ABSTRACT BOOK

COLLEGE OF SURGEONS
Academy of Medicine of Malaysia

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

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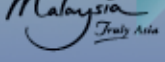
MINISTRY OF TOURISM AND CULTURE MALAYSIA



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AN UNFORGETTABLE SURGICAL JOURNEY – 1959 TO 2011

J C MEHTA

This paper chronicles the author's lifetime experiences and contributions to Malaysian surgery in the fields of general and hepatopancreatobiliary (HPB) surgery. Ths 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.

SYMPOSIUM 1
Colorectal – Beware Greeks Bearing Gifts

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.

SYMPOSIUM 1
Colorectal – Beware Greeks Bearing Gifts

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.

SYMPOSIUM 3

Vascular – Devil's Advocate

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

NON-SELECTIVE RECURRENT LARYNGEAL NERVE REPAIR IN UNILATERAL VOCAL FOLD PARALYSIS

Marina Mat Baki[1], Mawaddah Azman[1], Mohd Razif MY[1], Abdullah Sani[1], Shonit Punwani[4], Martin A Birchall[2,3]

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

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 lobule 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.

SYMPOSIUM 5
The Head And The Neck – The Seven Heads Of Hydra

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 enbloc 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 specialities. 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 stake 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.

PLENARY 3
Between Scylla And Charybdis

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.

SYMPOSIUM 7
Surgical Controversies 1

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.

SYMPOSIUM 8
Endocrine Surgery

LOCALLY ADVANCED THYROID CANCER: MANAGEMENT DILEMMA

Nor Aina Emran
Breast & Endocrine Surgical Unit, Department of Surgery,Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Thyroid cancer is one of the top ten cancers that affected women in Malaysia. According to National Cancer Registry (2003-2005 Report), thyroid cancers formed 3% of all type of cancers in women. While breast cancer is the most common cancer in women and the management has been well-established, management of thyroid cancers apart from surgery and radio-iodine treatment, other modalities are less known and can be challenging.

Well-differentiated thyroid cancers make up the majority of thyroid cancers and with much smaller percentage coming from Anaplastic cancer. Most patients present with early to moderately advanced cancers and surgical treatment usually is the mainstay of management of these cancers.

Locally advanced thyroid cancers are not uncommonly encountered in centres treating thyroid cancers. Decision in the management depends greatly on the histological confirmation of the tumor. In well-differentiated cancers, the aim is surgical clearance followed with adjuvant radio-iodine treatment. Local invasions to surrounding structures as well as cervical lymph nodes involvement may pose challenges to surgeons. Surgery may result in higher morbidity in this group of patients. For other types of cancers such as anaplastic cancers, surgical options maybe very limited and mostly are palliatives.

Various approaches in managing these cases including surgical options and other treatment are discussed.

SYMPOSIUM 8
Endocrine Surgery

PERSISTENT AND RECURRENT HYPERPARATHYROIDISM

Hussain M
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

Persistent and recurrent hyperparathyroidism can occur as a post operative complication in both primary and secondary hyperparathyroidism. The incidence varies in different experienced parathyroid centres. The most common cause of failure in primary hyperparathyroidism were 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.

SYMPOSIUM 8

Endocrine Surgery

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.

SYMPOSIUM 12

Upper GI Surgery Slaying The Nemean Lion

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.

SYMPOSIUM 12

Upper GI Surgery Slaying The Nemean Lion

NEOADJUVANT CHEMOTHERAPY VERSUS CHEMORADIOTHERPY IN THE MANAGEMENT OF OESOPHAGEAL CANCER – A SURGEON'S PERSPECTIVE

Simon Paterson Brown

University of Edinburgh, Edinburgh, United Kingdom

There remains doubt as to the optimum neoadjuvant treatment before surgery for oesophageal cancer. While a number of randomised controlled trials are now available they have not answered the question to everyone's satisfaction. Further trials are now underway and the logic behind them will be discussed in the light of currently available data.

SYMPOSIUM 12

Upper GI Surgery Slaying The Nemean Lion

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.

SYMPOSIUM 12

Upper GI Surgery Slaying The Nemean Lion

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

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.

NEONATAL & PAEDIATRIC CIRCUMCISION – HOW I DO IT

CCM Lei
Kidney & Urology Centre, Normah Hospital, Kuching, Sarawak, Malaysia

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 cleansed 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.

CIRCUMCISION COMPLICATIONS – CASES, PITFALLS AND MEDICO LEGAL CONSEQUENCE

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.

SYMPOSIUM 13
Surgical Controversies 2

LUNG METASTATECTOMY – WHEN, WHY AND HOW?

Mohd Hamzah Kamarulzaman
Hospital Serdang, Selangor, Malaysia

Malignant disease's ability to metastasize remains one of the major obstacles when treating patients with cancer. 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.

SYMPOSIUM 13
Surgical Controversies 2

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, Empaema 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.

MALE LOWER URINARY TRACT SYMPTOMS (LUTS) – CAN IT BE OVERACTIVE BLADDER (OAB)?

Rohan Malek
Department of Urology, Hospital Selayang, Selayang, Malaysia

Male Lower Urinary Tract Symptoms (LUTS) has often been associated with bladder outlet obstruction due to Benign Prostatic Enlargement (BPE). In the past male LUTS has been given the term ' prostatism' which implied the prostate was the sole cause of the symptoms. This has now been shown to be inaccurate. Apart from BPE, other common causes of male LUTS include Overactive Bladder (OAB) and Nocturnal polyuria. There are also other possible causes such as prostatitis, urethral stricture and bladder tumour which need to be considered.

Male LUTS can be divided into storage and voiding symptoms. OAB should be considered in the presence of storage only symptoms in younger men and in older men where there is also no demonstrable prostatic enlargement. In the assessment of Male LUTS, thorough history should be taken, physical examination including abdominal, genitalia and digital rectal examination and neurological assessment as indicated. A symptom score Questionnaire such as the International Prostate Symptom Score (IPSS) and 1 quality of life (QoL) should be used to assess the severity of the symptoms. A voiding diary is highly recommended if OAB or nocturnal polyuria is suspected . Other recommended investigations include urinalysis, Prostatic Specific Antigen (PSA) and renal function test as indicated. Specialised investigations include imaging of the prostate and urinary tract, uroflowmetry, bladder scan and urodynamic study.

Management of Male LUTS due to OAB should begin with simple measures such as regulation of fluid intake, lifestyle and behavioural modifications, pelvic floor exercises and timed voiding. Medications such as anti muscarinics, beta 3 agonist and alpha blockers either alone or in combination are usually the mainstay of treatment.

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.

PREVENTION, DIAGNOSIS AND MANAGEMENT OF URETERIC INJURIES

Selvalingam Sothilinagm
University Malaya Medical Center, Kuala Lumpur, Malaysia

Most ureteric injuries are iatrogenic, these injuries are becoming increasingly more common since the rapid uptake of laparoscopic and robotic procedures within urology and other surgical specialities. The increasing use of ureteroscopy by urologist further increases the risk of ureteric injuries.

The key to diagnosing and managing ureteric injury is to have a low threshold for suspecting its presence. A delay in diagnosis is the most important cause for mobidity of ureteric injury. If undiagnosed it can result in loss of the ipsilateral kidney, intra abdominal sepsis and long term ureteric strictures. Missed ureteric injuries frequently leads to litigation.

The timing of ureteric repair should be immediate. However if the patient is unstable or the diagnosis is delayed , temporary urinary diversion is an option and ureteric reconstruction can be safely done as a staged procedure.

Depending on the level of injury and extent of ureter loss, there are many reconstructive procedures available for ureteric repair that have been shown to give excellent long term outcome.

The use of prophylactic ureteric stents in prevention of ureteric injuries has not been substantiated in studies however it does aid the surgeon to identify and diagnose ureteric injury early, should it occur. A sound knowledge of the anatomy of the ureter is essential and the use of preoperative imaging to anticipate potential danger to the ureter are some strategies in preventing this serious event.

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.

SYMPOSIUM 17
Hepatobiliary

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 hepatectomy. 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 hepatectomy is being performed in increasing frequency in highly specialized LDLT centers.

SYMPOSIUM 17
Hepatobiliary

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 hepatectomy. In recent years, purely laparoscopic hepatectomy is being done increasingly by large volume centers with much experience in both laparoscopic hepatectomy and LDLT but larger number of cases and standardization of procedures is still necessary for this approach to gain more popularity.

HOW-I-DO-IT: VATS FOR EMPYEMA THORACIS

Yusof Wahab
Hospital Tengku Ampuan Rahimah Klang, Selangor, Malaysia

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

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.

EP 02

A NOVEL PROSPECTIVE STUDY ON EARLY SIRS AS A PREDICTOR OF BURNS TRAUMA MORTALITY

Henry Tan Chor Lip[1, 2], Tan Jih Huei[1, 2], Premaa Supramaniam[3], Mathew Thomas[1], Sarojah Arulanantham[1]

[1]Department of Surgery, Hospital Sultan Ismail, Johor Bahru, Malaysia
[2]Clinical Research Centre, Hospital Sultan Ismail, Johor Bahru, Malaysia
[3]Clinical Research Centre, Hospital Sultanah Aminah, Johor Bahru, Malaysia

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.

EP 03

ENDOVENOUS MECHANOSCLEROTHERAPY (CLARIVEIN) IN TREATMENT OF VARICOSE VEIN: A PROSPECTIVE EVALUATION

A Atifah[1], S Saravakumar[1], M Azim Idris[2], Zainal Ariffin Azizi[1]

[1]Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
[2]Universiti 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

EP 04

A COMPARISON OF AESTHETIC OUTCOME BETWEEN TISSUE ADHESIVE AND SUBCUTICULAR SUTURE IN THYROIDECTOMY WOUND CLOSURE: A RANDOMISED CONTROLLED TRIAL

L Y Teoh[1], M S Teoh[2], K L Ng[3]

[1]Surgical Medical Officer, Department of Surgery, Universiti Malaya Medical Centre, Malaysia
[2]Breast and Endocrine Consultant, Hospital Pulau Pinang, Malaysia
3Endocrine Consultant. Division of Endocrine Surgery, Department of Surgery, University of Malaya, Malaysia

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.

EP 05

THE EFFECT OF CARBON DIOXIDE INSUFFLATION ON VENTILATION DURING ENDOSCOPIC THYROIDECTOMY AGAINST OPEN THYROIDECTOMY

Faizal A[1], Hakim N A[1], Aina E N[1], Shahrun Niza A S[2], Rohaizak M[2]

[1]Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
[2]University Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia

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, HCO3, 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.

FP 1

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

Adibah A[1], Hiew K C[1], Sarinah B[1], Normayah K[1], Asmiati A[2], Sa'at N[3]

[1]Department of Breast & Endocrine Surgery, Hospital Putrajaya, Putrajaya, Malaysia
[2]Department of Pathology, Hospital Putrajaya, Putrajaya, Malaysia
[3]National 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 weighs (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), heterogenicity(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.

FP 2

WISDOM GAINED FROM 14 YEARS OF EXPERIENCE IN DIEULAFOY'S LESION

SAW Eusofee W A, Goo Z Q, Nurazim S, Nik Azim NA

Department of General Surgery, Sarawak General Hospital, Sarawak, Malaysia

INTRODUCTION

Dieulafoy's lesion accounts for 0.2-6.7% of patients who presents with upper gastrointestinal bleeding. Bleeding from a Dieulafoy's lesion is frequently life threatening. The usual presentation is with haematemesis, however haematochezia occurs in up to one-third of the patients.

METHODS

This is a single centered, retrospective descriptive analysis of 24,876 patients who underwent esophagogastroduodenoscopic examination at Sarawak General Hospital, Kuching from 1st of January 2002 until 1st of January 2016. SPSS (Ver. 19) was used for data analysis.

RESULTS

We found that the incidence of upper gastrointestinal tract Dieulafoy's lesion is 0.23% (57/24,876) at our center. Highest incidence of disease is encountered from 5th to 7th decade of life with a male to female ratio of 2.4:1. We learnt that gastric fundus (31.6%) is the most common location for Dieulafoy's lesion, followed by body (22.8%) and duodenum (22.8%). Gastrointestinal bleeding (86%) is the most common indication for endoscopy when Dieulafoy's lesion is encountered. Of all the Dieulafoy's lesion we found, half of them were having evidence of active bleeding (54.4%), while the other half did not have evidence of active bleeding (45.6%). Dual-therapy is the most commonly used method for haemostasis (adrenaline 1:10,000 injection + argon plasma coagulation [42.1%]). Whereas mono-therapy using Adrenaline 1:10,000 injection only accounts for (38.6%) of the cases.

CONCLUSION

With 14 years of experience from our center, it gives us more evidence for further researches in Dieulafoy's lesion. Effectiveness of dual-/mono-therapy could be understood more in future studies.

FP 3

DO ROUTINE SERUM BLOOD TESTS PREDICT CLINICAL OUTCOMES IN SURGICAL PATIENTS WITH OSTEOSARCOMA?

Gerald Tan[1], K S Rankin[2], C H Gerrand[2]

[1]Newcastle University, Johor, Malaysia
[2]North of England Bone & Soft Tissue Tumour Service, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

INTRODUCTION

Osteosarcoma is a primary malignant bone tumour occurring in teenagers and young adults, and the elderly. Serum biomarkers in the blood may be helpful in determining disease load, prognosis and response to surgical treatment. Recent trends of considerable effort has been expended in identifying new biomarkers.

AIM

This study aims to explore the clinical usefulness of readily available serum tests in predicting survival outcomes in surgical patients with osteosarcomas.

METHODS

This was a retrospective review of a 134 patients with a diagnosis of osteosarcoma treated with surgery in a single centre in Newcastle Upon Tyne. It hosts one of only five centres in England commissioned for the treatment of bone and soft tissue sarcomas. Kaplan-Meier survival curves were used to analyse overall survival in those patients grouped according to high/low values of serum C-reactive protein (C-RP), alkaline phosphatase, albumin & erythrocyte sedimentation rate (ESR).

RESULTS

17 patients were excluded because data were incomplete or they were lost to follow-up.

Kaplan Meier survival was significantly lower in patients with raised serum C-RP ($P<0.01$), alkaline phosphatase ($P=0.024$), and ESR ($P<0.01$). Low albumin levels were not correlated with overall survival ($P=0.398$) as statistical T-tests suggests no evidence of significant difference between them to establish a link.

CONCLUSION

Among these readily available assays, C-RP, alkaline phosphatase and ESR appeared to be more reliable prognostic indicators of poor overall survival than albumin in surgical patients with osteosarcoma. Therefore, these three readily available assays should be considered alongside more novel assays in larger scale studies looking for new biomarkers of osteosarcoma.

FP 4

PREVALENCE OF THE ASYMPTOMATIC CAROTID ARTERY STENOSIS AMONG DIABETES MELLITUS TYPE II PATIENTS AND THE RISK FACTORS

Lenny S, Azim I, H Harunarashid

Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

INTRODUCTION

Stroke is not only a rising public health problem but also increasing burden to healthcare. 80% of stroke was caused by underlying carotid artery pathology. Thus a carotid screening might be useful to reduce the rate of stroke.

ABSTRACT

The objective of the study is to evaluated the prevalence of and risk factors for carotid artery stenosis among the asymptomatic Type II DM

METHODOLOGY

This is a cross sectional study with prospective data collection. 200 asymptomatic DM type II patients went for a carotid duplex scanning done by single radiologist. The duplex scanning criteria were based on the North American Symptomatic Carotid Endarterectomy Trial (NASCET).

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

J J Saladina, A Nurhanis, N Nurfarahain

Department of Surgery, Breast and Reconstructive Division, Endocrine and Breast Surgery Unit, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

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.

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RESULT

A total of 17 cases had the oncoplastic RBT for wide local excision and sentinel LN biopsy. Twelve cases were malignant and 5 benign. Out of the 12 cases, 7 had the modified RBT as the lesions were located less than 2cm from the nipple. 2 patients had involved margin (16.6%) which was treated with 2nd surgery. All patients had whole breast radiotherapy. No local recurrence seen with a minimum follow up of 5 to 27 months.Patient who had the nipple removed were satisfied with the result.

CONCLUSION

In this small series, the modified Round block technique, in our opinion is a reasonable surgical option for breast conservation in periareolar as well as centrally located lesions (between 1cm to 2cm distance from the nipple). This procedure is safe with acceptable cosmetic outcome is early breast cancer.

FP 6

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

Hamidah Mohd Zainal, Arman Zaharil Mat Saat, Wan Azman Wan Sulaiman

Reconstructive Science Unit, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia

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

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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.

FP 7

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

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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 (OR4.37 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 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.

FP 8

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

Yusoff A R[1,2], Bazin M S[2], Ab Rahim E[2], Mokhtar S[2], K F Lim[2], Raman K[2], Harjit S[2]

[1]Faculty of Medicine, Universiti Teknologi MARA, Sg Buloh Campus, Selangor, Malaysia

[2]Hospital 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.

FP 8

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.

FP 9

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 110 patients were included in the study(SG= 58, RYGB= 52). Four patients were lost to follow-up. There are no differences in age, gender and BMI of the study subjects. Remission of T2DM was seen in 86% of patients after surgery. The remaining 14% of patients experienced an improvement in their glycaemic control.

FP 9

There is a significant difference in the HbA1c and fasting blood glucose between SG and RYGB groups one year following surgery. The RYGB group also had an earlier remission of diabetes mellitus compared to the SG group.

CONCLUSION

There is a significant difference between the two groups concerning the remission and improvement of T2DM. RYGB is the preferred metabolic surgery for the amelioration of T2DM in obese patients.

FP 10

DO THERAPEUTIC MAMMOPLASTY OR NEOADJUVANT THERAPY INFLUENCE BREAST CONSERVING SURGICAL MARGINS?

N E Noor Shaari[1], Saladina Jaszle[2], Shahrun[2], Norlia A[2], Rohaizak M[2]
[1]Universiti Teknologi MARA (UiTM),
[2]University 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 render 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.

FP 10

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.

POSTER PRESENTATIONS

PP 01

ANTERIOR ABDOMINAL WALL LIPOSARCOMA PRESENTING AS LEFT INCARCERATED INGUINAL HERNIA. A CASE REPORT

Lee Jia Yuan, Hapsah Aripin, Kenneth Voon K T, Ainaini M H
Hospital Tanah Merah, Kelantan, Malaysia

OBJECTIVE

We report a rare case of anterior abdominal wall liposarcoma presented as left incarcerated inguinal hernia.

SUMMARY

The patient is a 61 years old gentleman who presented to Surgical Unit of Hospital Tanah Merah with a central abdominal mass with a left incarcerated inguino-scrotal hernia for one year duration. Pre-operative ultrasound followed by computed tomography scan of abdomen revealed a large, well defined fat attenuated mass in the pelvis, which part of the lesion forms the content of the left inguinal hernia. Pre-operatively, diagnosis of lipomatosis was made. Patient underwent laparotomy and en-bloc resection of the mass with left inguinal hernia repair using Lichtenstein's method. Intraoperatively, the mass was noted arising from anterior abdominal wall, weighting 1.95 kg, while histopathologically confirmed to be well differentiated liposarcoma with involvement of margin. He recovered uneventfully post-operatively and is started on adjuvant chemotherapy.

CONCLUSION

The diagnosis of inguinal liposarcoma can be challenging as imaging modalities are not conclusive. The mainstay of the management for liposarcoma is surgical resection, with or without adjuvant therapy based on the grading of the histopathology result and staging.

PP 02

PERIAMPULLARY DIEULAFOY LESION: A DIAGNOSTIC CHALLENGE

Lok Yuh Ing, Lee Yuk Loong
Hospital Shah Alam, Selangor, Malaysia

Dieulafoy lesion is a relatively rare etiology of recurrent gastrointestinal (GI) bleeding which accounts for about 1-2% of upper GI bleeding and periampullary location is very uncommon for a bleeding Dieulafoy's lesion. Endoscopy is the current standard method for diagnosis and treatment. However, Dieulafoy lesion is an inherently difficult lesion to diagnose especially when bleeding is inactive. A case of a sixteen-year old male patient with no underlying medical illness was presented with recurrent massive upper GI bleed. Multiple endoscopic findings were unremarkable except blood clots in duodenum and angiography showed dilatation of gastroduodenal artery but no sign of active bleeding. Subsequently, upper GI endoscopy was repeated during acute phase of bleeding and it showed bleeding periampullary Dieulafoy lesion but failed endoscopic hemostasis. Ultimately, hemostasis was achieved by transcatheter arterial embolisation (TAE) of gastroduodenal artery. Thus, periampullary Dieulafoy lesion represent a diagnostic and therapeutic challenge for clinicians. Awareness of the lesion and an experienced endoscopist are important in helping to reach the correct diagnosis.

PP 03

RETROPERITONEAL INFLAMMATORY MYOFIBROBLASTIC TUMOUR IN UNCONTROLLED ASTHMA: A CASE REPORT

Theeva Krishnasamy[1], Siti Kamariah Othman[2], Rohana Abdul Ghani[3], Yahya Mohd Aripin[1]
[1]Discipline of General Surgery, Universiti Teknologi MARA, Shah Alam, Malaysia
[2]Respiratory Unit, Discipline of Internal Medicine, Universiti Teknologi, Shah Alam, Malaysia
[3]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

Mei-Sze Teh[1], Hoong-Yin Chong[2], April Roslani[3]
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.

PP 04

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

M Shamsudin, R Husin, Clement E
Department of Surgery, Hospital Tuanku Fauziah, Perlis, Malaysia

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 BIRADS 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 occational 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

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.

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

N R Anith, O Rahmat, A Sarojah
Surgical Department, Hospital Sultan Ismail, Johor Bahru, Malaysia

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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iPTH level was raised at 107 pg/mL (normal range, 11 -54 pg/mL). Tc-99m Sestamibi scintigraphy done found suspicious focus suggestive of possible parathyroid adenoma over the superior mediastinum. Computed tomography of neck and thorax revealed a nodule measuring 1.46x1.2cm, consistent with an intrathymic parathyroid adenoma, deep in the superior mediastinum. After a multidisciplinary consensus, she was scheduled for the first Video-assisted thoracoscopic parathyroidectomy done in the southern region of Malaysia.

A right-sided approach thoracoscopic exploration was performed using three ports (10, 10, and 5 mm) after establishing one-lung ventilation. En-bloc dissection and resection of the thymus along with the parathyroid adenoma was done with the use of simple electrocautery. Patient recovered well post-operatively with normalized serum calcium level. Histopathological examination of the excised adenoma, grossly measuring 9x8x4mm, came back as non-malignant parathyroid chief cell hyperplasia.

