at baseline pre-operatively, 1 month and 3 month post-op using HR-QoL GERD score questionnaire indicating the presence and severity of GERD symptoms during the time frame when the questionnaire was answered. Patients were followed up for a period of 3 month post-operatively.

RESULTS
Average BMI of patients involved was 42.14 + 9.64 kg/m2. A total of 83% have pre-existing hiatus hernia, only 67% were symptomatic of GERD. Of the symptomatic patients, 92% have hiatus hernia. Baseline mean GERD score pre-op (control 4.7+6.3 vs crura reinforcement 3.87+13.13; p-value: <0.73). Mean GERD Score after 1 month (control 2.1+2.9 vs crura reinforcement 1.0+5; p-value: <0.24) & 3 month (control 1.60+2.4 vs crura reinforcement 0.625+1.375; p-value: <0.22). This corresponds to symptoms improvement of (control 71% vs crura reinforcement 100%). Complete resolution of symptoms (control 28.5% vs crura reinforcement 80%). Mean dysphagia score at 1 month (control 0.2+1.8 vs crura reinforcement 0.125+0.875; p-value: <0.356) & 3 month (control 0.1+0.9 crura reinforcement 0.125+0.875; p-value: <0.82)

CONCLUSION
LSG with crura reinforcement shows significant reduction in GERD score as compared to standard LSG. This corresponds to better overall improvement in GERD symptoms. LSG with crura reinforcement is more effective to treat obesity with GERD.

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REMISSION OF TYPE 2 DIABETES MELLITUS FOLLOWING LAPAROSCOPIC BARIATRIC SURGERY IN MORBIDLY OBESE MALAYSIANS: A RANDOMISED CONTROLLED TRIAL

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INTRODUCTION
Obesity has been well documented to be associated with Type-2 Diabetes Mellitus (T2DM). Bariatric surgery is increasingly recognized in Malaysia as an effective treatment for morbid obesity and subsequently T2DM due to its ability to provide sustainable weight loss, and risk reduction of obesity related complications.

OBJECTIVE
To compare remission of T2DM between laparoscopic sleeve gastrectomy (LSG) and laparoscopic roux-en-y gastric bypass (LRYGB) in morbid obese Malaysians and analyse correlation between diabetic surgery scoring system (DSS) and diabetes remission.

METHOD
A randomised controlled trial was conducted between March 2012 and March 2014. Morbidly obese T2DM patients keen for bariatric surgery were counselled, recruited and randomised into either LSG or RYGB group. History taking, clinical examination, pre-operative glycemic work-up and DSS score was calculated. Serial HBA1C, FBS and weight was measured at 6 months and 12 months post-operatively. SPSS version 20 was used for statistical analysis Sample size calculated using fisher exact 2 tailed test based on Power of 80% and confidence interval of 95%. P value < 0.05 was considered to be statistically significant.

RESULTS
A total of 40 patients with underlying T2DM were recruited with 20 in each surgical arm. There was no difference in DM control between LSG and LRYGB. However, statistically significant DM remission was seen at 12 months post-operative period following LRYGB in patients with DSS score of 6 more (p<0.05). DM control was not associated with post-operative weight loss in both arms.

CONCLUSION
The lack of statistical difference in DM remission when comparing the two bariatric procedures individually suggests that DM remission is also possible with restrictive-type procedures like LSG. This is in line with recent debates on various possible metabolic aspects of LSG and its effect on gut physiology responsible for DM control. The take home message from this study however has to be the emphasis on pre-operative patient selection, as those with DSS score of 6 or more who underwent RYGB showed statistically significant DM remission. DSS scoring
in diagnosing pre-malignant lesions in the stomach. To determine the correlation of these serum biomarkers with CAG and IM in patients with dyspeptic symptoms.

METHODOLOGY
A cross sectional observational study involved patients who underwent OGD for dyspepsia was performed in UKM Medical Centre from June 2015 till March 2016. OGD was performed and atrophic gastritis was graded according to Kimura-Takemoto classification. Two antrum and two corpus biopsies were obtained and assessed by updated Sydney system. Serum samples were collected and PG I, PG II, G-17 and H. pylori antibody level were measured using ELISA method.