CONCLUSIONS

In this modern era of minimally invasive surgery, thoracoscopic excision of mediastinal parathyroid adenomas represents an effective, and innovative technique that can safely be undertaken in center offering endocrine surgery.

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

N Tharveen, R Zulaika, S Janaki, D Andre
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.

PP 07

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.

PP 08

UNUSUAL CAUSE OF LOWER GASTROINTESTINAL BLEEDING: CAVERNOUS HAEMANGIOMA OF SMALL BOWEL

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

REPORT

Lower gastrointestinal bleeding accounts for approximately 20% of gastrointestinal bleeding. Small bowel haemangiomas on the other hand are rare entity of small bowel tumours that may present with lower gastrointestinal bleeding. Pre-operative diagnosis is extremely difficult as it is a histopathological diagnosis.

We present a case report of a 33 year old gentleman who presented with acute onset of symptomatic anaemia and blackish stools. Oesophagoduodenoscopy was unremarkable. A decision for laparotomy was made in view of patient was haemodynamically not stable and cause of bleeding was uncertain. Intra-operatively noted an intramural nodule with punctum in the jejunum. Subsequently, segmental small bowel resection with primary anastomosis was done. Histopathological examination revealed features of cavernous haemangioma.

Cavernous haemangioma remains the most difficult lesions to detect and to treat in lower gastrointestinal bleeding and is a very challenging task for the surgeons. Therefore,

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PP 08

it is definitely a differential diagnosis that needs to be considered intra-operatively in lower gastrointestinal bleeding after eliminating more common causes of gastrointestinal haemorrhage which can eventually be lifesaving.

PP 09

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 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.

PP 09

This case shows the importance of acknowledging the variations in the biliary duct system as failure to this will result in ductal injuries which leads to morbidity of the patient.

PP 10

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

PP 10

angiogenesis observed in the wounds. We found no clinical intervention trial of VEGF therapy on chronic wounds. Thus safety and efficacy of VEGF therapy were not addressed.

DISCUSSION

This review shows ineffectual angiogenic drive in chronic wounds due to insufficient VEGF bioactivity. Preclinical studies of VEGF therapy have demonstrated bioactivity of VEGF and its efficacy in treatment of chronic wounds. It serves as proof of concept to develop VEGF therapy in expediting chronic wound healing.

CONCLUSION

Clinical application of VEGF in the treatment of chronic wounds can be made possible. Further evaluation on VEGF dysfunction and exogenous VEGF bioactivity within chronic wound beds is needed.

PP 11

DELAYED PRESENTATION OF TRAUMATIC DIAPHRAGMATIC HERNIA: A CASE REPORT

CA Shahidah[1], M Ikhwan Sani[2], Z Zaidi[2]
[1]International Islamic University Malaysia, Pahang, Malaysia
[2]Universiti 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

of transverse colon with part of omentum into left hemithorax. Primary repair was done.

Diaphragmatic hernia may present later after many years of initial trauma. The diagnosis of traumatic diaphragmatic hernia is frequently overlooked or delayed because of its atypical presentation unless associated injuries demand immediate intervention. Therefore, high index of suspicion is necessary in those patient presented with signs of intestinal obstruction with history of chest trauma.

PREDICTING VARICEAL BLEEDING USING NON-ENDOSCOPIC MEANS OF LIVER FUNCTION TEST (LFT)

Tharveen N, Loshiniy V, Janaki S, Andre D
Hospital Kajang, Selangor, Malaysia

BACKGROUND

Upper gastrointestinal bleeding (UGIB) is a common emergency in our daily medical practises which carries mortality of 5-14% worldwide. Differentiating variceal bleed (VB) and non-variceal bleed (NVB) will be challenging when endoscopic services are not readily available especially in district hospitals where initiation of treatment will be delayed and mortality rises. Hence, this study is a novel attempt in our local setting to analyse the relationship of the parameters in LFT in predicting VB in UGIB patients.

OBJECTIVE

The aim of the study is to validate the use of LFT as a non-invasive biochemical parameter using the 4 variables of albumin, bilirubin, Alkaline Phosphatase (ALP) and Alanine Aminotransferase (ALT) in predicting VB in the acute setting of UGIB.

METHODS

This is a retrospective study comprised of patients presenting to the emergency department of Hospital Kajang with UGIB throughout a 1 and a half year period. Clinical data and LFT parameters were obtained.

RESULTS

Of the 153 patients presented with UGIB, 39% had VB and 61% had VB. Raised bilirubin levels noted as an independent variable in predicting VB (OR:4.273,95% CI:1.953-9.346,p<0.001). ALT on the other hand showed increased odds of VB however not statistically significant (OR:1.715, 95% CI:0.879-3.347,p:0.114). Albumin and ALP showed no significant relationship in predicting VB.

CONCLUSIONS

Bilirubin is a positive indicator in predicting VB in UGIB patients where it can be used to identify patients with VB promptly. Thus, early pharmacological treatment can be initiated especially where endoscopic services are delayed which can further reduce mortality.

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

N Tharveen, R Zulaika, S Janaki, D Andre
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.

PP 13

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.

PP 14

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.

PP 14

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.

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PNEUMOTHORAX, PNEUMOMEDIASTINUM, PNEUMOPERITONEUM, PNEUMORETROPERITONEUM AND SUBCUTANEOUS EMPHYSEMA FOLLOWING DIAGNOSTIC COLONOSCOPY

Ronald Siaw Yong Hong

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NON-OPERATIVE APPROACH OF ISOLATED PANCREATIC INJURY

Hidayah MS, Khairul Mustaqim M, Ahmad Zuraimi Z, Nik Mohamed Shukri
Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

INTRODUCTION

The pancreas is a relatively uncommon organ to be injured in trauma and it is difficult to be diagnosed. It occur in less than 2% of blunt trauma cases, and this injury is associated with considerably high morbidity and mortality in cases of delayed diagnosis, incorrect classification of the injury, or delays in treatment.

CASE REPORT

A case of 16 years old boy, involved in motor-vehicle accident in January 2015, presented with severe epigastric pain. CT showed complete transection of the pancreas between body & tail with involvement of the main pancreatic duct – Grade III.

Since he was hemodynamically stable, we opted for conservative management which includes bowel rest, octreotide infusion, parenteral nutritional support & close monitoring . He was discharged after 2 weeks of treatment.

DISCUSSION

Complications of pancreatic injury can be either local collection, pancreatic pseudocyst, fistula formation, pancreatic abscess, ductal stricture etc.

In isolated pancreatic injury, conservative management can be applied, provided that the patient is hemodynamically stable. In center with expertise, ERCP can be performed to detect pancreatic duct injury, fistula extension & also for therapeutic purposes.

Through ERCP, the injured pancreatic duct can be stented early. Both endoscopic transpapillary and transmural drainage are effective options for managing delayed local complications of pancreatic injury.

With modern imaging modalities and expertise in ERCP, isolated pancreatic duct injury can be successfully managed.

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AN 18CM LONG APPENDIX : A CASE REPORT

Hapsah A, Lee Jia Yuan, Kenneth V K T, Ainaini M H
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.

BURNS TRAUMA SURGERY: A PROSPECTIVE STUDY ON COMPARISON OF ENTERAL AND TOTAL PARENTERAL FEEDING IN PREDICTING MORTALITY AND SURVIVAL

Henry Tan Chor Lip[1, 2], Tan Jih Huei[1, 2], Premaa Supramaniam[3], Wendy Tan Ai Ying[4], Mathew Thomas[1], Sarojah Arulanantham[1]

[1]Department of Surgery, Hospital Sultan Ismail, Johor Bahru, Malaysia
[2]Clinical Research Centre, Hospital Sultan Ismail, Johor Bahru, Malaysia
[3]Clinical Research Centre, Hospital Sultanah Aminah, Johor Bahru, Malaysia
[4]Department of Anaesthesiology, Hospital Sultan Ismail, Johor Bahru, Malaysia

INTRODUCTION

Nutrition in severe burn patients is a challenge in a burns intensive care unit. Due to the physiology of burn injury, the body requires more nutrition to cope with overwhelming stress response and body losses. The objective of this study is to identify patients whom were given enteral and parenteral feeding with subsequent outcomes of mortality and survival in our local burns intensive care center.

METHODS

This is a prospective study of all burns patient that were admitted to Hospital Sultan Ismail Burns Intensive Care Unit over period of

5 years. Admission criteria were according to the 2009 American Burns Association guidelines. Enteral or total parenteral nutrition (TPN) and its duration were recorded. Data was analyzed using logistic regression and significant predictors were further analyzed using multiple logistic regression. Survival analysis was done using Kaplan-Meier survival curve with log rank test.

RESULTS

We included 393 patients with a male: female ratio of 2.8:1. 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%. The majority of patients had enteral feeding (107 patients) in comparison to 25 patients whom had TPN. Patient that survived was higher in patients with enteral feeding with 60.8% (65/107 patients). Multiple logistic regression produced an odd's ratio of 8.16(95% CI: 1.73, 38.50) with p=0.008 for mortality in patients that were given TPN. Survival analysis also showed that TPN ($p<0.001$) is a significant risk factors with poorer survival outcome.

CONCLUSION

Total parenteral feeding is a significant mortality predictor with poorer survival outcome in our center. Burns patients requiring TPN may suggest the severity of the burn injury itself with overwhelming systemic inflammatory response.

KEYWORDS

Severe burns, Enteral, Total Parenteral Feeding, Mortality

PREDICTORS OF MORTALITY IN UPPER GASTROINTESTINAL BLEEDING.

Henry Tan Chor Lip[1, 2], Tan Jih Huei[1,2], Premaa Supramaniam[3], Wendy Tan Ai Ying[4], Sarojah Arulanantham[1]

[1]Department of Surgery, Hospital Sultan Ismail, Johor Bahru, Malaysia
[2]Clinical Research Centre, Hospital Sultan Ismail, Johor Bahru, Malaysia
[3]Clinical Research Centre, Hospital Sultanah Aminah, Johor Bahru, Malaysia
[4]Department of Anaesthesiology, Hospital Sultan Ismail, Johor Bahru, Malaysia

INTRODUCTION

UGIB is a common surgical emergency that has an incidence of 100 per 100,000 population yearly in the UK. Despite medical advancements, UGIB mortality still stubbornly remains at 10% and the rates can go up to as high as 18.7% in well equip tertiary center. The objective of this study is to identify risk factors and predictors of mortality in Upper Gastrointestinal bleeding (UGIB) in our local general surgery endoscopy unit.

METHODS

This is a retrospective cohort study of all the emergency endoscopies performed in Hospital Sultan Ismail over 5 years for indications of UGIB. Data was extracted from electronic records. Risk factors of interest was recorded and analyzed with logistic regression. Significant risk factors were further analyzed using multiple logistic regression.

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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 (711patients), 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 antecedent 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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Diagnosis of spontaneous splenic rupture in pregnancy is difficult and high suspicion is needed as it is a life threatening condition. Focused history, adequate resuscitation and immediate surgery are the essentials to prevent mortality to the mother and foetus.

PP 21

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 appendix 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.

PP 21

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.

PP 22

MESENTERIC CYST – A RARE INTRAABDOMINAL LESION

JA Mosiun, E H See
Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia

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

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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. Histhopathology 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.

PP 23

GASTRIC ULCER THAT TURNED OUT TO BE METASTASIS OF A SYNOVIAL SARCOMA: A CASE REPORT AND LITERATURE REVIEW

T Samuel, S Norly, P Ros'aini
Hospital Pakar Sultanah Fatimah Muar, Johor, Malaysia

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.

PP 24

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

Karen Loo E L, Y L Lee
Department of Surgery, Shah Alam Hospital, Selangor, Malaysia

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 wth 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 duodenojejunostomy (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. Duodenojejunostomy 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 duodenojejunostomy as it offers all the benefits of minimally invasive surgery and excellent surgical outcome.

PP 25

CHALLENGES IN DIFFERENTIANG BENIGN VS MALIGNANT VASCULAR BREAST TUMOUR

ADIBAH A, Sarinah B
Hospital Putrajaya, Putrajaya, Malaysia

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 biospy 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.

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AN UNUSUAL CAUSE OF UPPER GASTROINTESTINAL HEMORRHAGE: PRIMARY AORTO-ENTERIC FISTULA

Luqman H[1], Aizat S[2], Rosnelifaizur R[1], Ismazizi Z[1]

[1]Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia
[2]Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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INTRODUCTION

Aorto-enteric fistula is a rare but potentially fatal condition causing upper gastrointestinal hemorrhage. This condition can be primary or secondary to aortic surgery. The prevalence of primary AEF is 0.1 to 0.8%, associated with a mortality rate of 85% to 100%.

CASE REPORT

A 57 years old gentleman presented at emergency with a sudden onset lumbar pain for a day, associated with hematemesis and melena. He was hemodynamically stable and a pulsatile mass was palpable at his abdomen.Urgent upper endoscopy was normal while CT angiography of abdomen was suggestive of aortojejunalfistula with abdominal aortic aneurysm. He was subsequently transferred to vascular centre and underwent emergency open aneuresectomy with inlay graft repair. He was discharged well 8 days after surgery.

DISCUSSION

Primary AEF presents a diagnostic challenge due its rare occurrence and subtle symptoms. Common clinical features include upper gastrointestinal bleeding, abdominal pain and pulsatile abdominal mass. The most common predisposing condition is atherosclerotic abdominal aorta aneurysm. Diagnostic modalities include CT scan,angiography and upper endoscopy. AEF requires operative management and survival rate is inversely related to onset of symptoms and surgical intervention.

CONCLUSION

Primary AEF is a rare disease with a fatal outcome and acquire high clinical suspicion from the attending surgeon. Gastrointestinal bleeding in AAA patients is an important clue, particularly in a normal upper endoscopy.

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A RARE CASE OF PRIMARY THYROID ABSCESS DUE TO MULTI-DRUG RESISTANT ACINETOBACTER BAUMANII

S P Tee, E H B Ng, K Malapan, Y W Yan

Department of Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

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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.

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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.

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THE FAILURE TO RISE: ERECTILE AND SEXUAL DYSFUNCTION IN BENIGN PROSTATIC HYPERPLASIA TREATMENT - A COMPARISON OF MONOTHERAPY AND DUAL THERAPY

Anand Philip Joshua, Gunaseelan Durairaj

OBJECTIVE

This study aims to compare the effects pharmacological monotherapy using Tamsulosin and dual therapy using Tamsulosin and Finasteride in the treatment of Benign Prostatic Hyperplasia and the occurrence of sexual dysfunction in males following treatment.

MATERIALS AND METHODS

A prospective study using 328 patients was done in Hospital Pakar Sultanah Fatimah, with a substantial geriatric population residing in Muar. The average age of the patients was 61 years. Patients were divided into 2 groups. Group A received Tamsulosin (alpha-blocker) alone. Group B received a combination of Tamsulosin and Finasteride (5 alpha reductase inhibitor). IPSS-QoL and IIEF questionnaires were used to evaluate the symptoms of voiding and sexual dysfunction. Patients were asked to compare the IIEF scoring pre-treatment and post-treatment.

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RESULTS

Voiding symptoms improved in all patients receiving therapy. There was findings of sexual dysfunction in both groups. Tamsulosin incidence of Sexual dysfunction was 4.88% and that of Combination therapy (Tamsulosin and Finasteride) incidence was 9.14%. Tamsulosin incidence of Changes of Orgasmic Function was 6.09% and that of Combination therapy (Tamsulosin and Finasteride) incidence was 4.88%. Tamsulosin incidence of Changes in Sexual Desire was 1.22% and that of Combination therapy (Tamsulosin and Finasteride) incidence was 3.66%.

CONCLUSION

Pharmacological treatment of Benign Prostatic Hyperplasia improved voiding symptoms in patients, but resulted in sexual dysfunction in the same group as well. Clinical consideration of treatment should include the elements of male sexual function, patient's age and the effects of each group of drugs.

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MINIMIZING MINIMAL ACCESS SURGERY – LAPAROSCOPIC NOSE ANTERIOR RESECTION

P P Lee, K W Chan, R Sibin
Queen Elizabeth Hospital, Sabah, Malaysia

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 mini-pfannenstiel 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

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>5cm, ultralow tumour with distance <5cm from anal verge and stage IV disease were excluded.

RESULTS

All 3 cases were successfully performed laparoscopically. The mean operating time 226 minutes, hospital stay is 5.3 days. Postoperatively, none of the patients have serious complications except for one pre-sacral abscess, resolved with CT guided drainage and antibiotics. No anastomotic leak reported. Histologically, two are T3 and one T2 tumour. Mean lymph nodes harvested is 15 nodes, with average positive lymph nodes of 2.3. All margins were clear of tumour. 2 patients were given adjuvant chemotherapy post-operatively, 1 refused. All patients are under follow up, vaginal integrity maintained and remained disease free.

CONCLUSION

Our experience with laparoscopic NOSE AR demonstrates good outcomes related to tolerable postoperative pain, relatively short hospital stay, good lymph nodes yield and oncological sound. Based on our study, we consider transvaginal NOSE for laparoscopic AR as a safe and feasible technique for selected patients with rectal carcinoma.

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STEP-UP APPROACH IN THE MANAGEMENT OF INFECTED NECROSIS IN NECROTIZING PANCREATITIS: VIDEOSCOPY ASSISTED RETROPERITONEAL DEBRIDEMENT (VARD)

Sivapragasam Vachiravel, Peng Soon Koh, Kamarajan Ramayah, Boon Koon Yoong
HPB Unit, Division of General Surgery, Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

BACKGROUND

Pancreatic necrosis with associated infection is a life threatening complication in the course of acute pancreatitis especially necrotizing pancreatitis. Open necrosectomy remained the gold standard of treatment but it is associated with significant morbidity. A step-up approach has been advocated by the Dutch Acute Pancreatitis Group to improve outcome. It consists of percutaneous drainage of the retroperitoneal collection followed by videoscopy assisted retroperitoneal drainage(VARD) at a later date.

OBJECTIVE

To describe the step-up approach of an infected walled of necrosis (WON). We present a case to illustrate the approach.

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CASE PRESENTATION

A 33-year-old man with alcohol induced necrotizing pancreatitis was managed by conservative approach initially and was discharged home. He presented again with sepsis due to an infected WON. Antibiotic was commenced followed by percutaneous drainage under radiological guidance of the retroperitoneal collection. He improved initially but developed another episode of sepsis. Contrast enhanced computed tomography (CECT) scan revealed persistent retroperitoneal collection and gas. He subsequently underwent VARD. Post-operative recovery was uneventful. He was monitored for drain output and drain amylase levels. He was discharged well 21-day post-operatively after drains were removed.

CONCLUSION

Patients with severe necrotizing pancreatitis associated with infection are generally ill and more likely to benefit from less invasive treatment due to reduced peri-operative stress. A step-up approach consists of 3Ds, which is Delay, Drain and Debride. Decision to escalate treatment depends on patient's clinical status and image findings. VARD is an alternative to open laparotomy and is better tolerated by patients in terms of recovery as illustrated in this case.

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GALLSTONE ILEUS: A RARE CAUSE OF A COMMON PRESENTATION

R Zulaika, N Tharveen, I Ahmad, O Firdaus
Hospital Kajang, Selangor, Malaysia

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.

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Despite gallstone ileus being a rare etiology and present indifferently from the other causes of intestinal obstruction, it should be kept in mind in small bowel obstruction especially in elderly patients where delay in diagnosis can lead to increased mortality.

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MIGRATION OF VENTRICULOPERITONEAL SHUNT INTO BLADDER WITH PROTRUSION FROM URETHRAL MEATUS; A RARE PRESENTATION

MF Ghazali, AA Hamzah, WM Mokhzani, S Hadi, MN Gohar

Department of Surgery, School of Medical Science, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

Ventriculoperitoneal (VP) shunt surgery is the most common treatment procedure in managing hydrocephalus. Although it is considered to be safe, many complications can occur including migration of the distal tip of VP shunt into various nearby organs. Many literatures have been reported regarding the migration site including colon, oral cavity, heart, vagina and rarely bladder.

We report a case of 42year old gentleman who had removal of VP shunt 2 months prior to presentation at Urology Clinic with urinary tract infection symptoms and was investigated for stone disease. However he came to emergency department with painful micturition and protrusion of foreign body at his urethral meatus and noted to be tip of VP shunt. The foreign body was self-dislodged during admission that required no surgical intervention.

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A PIN IN THE LUNG: A RARE FOREIGN BODY ASPIRATION IN ADULT

Firdaus M G, Mohd Nizam M H, Wan Zainira W Z, Zaidi Z, Syed Hassan SAA

Department of Surgery, School of Medical Science, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

Foreign body aspiration in the lower airway is a rare presentation in adults in comparison to children age group. It is often a serious medical condition that needed prompt recognition and action. Delayed diagnosis and treatment may lead to serious complication and sometimes fatal. In adulthood, foreign body aspiration may present with acute symptoms and maybe chronic due to late detection. It may be incidentally detected during bronchoscopy for lung collapsed or prolonged resolution of pneumonia.

We report a case of 25-year old gentleman who decided to seek medical attention after accidentally swallowed a scarf pin during tooth picking after meal. He experienced choking right after the event but spontaneously resolved without any symptoms. Clinical examinations were unremarkable. Chest radiograph showed a pin in a linear opacity in the right inferior lobe. Management options were discussed but patient was undecided and refused for any intervention.

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INFECTED SQUAMOUS CELL CARCINOMA OF GALLBLADDER IS A CON ARTIST?

Nur Zawani Zainudin[1], Khairunnisa C G[1], Mohd Nizam M H[1], Wan Zainira W Z[1], Zaidi Zakaria[1], Syed Hassan S A A[1], Leow V M[2]

[1]Department of Surgery, Hospital University Sains Malaysia (HUSM), Kubang Kerian, Kelantan, Malaysia

[2]Advanced Medical and Dental Institute(AMDI), University Sains Malaysia Bertam, Penang, Malaysia

INTRODUCTION

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.

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DISCUSSION

Histologically, 90% of all gallbladder cancer is adenocarcinoma and only 2% is squamous cell carcinoma. A study done by Roa et al, out of 606 carcinoma of gallbladder, only 1% of them are a pure squamous cell carcinoma. In the same study, only 13% were suspected of carcinoma preoperatively. The presentation varies from as acute cholecystitis to empyema of the gallbladder. In almost 80% of patients of advanced disease is unresectable. The role of chemotherapy or radiotherapy either as neoadjuvant or adjuvant is still inconclusive.

CONCLUSION

Squamous Cell Carcinoma of gallbladder is a challenging case in term of diagnosis and also treatment. Due to its rare histological variant, no treatment guideline can be constructed for this type of malignancy.

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EARLY EXPERIENCE OF ENDOSCOPIC HEMITHYROIDECTOMY IN HOSPITAL RAJA PERMAISURI BAINUN IPOH

GK Ooi, Kirubakaran Malappan, Y W Yan

Department of General Surgery, Hospital Raja Permaisuri Bainun Ipoh, Ipoh, Perak, Malaysia

A common indication for hemithyroidectomy in benign thyroid diseases involving young women, is cosmetic. This has been the driving force in developing scarless thyroidectomy procedures. Endoscopic hemithyroidectomy is an innovative procedure that results in a cosmetically acceptable and safe outcome in selected patients. The objective of this study is to present our early experience of this procedure and to report its outcomes. Two patients were selected in endoscopic thyroidectomy in 2015, both patients are female with mean age of 26 years old, and mean size of thyroid lobe of 2.5cmx3cm. Endoscopic hemithyroidectomy performed in both patients with axillary-breast approach technique (ABA). Both patients underwent endoscopic thyroidectomy had no early or late post-operative complications reported. Endoscopic hemithyroidectomy is a safe alternative with a low rate of postoperative complications and excellent cosmetic results compared to an open approach. Endoscopic approach should be considered as a valid surgical option in selected patients.

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RARE CASE OF GALLBLADDER NEUROENDOCRINE TUMOUR

Arvind Jagwani

Hepatobiliary Unit, Department of Surgery, University Kebangsaan Malaysia, Kuala Lumpur, Malaysia

CASE DESCRIPTION

Our case vignette discusses a 53-year-old Malay lady diagnosed with gallbladder tumor. She initially presented with only epigastric pain. She was worked up with an upper scope, ultrasound and an MRI. An operation was then planned for her. Intraoperatively the tumor was locally advanced and the operation included open cholecystectomy, hepatic resection and colectomy. The histopathology report returned as Large Cell Neuroendocrine Carcinoma. She underwent a smooth recovery and was subsequently discharged. The rarity of the tumor required the discussion with the pathologist and oncologist as for the planning of her subsequent treatment. A multidisciplinary approach.

DISCUSSION

This clinical vignette reports on an extremely rare case of Large Cell neuroendocrine carcinoma (NEC) in a lady that had a vague abdominal pain of a very short duration. Incidence of a NEC of a extrahepatic biliary and gallbladder is around 0.2%. Our paper highlights the diseases presenting concerns, clinical findings, diagnostic assessment and disease progression. Histology of a NEC would also be shown, to what makes the diagnosis of NEC in terms of staining etc. In addition to the usual report of a case, we would also highlight the medical and surgical advances that were available and chosen for this patient.

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RIGHT INGUINOSCROTAL SWELLING AND ILIAC FOSSA MASS: AN UNUSUAL PRESENTATION OF MAYDL HERNIA

G H Ng, Norin Azna, G Y Lo, Clement E

Hospital Tuanku Fauziah, Perlis, Malaysia

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.

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

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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.

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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.

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CANCELLATION OF ELECTIVE SURGICAL CASES: A LOCAL STUDY

G H Ng, S Punithavathi, C W Saw, R Husin
Hospital Tuanku Fauziah, Perlis, Malaysia

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

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EPIDEMIOLOGY, OUTCOME AND SURVIVAL OF PANCREATIC CANCERS IN UNIVERSITY OF MALAYA MEDICAL CENTER: AN OBSERVATIONAL STUDY IN A TERTIARY INSTITUTION

See-Teng Tan, Peng-Soon Koh, Jun-Kit Koong, Boon-Koon Yoong
HPB Unit, Department of Surgery, Faculty of Medicine,
University of Malaya, Kuala Lumpur, Malaysia

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.

RESULTS

Incidence of pancreatic cancer was 22.5 cases/year. Male to female ratio were 1:1 and mean age was 66.4 years. It's common among Chinese (66.7%) followed by Malays (21.3%) and Indians (11.1%). 85% of pancreatic cancer occurred at the head and uncinate. Only 23.2% of patients were resectable at presentation. 19 patients had pancreatoduodenectomy and 4 had distal pancreatectomy where 4 included portal vein resection. Median survival of the resected group was 16.00 (6.31-25.69) months with respective 1-, 3- and 5-year survival of 73%, 32% and 5% whereas the inoperable group median survival was 4.00 (2.68-25.69) months with respective 1-, 3- and 5-year survival of 27%, 2% and 0% (p=0.001). Univariate analysis showed disease stage, tumour size and nodal status to be significant factors affecting survival.

CONCLUSIONS

Pancreatic cancer is not uncommon in Malaysia and prognosis is poor. Around 25% are operable upon presentation. 5-year survival remained poor despite improved perioperative outcome over the years. Our findings also concurred with other studies found in literature.

DOUBLE ATRESIA, AN UNCOMMON ASSOCIATION: A CASE REPORT

V Kandiah, M Zafran, Razin H, Tarmizi M N

Paediatrics Surgery, Department of Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

INTRODUCTION

Biliary Atresia (BA) is characterized by progressively sclerosing cholangiopathy resulting in obliteration or discontinuity of the extrahepatic bile ducts manifesting with symptoms of prolonged obstructive jaundice. Having an associated bowel atresia with BA is relatively an uncommon association.To date, only few retrospective studies has found the association of BA with bowel atresia which represents < 2% of the incidence.

OBJECTIVE

We would like to report a case of a baby diagnosed to have concurrent bowel atresia with BA and also literature review relating to this rare coincidence of double atresia.

CASE REPORT

Premature infant at 36 weeks, born vigorous with good birth weight, however he developed bilious emesis since birth without marked abdominal distension. Preliminary abdominal radiograph revealed a triple-bubble appearance which was pathognomonic for Bowel Atresia. Subsequent Laparotomy was done at Day 3 of life and we proceeded with primary Jejuno-Jejunostomy. Post-

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.

SURVIVING SEVERE LIVER INJURY: EARLY SPECIALIZED CARE MAY HASTEN RECOVERY AND REDUCE MORBIDITY – A REPORT OF 2 CASES

Affirul C A[1], Hizami A T[2], Zamri Z[2], Razman J[2]

[1]Medical faculty, Universiti Sains Islam Malaysia (USIM), Kuala Lumpur, Malaysia

[2]Hepatopancreatobiliary Unit, Surgical Department, Universiti Kebangsaan Malaysia Medical Centre (UKMMC), Kuala Lumpur, Malaysia

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

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revealed intra-abdominal collections in both patients and ERCP confirmed bile leak in both patients. The patients were referred to the UKMMC hepatopancreatobiliary unit for further care. The first patient eventually required a left hepatectomy whereas the second patient was successfully managed conservatively after immediate re-exploration and intra-abdominal toilet and drainage. Both had prolonged hospital stay and acquired several hospital-acquired infections during their admission.

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.

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TRANSMESENTERIC SMALL BOWEL HERNIATION CAUSING INTESTINAL OBSTRUCTION FOLLOWING LAPAROSCOPIC TRANSPERITONEAL NEPHRECTOMY: A CASE REPORT

Mohammed Hajhamad, Reynu Rajan, Mustafa Tahir, Nik Ritza Kosai, Badrulhisham Bahadzor

Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Laparoscopic nephrectomy has become the most frequently performed laparoscopic procedure by urologists. Bowel related complications are rare and tend to be predominantly ileus related. Intestinal obstruction secondary to internal herniation is rarely documented. To the best of our knowledge, only few cases have been reported worldwide.

We reported a 72-year-old man with painless hematuria. He was diagnosed with left renal cell carcinoma, and was subjected to laparoscopic transperitoneal left radical nephrectomy (LRN). Two days following the surgery, he developed acute intestinal obstruction (IO). Computed tomography (CT) scan of the abdomen showed dilated loops of small bowel. Laparotomy revealed small bowel herniation through a sigmoid colon mesenteric defect. The defect was closed using absorbable sutures following release of herniated bowel loops. The patient was discharged six days later.

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Internal herniation is a rare cause of intestinal obstruction accounting for less than 3% of cases. It occurs due to creation of transmesocolic defect during mobilization of the left colon. This facilitates small bowel migration into a potential space in the renal bed. It is considerable to practice a meticulous dissection technique, avoid unnecessary mesenteric tear and repair the obvious mesenteric defects noted during the intra-operative period.

KEYWORDS

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

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TRAINERS' PERSPECTIVE ON SINGLE INCISION LAPAROSCOPIC CHOLECYSTECTOMY (SILC) IN UNIVERSITY HOSPITAL SETTING: HOW LONG DOES IT TAKE TO BRIDLE?

Mohammed Hajhamad[1], Hairol Hairol, Zamri Zuhdi, Azlanudin Azman, Affirul Arrifin[2], Sani Ikhwan[3], Razman Jarmin[1]

[1]Hepatopancreatobiliary Unit, Department of Surgery, Universiti Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia
[2]Faculty of Medicine & Health Sciences, Universiti Sains Islam Malaysia, Nilai, Malaysia
[3]School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia

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.

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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±39minutes 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.

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'WHAT WAS UNCOMMON, NOW COMMON?' GALLBLADDER CANCER: CASE SERIES

Khairunnisa C G[1], Nur Zawani Z[1], Mohd Nizam M H[1], Leow V M[2], Zaidi Z[1], Wan Zainira W Z[1], Syed Hassan S A A[1]

[1]Department of Surgery, Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
[2]Advanced Medical and Dental Institute (AMDI), Universiti Sains Malaysia, Bertam, Pulau Pinang, Penang, Malaysia

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

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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.

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GASTROGRAFIN IN ADHESIVE SMALL BOWEL OBSTRUCTION: OUTCOME COMPARISON OF SINGLE VERSUS MULTIPLE ABDOMINAL SURGERIES

Ong Shi Yu[1], Reuel Heng Zi Hao[1], Henry Tan Chor Lip[1, 2], Tan Jih Huei[2], Sarojah Arulanantham[1, 2]

[1]Newcastle University Medicine Malaysia, Johor, Malaysia
[2]Hospital Sultan Ismail, Johor, Malaysia

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.

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 statistical 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.

PEER TUTORING IN LEARNING BASIC SURGICAL SKILLS AMONG MEDICAL STUDENTS: MEDICAL STUDENTS' EXPERIENCES

Heng H E

International Medical University (IMU) Surgical Society, Jalan Rasah, Seremban, Negeri Sembilan, Malaysia

Basic surgical skills are introduced during early clinical years in medical school and often led by faculty members as it is included in the standard medical curriculum. In addition to this, peer tutoring in learning basic surgical skills have been practiced informally in many institutions.

In Malaysia, IMU Surgical Society is one of the first who started peer tutoring in teaching these skills to junior medical students. This approach is believed to benefit not just the participants but also the peer tutors who teach and organized the activities. Based on our experiences and positive feedback from the students, we are more than willing discuss the possibility of incorporating peer tutoring approach into the medical curriculum as an adjunct but not a replacement of the faculty led session to optimize the students' learning experiences.

KEYWORD

Peer tutoring, basic surgical skills, medical students, medical curriculum

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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

C K Kim[1], Mohd Nizam M H[1], Arman Zaharil M S[2], Wan Zainira W Z[1], Zaidi Z[1], Syed Hassan S A A[1], Wan Azman W S[2]

[1]Department of Surgery, School of Medical Science, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia
[2]Plastic & Reconstructive Science Unit, School of Medical Science, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

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.

THAL PATCH REVISITED IN TRAUMATIC ISOLATED DUODENAL INJURY

Khairunnisa C G[1], Nur Zawani Z[1], Mehboob A P[1], Wong M P K[2], Mohd Nizam M H[1], Wan Zainira WZ[1], Syed Hassan S A A[1]

[1]Department of Surgery, Hospital Universiti Sains Malaysia, Kelantan, Malaysia
[2]Advanced Medical & Dental Institute, Universiti Sains Malaysia, Penang, Malaysia

Isolated duodenal injury following a blunt abdominal trauma is extremely rare. It is usually associated with concurrent hepato-pancreatic injuries therefore making the repair procedure unduly complex. The lacking evidence of peritonitis due to retroperitoneal perforation has result in the decision to explore more challenging. Morbidity increases with waiting time as the on-going duodenal leak occur.

Here, we would like to present a young gentleman presented to us with blunt abdominal trauma with the CT Scan suggestive of Grade 3 Duodenal injury. We would like illustrate the repair using the concept described as modified Thal Patch or serosal patch in this isolated grade 3 duodenal injury and also the principles of duodenal decompression using nasogastric tube and retroduodenal drain tube in the effort to decompress the duodenum to reduce the pressure exert on the repair site. Serosal patch was used as a secondary prevention of leak as we understand the main cause

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of leak is not the pressure but the erosive duodenal content. We felt that if the erosion and leak occurs, it will form the "controlled" duodeno-jejunostomy or internal fistula which is relatively manageable than a blown duodenal stump or enterocutaneous fistula. A feeding jejunostomy was also inserted intraoperatively to re-instate early enteral feeding.

In conclusion, a technique that was describes in the past, Thal patch may still be relevant in time of need. We believe that the success of the procedure relies on the good surgical techniques, the effective duodenal decompression drains and early enteral nutritional therapy.

EMERGENCY LAPAROSCOPIC PARAEOSOPHAGEAL HERNIA REPAIR, A CASE REPORT

B K See[1], J Q L Low[1], Mohd Nizam M H[2], Rajkumar V[1]

[1]Department of General Surgery, Taiping Hospital, Taiping, Perak, Malaysia
[2]Department of General Surgery, Universiti Sains Malaysia, Kubang Keriang, Kelantan, Malaysia

INTRODUCTION

Paraoesophageal 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 61year 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

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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 200minutes. Blood loss intraoperatively was minimal. Post operative hospital stay was three days. Barium study post operation did not reveal any hiatal abnormalities.

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. Surgeons experience and technique plays a major role in achieving this outcome, especially in emergency cases.

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ADVANCED BREAST CANCER IN QUEEN ELIZABETH HOSPITAL, SABAH: A RETROSPECTIVE ANALYSIS

S T Saw, Siti Zubaidah
Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

INTRODUCTION

Breast cancer is the commonest cancer in women in most parts of the world, with a rapid increase in the incidence in recent year. There is very little epidemiological data available for West Malaysia, especially Sabah. We conducted a retrospective analysis on breast cancer incidence in 2014 to identify the predicting factors for advanced breast cancer in Queen Elizabeth Hospital, Sabah.

METHODS

All newly diagnosed breast cancer patients seen at Queen Elizabeth Hospital, Sabah, from 1st January to 31st December 2014 were included in the study. Patient and tumour characteristic, including age, race, socioeconomic background, parity, menarche and menopausal status, oral contraceptive intake, family history, mode of presentation, tumour histopathology and hormonal status, were collected and analysed.

RESULTS

A total of 120 patients were diagnosed breast cancer in Queen Elizabeth Hospital, Sabah, in year 2014. The mean age of patients

was 52.9 years, with mean Body Mass Index 25.07 kg/m2. Local natives were the commonest afflicted group (63.3%), followed by Chinese (23.3%). Most of the patients were housewives (75%), and staying in urban area (60.8%). The commonest histology was invasive ductal carcinoma (76.7%). Stages at presentation were Stage 0- 6.7%, Stage I- 16.7%, Stage II- 37.5%, Stage III- 22.5%, and Stage IV- 16.7%. There were 10.8% of patients with HER-2 overexpressing subtype, and 9.2% with triple negative subtype. Only nulliparity (p=0.001, 95% CI 2.48, 39.81) was recognized as an independent factor predicting advanced breast cancer at presentation. Fifteen per cents of the patients defaulted treatment.

CONCLUSIONS

Great effort is needed to improve public awareness of breast cancer in the local setting, especially targeting women with higher risk of presenting with advanced breast cancer.

HYDROSTATIC PRESSURE-INDUCED RECTAL PERFORATION

Annisa Zainal Mokhtar, Dyg Zahratul Hamrak, Norliana Jaafar, Noorhashimah Khadir
Department of General Surgery, Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia

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 complaint 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.

DISCUSSION

Hydrostatic pressure-induced rectal perforations are rare. Diagnostic problems can occur with rectal injuries as most patients will hesitate to describe incident which might have been a taboo in our community such as abnormal sexual act. In our patient, a full history was easily volunteered by patient. Guarded abdomen with presence of air under diaphragm in chest x-ray rouse suspicions of rectal perforation, which was confirmed with operation. Faecal diversion was done as there was gross contamination intra-abdominally. The complication of burst abdomen occurred most probably due to severe faecal contamination in operative field which increase the risk of operative wound infection.

CONCLUSION

Rectal perforation must be considered in the differential diagnosis in patient with signs of peritonitis especially when possible causes are available. Prompt treatment must be carried out to avoid poor outcome and prevent morbidity and mortality.

squamous cell carcinoma of the oesophagus. On her request, she was referred to tertiary centre for further management. Another OGDS and oesophageal dilatation with argon plasma coagulation which complicated with oesophageal perforation. This was managed conservatively. Subsequently patient underwent Ivor Lewis procedure and was discharged well day 15 post operation.

DISCUSSION

Repeated oesophageal dilatation and possible trauma by food ingested by patients may cause new ulcerations followed by re-epithelialization due to these traumas which will increase the scars, causing the lumen to be more stenosed and development of oesophageal carcinoma.

CONCLUSION

The predisposition to cancer justifies regular follow-up and surveillance endoscopy. In addition to that, cumulative dangers of other risk factors for oesophageal cancer, such as alcohol abuse and smoking must also be addressed.

CORROSIVE-INDUCED OESOPHAGEAL CARCINOMA

Annisa Zainal Mokhtar, Dyg Zahratul Hamrak, Norliana Jaafar, Noorhashimah Khadir

Department of General Surgery, Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia

INTRODUCTION

Ingestion of corrosive substances can cause severe complications to the gastro-intestinal tract. If patient able to survive the acute complications of corrosive ingestions, they are prone to develop chronic complications which cause considerable morbidity and mortality. We report a case of 53 years old lady who has history of ingestion of corrosive substance at 16 years old who developed oesophageal stricture and subsequently oesophageal carcinoma.

CASE REPORT

A 53 years old Indian lady who has history of corrosive ingestion at age of 16 years old due to family problems has been under our regular follow-up for oesophageal stricture which was diagnosed after she developed dysphagia 10 years ago. She has history of total gastrectomy with oesophago-jejunostomy anastomosis done after the incidence. For past 10 years she was on three-monthly dilatation of oesophageal stricture. During her last OGDS, there was circumferential friable mass at 27 cm from incisor till cardiooesophageal junction, which bled to touch. This mass was never seen during previous OGDS. Biopsy taken revealed

IMMEDIATE PEDICLE TRAM FLAP BREAST RECONSTRUCTION BY BREAST SURGEONS: EARLY HOSPITAL KUALA LUMPUR EXPERIENCE

Fatin M N, Daphne A, Raflis R A, Wong M W, Hakim N A, Aina N E

Breast & Endocrine Unit, Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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

with partial fat necrosis, which was treated conservatively. All patients rated their cosmetic outcomes as satisfactory.

CONCLUSION

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

Karyn W I Lin, Y L Tan, Ramesh T, L G Chew
Hospital Serdang, Selangor, Malaysia

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

C W Yong, Walter Lim Y C, Sumaraj A, Imran Khalid
Hospital Seberang Jaya, Penang, Malaysia

INTRODUCTION

Laparoscopic cholecystectomy is one of the commonest operation performed. Indication for cholecystectomy are mostly due to symptomatic cholelithiasis. The causes of cholelithiasis included infection, bile stasis, biliary "sludge", etc.

OBJECTIVE & METHOD

To investigate whether bacterial infection causing cholelithiasis. Ideal prophylactic antibiotic for laparoscopic cholecystectomy. Optimize cost of antibiotics use.

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

RESULTS

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

while 31 patients are < 40 years old, and 33 patients are aged > 60 years old. Laparoscopic cholecystectomy was performed in 94 patients. 5 cases have done open cholecystectomy and CBD exploration, for choledochalithiasis; while 1 case done in combined with other procedures. 21 samples contain specific growth, 19 samples contain mixed growth, and 73 samples contain no growth. Most common organism isolated is Klebsiella species - 10(Klebsiella Pneumoniae - 7, Klebsiella Ozanea - 1, Klebsiella Sp. - 2), follow by E. Coli ESBL +ve (5), Pseudomonas Sp. (3), and others (Enterobacter Sp., Enterococcus Fecalis, Edwardella Sp.). All isolated organisms are sensitive to Gentamicin.

DISCUSSIONS

Patient are mostly female in their 40 – 60 years old. The likely organism causing cholecystitis/cholelithiasis are E.Coli, Klebsiella, Enterococcus Sp., similar to our study. The demonstrated choice of prophylactic antibiotic is Gentamicin, cost RM1.12; while Cefoperazone and Metronidazole combination cost RM7 (practice by our Centre).

CONCLUSION

Patient with good renal function should be considered in giving gentamicin as antibiotic prophylaxis for laparoscopic cholecystectomy if needed.

TRAUMATIC MOTORCYCLE HANDLEBAR HERNIA

V K Vikinesan, See M H

Surgery department, University of Malaya, Kuala Lumpur, Malaysia

INTRODUCTION

Traumatic abdominal wall hernia is a rare entity and the cause is often due to blunt trauma to the abdomen. It was first described by Selby et al a century ago, fewer than 100 cases have been reported in the journal. Handlebar injuries are well are well described in peadiatric patients and frequently associated with internal injuries. In adults, it usually results from road traffic accidents (RTA). We report a case of motorcycle handlebar induced traumatic abdominal wall hernia. This case demonstrates that presentation of a traumatic hernia can be delayed and diagnostic laparoscopic surgery with primary repair of the defect is the definitive treatment in cases of traumatic hernia

CASE SUMMARY

A 22-year old man was referred by private hospital to UMMC following a blunt abdominal trauma 3 days earlier. He was involved in a road traffic accident with a car and thrown over to the side of his motorcycle, landing directly at end of the motorcycle handlebar. He was initially treated for soft tissue injury and discharged. However, he presented again with persistent pain and swelling at right iliac fossa. He was clinically stable and his abdomen was soft with no evidence of peritonism. A linear superficial contusion

was however present in his right iliac fossa with positive cough impulse. An urgent computed tomographic scan abdomen was performed and this revealed an anterior abdominal wall hernia with air filled bowel loops adjacent to the defect. He underwent a diagnostic laparoscopy where a defect of anterior abdominal wall hernia found. The defect was 2cm and transverse the muscle and fascia layers except the skin which remained intact. No bowel injury was detected. The traumatic hernia was repaired primarily. He made an uneventful recovery

DISCUSSION

Traumatic motocycle handlebar rarely cause isolated abdominal wall hernia. Surprisingly, none of the previous reported cases described significant associated intra-abdominal injuries. Computed tomography is a useful adjunct to clinical examination. We advocate early repair both to assess associated intra-abdominal injuries and to shorten the period of hospitalization and disability.