RESULTS
A total of 74 patients [34(45.9%) males and 40(54.1%) females] with mean age of 55.5 years (sd ±16.55) were recruited. Mean level of PG I, PG II, PG I/II ratio and G-17 were 155.0 ug/l (±92.9), 12.6 ug/l (±10.1), 14.3 (±6.2) and 14.1 pmol/l (±21.6) respectively. Median PG I levels for subjects without CAG, with CAG and with IM were 139.8 ug/l, 126.9 ug/l (p = 0.118) and 116.6 ug/l (p=0.153) respectively. Subjects with CAG (PG I/II=9.8, p= 0.017) and IM (PG I/II=12.0, p=0.037) had significantly lower PG I/II ratio compare to control group (PG I/II=15.6). Histological CAG or IM correlated well with serum PG I/II ratio (Spearman’s rank correlation coefficient, r = -0.382, p = 0.001), but not serum PG I (r =-0.191, p=0.103), PG II (r =0.027, p=0.825) or serum G-17 (r=0.173, p=0.149). Cut off value of PG I/II ratio ≤11.0 showed high specificity of 81.6%, moderate sensitivity of 54.5 and area under the ROC curve of 0.718 in diagnosing CAG or IM. However, at PG I/II ratio of ≤3.0, the sensitivity was very low (9.1%). Area under the ROC curve for serum PG I was 0.646 while poor test performances were seen in serum PG II and G-17 level with area under the ROC curve of < 0.5.

CONCLUSION
Serum PG I/II ratio could potentially be used as a biomarker of CAG and IM with high specificity and moderate sensitivity. However, this parameter could not be recommended in diagnosing CAG or IM until the best cut off value is determined in future study with larger sample size. Serum PG I, PG II and G-17 level alone were not sensitive to diagnose these pre-malignant gastric lesions.
THE EFFECTS OF BARIATRIC SURGERY ON SERUM RENIN-ALDOSTERONE, SYSTOLIC BLOOD PRESSURE AND EXCESS WEIGHT LOSS: A PROSPECTIVE STUDY IN OBESE MALAYSIAN POPULATION

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BACKGROUND
Bariatric surgery has been linked with amelioration of hypertension. This study aims to observe blood pressure changes in the early post-operative period following bariatric surgery and determine its correlation with excess weight loss (EWL) as well as changes in serum aldosterone and renin levels.

METHODS
A prospective study conducted by the Upper Gastrointestinal and Bariatric Surgery Unit of UKM Medical Centre between May 2014 and October 2014. Serial weight measurements, blood pressure monitoring, serum renin and aldosterone levels were recorded pre-operatively and again at 1 and 3 months following surgery.

RESULT
14 patients underwent laparoscopic sleeve gastrectomy (LSG) and

3 patients underwent laparoscopic gastric bypass (LRYGB). 35% were hypertensive on treatment. At 1 month, both LSG and LRYGB group were noted to have the same reduction in median SBP of 7mmHg. At 3 months, the reduction of SBP was greater in the LRYGB group yet statistically not significant due to small number of patients in the latter (n =3). Although not statistically significant (p>0.05), it is of clinical significance that 5 out of 6 hypertensive patients demonstrated normal blood pressure recording and no longer required medication at 3 months post-surgery. Median EWL(%) was 19% at 1 month and 45% at 3 months (P<0.05) but showed no correlation with improvement in blood pressure. Fluctuation of renin-aldosterone levels did not affect overall SBP (P<0.05).

CONCLUSION
A longer follow-up period with a larger sample size is required to confirm the effect of weight loss and changes in renin-aldosterone on resolution of hypertension in our population. Our recommendation is for anti-hypertensive medication to be continued for at least 6 months to allow stabilisation of blood pressure regulation following surgery. A similar study with larger sample size and longer follow-up is currently in progress at our institution.