SHORT TERM OUTCOME OF TRAUMATIC EXTREMITY INJURIES DUE TO ROAD TRAFFIC ACCIDENTS: SINGLE CENTRE EXPERIENCE

Fatin M N, Feona S J, Zainal A

Vascular Surgery Unit, Department of Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

ABSTRACT

Traumatic vascular extremities injuries have been on the increase in Malaysia due to high velocity injuries following road traffic accidents. This study aim to evaluate the short term outcome of traumatic vascular extremity injuries, the variety of cofounding factors that influence limb salvage and follow up of patients that were ascertain 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 systemically gathered.

RESULT

Most traumatic vascular injuries due to road traffic accidents

involve the lower limbs with 81.8% and upper limbs with 18.2%. Popliteal and brachial injuries were commonly involved. Traumatic arterial transection accounted for most likely type of vascular injuries and popliteal artery most commonly injured. Most patient that was attended came with Grade IIb. 28 patients out of 33 patients had surgery performed, whilst remaining 5 patients was not operated as the limb is treated medically and presence of outflow. Meanwhile, the mean time for time of injury to vascular center (HKL) 12.5 hours.

CONCLUSION

Patients who suffer vascular trauma should be transferred to vascular surgery centers as soon as possible. Decisive management of vascular trauma will maximize patient survival and limb salvage. Priorities must be established in the management of associated injuries, and delay must be avoided to prevent ischemic changes.

LAPAROSCOPIC BILATERAL HERNIOTOMY WITH TISSUE ADHESIVE; A CASE REVIEW AND VIDEO PRESENTATION

Jolynn L Q L[1], See B K[1], Parasuraman P R[1], Umasangar R[1], Mohd Nizam M H[2], C Rajkumar Vinayak[1]

[1]Department of Surgery, Hospital Taiping, Taiping, Perak, Malaysia
[2]Department of Surgery, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

INTRODUCTION

The use of tissue adhesives in laparoscopic inguinal hernia repair has been gaining momentum in laparoscopic hernia repairs.

OBJECTIVE

The aim of this review is to present an example of plication of the internal ring and further reinforced with tissue adhesives at the pre-peritoneum layer.

MATERIALS AND METHODS

Our patient is a 15 year old girl with congenital bilateral inguinal swelling since she was 2 years old. However she did not seek medical treatment until last October. A laparoscopic inguinal herniotomy via a TAPP approach was done. The hernia was reduced bilaterally, deep ring plicated with nonabsorbable sutures and the pre-peritoneum apposed with Ifabond (UG medical) glue.

RESULTS

The surgery took around 80 minutes. Patient was well post surgery and allowed home on the same evening.

DISCUSSION

The usage of glue has been found to be on an increasing trend as it is versatile and avoids the risk of nerve and vessel entrapments. It avoids post-operative pain which are usually associated with tackers. Recurrence rates are comparable to standard techniques. There is no difference in cost when compared to the tackers available in the current market. Nonetheless, the surgeon has to be technically adept as the glue deployment needs to be done rapidly to avoid blockage of the delivery system as it polymerizes quickly.

CONCLUSION

The usage of synthetic tissue glues are effective and simple, safe and reliable. However this is a different learning curve for the surgeons. The delivery system for the tissue glues need to be further optimized.

EXPERIENCE WITH HOOKWIRE LOCALIZATION BIOPSY OF IMPALPABLE SUSPICIOUS BREAST LESIONS IN HOSPITAL QUEEN ELIZABETH, SABAH.

J A Mosiun[1], S Z Sharif[1], D L P Lee[1], S Y Wong[2], D A N Yuman[2]

[1]Department of General Surgery, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia
[2]Department of Radiolog, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia

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

between July 2013 and June 2015. Data was collected from patients' medical records and during clinic review.

RESULT

Forty six cases of hookwire localization and wide local excisions were carried out during this period. The mean age was 52.3+/- 9.5 years old. The most common presentation was via breast screening in asymptomatic patients (43.5%). Mammogram and ultrasound guided hookwire insertion was performed in 71.7% and 28.3% of cases respectively. The success rate was 87%. Successful excisions were further analyzed for completeness of excision and malignancy detection rate which were 75% and 25% respectively.

CONCLUSION

The success of this procedure and malignancy detection rates are comparable to those done in other local centres. More work is required to improve the practice of hookwire localization and wide local excision of suspicious impalpable breast lesions in our centre.

SMALL BOWEL HERNIATION INTO TRANSVERSE MESOCOLON DEFECT, LEADING TO INTESTINAL OBSTRUCTION IN A HIV PATIENT WITH INTESTINAL TUBERCULOSIS

Kah Yee Ho, Salehah T, Kenneth Voon K T, A H Imisairi

Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

OBJECTIVE

We report a rare case of small bowel obstruction secondary to internal herniation through a congenital transverse mesocolon defect.

SUMMARY

Immunocompromised patients often present with a myriad of abdominal symptoms, leading to a delay in the diagnosis of intestinal obstruction. This patient is a 32 year old man diagnosed with RVD positive 10 years ago on HAART, and TB colitis on anti TB drugs. He presented with symptoms of intestinal obstruction without evidence of peritonitis. He was initially treated as intestinal obstruction secondary to TB colitis. CT abdomen revealed a thickened cecal pole and terminal ileum likely to represent part of TB infection with dilated small bowels. Decision was made for laparotomy after failed non operative treatment. Intra-operatively, there was internal herniation of part of the terminal ileum through a 5x5cm defect in the transverse mesocolon. Almost the entire

length of the small bowel herniated through the defect and was strangulated at 20cm from the ileocecal junction. The ischemic bowel was resected and ends of the bowel were brought out as a double barrel ileostomy.

DISCUSSION

The challenge in this case lies in clinching the diagnosis. Tuberculosis at the ileocecal junction commonly responds well with anti-TB drugs, and hence should not cause intestinal obstruction. CT images was inconclusive in diagnosing internal herniation causing intestinal obstruction. Large defect in the transverse mesocolon is rare. Decision for laparotomy should therefore always be by clinical judgement.

ROUTINE CHECKING FOR MECKEL'S DIVERTICULUM IN PATIENTS UNDERGOING APPENDICECTOMY

K Y Ho, Ann D M, Kenneth Voon

Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

OBJECTIVE

We report a case of small bowel obstruction secondary to adhesion band 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 aute 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 4 days after surgery. Meckel's diverticulum was not documented in the previous surgery.

DISCUSSION

Although rare, Meckel's diverticulum can be present in up to 2% of the population. Meckel's diverticulum is not routinely checked during appendicectomy if appendicitis is the cause of acute abdomen. Routine checking for Meckel's diverticulum will allow prevention of future complications as in our patient above.

POSTERIOR MEDIASTINAL EXTENSION OF THYROID GLAND, REMOVED VIA COLLAR INCISION

K Y Ho, K M MazlanI, A I Junaidi, A H Imisairi
Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

INTRODUCTION

Endemic goiter is a major concern in many developing nations, including Malaysia. Kelantan is one of the states identified to have a high incidence of goiter. However, it is rare to see patients with retrosternal extension of the goiter into the posterior mediastinum, as with our patient.

CASE REPORT

Here, we report a 39 year old lady who presented with anterior neck swelling for 5 years, progressively increasing in size. She also complained of prolonged cough, exacerbated during her pregnancy. There was no dysphagia, no shortness of breath on lying flat. There was also no symptoms of hypo or hyperthyroidism. She was clinically and biochemically euthyroid. She was seen by the respiratory team for further investigations, and lung function tests showed and obstructive picture. They proceeded with a HRCT thorax, which showed features of MNG with extension of the left lower lobe thyroid nodule into the posterior mediastinum. The nodule is located posterior to the oesophagus and trachea at the level of T1 – upper border of T5. This lesion causes slight

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 ito 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.

WHERE'S THE PARATHYROID? VARIABLE LOCATION OF AN ECTOPIC PARATHYROID GLAND

K Y Ho, T Salehah, A I Junaidi, A H Imisairi
Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

INTRODUCTION

Secondary hyperparathyroidism occurs as a normal response to hypocalcemia 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. There was persistence of symptoms of bone pain, and a SESTAMIBI scan was done, showing an anterior mediastinal lesion likely to be ectopic parathyroid gland. 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

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the superior mediastinum. Serum calcium levels fell markedly after surgery, and the patient had almost immediate relief from his symptoms.

DISCUSSION

The presence of ectopic parathyroid glands justify an exhaustive search during surgery. Pre-operative scanning may be an adjunct to localizing 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.

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SIGMOID VOLVULUS, MANAGING THE UNCOMMON : A CASE REPORT

Farhan P, Azihan Z, Huzairi Y, Ahmad S,
Colorectal Unit, Department of Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

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.

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DISCUSSION

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.

CONCLUSION

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

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FAMILIAL MEDULLARY THYROID CARCINOMA: A RARE THYROID MALIGNANCY

Suraya Othman[1], Rohaizak Muhammad[2], Shahrun Niza Abdullah Suhaimi[2], Nor Faezan Abdul Rashid[1]
[1]Department of Surgery, Universiti Teknologi MARA, Malaysia
[2]Department of Surgery, Universiti Kebangsaan Malaysia, Malaysia

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

lymph node recurrence and right cervical lymph node dissection was performed. The third sibling, 28 year-old female had a screening ultrasonography in August 2014 showed suspicious thyroid nodules. Fine needle aspiration biopsy suggestive of MTC and also had curative operation done. She is currently well with no sign of recurrence. In all our patients, screening for MEN2 was negative and they refused to have genetic testing for RET proto-oncogenes.

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

METASTATIC PAPILLARY THYROID CARCINOMA IN BRANCHIAL CYST

Nor Faezan Abdul Rashid[1], Rohaizak Muhammad[2], Shahrun Niza Abdullah Suhaimi[2], Suraya Othman[1]

[1]Department of Surgery, University Technology MARA, UiTM, Malaysia
[2]Department of Surgery, University Kebangsaan Malaysia, Malaysia

Papillary thyroid carcinoma is the commonest well differentiated thyroid carcinoma comprising about 80 - 85%1 of all thyroid malignancy. It has an excellent prognosis with survival rate of more than 95% at 25 years1. However, incidence of thyroid malignancy from ectopic thyroid tissue is extremely rare and may manifest as a spectrum of thyroid disease with only few reported cases in literature. Papillary thyroid carcinoma arising from ectopic thyroid tissue is most commonly reported in the branchial cyst. The questions that perplexing about it are; is it arising de novo in the ectopic thyroid tissue or is it reflects a metastasis? Here we report a 43-year-old man incidentally found to have an ectopic papillary thyroid carcinoma arising from the left branchial cyst following excision of the cyst. Examination of the neck revealed a mass arising from left sided of the neck. A pre operative computed tomography (CT) scan only showed a large branchial cyst compressing on the left thyroid gland and displacing left carotid sheath. A total thyroidectomy with left central neck dissection was performed showed a focus of 22x12x9mm tumour at left lower lobe with three out four left central neck nodes involvement. Post operative radioiodine scan showed uptake at the residual thyroid bed and the repeat scan 6 months later showed no more uptake at the neck or elsewhere. His thyroglobulin level after the radioiodine scan was undetectable.

MANAGING ADVANCED FOLLICULAR THYROID CARCINOMA PRESENTED WITH BILATERAL PATHOLOGICAL HUMERUS FRACTURE; IS PRIMARY THYROID SURGERY NECESSARY?

Fitreena A A[1], Maya M[2], Zaidi Z[2]

[1]Advanced Medical and Dental Institute, Universiti Sains Malaysia
[2]Surgical Department, Hospital Universiti Sains Malaysia

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 nodes dissection. Her final histopathological report confirmed follicular thyroid carcinoma.

DISCUSSION

The 10 years survival rates in DTC reported up to 95%. However, in advanced DTC, 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 assesment and benefit outweighing complications.

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LATE PRESENTING CONGENITAL DIAPHRAGMATIC HERNIA – A RARE ENTITY

Buveinthiran Balakrishnan[1], I Aina Shafiza[2], Koh C H[3], H Singh[4]

[1]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang Darul Makmur, Malaysia
[2]Department of Surgery, International Islamic University Malaysia, Kuantan, Pahang Darul Makmur, Malaysia

Congenital diaphragmatic hernia (CDH) is a birth defect of the diaphragm. Congenital diaphragmatic hernia is an entity, which generally presents with severe respiratory distress in the neonatal period. Occasionally the defect does not manifest until later in childhood or even adult life.

The most common type of CDH is a Bochdalek hernia. However, in contrast, defects through the foramen of Morgagni are rare. When late presentations occur, patients may be asymptomatic or may be critically ill with respiratory and gastrointestinal symptoms

We present a 14-year-old boy with underlying Down's Syndrome who presented to the medical department and was treated for Septic Shock secondary to Community Acquired Pneumonia. He was intubated for impending respiratory collapse. Ventilation was difficult. Chest X Ray showed a suspicious looking mass over the right thoracic cavity. We proceeded with a CT Thorax, and CT revealed a large anteromedial defect of the right hemidiaphragm

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measuring 5cm x 6cm with herniation of the jejunum, transverse colon/hepatic flexure as well as the mesentery and omental fat. We proceeded with an emergency laparotomy and repaired the defect using a composite mesh and a polypropylene mesh.

It is important to recognize this delayed presentation because with appropriate treatment, complete recovery is possible while inappropriate management may complicate the course with high morbidity and mortality. In contrast to early presenting congenital diaphragmatic hernias, the features of diaphragmatic hernias diagnosed outside the neonatal period are extremely varied and may be associated with misleading clinical and radiologic assessments leading to misguided treatment. A high index of suspicion is necessary to avoid such outcome.

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THE LEVEL OF PREPAREDNESS AMONG DOCTOR OF GENERAL SURGERY CANDIDATES IN UKMMC : A DESCRIPTIVE STUDY

Lim Xin Zhi, Lee Yin Ler, Khairulanwar Abdul Aziz, Farhana Omar, Nur Farahin Azizan, Hairol Othman

Department of Surgery, Universiti Kebangsaan Malaysia Medical Center, Cheras, Kuala Lumpur, Malaysia

BACKGROUND AND AIMS

The Doctor of General Surgery (DGS) program is an advanced qualification in surgical training in Malaysia. It is assumed that candidates who applied and were accepted into the training program were well prepared, but the outcome of the final examination proved differently. Hence we embarked on a study to assess the level of preparedness among the candidates and the factors which might affect it.

MATERIALS AND METHODS

A multi-domain assessment survey was developed and was electronically sent to all candidates in the DGS program. The level of preparedness was determined by their confidence and independence in performing surgery including the perioperative managements. The candidates rated their confidence and independence level on a Lickert scale.

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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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BREAST SARCOMA

Daphne A, Raflis RA, Wong M W, Hakim N A, Aina N E

Breast & Endocrine Unit, Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

INTRODUCTION

Sarcoma of the breast is very rare accounting for 1% of all breast malignancies. The challenge in managing such cases is to achieve clear margins. In most cases in order to achieve this, radical resection with chest wall reconstruction is necessary. We present a case of breast sarcoma requiring radical mastectomy, chest wall resection and reconstruction.

CASE PRESENTATION

A 66 year old lady presented with a right breast mass measuring 6 x 6cm. An ultrasound showed a suspicious lesion which was biopsied and proved to be sarcoma. Computed Tomography (CT) scan revealed tumour invasion to the underlying pectoralis major and intercostal muscles.

Right radical mastectomy, chest wall resection followed by reconstruction using polypropylene mesh and bone cement was performed. Post operative recovery was uneventful. Histopathological results revealed liposarcoma FNCLCC III with clear margins. In view of the grade and size of her sarcoma she has been subjected for radiotherapy

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CONCLUSION

Treatment paradigm for breast sarcoma is built upon treatment of sarcoma in general. Radical resections to achieve clear margins is the only option for curative outcome in sarcoma.

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IMPROVING THE TRAUMA SERVICES: EXPERIENCE OF TRAUMA MANAGEMENT IN A SINGLE CENTER

Mohammed Hajhamad[1], Affirul Arrifin[2], Azlanudin Azman[1], Razman Jarmin[1]

[1]Hepatopancreatobiliary Unit, Department of Surgery, Universiti Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia
[2]Faculty of Medicine & Health Sciences, Universiti Sains Islam Malaysia, Nilai, Negeri Sembilan, Malaysia

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

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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 ($p \leq 0.5, 0.8, 0.6, 0.17$). 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 ($p \leq 0.000, 0.000$).

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.

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WHAT THE FISH?

Kishen R, Faizur R, Zainal A
Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

INTRODUCTION

Meckel's diverticulum first explained by Fabricius Hildanus in the sixteenth century and later named after Johann Friedrich Meckel. It is the most common malformation of the gastrointestinal tract and is present in approximately 2% of the population, with males more frequently experiencing symptoms. It usually presents with forms of complications such as bleeding, obstruction, diverticulitis, intussusception and neoplasm. Foreign body perforation of Meckel's diverticulum is a very rare event, nevertheless, a fish bone .

CASE PRESENTATION

A 66 year old man, presented with right iliac fossa pain for a day, which was colicky in nature and associated low grade fever. He had no changes in bowel habits. On examination, he was comfortable, and vital signs were stable. Right iliac fossa was tender and guarded on palpation. Full blood count had normal parameters. An abdominal ultrasonography showed features suggestive of acute appendicitis. He was subjected for a diagnostic laparoscopy which revealed a perforated Meckel's diverticulum by a fish bone. A lanz incision was made for better access and wedge resection of the perforated Meckel's diverticulum with primary repair was done.

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Appendicectomy was also performed. Post operative recovery was uneventful.

CONCLUSION

Whether to resect asymptomatic, incidentally discovered Meckel's diverticula 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.

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A CASE REPORT OF SPONTANEOUS BLADDER RUPTURE IN PREGNANCY

Karthikeyan M, Thiagarajan G, Foo Siang Lin, Raje Ramakrishnan
Hospital Pakar Sultanah Fatimah, Muar, Johor, Malaysia

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 17weeks 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.

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Case was posted for exploratory laparotomy and intraoperatively noted perforation at the dome of the bladder. The perforation was repaired and subsequently condition of the patient improved. The bladder resumed its normal function. Patient was discharged home after a Cystogram done showed no urinary leak.

DISCUSSION

Pelvic malignancy, continuous bladder irrigation, neurogenic bladder are causes associated with bladder rupture. The main cause of bladder rupture in this patient is not established. Diagnosis of spontaneous bladder rupture depends on retrograde cystoscopy, analysis of ascitic fluid for urea and creatinine and blood biochemistry suggestive of renal failure and exploratory laparotomy. Early diagnosis and appropriate management decrease the morbidity and mortality associated with spontaneous bladder rupture.

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THE MASQUERADING CYST

Mageshwaran E, E Clement, A H Rezqa, G Y Lo
Hospital TuankuFauziah, Kangar, Perlis, Malaysia

INTRODUCTION

To start it all off, mesenteric cysts are really rare. Since 1502 only 820 cases have been reported. Incidence varying 1 case per 100000-250000 admissions. Due to the variety in symptoms and case presentations, most of the cases are incidental findings during routine abdominal examinations or during laparotomy, sometimes the latter being done to manage the complications of the mesenteric cyst. The etiology is unknown. Best treatment of choice is complete surgical excision. Mesenteric cyst due to its rarity is difficult to diagnose preoperatively.

CASE REPORT

A 19 year old girl presented with complaints of increasing abdominal distention, examinations revealed a huge and tense abdomen, ascitic and cystic in nature. CT was done: Intraperitoneal mass of undertermined origin.

DISCUSSION

Mesenteric cysts are very rare and extremely difficult to diagnose preoperatively. Mesenteric cyst is defined as any benign cyst located in the mesentery with or without possible extension into the retroperitoneum. Rarely do mesenteric cysts cause symptoms,and when they do, its either pain or an abdominal mass.Mesenteric cysts should be evaluated with complete history, clinical examination, blood investigations and

imaging. Secondary complications of mesenteric cyst include volvulus, spillage of infective fluid, herniation of bowel into an abdominal defect, and obstruction.The treatment of choice is complete excision to avoid recurrence and possible malignant transformation.

CONCLUSION

Mesenteric cyst is a diagnosis extremely difficult to establish preoperatively. A proper clinical history, examination, laboratory investigation and imaging need to be done before confirming the diagnosis, as the definitive treatment is surgical excision.

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RADICAL GASTRECTOMY FOR ADVANCED GASTRIC CANCER IN EXTREME OLD AGE PATIENTS – EXPERIENCES OF A COMMUNITY HOSPITAL

Chee Fah Chia
Kempas Medical Centre, Johor Bahru, Johor, Malaysia

OBJECTIVE

To evaluate the short-term outcomes of radical gastrectomy for advanced gastric cancer in the extreme elderly patient(> 80 years) in a community hospital.

METHODS

From Aug 2013 to March 2016, three patients(median age: 88.7 years) with advanced gastric cancer underwent radical surgery in the Kempas Medical Centre. One patient developed local recurrence of cancer after wedged resection of upper body gastric cancer one year ago. He presented with bloody vomitus and hemorrhagic shock. Endoscopic hemostasis failure resulted. His hemoglobin is 3 g/dl prior to the surgery. Emergent palliative total gastrectomy was carried out. Another two patients had severe advanced antral cancer. One patient showed gastric outlet obstruction with left lobe liver invasion. Radical subtotal gastrectomy with D2 lymph node dissection was performed, together with wedged resection of liver invasion. The third patient had huge distal gastric cancer with lymph node invasion into the superior mesenteric vein found intraoperatively. Total gastrectomy with D2 lymph node dissection was performed, together with primary venorrhaphy.

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.

CONCLUSSION

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 comorbidty.

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INAPPROPRIATE PRE-OPERATIVE INVESTIGATIONS FOR ELECTIVE SURGICAL PATIENTS; REINFORCEMENT OF LOCAL GUIDELINE IN CLINICAL PRACTICE IS CRUCIAL

Ramizah S, Sarinah B, Anita B, Hisham M, Normayah K

Department of Sugery, Putrajaya Hospital, Putrajaya, Malaysia

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 Anaestisiologist) 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

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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.

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LAPAROSCOPIC REVISION OF MALFUNCTIONING TENCHKOFF CATHETER IN PATIENT UNDERGOING PERITONEAL DIALYSIS

Izzah I[1], Y C Chong[1], Hidayati Z[1], K S Poh[2]

[1]Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia
[2]University of Malaya Medical Centre, Kuala Lumpur, Malaysia

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

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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.

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SELECTIVE INTERNAL RADIATION THERAPY (SIRT) AS TREATMENT OF LIVER MALIGNANCIES, A SHORT TERM OUTCOME ANALYSIS IN UNIVERSITY MALAYA MEDICAL CENTER

Jeffery Lim Z K, Ling L F, Abdullah B J J, Yoong B K
University of Malaya, Kuala Lumpur, Malaysia

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.

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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.

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

Deborah Ding Y S, Kirubakaran M, Chan A C, Yan Y W
Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

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

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operated under local aenesthesia/ 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.

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MESOTHELIOMA TURNS OUT TO BE PSEUDOMYXOMA PERITONEI

Thiagarajan Gobal, Raje Ramakrishnan, Foo Siang Lin, Ros'aini Paijan

Department of Surgery, Hospital Pakar Sultanah Fatimah, Muar, Johor, Malaysia

INTRODUCTION

Pseudomyxoma peritonei is a rare malignant growth characterized by the progressive accumulation of mucus-secreting tumor cells within the abdomen and pelvis. However, when dealing tumor deposits in the peritoneum, mesothelioma should be at consideration.

CASE REPORT

A 52 year old Malay gentleman presented with left iliac fossa pain for one month,colicky in nature, not resolved with analgesia, associated with vomiting 5 times a day for one week, loss of appetite, loss of weight and a strong family history of colon cancer. Clinically abdomen appeared to be distended with mild tenderness over left iliac fossa and no mass palpable. Colonoscope unable to go beyond 60cm due to sharp angle. However, barium enema showed persistent narrowing of the distal descending colon with apple core appearance suggestive of malignancy and computed tomography excludes distant metastasis. Intraoperatively, there was extensive peritoneal seedling and mesenteric nodule, omental mass with multiple nodules compressing descending and proximal sigmoid colon, suggestive of mesothelioma. However, histopathological report revealed metastatic mucinous adenocarcinoma, primary from the colon.

CONCLUSION

Pseudomyxoma peritonei is a clinical syndrome characterized by peritoneal dissemination of a mucinous tumor and are more advanced at diagnosis. Mucus in the tumor responsible for the aggressiveness and spread of the cancer cells. Clinical findings and appearance of the cancer can mimic the feature of mesothelioma. However histological examination can assist in the diagnosis and treatment of the patient.

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COMBINED LAPAROSCOPIC SPLENECTOMY AND CHOLECYSTECTOMY IN HEREDITARY SPHEROCYTOSIS; A TECHNICAL REPORT

Radzi Mohtar, Peng Soon Koh, Kamarajan Ramayah, Boon Koon Yoong

HPB Unit, Division of General Surgery, Department of Surgery, University of Malaya, Kuala Lumpur, Malaysia

INTRODUCTION

Hereditary Spherocytosis (HS) is a familial hemolytic disorder associated with abnormal red blood cell membrane proteins which result in hemolysis. Clinical presentations include haemolytic anemia, jaundice and splenomegaly. Almost half of such patients developed gallstones. Splenectomy is indicated for patients with moderate to severe HS and occasionally, concurrent cholecystectomy is performed for symptomatic cholelithiasis.

OBJECTIVE

Laparoscopic surgery has evolved over the years with technological advancement and improved learning curve. This allows more technically-challenging procedures to be performed. We report a case of a 37-year old lady diagnosed with HS and symptomatic cholelithiasis who underwent a combined laparoscopic splenectomy and cholecystectomy.

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 Pfennenstiel'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.

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SPECTRUM OF DISEASE OF COLONIC DIVERTICULAR DISEASE IN SARAWAK GENERAL HOSPITAL

Goo Z Q, Ling W, C Jamal Abdullah C A, Chieng T H

Department of General Surgery, Sarawak General Hospital, Sarawak, Malaysia

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 untill 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).

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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.

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URACHAL ADENOCARCINOMA : A CASE REPORT

Neeraj K, Bajwa G, Kelvin V

Urachal carcinoma is a rare non-urothelial malignancy which usually arises from the bladder. We are reporting a case of urachal adenocarcinoma in a middle aged gentleman who presented with a 5 month history of an enlarging abdominal mass. He complained of some changes in bowel habits associated with loss of weight and appetite. Imaging (CT Abdomen/Pelvis) reveals a heterogenous cystic/ solid mass measuring 16 x 13 x 20 cm. It had no clear plane with the urinary bladder and seemed to arise from the mesentery. There were two hypodense Liver lesions at segment II and IVa. He was subjected to a mesenteric tumour excision, sigmoid colectomy, partial cystectomy, liver nodule resection and RFA to the segment IVa lesion. The subsequent HPE results showed evidence of metastatic urachal adenocarcinoma. This case report discusses the pathology, management and follow up of this rare malignancy.

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INTRAVESICAL FOREIGN BODY IN A SELF-CATHETERIZATION PATIENT; A CASE REPORT

Norliana Jaafar, Annisa Zainal Mokhtar, Dyg Zahratul Hamrak

Department of General Surgery, Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia

INTRODUCTION

Foreign bodies in the urinary bladder may occur by self-insertion or migration from the neighboring organs. Self-insertion of bladder foreign body may be due to sexual gratification or to relieve urinary obstruction. We would like to report a case of foreign body inside the urinary bladder secondary to self-catheterization for relief of urinary obstruction.

CASE REPORT

This is a 74 years old gentleman with known case of benign prostate hyperplasia on treatment. For past 2 month lower urinary tract symptom worsening. Due to transportation problem, he did modified self-catheterization at home on and off after observing CBD insertion at our outpatient clinic. Instead of using CBD, he replaced it with motorcycle tube and used coconut oil as lubricant. He used nylon string as guide wire to pull the motorcycle tube out of his penis. He has been doing this more than 15 times for past 2 years. Unfortunately, on last attempt, the nylon string cut off while he pulled the tube out. Post event, patient complained

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 sequalae.

PAEDIATRIC PAPILLARY THYROID CARCINOMA IN QUEEN ELIZABETH HOSPITAL, KOTA KINABALU, SABAH – CASE SERIES

Siti Zubaidah S, J A Mosiun, Doreen L
Hospital Queen Elizabeth II, Kota Kinabalu, Sabah, Malaysia

Thyroid cancer is the most common endocrine malignancy in children. The principal thyroid malignancies in children are of the same histology as those afflicting adults, including papillary, follicular and medullary thyroid cancer. However, children tend to present with more advanced disease, with a greater frequency of lymph node metastases and distant metastases at the time of diagnosis and high rates of recurrence during the first decade of life.

We will present two cases of 12 year old children with metastatic papillary thyroid carcinoma. Their clinical presentation, diagnosis and treatment will be discussed.

CORRELATION OF TUMOUR SIZE (T1 AND T2) IN PREDICTING REGIONAL LYMPH NODES METASTASIS IN EARLY BREAST CANCER

Fatin N M, Raflis R A, Hakim N A, Aina N E
Breast and Endocrine Unit, Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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,

85 patients (56% will come with T2, followed by T1c with 11.2%, T1b 4.7% and T1a 4.7%.

Pathologic axillary lymph node involvement was present in 56% of all patients. Nodal status was negative 6 patients with T1 tumours, but lymph node metastases were present in 49 patients (45.8%) with of T2 tumours.

CONCLUSION

Previous series reported in the literature have shown a substantial variation in the predicting lymph nodes metastasis in early breast cancer. However, there are a lot factors that are affecting the incidence of positive lymph nodes, whether it be aggressiveness of the tumour or histopathologic data of the tumour.

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BREAST CANCER SCREENING IN THE AUGMENTED BREAST – CASE SERIES

J A Mosiun, C H Tai, Siti Zubaidah S
Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia

INTRODUCTION

Breast augmentation is commonly performed to satisfy the desire for larger breasts. There are numerous complications associated with this procedure. Of great importance is the challenge it presents in breast cancer screening.

OBJECTIVE

Our objective is to review the existing literature on breast cancer screening in augmented breasts. We would like to ascertain the challenges posed by injected substances in breast cancer screening and the methods available to overcome these hurdles.

METHOD

A case series of five patients who have undergone breast augmentation and breast cancer screening at our centre will be presented. Relevant existing literature on the subject concerned will be obtained from various sources and reviewed.

SUMMARY OF RESULTS

There is no clear association between breast augmentation and an increased risk of breast cancer. However, there are reports of delayed diagnosis and treatment of breast cancer due to difficulties faced in breast examination and imaging in these

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patients.Magnetic resonance imaging (MRI) has been shown to be the most reliable imaging modality for breast cancer screening in this group of people.

CONCLUSION

The risk for breast cancer is not increased in patients with breast augmentation. However, the inflammatory effects of injected substances in the breast makes it a challenge for breast cancer screening. MRI has been found to be the most reliable imaging modality in the augmented breast. Breast screening in the augmented breast is an area which requires more work to improve the diagnosis and management of breast cancer in these patients.

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SURVIVAL IN CURATIVE AND METASTATIC OF NEUROENDOCRINE TUMOUR

Muhamad Hazwan Bin Zaini[1], Suryati[2], Razman[2], Ramzi[2]
Hospital Selayang, Selayang, Malaysia

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.

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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 [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.

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

Tan K L, Sabrina B, Johann F K, Andre D
Department of Surgery, Hospital Kajang, Kajang, Malaysia

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.

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A CASE OF DESMOID FIBROMATOSIS OF THE BREAST

M Navin, A C Chan
Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

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 with the presence of maggots, and spontaneous bleeding.

A wedge biopsy taken from the ulcerated edge revealed features of an abscess wall, and no feature to suggest the presence of malignancy. She was optimised, and underwent a radical right mastectomy.The large right breast mass, weighing 13kg was removed en-bloc with part of the underlying pectoralis major muscle, the intercostal muscles and periosteum of several ribs.

Histologically, the tumour was formed by spindle shaped cells with variable cellularity. Myxoid changes took predominance, and there was the absence of an epithelial component. The stromal tumour cells were bland, with occasional prominent hyperchromatic nucleoli. Mitosis was less than 1 per 50 high power field. Beta-catenin was stained positive which confirmed the specimen was desmoid fibromatosis. This rare clinical entity will be discussed in our poster.

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

Radzi Mohtar, Yew Heng Goh, Gerald Fitjerald Henry

Department of General Surgery, Hospital Selayang, Selangor, Malaysia

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

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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.

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PRIMARY LARGE CELL NEUROENDOCRINE CARCINOMA OF THE BREAST: A CASE REPORT

Hani S, C H Soh, Adam O, Suraj P B

Department of General Surgery, Hospital Miri, Sarawak, Malaysia

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

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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.

A RARE CASE OF PAPILLARY THYROID MICROCARCINOMA OF A THYROGLOSSAL CYST IN A 35-YEAR-OLD MAN

Hani S, Adam O, C H Soh, Zulkifli M Z
Department of General Surgery, Hospital Miri, Sarawak, Malaysia

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

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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.

LAPAROSTOMY AFTER DAMAGE CONTROL SURGERY FOR TRAUMA PATIENT IN HSAJB

Nazirah N, Yuzaidi M, Rizal I A
Trauma Surgery, Department of Surgery, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

INTRODUCTION

Damage control surgery (DCS) is a concept of abbreviated laparotomy, designed to prioritize short-term physiological recovery over anatomical reconstruction in the seriously injured and compromised patient and temporary abdominal closure/ laparostomy is widely advocated. It is followed by a period of definitive repair of the lesions once the patient is physiologically optimized.

METHOD

We conducted a retrospective analysis of our Trauma Surgery Registry from May 2011 to April 2014 for patient who underwent laparostomy following DCS.

RESULTS

Trauma Surgery Unit received a total of 2208 cases for 3 years. About 24.4% (n : 540) sustained intraabdominal injury. A Total of 90 patients (16.7%) with intraabdominal injury had laparostomy following DCS, all patient sustained Major Trauma (ISS > 15). Majority were male (86.7%). Mean ISS of 32.3, mean SBP

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112mmhg, (SD ± 26.7). About 96.6% (n=87) sustained blunt injury to the abdomen. Total of 55 patients (61.1%) survived. Liver is the most commonly injured organ (65.5%) followed by spleen and small bowel, 18.9% respectively and renal injury accounted for 16.7% (n=15). Uncontolled haemorrhage (37.1%) followed by septicaemia (31.4%) and multiorgan failure (11.4%) are among the most common cause of death to these patient.

DISCUSSION

Damage control surgery is of great value as a lifesaving maneuver in selected patients with exsanguinating trauma and intra-abdominal injuries. Laparostomy is advocated as Abdominal Compartment Syndrome(ACS) might happen to these patient and it could be fatal.

CONCLUSION

Major trauma remains the most common subjects for damage control surgery. Although the use of DCS is to control bleeding and contamination, uncontrolled bleeding and sepsis remains to be the major causes of death.

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ZERO MORTALITY IN EXTRADURAL HEMATOMA : A MILESTONE IN THE MODERN CARE SYSTEM FOR HEAD INJURY PATIENTS

Vidya Gopinadhan, Pulivendhan Sellamuthu, Nur Nazleen Said

Neurosurgical Department, Hospital Queen Elizabeth II, Kota Kinabalu, Sabah, Malaysia

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

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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.

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TRIPLE TROUBLE INGUINAL HERNIA: CASE REPORT

Sanjeev Sandrasecra, S T Saw, Khasnizal A K

Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

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 distension. 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

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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.

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COEXISTENCE OF PAPILLARY THYROID CARCINOMA AND PRIMARY HYPERPARATHROIDISM – CASE REPORT

Sanjeev Sandrasecra,Harin V, Zubaidah S
Breast and Endocrine Surgery, Queen Elizabeth Hospital II, Sabah, Malaysia

INTRODUCTION

We reporting an unusual case of coexistence of papillary thyroid carcinoma and primary hyperparathyroidism. The correlation between concurrent thyroid and parathyroid disease was first describe in 1947. The existence of parathyroid adenoma resulting primary hyperparathyroidism and concomitant papillary thyroid carcinoma is rare and been reported at varying frequencies.

CASE PRESENTATION

We will present here one case of a 54 year old female who was diagnosed as papillary thyroid carcinoma and had total thyroidectomy done on 2002. On follow up we noted her serum calcium was high and later was confirmed to have primary parathyroidism.

DISCUSSION

We will present the work up and pre operative localization and treatment for this patient.

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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.

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HERNIOTOMY IN ADULT WITH UNCOMPLICATED INDIRECT INGUINAL HERNIA; IS IT SUFFICIENT?

Syahrul Anuar Salleh[1], Mohd Aeruan Yusoff[2], Imran Abdul Khalid[2], Mohamad Ziyadi Ghazali[1]
[1]Universiti Sains Malaysia
[2]Hospital Seberang Jaya

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.

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

Deborah Ding Y S, Kirubakaran M, Chan A C, Yan Y W

Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

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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 group was based on individual responses to questions on physical, mental and social wellbeing postoperatively.

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.

TESTICULAR TORSION IN A NEWBORN? A CASE REPORT

Aina Shafiza Abdul Aziz[1], Fa'izatul Rahil Ambok Dalek[2], Muthu V Alhagi[2]

[1]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia

[2]Department of Paediatric Surgery, Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia

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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.

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.

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EARLY SMALL BOWEL OBSTRUCTION IN POST COLECTOMY PATIENT

Thiagarajan P, Yusof Wahab
Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

Early post operative small bowel obstruction (EPSBO) presenting as post operative ileus may delay diagnosis and appropriate management. EPSBO is seen in about 3.0% of the patients' post laparoscopic colectomy and 8.4% post open surgery. We report a case of EPSBO post laparoscopic colectomy discussing risk factors, presentation, diagnosis and its management.

CASE REPORT

55 years old Chinese Lady presented with altered bowel habit for 6 months. Clinically patient appeared well and no family history of malignancy. Colonoscopy and computer tomography (CT) revealed an intraluminal mass at rectosigmoid junction with no focal lesion in the liver. She underwent laparoscopic anterior resection and covering ileostomy. Histopathology revealed adenocarcinoma of rectum. Her recovery period was uneventful and discharge well. She had subsequent admission for abdominal distension and persistent vomiting. CT scan showed small bowel dilatation and underwent emergency laparotomy. An intraoperative finding was single band adhesion involving the small bowel and adhesiolysis done.

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DISCUSSION

EPSBO defined as the clinical and radiologic identification of obstruction after resuming oral intake between postoperative day 7 and 30 (1). Its account almost five percent of all cases involving small bowel obstruction and the commonest factor is adhesion band (2). Postoperative ileus should be excluded and treated within five days after the surgery to diagnose EPSBO. Risk factors leads to EPSBO are intraoperative complications (bleeding, bowel perforation), diversion stoma, repair of mesenteric defect, and status of bowel preparation, American Society of Anaestiologist (ASA) grading, obesity and history of previous abdominal surgery (3). EPSBO can be treated safely by nasogastric decompression and exploration warranted for those failed conservative decompression after six days. Imaging plays important role in detecting mechanical or site of obstruction for further management. Benefit of push enteroscopic treatment and usage of somatostatin and dexamethasone lack of supportive evidence and need further clinical studies.

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SQUAMOUS-CELL THYROID CARCINOMA: A RARE & AGGRESSIVE FORM OF THYROID CANCER

C H Soh[1], Hani S[1], Zulkifli M Z[1], Siti Zubaidah S[2]
[1]Department of General Surgery, Hospital Miri, Sarawak, Malaysia
[2]Department 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

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or total thyroidectomy but due to largeness of size, he was instead given 10 fractions of radiotherapy followed by 3 cycles of carboplatin-paclitaxel, after which it was noted that the tumor was not shrinking but increasing in raw areas which would actively bleed and require compression dressings or hemostatic sutures for spurters. It was then decided for best supportive care only. He passed away 7 months from initial presentation.

Primary squamous cell carcinoma of the thyroid is very rare and has a very poor prognosis due to its rapid growth and poor response to chemotherapy/radiotherapy.

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PRIMARY HYPERPARATHRYOIDISM : SABAH EXPERIENCE

Harinthiran V[1], Sanjeev S[2], Siti Zubaidah[2]
[1]Russian National Research Medical University (RNRMU)
[2]Universitas Panjacaran (UNPAD)
[3]University 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.

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CONCLUSIONS

The denouement of this study suggest that surgery for primary hyperparathyroidism benefits patient as its does reduce the symptoms post-operatively. The demographic series corresponds to other study done.

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

Hassan R A[1], Chong Y C[1], Khairun Nisa M[1], Mazlin J A N[2]
[1]Department of Surgery, School of Medical Science, Universiti Sains Malaysia, Kelantan, Malaysia
[2]Department of Obstetrics and Gynaecology, School of Medical Science, Universiti Sains Malaysia, Kelantan, Malaysia

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.

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

Ruby Izwarni I, S H Ashrina W A, A Sarojah
Hospital Sultan Ismail, Johor, Malaysia

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 constituitional 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 hypoechoeic tissues involving both upper and lower outer quadrant of the left breast. Subsequently, a trucut biopsy was performed and the histiopatholgy of the sample yield a non-hodgkin B-cell lymphoma in favour of follicular lymphoma thus she was sent for urgent CECT thorax, abdomen, pelvis for staging purpose whereby it showed only local disease with the left axillary lymphadenopathies. Patient was then referred to hematology subspecialty for chemo- or radiotherapy commencement. In relation to our case the

literature of primary breast lymphomas has been reviewed and discussed. Debates are whether surgical approach as a primary modality or in multimodalities is beneficial to the patient in term of improving prognosis and increase survival rates besides chemo- or radiotherapy given.

COMPARISON ON EARLY POSTOPERATIVE OUTCOMES FOR PANCREATICODUODENECTOMY BEFORE AND AFTER IMPLEMENTATION OF ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL: A RETROSPECTIVE ANALYSIS

Quek Y L[1], Affirul C A[2], Azlanudin A[1], Zamri Z[1], Hairol O[1], Razman J[1]

[1]Hepatopancreatobiliary Unit, Surgical Department, Universiti Kebangsaan Malaysia Medical Centre (UKMMC), Kuala Lumpur, Malaysia
[2]Medical faculty, Universiti Sains Islam Malaysia (USIM), Kuala Lumpur, Malaysia

INTRODUCTION

Pancreaticoduodenectomy (PD) is a technically challenging surgery requiring longer period of recovery post operatively. The introduction of ERAS after PD has been debatable with no conclusive success. This study aims to compare early post-operative outcome of PD after implementation of ERAS protocol with previous conservative postoperative care.

METHOD

81 patients who underwent PD in UKMMC were recruited from Jan 2011 to April 2015. The control group were patients (n=47) operated before January 2013 (pre-ERAS) while the case group

were patients who were operated after implementation of ERAS protocol (n=34). Demographic, pre-operative clinical data and early postoperative outcome are collected retrospectively. Results: The median length of stay of the post ERAS group were 11.7 days compared to 15.4 days in the pre ERAS group (p=0.002). The rate of post-operative morbidity such as delayed gastric emptying, post operative pancreatic fistula, and post pancreatic haemorrhage were similar. There were no difference with regards to relaparotomy, readmission and mortality rate. The postoperative complications such as deep vein thrombosis, pulmonary embolism and pneumonia is significantly lower from 27.7% in the pre-ERAS group to 5.9% in the post ERAS group (p=0.019).

CONCLUSIONS

This study provides conclusive results of ERAS benefit with regards to recovery and a significant reduction of length of stay without affecting patient morbidity, mortality and readmission rate. It also proves to be the best management in reducing postoperative complications.

KEYWORDS

Pancreas, pancreaticoduodenectomy, ERAS

HUGE NEONATAL ABDOMINAL DISTENSION – WHAT COULD IT BE?

L L Sivamoorthy, Roslina A, A Najjah, Sazalene D H

Department of General Surgery, Tawau Hospital, Tawau, Sabah, Malaysia

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

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the absence of bowel symptoms and dilated bowel loops on abdominal radiography, this was unlikely.

Cystic abdominal masses in this age group include lymphatic malformation, mesenteric cyst, cystic teratoma, and duplication cyst. All of which are rare conditions. Antenatal ultrasounds may detect these lesions prior to delivery.

Lymphangiomas are congenital benign hamartomas that arise from lymphatic proliferation. They usually present in early infancy or childhood. Lymphangiomas occur most commonly in the axilla and neck. Intra-abdominal lymphangiomas are far less prevalent and clinical presentation may vary. Treatment requires surgical excision, which may be a nightmare even for experienced surgeons. Hence, there has to be a high index of suspicion with detailed radiological assessment to avoid being caught off guard.

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BREAST CANCER AUDIT IN SARAWAK GENERAL HOSPITAL, A 8-YEAR REVIEW

L Wong, K S Chai, J Rokayah, S H Ashrina N A Nik Azim
Sarawak General Hospital, Kuching, Sarawak, Malaysia

OBJECTIVE

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

METHODS

Breast cancer cases detected in Sarawak General Hospital were collected from July 2007 – June 2015. Demographics, history, clinical, operative and histopathological data were collected.

RESULTS

We evaluated 764 patients with age ranging from 17 – 91-year-old and a peak age group of 41 – 55-year-old. Malay women make up of 36.1% of our patients Chinese patients make up 36.9% of our patients.Although the majority of Sarawak population is Dayak, their women made up less than a quarter of our patients (23.4%).

92.9% of our patients presented with a lump, other patients presented with pain, discharge, skin changes, bone pain, breast enlargement and nipple changes. Only 16% of patient presents within a month.

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Only 2 % of patients presented with early breast cancer. 14 % of patients presented at stage 1 of disease, 48% of our patients presents at stage 2 of disease. 15% of our patient presents at stage 3 disease. 21% of patients presented with metastatic disease.

About 74.7% of patients opted for non conserving surgery whilst only 17.9% of patients opted for breast conserving surgery. Less than 1 % of patients underwent reconstructive surgery.

CONCLUSION

Despite yearly screening programs and public outreach programs, many patients are still unaware that early breast cancer is a curable disease. Public understanding should be enhanced to encourage patients to present early in their disease.

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CASE REPORT ON AN UNEXPECTED GANGRENOUS DUPLICATION OF ILEUM

C I Chiar[1], Elango Thambusamy[1], Sivaneswaran Lechmiannandan[1], Mohan Nallusamy[2]
[1]Department of Surgery, Hospital Taiping, Perak, Malaysia
[2]Department of Paediatric Surgery, Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia

INTRODUCTION

Alimentary tract duplication is a rare congenital anomaly which may involve gastric, duodenum, jejunum, 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.

DISCUSSION

Classification based on location, morphology (cystic or tubular) and blood supply pattern has been propsed. In type 1 (parallel type) straight artery of the duplication is separate from the straight artery of the bowel, thus enabling resection of duplication alone. In type 2 (Intra-mesenteric type), Straight arteries pass over both the surfaces of the duplication to the bowel. Resection usually involves bowel. Advancement of radiology investigation enables early detection of asymptomatic duplications. Recent reports suggest prevention of complication by early elective excision upon incidental radiological diagnosis. Laparoscopic approach is equally successful as open surgery in uncomplicated case. Resection of duplication alone is preferred than en-bloc resection with bowel anastomosis. Prognosis of surgical resection is excellent especially in uncomplicated elective setting.

CONCLUSION

Apart from inflamed appendix, differential diagnosis of complicated alimentary tract duplication should be considered in paediatric age group presented with acute abdomen as severity varies and may cause difficulty intra-operatively. Uncomplicated early intervention yields favorable prognosis.

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

Karen Loo E L[1], Y L Lee[1], H C Lim[2]
[1]Department of Surgery, Shah Alam Hospital, Selangor, Malaysia
[2]Department of Surgery, Sungai Buloh Hospital, Selangor, Malaysia

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 succussion 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 SMAS. He was commenced on total parenteral nutrition,

electrolyte imbalance corrected and renal impairment improved. Subsequently he underwent an open duodenojejunostomy (Roux En Y reconstruction). Post-operative recovery was uneventfully and he was asymptomatic up to 1 year follow up with good weight gain.

DISCUSSION AND CONCLUSION

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. Duodenojejunostomy is most frequently performed with a 90% success rate making it the treatment of choice.

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

KIMURA DISEASE – A RARE CAUSE OF LOCALISED LYMPHADENOPATHY

C H Chea, J S T Ron, L M Yap, D Ashok
Sibu Hospital, Sibu, Sarawak, Malaysia

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.

SOLITARY FRONTAL SCALP MASS: A RARE INITIAL PRESENTATION FOR FOLLICULAR THYROID CANCER

C H Soh, Adam O, Hani S, Zulkifli M Z
Department of General Surgery, Hospital Miri, Sarawak, Malaysia

Skin metastases from thyroid carcinoma is rarely a presenting feature of an underlying malignancy. Only 2.5%-5.8% of follicular thyroid cancers are reported to have skull metastases. This case report stresses the importance of a proper workup for a scalp lesion in patients with thyroid swelling.

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 >20years 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

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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.

A 14 DAY AFFAIR VERSUS A 6 WEEK RELATIONSHIP. PROTESCAL™, THE FUTURE OF STOMA REVERSALS. A CASE REPORT

Dinesh F[1], N A Aziz, M A Ahamad
[1]University of Malaya, Kuala Lumpur, Malaysia
[2]University Malaya Medical Centre, Kuala Lumpur, Malaysia

INTRODUCTION

Ileostomy reversals are conventionally done 6 weeks post operatively and are associated with dense adhesions requiring immaculate dissection to avoid intra-procedural technique related bowel injuries.

Protescal™, produced by Evapharm, is an injectable sodium hyaluronate, sodium carboxymethylcellulose, sodium alginate combination in which its sole role is the reduction of post operative adhesions.

CASE REPORT

59 year old gentleman presented with a Low Rectal Carcinoma diagnosed on the 27th of October 2010. His Colonoscopy revealed a fungating , circumferential rectal tumour at 8 cm from the anal verge, biopsy revealed an adenocarcinoma. After neoadjuvant CCRT, an MRI of the pelvis revealed a T3N0M0 tumor and a staging CT Scan revealed no distant Metastasis. This gentleman underwent a Low Anterior Resection with a

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de-functioning ileostomy, during which Protescal™ was applied on the peritoneal surface of the ileostomy and the surrounding rectus sheath. Patient was scheduled for Ileostomy reversal after two weeks in contrast to the conventional 6 weeks. Intraoperatively, we encountered minimal adhesions which resulted in effortless mobilization of the ileostomy and lesser duration of surgery

CONCLUSION

This product appears to be promising in our continuous effort against post operative adhesions and this patient opens the doorway for more conclusive studies to be undertaken to evaluate this new technique.

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AIRBAG : FRIEND OR FOE?

B Sabrina, F K Johann, D Andre
Hospital Kajang, Selangor, Malaysia

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.

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OUTCOMES OF FILAC (FISTULA LASER CLOSURE), A REVIEW OF THE MALAYSIAN EXPERIENCE

Sami G[1], April Camilla Roslani[2]
[1]University of Khartoum, Khartoum, Suda
[2]University Malaya Medical Centre, Kuala Lumpur, Malaysia

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 since January 2014 until March 2016 were retrospectively reviewed. Outcomes of interest were short-term complications such as bleeding, infection, incontinence; healing time(defined as epithelialization of the external opening with resolution of symptoms), failure to heal(defined as persistence of fistula beyond 3 months' post-operatively) recurrence(defined as reappearance of symptoms after healing).

RESULTS

50 patients were analyzed. Healing time ranged from 5 weeks to 3 months. Post-operative complications were minimal and usually required no specific interventions. Successful healing was obtained in more than 80% of patients. Failures were able to undergo conventional treatments without any difficulty.

CONCLUSION

FiLAC is a safe and feasible procedure for the treatment of anal fistula. Further study is required to determine the cost-benefit of this procedure in the Malaysian setting.

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HERNIATION OF A LOOP OF SMALL BOWEL THROUGH A BROAD LIGAMENT DEFECT-A CASE REPORT

Fadya Nabiha A S, M Azlan M A, Khairuzi S
Hospital Sultanah Nora Ismail, Batu Pahat, Johor, Malaysia

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

defect was about 2cm size below the left round ligament. The loop of ileum was released, decompression done. The defect was repaired with vicryl 3/0. Patient was discharged well 5 days later.

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

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

Ahmad Akram, Mohd Johari, Hasnizal Nording, C H Lim
Surgical Department, Hospital Segamat Johor, Johor, Malaysia

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.

GRANULAR CELL TUMOUR OF BREAST

Jaspreet Singh, Rema Naidu, Chan A C
Hospital Raja Permaisuri Bainun Ipoh, Perak, Malaysia

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. Approximately 6% of GCT arises in the breast, often encountered in premenopausal, middle age women. It poses a diagnostic dilemma as it can mimic breast carcinoma clinically, radiologically and macroscopically. This results in the potential misdiagnosis and over treatment of GCT. We report herein case of a 53year old Malay lady was incidentally found to have a left breast lump during follow up for her endometrial and sigmoid colon carcinoma. Clinically the lump was hard, irregular and deep seated in the infra-mammary fold at 4-5 o'clock position. Mammogram revealed a BIRADS 5 lesion in the same region. Tru-cut biopsy showed groups of cells with abundant granular cytoplasm which was positive to S-100 but no evidence of malignancy. Wide local excision was performed and confirmed that it was a GCT of the breast. We would like to create awareness and discuss this rare entity in this report.

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ACUTE ABDOMEN CAUSED BY BLADDER PERFORATION ATTRIBUTABLE TO NEUROGENIC BLADDER IN A SPINA BIFIDA PATIENT

Nur Amira Izhar, Annisa Zainal Mokhtarr, Dyg Zahratul Hamrak, Norhashimah Khadir

Department Of Surgery, Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia

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 lipomylomeningocele and thethred cord syndrome (done operation perinatally), neurogenic bladder and bowel, right CTEV presented with right iliac fosa 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. 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.

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DIAGNOSTIC CONUNDRUM IN INTESTINAL OBSTRUCTION – MALROTATION IN THE ELDERLY

Razif Ismail, Ahmad Akram, CH Lim, Hasnizal Nording

Department Of General Surgery, Hospital Segamat, Johor, Malaysia

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 malrotation, Ladd's band and midgut volvulus. Patient underwent cholecystectomy, release of Ladd's band, rerotation of the bowel, fixation of caecum to the left lower quadrant and appendicectomy. Patient made a full recovery with complete resolution of symptoms during the 1 year period of follow-up.

In conclusion, intestinal malrotation in elderly should be considered as one of the provisional diagnosis who presented with symptoms of intestinal obstruction. The advent and use of computed tomography imaging is helpful in a pre-operative diagnosis of patient presenting with confounding symptoms of intestinal obstruction.

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DESMOID FIBROMATOSIS OF THE ABDOMINAL WALL: REVIEWING SURGICAL THERAPIES AND OUTCOMES

Hari V S[1], Syazli R[2], Yusof S J[2], Ibrahim S[3]

[1]Department of Surgery, Hospital Tuanku Ja'afar Seremban, Negeri Sembilan, Malaysia
[2]Department of Plastic Surgery, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia
[3]Department of Plastic Surgery, Hospital Sungai Buloh, Selangor, Malaysia

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 magenetic 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.

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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

Subramaniam S[1], Kumar K S[2], Balaji B[2], Mohd Arif M N[2]

[1]Department of General Surgery, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
[2]Department of Cardiothoracic Surgery, Hospital Serdang, Selangor, Malaysia

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.

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ADULT GASTROSCHIASIS: IS IT POSSIBLE?

HM Firdaus, Y Zakry, IM Razali, H Hanif

General Surgery Department, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

INTRODUCTION

Eviceration 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 proceded with emergency laparotomy, limited right hemicolectomy and primary anastomosis. The diagnosis post-operatively was strangulated eviscerated small bowel from paraumbilical hernia.

Post operatively, patient developed hospital acquired pneumonia with atelectasis and type 1 respiratory failure. He was intubated and admitted to GICU for 3 days. Otherwise, patient was discharge well post op day 9.

CONCLUSION

Adult abdominal evisceration with an associated paraumbilical hernia is very rare. Social and drug history are important risk factors for such condition. Thus, patient education is important and early surgical intervention may require in order to prevent any adverse complications.

TRANSABDOMINAL IMPALEMENT FROM A ROAD TRAFFIC ACCIDENT: REVIEWING MANAGEMENT OF IMPALEMENT INJURIES

Hari V S[1], Shankar G[1], Jasiah Z[1], Kandasami P[2]

[1]Department of Surgery, Hospital Tuanku Jaafar Seremban, Negeri Sembilan, Malaysia
[2]International Medical University, Seremban, Negeri Sembilan, Malaysia

Abdominal impalement are rare but dramatic injuries involving viscera and vascular structures that are associated with very high morbidity and mortality. Rapid assessment, critical decision-making and necessary actions are required at the pre-hospital, resuscitative and operative level for effective management of such injuries.

We report a case of 22-year-old gentleman with transabdominal impalement by a long cylindrical metal lamppost of 7cm diameter during a road traffic accident. He was extricated with the lamppost in-situ and brought to the Emergency and Trauma Department. He was promptly resuscitated and rushed into the operating theatre for an emergency laparotomy. Transverse skin incision connecting the entry and exit wounds was made and the lamppost was removed completely. The injuries sustained were jejunal and mesenteric transection, as well as small non-expanding right zone II retroperitoneal haematoma. Damage control surgery was performed; a 60cm segment of unhealthy jejunum (25cm

from duodenal-jejunal flexure) was resected and the ends of the viable small bowel were transected with surgical staplers. Re-laparotomy was performed after 48 hours to assess bowel viability and an end-to-end jejuno-jejunal anastomosis was performed.

We discuss the intricacies and challenges of managing a transabdominal impalement injury, supported by literature review of similar cases in the past. The outcome after massive abdominal impalement can be optimised by (a) rapid transportation with adequate resuscitation with the impaled object in-situ, (b) targeted and adequate reassessment of the patient's haemodynamic status, (c) early empirical antibiotic administration, (d) damage control surgery, and (e) post operative intensive care and rehabilitation.

MULTIMODAL MANAGEMENT OF MORE THAN 50% MIXED DEEP DERMAL AND FULL THICKNESS BURNS IN A CHILD

Subramaniam S[1], Syazli R[2], Yussof S J[2], Ibrahim S[3]

1Department of General Surgery, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
2Faculty of Medicine, Universiti Teknologi MARA, Sungai Buloh, Malaysia
3Department of Plastic and Reconstructive Surgery, Hospital Sungai Buloh, Selangor, Malaysia

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.

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A RARE CASE OF GASTRIC DIVERTICULUM

Adam O, C H Soh, Hani S, Suraj P B
General Surgery Department, Hospital Miri, Sarawak, Malaysia

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 from1 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 a oesophagogastroduodenoscopy with a history of epigastric pain for a year; which was mild, continuous and increased after meals, however she has no constituitional and upper GI bleed symptoms. OGDS revealed a solitary pre pyloric diverticulum. She was then started on PPI(omeprazole 40mg OD). Clo 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.

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UTILIZATION OF BREAST MRI IN EVALUATING BREAST PATHOLOGY ESPECIALLY IN BREAST CANCER PATIENTS

Shahrul R[1], Sarinah B[1], Suraiya I[2]
[1]Department of Breast and Endocrine Surgery, Hospital Putrajaya, Putrajaya, Malaysia
[2]Department of Radiology, Hospital Putrajaya, Putrajaya, Malaysia

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.

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BREAST CARCINOMA IN AUGMENTED BREASTS – A CASE SERIES AND LITERATURE REVIEW

C H Tai, S Z Sharif, Doreen L P Lee
Breast and Endocrine Surgery, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia

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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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.

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This case highlights the importance of triple assessment in investigating a breast lump and due to its rarity, it is a dilemma of whether a mastectomy is indicated for this patient who developed large cell non Hodgkin's lymphoma with ulcerative breast lesion.

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CASE OF A METASTATIC DIFFUSE LARGE B CELL LYMPHOMA OF BREAST AND OVARY

Adam O, Hani S, C H Soh, Zulkifli M Z
General Surgery Department, Hospital Miri, Sarawak, Malaysia

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

C H Tai, K W Chan, J A Chuah
Department of General Surgery, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia

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 these two patients underwent completion thyroidectomy endoscopically.

In our center, endoscopic thyroidectomies were performed via unilateral axillary-breast approach with gas insufflation. Operative time recorded an average of 108 minutes, ranging from 75 to 155 minutes. Postoperative complications include two recurrent laryngeal nerve palsies, one persistent paresthesia, and one presumed thermal injury to the trachea, presented as subcutaneous emphysema which resolved with vacuum drainage. No hypocalcaemia was reported. All patients were satisfied with their relatively painless experience and cosmetic outcome of the surgery. Fifteen of these were performed by a single surgeon and there is significant reduction of operative time towards the later cases.

Endoscopic thyroid surgery combines the benefits of the minimal access approach, instrumentation, magnification and precision. This novel method has a remarkable learning curve. Adequate experience with lateral approach of open thyroid surgeries, reasonable confidence with laparoscopic surgeries and bidexterity are crucial to master the techniques of endoscopic thyroid surgeries.

GRANULOMATOUS APPENDICITIS: A CASE REPORT

ADHAM A, HUZAIRI Y

Department of Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

Granulomatous appendicitis is rare, with frequency of less than 2% of appendicectomies. Approximately, 5% to 10 % of patients with granulomatous appendicitis will develop Crohn's disease in their lifetimes, thus mandate a long term follow-up. Patient usually presented with the typical symptoms and signs of acute appendicitis and surgical treatment of granulomatous appendicitis is curative. 22 years old Chinese gentleman, presented with 2 days history of right iliac fossa pain associated with nausea and poor oral intake. The pain is localized, dull aching and continuous. There was no history of fever, diarrhea or similar history in the family. Upon examination, he was afebrile, and all vitals were within normal range. Per abdomen showed right iliac fossa tenderness with positive Rovsing's sign. Other physical findings were unremarkable. Lab result showed leucocytosis with granulocytes predominant and there was no dilated bowel on abdominal x-ray. With clinical diagnosis of acute appendicitis, we posted him for open appendicectomy. Intra-operatively, there was an ileocecal mass measuring about 8 cm x 8cm, covered by omentum with multiple small palpable lymph nodes around the mass. Other parts of bowel were normal. We then performed a limited right hemicolectomy. The histopathological examination later reported

as chronic granulomatous appendicitis with reactive lymph nodes, multiple granuloma formation with epithelioid histiocytes collection. There was no caseating necrosis and Ziehl Neelson stain was negative for acid fast bacilli. This histopathological finding is consistent with granulomatous appendicitis. To date, our patient is keeping well and still under our regular follow-up.

KEYWORDS

Granulomatous appendicitis; epithelioid histiocytes.

KNOTTED INTRA-VESICLE NASO-GASTRIC TUBE: AN UNCOMMON AND PREVENTABLE COMPLICATION OF BLADDER DRAINAGE

S Murad[1], M A R Islah[2], H Ghazali[3]

[1]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia
[2]Department of Surgery, International Islamic Medical University, Kuantan, Malaysia
[3]Department of Urology, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia

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)

Dyg Zahratul Hamrak, Annisa Zainal Mokhtar, Norliana Jaafar, Norhashimah Khadir, G Haridass

Department of General Surgery, Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia

INTRODUCTION

Open thoracothomy 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%). 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 had surgery ≥ 211 minutes. Most of the open thoracotomy cases had minimal blood loss of ≤ 500 mls intra-operatively (10 , 37%). Mode ICU stay was within 24-48hours (13, 14.1%). Meanwhile, 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)

Dyg Zahratul Hamrak, Annisa Zainal Mokhtar, Nor Amira Izhar, Norhashimah Khadir, G Haridass

Department of General Surgery, Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia

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 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) converted to open thoracotomy. Patients who underwent VATS were excluded. Both elective and emergency cases were included.

RESULTS

The series comprised of 27 patients; 18 males (66.7%) and 9 females (33.3%) with mean age 48.7. 6 patients are geriatric group with age ≥ 65 years old (22.2%). There were; 20 Malay patients (74%), 5 Chinese (18.5%) and 2 Indian patients (7.5%). 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%).

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

Dyg Zahratul Hamrak, Annisa Zainal Mokhtar, Norliana Jaafar, Norhashimah Khadir, G Haridass

Department of General Surgery, Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia

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

Junaidi AI, Seniyah Md S, Sarojah A

Hospital Sultan Ismail Johor Bharu, Johor, Malaysia

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 Infiltating 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.

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AN ANOMALOUS CAUSE OF ACUTE INTESTINAL OBSTRUCTION: AXIAL TORSION OF MECKEL'S DIVERTICULUM

Sakinah Husna A R, Goo Z Q, Ling W, Ernest C W Ong, Susan W M

Department of General Surgery, Sarawak General Hospital, Sarawak, Malaysia

INTRODUCTION

Axial torsion of the Merkel's diverticulum is a rare cause of intestinal obstruction. Its clinical presentation mimics other causes of intestinal obstruction leading to a diagnostic dilemma. Herein, we report a case of torsion of the Meckel's diverticulum that presented as intestinal obstruction, and its subsequent management.

CASE PRESENTATION

An unfortunate 29-year-old gentleman who was previously well with a virgin abdomen presented to a district hospital with worsening abdominal pain, vomiting, along with absolute intestinal obstruction for two days. Investigations were inconclusive and he underwent an emergency laparotomy. It was found that he has a gangrenous Meckel's diverticulum due to axial torsion of the Meckel's diverticulum. Small bowel resection was done, patient was subsequently discharged well after 8 days of admission.

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CONCLUSION

Even with the aid of imaging, pre-operative diagnosis of Merkel's diverticulum is elusive. Delaying the diagnosis of a complicated Merkel's diverticulum leads to poor outcome. Therefore, a high index of suspicion is needed when dealing with atypical presentation of acute abdomen.

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SUPERIOR MESENTERIC ARTERY PSEUDOANEURYSM : ROLE OF ENDOVASCULAR TECHNIQUE

Z M Hazwan[1], R Rosnelifaizur[2], Zainal A A[1]

[1]Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

[2]Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

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

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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.

A RETROSPECTIVE ANALYSIS ON THE OUTCOME OF ACUTE AORTIC OCCLUSION IN HOSPITAL KUALA LUMPUR

HM Firdaus, S Feona, AA Zainal
Vascular Unit, Surgical Department, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

INTRODUCTION

Acute aortic occlusion is rare and potentially detrimental. It usually occurs in patients with advanced aorto-iliac atherosclerosis with multiple co-morbids ties and can lead to severe ischaemic manifestations in the lower extremities, spinal cord, intestine or kidneys. However, the diagnosis may evade detection since collateral vasculature can maintain a basal perfusion and prevent the expression of acute ischaemic phenomena for a long time.

OBJECTIVES

To analyze the outcome of acute aortic aortic occlusion, primarily in terms of risk for amputations, revascularization, the use of intravenous heparin infusion and return of quality of life in general.

METHODS

A retrospective study was conducted on patients whom was diagnosed and admitted under vascular surgery care with acute aortic occlusion in Hospital Kuala Lumpur starting from year 2010 up to year 2015. All patients were monitored up to the point they were discharged from the hospital. Demographis, predisposing factors, symptom duration, ischaemis manifestations and surgical outcome were all evaluated systemically in this study

RESULTS

Majority of the patients with acute aortic occlusion were thrombotic in nature and had been referred for lower limb ischaemia. Most had no identifiable predisposing thrombophilia and were likely attributed to atherosclerosis. A majority ended up having major amputation, either an above knee or below knee amputation despite revascularization. Hospital stay was prolonged and mortality remains high in our cohort.

CONCLUSION

Early detection of the disease is important in determining the outcome of patient

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LAPAROSCOPIC ANTERIOR RESECTION BY GENERAL SURGEONS

Durai Manickam, Jaspreet Singh, Hisyam Sidik, Yan Y W
Hospital Raja Permaisuri Bainun Ipoh, Perak, Malaysia

Laparoscopic anterior resection has shown successful rates in treatment and outcome colorectal benign and malignant pathologies. A retrospective review was conducted between year 2015-2016, where 31 cases of anterior resection were conducted y general surgeons. Indications were rectal carcinoma in 20, sigmoid carcinoma 9 and volvulus 2. Mean operating time was 220minutes. There were 4 patients who had resection margins involved, whom required adjuvant radiotherapy. 21 patients underwent adjuvant chemotherapy, whereas 6 patients opted for no chemotherapy or radiotherapy post operatively. Complication seen post-surgery was anastomotic leak in 2 patients. Inconclusion, laparoscopic colorectal surgery can safely and efficaciously be performed by general surgeons, where good post-operative outcome and shorter duration of hospital stay seen.

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APPENDICEAL TUMOUR: CASE SERIES

C W Yong, Sumaraj A, M Syafiq, Yoong H H, Imran Khalid
Hospital Seberang Jaya, Pulau Pinang, Penang, Malaysia

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.

Of the 3 cases of neuroendocrine tumor, one patient had defaulted follow-up. One patient was noted to have tumor invasion into 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.

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AN UNEXPECTED FINDING OF INTRABDOMINAL TESTICULAR TORSION MIMICKING APPENDICITIS

Sumaraj A, Yong C W, Yoong H H, Imran Khalid
Hospital Seberang Jaya, Pulau Pinang, Penang, Malaysia

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 illiac fossa. Ultrasound revealed minimal free fluid at right illiac 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.

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

Nur Afdzillah A R, Andee D Z, Luqman M, Sagap I
Colorectal Unit, Department of Surgery, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

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

after excluding patients with other intra-operative findings 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.

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PREDICTING THE NEED OF ENDOSCOPIC-RETROGRADE-CHOLANGIO-PANCREATOGRAPHY IN PATIENTS WITH ACUTE CHOLANGITIS; A NEW SCORING SYSTEM

Z Othman[1], Razman Jarmin[1], Zamri Zuhdi[1], Wan Azfaruddin Wan Mahmood[1], Hairol Azrin Othman[1], Affirul Chairil Ariffin[2], Ikhwan Sani Mohamad[3]
[1]Universiti Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia
[2]Islamic Science University of Malaysia, Negeri Sembilan, Malaysia
[3]Universiti Sains Malaysia, Kelantan, Malaysia

INTRODUCTION

Acute cholangitis is a spectrum of disease with a wide range of severity. It is defined as bacterial infection of the biliary tract, which occurs in an obstructed system, eventually leading to the systemic signs and symptoms of infection. We performed this study to identify the indications for urgent Endoscopic-Retrograde-Cholangio-Pancreatography (ERCP) in acute cholangitis patients, based on a new prognostic scoring system.

METHOD

This was a prospective cross sectional study analysis of 112 patients who was admitted with the diagnosis of acute cholangitis from January till May, 2015. The patient was scored using the

proposed new scoring system. Based on the score they were divided into urgent-ERCP group and elective-ERCP group. The factors included are presence of systemic inflammatory response syndrome, low serum albumin level, an increase in blood urea nitrogen, a low platelet count and an elevated serum C-reactive protein (CRP), presence of organ dysfunction and derangement in the value of the International normalized ratio of more than 1.5. These parameters were used to prognosticate patient and to identify patients requiring urgent ERCP upon admission.

RESULTS

From 112 patients there were 39 patients with a score of more than 2 and required an urgent ERCP within 24 hours of admission. The receiver operator characteristics (ROC) curve of the proposed new scoring system showed a good test performance for predicting the need for an urgent ERCP and the areas under concentration curves (AUCs) was 0.96.

CONCLUSION

We found that this new proposed scoring system that is based on Tokyo guideline and inclusive of CRP score is a good screening tool to identify patients with moderate acute cholangitis who require urgent ERCP.

ANTERIOR CHEST SWELLING IN A YOUNG MAN

Sanjay D S[1], Gavin N[1], Nasser A[2]

[1]Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia

[2]Department of General Surgery, International Islamic University Malaysia, Kuantan, Malaysia

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.

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

A R Asma, S Punithavathi, N Azna, Clement E

Department of Surgery, Hospital Tuanku Fauziah, Kangar, Perlis, Malaysia

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.

EXTRA-GASTROINTESTINAL STROMAL TUMOR OF ADRENAL GLAND – A CASE REPORT AND LITERATURE REVIEW

Yogessvaran Krishnan, N K Milaksh, J Rokayah, M Hardin

Sarawak General Hospital, Kuching, Sarawak, Malaysia

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

ultrasound guided biopsy of the mass was done and histologically, the tumor cells were composed primarily of epithelioid shaped cells displaying pleomorphic round nuclei and frequent mitotic figures (13 to 15 per 5 high power fields). Immunohistochemical analysis revealed strong positivity for CD117 and the cells were expressing diffuse vimentin, features characteristic of GIST. The patient was promptly started on imatinib.

CONCLUSION

EGISTs arising from adrenal glands are extremely rare. Radiological investigations and immunohistochemical staining of the biopsied sample are essential in reaching a diagnosis. Imatinib therapy is optimal for both GIST and EGIST.

PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE INSERTION: COMPLICATIONS OF PROCEDURE. A CLINICAL REVIEW

Woo S S[1], Anita B[2], M N Hisham[2], Atiki F[1], Sarinah B[2]

[1]Department of Surgical Oncology, National Cancer Institute, Putrajaya, Malaysia

[2]Department of Breast of Endocrine Surgery, Hospital Putrajaya, Putrajaya, Malaysia

INTRODUCTION

PEG is the preferred method for long term enteral feeding in patients with inability to swallow but still have a functioning gastrointestinal system. Although it is considered as a simple procedure, PEG tube placement can be associated with many potential complications.

OBJECTIVE

To evaluate complications in patients having undergone percutaneous endoscopic gastrostomy tube insertion.

METHOD

A retrospective case series review was performed on 22 patients who have underwent a PEG tube insertion in Putrajaya Hospital and National Cancer Institute (cluster hospitals) for a period of 8 years.

RESULT

Of those patients, 16 were males and 6 were females with a mean age of 64.4 years. 20 cases (90.1%) were performed under local anaesthesia with sedation while 2 cases (9.1%) underwent general anaesthesia. Indications for insertions were for feeding purposes in cases of cerebrovascular accidents (30.4%), head & neck malignancy (27.3%), severe head injuries (22.7%), hypoxic ischaemic encephalopathy (9.1%), abdominal malignancy (4.5%) and lung malignancy (4.5%). A total of 14 out of 22 patients (63.6%) developed complications i.e., dislodged tube (4), wound infection (4), allergy to sedation (2), sigmoid colon injury (1), peristomal leakage (1), ileus (1) had gastric erosions as an indirect result of PEG tube insertion (1).

CONCLUSION

Despite their popular use in clinical practice, PEG tubes are not without complications, as highlighted by this case series. It is important that the indications, contraindications, procedural steps and related complications are well known to ensure patient safety. Early recognition of complications during long term maintenance allows for timely intervention which may significantly reduce morbidity or even mortality

A RARE PRESENTATION OF GASTRIC LIPOMA

S T Ng Nantha Kumar, Jee S L, Yusof Wahab

Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

INTRODUCTION

Gastric lipomas are extremely rare with an incidence of 5% of all the 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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BILATERAL ADRENAL MASSES: A RARE ENTITY AND DIAGNOSIS

Salina A Y, Cheong Y T
Hospital Pulau Pinang, Penang, Malaysia

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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ISOLATED COMMON ILIAC ARTERY ANEURYSM: MANAGEMENT ISSUES

M Salehudin C Z[1], Iqramie M L[1], Faidzal O[2]
[1]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia
[2]Vascular Unit, Department of Surgery, Faculty of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia

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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ABDOMINAL COMPARTMENT SYNDROME: A HIDDEN THREAT?

M W Mohd Azzam[1], J Din[2], I M Abd Rashid[1], MB Mat Nor[1]
[1]International Islamic University Malaysia, Kuantan, Pahang, Malaysia
[2]Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

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.

RESULTS

Prevalence of ACS was 18% (9/51). 77.8% of ACS was associated with mortality. ACS was found to be correlated with mortality (r=0.555,p<0.001), SOFA score (r=0.546,p<0.001), AKI/RRT (r 0.407,p=0.003), Days ventilated (r -0.317,p=0.024), and days of ICU stay (r -0.283,p=0.044)*.

DISCUSSION

The prevalence of ACS in mixed ICU population is around 2-4%. However this study observed a subset of patients in ICU and the prevalence of ACS is 18% which is much higher than the general ICU population. Although the WSACS recommends routine IAP measurement, it is still not routinely done in many centres which results in late diagnosis and treatment of ACS.

CONCLUSION

These findings stress the importance of regularly monitoring of IAP for early diagnosis and treatment of ACS, and thus reducing the mortality and morbidity rate.

CHALLENGES IN DIFFERENTIATING MALIGNANT FROM BORDERLINE OR BENIGN PHYLLODES TUMOR

Kasthuri S[1], Sarinah B[2], Anita B[3], Normayah K

[1]Department of Surgery, Hospital Putrajaya, Putrajaya, Malaysia
[2]Department of Pathology, Hospital Putrajaya, Putrajaya, Malaysia

INTRODUCTION

Differentiating malignant from borderline or benign phyllodes tumors (PT) are complex and remains a challenge. In an attempt to provide an effective approach to these rare tumors we report our experience in diagnosing and managing malignant PTs in our center.

METHODS AND MATERIAL

All data for 60 women treated for PT at Hospital Putrajaya from 2002 to 2015 were analyzed with respect to their clinicopathological features, treatment and outcome.

RESULTS

Of 60 patients with PT, 16 were classified as malignant (27%), 6 as borderline (10%) and 38 as benign (63%). Two malignant patients had distant metastasis at presentation. Among these 3 groups there were no significant difference in term of age at presentation, however malignant PT had bigger size tumor and short duration of presentation. Two malignant patients and one borderline PT had prior history of excision for benign PT. Of 16 malignant PTs;

only 3 were diagnosed via core biopsy, 6 via excision biopsy and 7 after mastectomy.

Of 16 malignant patients, one had wide excision and 15 others had mastectomy. Seven patients received postoperative radiotherapy. Of 6 patients with borderline PT, two had wide excision and four had mastectomy. Of 38 benign patients, 11 had local excision, 14 had wide excision and 13 underwent mastectomy.

With a median follow up of 26.3 months; 6 patients developed local recurrence (1 malignant and 5 benign). One benign patient had local recurrence with malignant transformation. All patients with local recurrence had a close surgical margin < 1cm. One malignant patient developed both local and distant metastasis. All patients with distant metastasis were succumbed before receiving adjuvant treatment.

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.

DOES SUTURE LIGATION REDUCE POST-LASER HAEMORRHOIDOPLASTY BLEEDING?

H C Lim, Sandip Kumar, H Y Chong, April Camilla Roslani

University of Malaya, Kuala Lumpur, Malaysia

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.

Patients: All patients who have undergone LHP (with or without SL) from 01/01/2013 to 30/09/2015.

OUTCOME

The primary outcome is postoperative bleeding incidence at 24 hours and 1 week postoperatively. The secondary outcomes are pain and perianal swelling at 24 hours and 1 week postoperatively.

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

H C Lim, K S Poh, April Camilla Roslani
University of Malaya, Kuala Lumpur, Malaysia

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 loopogrom 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

the perforations were done. Latex drain was placed in the pelvis adjacent to the repair site. Postoperatively, patient's condition improved. However, there was evidence of leak from the repair site 1 week after surgery, evidenced by faecal material appearing in the pelvic drain. It was managed conservatively as a controlled fistula. The leak resolved 2 weeks later and the drain was subsequently removed. Patient was discharged well after that.

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
University of Malaya, Kuala Lumpur, Malaysia

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.

THE UNEXPECTED FINDING IN ABDOMINAL AORTIC ANEURYSM SURGERY: A CHALLENGE

Aisah Munirah W[1], Faidzal O[2]

[1]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

[2]Vascular Unit, Department of Surgery, Faculty of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia

Aorto-caval fistula associated with ruptured aneutysm is a rare condition. If 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 intra-operatively in a 65 year old patient presented with symptoms of leaking AAA.

INAPPROPRIATE PRE-OPERATIVE INVESTIGATIONS FOR ELECTIVE SURGICAL PATIENTS; REINFORCEMENT OF LOCAL GUIDELINE IN CLINICAL PRACTICE IS CRUCIAL

Ramizah S, Sarinah B, Anita B, Hisham M, Normayah K

Department of Surgery, Hospital Putrajaya, Putrajaya, Malaysia

INTRODDUCTION

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 Anaestisiologist) 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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PORTAL PYAEMIA WITH LIVER ABSCESS

K B Neogh[1], C H Chan[2], C I Chiar[2], F Isma[2], A Vilashini[2], R Umasangar[2], Y C Leow[2], C H Lee[2]
[1]Department of General Surgery, Hospital Taiping, Perak, Malaysia

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.

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OESOPHAGEAL PERFORATION COMPLICATED WITH EMPYEMA THORACIS AND CANDIDA TROPICALIS FUNGAEMIA: A CASE REPORT

Benedict A A, Ruth C S L, Lim Y P, Goo Z Q
Department of General Surgery, Sarawak General Hospital, Sarawak, Malaysia

INTRODUCTION

Oesophageal perforations are commonly diagnosed late resulting in significant mortality and morbidity. We present a case of oesophageal perforation secondary to ingested fish bone, which subsequently complicated with empyema thoracis and Candida Tropicalis fungaemia.

CASE PRESENTATION

This is a 43-year-old lady presented to us 48 hours after ingestion of fish bone, complaining of chest pain radiating to her back. After an oesophagogastroduodenoscopy (OGDS) , we found that the thoracic oesophagus was perforated at 28cm from incisor with fish bone in-situ. We then proceeded to stent the oesophagus with a fully-covered expandable metallic stent. Patient remained unwell after the stenting, the stent migrated distally for 3 times requiring re-adjustment. A computed tomography of the thorax revealed multiloculated left hydropneumothorax. The collection was drained under radiological guidance twice, which were unsuccessful. She then underwent posterolateral thoracotomy and washout.

DISCUSSION

Oesophageal perforations recognized early without signs of sepsis can be treated with endoscopic stent placement, which prevents further extraluminal soilage and restore luminal integrity. Complications of this procedure include stent malpositioning and migration, and stent obstruction. Broad spectrum intravenous antibiotics is indicated in oesophageal perforation, and in selected cases, anti-fungal should be given. Radiology guided or thoracoscopic drainage needs to be done when there is extraoesophageal collections.

CONCLUSION

Management of perforated oesophagus is challenging. Only selected groups of patients can be treated with endoscopic stent placement.

GIANT PLEXIFORM NEUROFIBROMATOSIS OF THE LOWER LIMB: A CASE REPORT

K Saravanan[1], Regu Villanayer[2], Clement E[1]
[1]Hospital Tuanku Fauziah, Perlis, Malaysia
[2]Hospital Sultanah Bahiyah, Kedah, Malaysia

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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

Nantha kumar Nadarajah, Ng S T, Nik Finni N H, Jee S L
Hospital Tengku Ampuan Rahimah Klang, Klang, Malaysia

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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

Ernest C W Ong, Reuben E T Goh, G C Teh
Sarawak General Hospital, Kuching, Sarawak, Malaysia

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 urethal 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

F Y Lee[1], Nurafdzillah R[1], Andee D Z[2], Luqman Mazlan[1]
[1]Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
[2]Department of Surgery,School of Medical Sciences, Universiti Sains Malaysia, Kota Bahru, Kelantan, Malaysia

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

Firdaus AK, S Suzita, J Rokayah, H Mark, N A Nik Azim
Sarawak General Hospital, Kuching, Sarawak, Malaysia

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 Esophagogastroduodenoscopy (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

pleural cavity. Upper Gastro-Intestinal team consulted and patient was taken to operating room where left anterolateral thoracotomy plus laparotomy with vigorous debridement and lavage. Primary esophageal repair was performed. He recovered well after almost 2 months hospitalized and was discharged with naso-jejunostomy feeding. He was allowed per oral 2 months later as endoscopic reassessment showed no evidence of leak.

DISCUSSION AND CONCLUSION

Boerhaave syndrome was first described in 1724, but before 1947, the syndrome was almost universally fatal.[1] Now, the definitive treatment is surgical repair including thoracotomy and aggressive lavage. Even if treated promptly, mortality approaches 50%, usually related to sepsis.[2]

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A "MESSY" MASS EFFECT: A CASE OF ADULT HIRSCHSPRUNG'S DISEASE PRESENTING WITH BILATERAL OBSTRUCTIVE UROPATHY

Juhanis S J, Nur Afdzillah A R, Luqman M, Sagap I
Colorectal Unit, Department of Surgery, University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Hirschsprung's disease is a congenital disorder in which there is a lack of intrinsic nerves specifically ganglionic cells in the rectum. The exact worldwide incidence is unknown, however international studies have reported rates ranging from approximately 1 case per 1500-7000 newborns. The average age at the time of diagnosis has been decreasing over the years, commonly diagnosed in infancy however rarely there are cases that are missed earlier and presenting in early adulthood with a median age of presentation being 24 ranging from 11 to 73 years. These patients tend to be missed and managed in the community with chronic constipation requiring cathartics, enemas or manual evacuation of feces. Diagnosis is often delayed due to equivocal radiological investigation results and unsatisfactory rectal strip biopsy.

We report a case of 25 year old lady with history of chronic constipation presenting with pelvic mass resulting in bilateral obstructive uropathy. Upon further history she was born with imperforate anus and had mild developmental delay as a child. Her chronic constipation was managed in the community with

laxatives and enemas. There was also an incident of hospital admission for manual evacuation due to severely impacted stools as a child.

Suspicion of adult Hirschsprung disease came about in her teens, however rectal strip biopsy results did not demonstrate the aganglionic segments as expected. Barium enema study showed distal bowel dilatation but not the typical transitional zone appearance described in this disease. Due to lack of positive investigative results and patient and family reluctance to undergo major definitive surgery, a sigmoid colostomy was created to enable ease of passing motion. She went home with a stoma, adapting and happily going about her daily life until she presented again at the age of 25 years with a pelvic mass causing bilateral obstructive uropathy and her pelvic organ being pushed to right side of the lower abdomen.

In light of this development we proceeded with a laparotomy and Hartman's procedure as she wanted to keep her stoma and was not keen on any major surgical procedure. We highlight the difficulty we faced intra-operatively as we attempted surgical resection of the sigmoid and rectum whilst delivering the huge faecal mass weighing more than 1kg.

PRIMARY LARGE CELL NEUROENDOCRINE CARCINOMA OF THE BREAST: A CASE REPORT

Hani S, C H Soh, Adam O, Suraj P B
Department of General Surgery, Hospital Miri, Sarawak, Malaysia

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.

A RARE CASE OF PAPILLARY THYROID MICROCARCINOMA OF A THYROGLOSSAL CYST IN A 35-YEAR-OLD MAN

Hani S, Adam O, C H Soh, Zulkifli M Z
Department of General Surgery, Hospital Miri, Sarawak, Malaysia

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.

UNUSUAL PRESENTATION OF PANCREATIC GLUCAGONOMA: A CASE REPORT

N A Amru, K M Mazlan, A Zuraimi, N M Shukri
Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

OBJECTIVES

Glucagonoma (GC) is an uncommon neuroendocrine pancreatic tumor (PNET) with systemic manifestation due to glucagon secretion

METHODS

A 59 years old lady with history of insulin-dependant 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

DISCUSSION

Glucagonoma is a rare tumor arising from glucagon-secreting alpha-cells of the pancreatic islets, with annual incidence has been estimated at 1 in 20 millions. NME is found in nearly 70% of patients with GC, for which a proper identifying unique annular patern of erythema with central crusts and bullae will lead to workup for GC and other differentials. In conclusion, high index of suspicion must be put on a patient presented with NME for possible causes, however identifying the NME itself is an important part to diagnose early of certain conditions.

ESOPHAGEAL PERFORATION FOLLOWING FISH BONE INGESTION: A CASE REPORT

Surendran S, NorAishah MA, Kumareson N

Department of General Surgery, Ampang Hospital, Ampang, Selangor, Malaysia

INTRODUCTION

Common causes of esophageal perforations are medical instrumentations, foreign body ingestion and trauma. It is associated with significant morbidity and mortality which is directly related to delay of diagnosis and initiation of optimum treatment. Other factors affecting outcome are size and location of perforation as well as the underlying health of the patients. Three treatment modalities are available for treatment namely conservative, endotherapy, and surgery.

PRESENTATION OF CASE

A 40 year old man presented with odynophagia and dysphagia following ingestion of a fish bone 13 days earlier. Endoscopy revealed double large esophageal perforations at the thoracic esophagus. CT scan of the thorax demonstrated haemopneumomediastinum. He remained clinically stable and was successfully treated conservatively with antibiotics for 2 weeks and enteral nasojejunal tube feeding for a period of 6 weeks. A contrast study 6 weeks later showed residual esophageal mucosal

irregularity without any extravasation of contrast. Oral feeding was then successfully recommenced.

DISCUSSION

Esophageal perforations can be managed non operatively in selected patients with well contained perforations, minimal mediastinal or pleural contamination and non tumoural perforations. Successful non operative management resulted in shortened hospital stays, fewer complications and lower mortality rates when compared to operative management. In cases managed conservatively, mainstay of treatment is early nutrition support (enteral or total parenteral nutrition) and broad spectrum antibiotics. Radiologically guided drainage of localized collections may be carried out at the same time.

CONCLUSION

Conservative management of esophageal perforation is appropriate in contained perforations in a stable patient without evidence of sepsis.

BLEEDING MECKEL'S DIVERTICULUM IN ADULT. A CASE REPORT

Ling L F, Kamarajan, Koh P S, Yoong B K

HPB Unit, Division of General Surgery, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia

INTRODUCTION

Meckels diverticulum is the remain of the prenatal Vitellointestinal duct, which regresses 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 occurs. 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. Bleeding 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,

requiring prompt resuscitation with fluids and blood products. CTA showed pooling of contrast in the large bowels, but no active vascular blush. Due to hemodynamical instability, she was brought to operation theatre. Intraoperatively noted Meckel's diverticulum, with blood clots pooling in adjacent bowels. Segmental resection performed with both ends brought out as a double barrel stoma. HPE showed heterotopic gastric mucosa with ulceration.

CONCLUSION

An accurate preoprative diagnosis of bleeding Meckel's remains a challenge especially in adults where other more common causes of lower gastrointestinal bleeding should be considered, which could be managed conservatively.

VASCULAR INJURY IN JOHOR: OUR 5 YEARS EXPERIENCE

M A Abdul Manan[1], M Yuzaidi[2], S Alwi A K[1], Rizal I A[2]

[1]Vascular and [2]Trauma Unit, Deparment of Surgery, Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia

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. Unsalvageable 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.

AN OVERVIEW OF BREAST CANCER PRESENTATION IN AMPANG HOSPITAL, MALAYSIA

Sharhanin B[1], Rosliza G[2], Nor Aishah M A[1]

[1]Department of Surgery, Ampang Hospital, Selangor, Malaysia
[2]Faculty of Medicine and Health Science, Islamic Science University of Malaysia (USIM), Selangor, Malaysia

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

2. To understand the socio-demographic characteristic in relation to the stage of the disease at initial presentation

METHOD

All women diagnosed with breast cancer in Ampang Hospital, Malaysia from January 2013 to December 2015 were included. The data were collected retrospectively, from the hospital database and analyzed using SPSS version 19.

RESULT

The total number of 127 patients included in this study with the mean age of 55.27. The race distributions were Malays 50.4% (n=64), Chinese 32.3% (n=41), Indians 7.1% (n=9) and others 10.2% (n=13). There were 3.9% (n=5) of stage I, 42.5% (n=54) of stage II, 21.3% (n=27) of stage III and 32.3% (n=41) of stage IV. In stage II, the were Malays 55.6% (n=30), Chinese 33.3% (n=18), Indian 7.4% (n=4) and others 3.7% (n=2). Meanwhile in stage IV, 46.3% (n=19) were Malays, Chinese 26.8% (n-11), Indian 4.9% (n=2) and others 22.0% (n=9). The mean of tumor size was 4.8 cm. 92.1% were from low-income group and only 7.9% from middle-income group.

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

K M Mazlan, N M Helmi, W Omar, M Zafran, N A Amru, Azihan Z, Zuraimi A Z

Department of Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

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 revels 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

with para esophageal herniation. Patient underwent successful open repair of Morgagni diaphragmatic hernia.

DISCUSSION/CONCLUSION

It is important to recognize the clinical presentations associated with Morgagni diaphragmatic hernia. The best imaging modality of choice to aid the diagnosis (CT) as well as the latest advancement in treatment of this condition need to be addressed (laparoscopic vs open).

DIAGNOSTIC DILEMMA OF BREAST CANCER IN PREGNANCY. A CASE REPORT AND LITERATURE REVIEW

A Nur Husna, J Rokayah, N K Milaksh, N A Nik Azim

Sarawak General Hospital, Kuching, Sarawak, Malaysia

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 00[1]. Breast cancer in pregnancy is defined as breast cancer that occurs during pregnancy and up to 1 year after delivery[2].

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 right breast lump. Physical examination showed a firm right breast lump 12x10 cm suggestive of an abscess. USG findings noted right breast lesion with indeterminate features and was unable to rule out an abscess. A trial course of antibiotics was given however no improvement was seen. Due to the suspicious breast lesion, another core needle biopsy was repeated and the results showed an invasive ductal carcinoma. She was promptly started with neoadjuvant chemotherapy with FEC after discussion with both oncology and O&G team.

CONCLUSION

Diagnosing breast cancer in pregnancy is often difficult and often leads to diagnostic dilemmas. The initial presentations are often misleading causing a delay in reaching the final diagnosis. At the time of diagnosis the disease is usually advanced. Therefore we would like to highlight the importance of having a high index of suspicion in any pregnant women who present with breast changes.

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

K M Mazlan, N M Helmi, W Omar, M Zafran, N A Amru, Azihan Z, Zuraimi A Z

Department of Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

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 ABPJ 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

A CASE REPORT : A RARE PRESENTATION OF PANCREATIC ADENOCARCINOMA WITH INTRALUMINAL BOWEL METASTASES PRESENTING WITH INTESTINAL OBSTRUCTION

C A Chai, K S Poh, April Camilla Roslani

University of Malaya, Kuala Lumpur, Malaysia

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 ceacal 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 a 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 reffered to oncology team for palliative chemotherapy.

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LONG TERM OUTCOMES ON BREAST RECONSTRUCTION USING IMPLANT EXPANDER

Adibah A, Sarinah B
Hospital Putrajaya, Putrajaya, Malaysia

BACKGROUND

Single-stage reconstruction using permanent expander implants is an established technique following mastectomy. We reported our data on long-term outcome following immediate and delayed single stage breast reconstruction using Becker implant.

METHOD

A cross-sectional study of all patients undergoing implant based reconstruction between 2007 to 2015 was undertaken. The clinicopathological features, clinical outcome and complications were evaluated.

RESULTS

A total of 60 operations were performed in 50 patients (44 immediate skin sparing mastectomy and 16 in delayed reconstruction). Five patients had bilateral reconstruction. The mean age of our patient was 43.3 years (range 21-62 years). Eleven patients received post operative radiotherapy in immediate reconstruction and 11 in delayed reconstruction. The mean follow up period was 55 months.

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Five patients developed postoperative infection rate, leading to implant loss in 4 patients. One patient developed delayed skin necrosis which required implant removal. Four patients with immediate reconstruction and received radiotherapy developed contracture and experienced pain and hardness in which one end up with implant removal. Therefore our total implant loss was 10%. No patient developed symptomatic implant rupture, injection port complication or silicone granuloma.

Five patients developed recurrence (4 distant and local recurrence, 1 distant recurrence only). One of them had sarcomatous transformation. Three had died from the disease.

CONCLUSION

Based on our experiences, implant-based reconstruction is safe and offers an acceptable cosmetic outcome however proper selection of patient is important to ensure the oncology safety. Patient with high risk of post operative radiotherapy preferably should go for autologus immediate reconstruction or delayed reconstruction.

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EPIDEMIOLOGY, PROGNOSTIC FACTORS AND 5YEAR SURVIVAL AMONG BREAST CANCER PATIENT TREATED IN HOSPITAL SULTAN ISMAIL JOHOR BHARU

Junaidi A I, Seniyah Md S, Sarojah A
Hospital Sultan Ismail Johor Bharu, Malaysia

INTRODUCTION

Breast cancer is the most common female cancer and the commonest cause of death in women. Worldwide it has an increasing incidence with over 1 million newly diagnosed cases each year. In Malaysia approximately 1 in 16 women develop breast cancer.

OBJECTIVE

Our aim for this study was to look for the epidemiology data, the prognostic factors that contribute to the short term and long term outcome of breast cancer patient and 5year survival rate among them.

MATERIALS AND METHOD

The information of breast cancer patient was obtained from hospital HIS system, unit record and pathology unit Hospital Sultan Ismail Johor Bharu. Our retrospective study involved 324 all breast cancer patient treated at Breast unit between January 1997 to December 2010, of these 253 patient was included in the 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.

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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.

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PARATHYROID SURGERY AND THYROID SURGERY UNDER ACUPUNCTURE AENESTHESIA: CASE SERIES IN A NEWLY ESTABLISHED ENDOCRINE SURGERY UNIT FROM IPOH, PERAK

Deborah Ding Y S, Kirubakaran M, Yan Y W
Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

INTRODUCTION

Parathyroidectomy is indicated in cases of symptomatic hyperparathyroidism, in renal failure patients, or in cases of primary parathyroid adenomas. Whereas, the indications for thyroidectomy or hemithyroidectomy are myriad- cases of malignancy, solitary thyroid nodule, hyperthyroidism and large-sized goiters, causing compressive symptoms, all warrant consideration for surgery. While most of these surgeries were conducted under general aenesthesia, a small number of patients were operated on at our center under local aenesthesia or acupuncture aenesthesia. Being a newly established endocrine surgery unit in Hospital Raja Permaisuri Bainun (HRPB) Ipoh, Perak, we find it of interest to review our cases of parathyroidectomy and thyroidectomy done under acupuncture aenesthesia over the past 18 months.

METHOD

From September 2014 – February 2016, a hundred and fifty-six patients underwent thyroid surgery and/or parathyroid surgery carried out by our endocrine surgeon. Three patients were operated on under acupuncture aenesthesia; one underwent total parathyroidectomy while two underwent hemithyroidectomy. Stainless steel acupuncture needles were inserted in acupuncture points in the neck ("Futu") and midforearm ("Hegu", "Neiguan"), by the anesthetist, and a low-frequency electrical stimulus administered. These patients were awake throughout surgery, so were able to communicate with our surgeon where needed.

RESULTS

All cases were completed without conversion to general aenesthesia. Average duration of surgery was 93.4 minutes, which did not differ much from surgeries conducted under more conventional methods of aenesthesia. No complications from the surgery, or from needling during administration of aenesthesia were reported in the immediate postoperative setting, or at present.

CONCLUSION

Parathyroidectomy and thyroidectomy under acupuncture aenesthesia is feasible, if carried out by an experienced surgeon and aenesthetist.

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INTRAOPERATIVE PARATHYROID HORMONE (IOPTH) : ADDITIONAL VALUE IN PARATHYROIDECTOMY

Hazimi R[1], Normayah K[2], Azrai B[2]
Department of Breast and Endocrine Surgery, Hospital Putrajaya, Putrajaya, Malaysia

INTRODUCTION

Surgery is the definitive treatment for primary hyperparathyroidism and recalcitrant hyperparathyroidism.Preoperative parathyroid localization using ultrasound and sestamibi scan are crucial for a successful focus approach parathyroidectomy.IOPTH has also been use as a useful adjunct to predict successful removal of involved parathyroid gland.

OBJECTIVE

To determine the additional value of IOPTH in order to improve the success rate in surgery in patient with primary and renal hyperparathyroidism.

METHOD

Prospective study of patients with parathyroidectomy in Surgical Breast and Endocrine unit Hospital Putrajaya between Jun 2015 and March 2016.

RESULTS

There are 3 groups of patients included in this study (primary hyperparathyroidism,renal hyperparathyroidism and recurrence/persistent hyperparathyroidsm). There are 12 patients in primary hyperparathyroidism(8 cases of single adenoma,2 cases of double adenoma,1case of MEN2A and 1 case of parathyroid carcinoma),9 patients in renal hyperparathyroidism group and 3 patients in persistent/recurrence hyperparathyroidism group.

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 futher exploration done.In renal hyperparathyroidism,all patients shows 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.

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AUDIT OF LIVER INJURY PATIENTS SPANNING THREE YEARS IN A REGIONAL TRAUMA CENTRE

Tony Yong, Yuzaidi M, Rizal Imran Alwi
Trauma Surgery Unit, Department of Surgery, Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia

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.

THREE EYED WONDER : FUSE COLONOSCOPY MALAYSIAN ENCOUNTER

N A Aziz, A C Roslani
University of Malaya, Kuala Lumpur, Malaysia

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[1]. 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%[2].

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 wether having three images as opposed to one, really did make a difference to detecting lesions on endoscopic examinations.

1. Rex et al. Gastroenterology 1997;
2. Siersema et al. World Journal of Gastroenterology, 2012

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

N A Aziz, N K Roslan, A C Roslani
University of Malaya, Kuala Lumpur, Malaysia

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[1], 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 gynaecolologist 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 N0 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

R. Rosnelifaizur[2], G Naresh[1], H M Tajri[1], H Hanif[1], Zainal A A[1]

[1]Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
[2]Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

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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Retrospective chart review was undertaken for all selected cases from January 2012 till December 2015. Data were exported to IBM SPSS version 23 for statistical analysis with $p < 0.05$ considered significant.

RESULTS

A total of 119 patients underwent emergency surgery for AAA. The mean age was 71 years old with a range from 52 to 90 years. The majority (n . 72, 61%) were baseline American Society of Anaesthesiology (ASA) grade 3-4. For indication for surgery, of these 33% for RAAA, 50 % for leaking AAA and the remaining 17% for symptomatic AAA . Mortality rate in those undergoing ROR for was 15.4 % and 3.3 % for leaking AAA .

The mean overall length of stay was 7 days. With regard to prognostic indicators of patient outcome, increasing ASA score at time of surgery patient age was noted to be significantly associated with increased mortality (p . 0.013)

CONCLUSIONS

Mortality rates in those undergoing emergency OR for AAA are comparable with published data internationally. Increasing age ASA score are significant predictors of mortality in patients with RAAA undergoing intervention.

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

Hafiez F[1], Aisah Munirah W[2], Liang Juin L[1], Rajaie K, Mat Salleh S[1]

[1]Department of Surgery, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia
[2]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

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 thorachoscopy and patient recovered well post-operatively.

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CONCLUSION

Video assisted thoracoscopy (VATs) is a safe procedure for removal of intra-pleural foreign body in the hand of experienced surgeon. VATs does not only provide a direct visualization on the foreign body but also allow assessment on the extent of the injury and aid in the surgical removal of foreign body.

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NECROTISING PANCREATITIS : OPEN DRAINAGE OR MINIMALLY INVASIVE SURGERY (VARD)

Maizatul Aliaa A M, Lua B C, Yuzaidi M, Asma' R, Tuan Nur T M

Department of General Surgery, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

INTRODUCTION

Necrosectomy is a necessary procedure for infected necrotising pancreatitis. Traditionally, open necrosectomy was performed. It is invasive and associated with higher rate of complications and mortality. Minimally invasive surgical techniques have been introduced which are thought to induce less physiological stress thus improve patient outcomes. We describe two cases of severe pancreatitis complicated with necrotizing pancreatitis and two different surgical approaches to manage the pancreatic necrosis.

CASE REPORTS

A 22 year old gentleman diagnosed with severe acute pancreatitis with ARDS (IMRIE score 3). He was treated with antibiotics and percutaneous drainage for infected necrotising pancreatitis. His condition deteriorates further, hence open drainage and necrosectomy was done. Total ICU stay requiring ventilation was 60 days. Endoscopic drainage and another 2 percutaneous drainage were done in view of unresolved collection. Length of hospital stay is 90 days.

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A 42 year old gentleman diagnosed with acute pancreatitis (IMRIE score 2) complicated with pseudocyst of pancreas. He developed infected pseudocyst of pancrease and was treated with percutaneous drainage and antibiotics. Repeated CECT scan showed extensive intrabdominal collection. VARDS was done after 3 weeks for unresolved collection and increasing septic parameters. He was extubated post surgery and admitted to ICU for 1 day. After 25 days of surgery, collection resolved. Length of hospital stay is 27 days.

CONCLUSION

In conclusion, VARD is a safe and effective minimally invasive technique for necrosectomy. It is shown to have less postoperative organ failure, length of hospital stay and lower complications as compared to open method.

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AN UNUSUAL PRESENTATION OF SMALL BOWEL TUBERCULOSIS IN PREGNANCY

Anuradha Valan, Saidah Sahid, Edwin See,Rohamini Sibin

Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

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 extrapulmonary 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

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was referred to the surgical team. A diagnosis of perforated viscus was made and she was subsequently operated and intra operatively noted small bowel perforation 150cm from terminal ileum, small bowel stricture at 50cm from terminal ileum and there was gross fecal contamination. Damage control surgery was done. On postoperative day 1, she had a complete miscarriage. Histopathology revealed 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 and important diagnosis. A lack of exposure to such cases and a delay in diagnosis in pregnancy can lead to significant maternal morbidity and mortality.

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BYE-BYE MASTECTOMY!

M W Wong, Raflis R A, Daphne A, Hakim N A, Aina E N

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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

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BIRADS IV lesion and biopsy reported as papillary carcinoma of breast. She underwent Grissotti mastopexy and axillary clearance. The histopathology examination confirmed intraductal papillary carcinoma of breast with high grade DCIS. Resection margins were clear.

CONCLUSION

Grisotti flap reconstruction provides excellent cosmetic results and good oncologic resection for central or medio-cranial located breast cancer. However, thorough patient evaluation and good planning is imperative to attain desired outcome.

KEYWORDS

Centrally located breast cancer, Grisotti flap reconstruction.

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ONCOPLASTIC SURGERY IN GIANT FIBROADENOMA

M W Wong, Raflis R A, Daphne A, Hakim N A, Aina E N

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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

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.

A DOUBLE RIGHT PARATHYROID ADENOMA WITH NON-RECURRENT LARYNGEAL NERVE: A CASE REPORT

M W Wong, Raflis R A, Daphne A, Hakim N A, Aina E N

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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 mml/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

report showing a 1.4cm enlarged right parathyroid gland. In May 2015, she underwent re-exploration. Intraoperatiovely, there were a right superior parathyroid adenoma with a type 1 non-recurrent laryngeal nerve (NRLN). We performed parathyroidectomy with preservation of the NRLN. Post- operatively, she remained well and the serial serum calcium was normalized.

CONCLUSION

A missed second parathyroid adenoma is the most common cause for a failed initial parathyroid operation and for persistent hyperparathyroidism. Initial imaging studies may not show a multiglandular disease. Long-term follow – up of these patients is therefore important to ensure cure of the disease.

SEBACEOUS CARCINOMA – A RARE PRESENTATION

R Ismail[1], A R Abdul Hamid[1], W S R Wan Ahmad Kamal[3], F J Ruhi[3], S Ibrahim[2]

[1]Department of General Surgery, Hospital Selayang, Selangor, Malaysia
[2]Department of Plastic and Reconstructive, Hospital Sungai Buloh, Selangor, Malaysia
[3]Faculty of Medicine & Health, University Sains Islam Malaysia, Malaysia

INTRODUCTION

The malignant sebaceous gland carcinoma is a rare carcinoma arising from sebaceous gland. Sebaceous carcinoma is classified into two groups: tumors arising from the ocular adenexa and those arising from extraocular sites. Extraocular sebaceous carcinoma is a rare malignancy when compared to ocular adenexa variant. The aggressive types of extra ocular sebaceous neoplasm are reported with lymph node and visceral metastasis associated with poor prognosis.

CASE PRESENTATION

Here we report a case of sebaceous carcinoma involving left axilla. Patient presented with swelling over axilla for 2 months duration with pus discharge for 3 weeks and was prescribed antibiotics for 2 weeks by General Practitioner but condition did not improved. He underwent an excision biopsy under local anesthesia whereby the histopathological examination of the swelling came back as sebaceous carcinoma. He was referred to Department of Plastic

and Reconstructive Surgery Hospital Sungai Buloh for further management. Wide margin re-excision was done under general anesthesia with 2cm margin excised and subcutaneous dissected up to clavipectoral fascia and excision of 2 axillary lymph nodes. Post operatively patient defaulted.

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.

TORSION OF THE GREATER OMENTUM: A RARE CAUSE OF ACUTE ABDOMEN

L Marianne[1], L Limi[1,2], A A Zainal[1]

[1]Department of Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
[2]Department of Surgery, University Putra Malaysia, Serdang, Malaysia

INTRODUCTION

Omental torsion is a rare cause of acute abdomen, and can mimic acute appendicitis clinically. It is caused by a twist of the greater omentum along its axis, leading to vascular compromise and clinically resembles an acute abdomen. Early detection and intervention is of paramount importance in preventing the progression of its complications.

CASE HISTORY

We report a case of omental ischemia secondary to primary omental torsion in a 34-year-old gentleman. He presented to our centre with signs and symptoms of acute appendicitis. Diagnostic laparoscopy was performed, revealing omental ischemia secondary to omental torsion and conversion to a laparotomy and segmental omentectomy was done. Intraoperatively, the omentum appeared ischemic and found twisted near the transverse mesocolon, with minimal hemoperitoneum. The large and small bowels were normal.

DISCUSSION

Omental torsion is an entity that mimics many acute abdominal

conditions. Hence, it should be considered as a differential diagnosis in acute abdomen. Due to the rarity of this condition, a delay in diagnosis may result in increased rates of morbidity and mortality among these patients.

CONCLUSION

In cases where imaging may not be feasible, laparoscopy may be diagnostic and occasionally therapeutic.

EXPERIENCE IN MANAGING BLEEDING GASTROINTESTINAL TUMOUR OF LESS COMMON LOCATIONS AT HOSPITAL SULTAN HAJI AHMAD SHAH, TEMERLOH, PAHANG

Ikhwan M M[1], Salleh M S[1], Suhaila A[2]

[1]Hospital Sultan Hj. Ahmad Shah, Temerloh, Pahang, Malaysia
[2]Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

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 occurence 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

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 tumout 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. Oesophagoduodenoscopy showed normal findings and colonoscopy revealed colon filled with blood clots. He was subjected to laparotomy which revealed a large tumor at the jejeunum. 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.

UNIPORTAL VATS LOBECTOMY FOR LUNG CARCINOMA. EARLY EXPERIENCE IN HKL

Michael Arvind, George J Thomas, Zainal A Azizi
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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 uniportal 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.

Clinical staging was T1AN0M0. She underwent a bronchoscopy with uniportal VATS and left upper lobectomy. Postoperatively uneventful, she was discharged home day 3. Histopathology confirmed adenocarcinoma with predominant invasive acinar adenocarcinoma and lipidic adenocarcinoma. Hilar lymph nodes had no malignancy seen.

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.

CHALLENGES IN UNIPORTAL VATS LOBECTOMIES FOR INFLAMMATORY LUNG DISEASES

Michael Arvind, George J Thomas, Zainal A Azizi
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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

period was uneventful and he was discharged home day 4. Histopathology confirmed Pulmonary Aspergilosis.

CASE REPORT 2

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

Michael Arvind, Zakry Yahya, Razali Ibrahim, Hanif Hussein

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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

Karthik K, Jazly J, A Y Liyana, Lee Y L

Hospital Shah Alam, Selangor, Malaysia

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 103/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 laparascopy. 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 well. The Histopathology Report for the Appendix was Non-Inflammed Appendix with absent neutrophil infiltration.

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.

THE CHANGE IN PLASMA FIBRINOGEN LEVEL FOLLOWING LAPAROSCOPIC BARIATRIC SURGERY IN MORBIDLY OBESE MALAYSIAN. A REPORT ON PRELIMINARY OUTCOMES

Elsa J R, Reynu R, Taher M M, Kosai NR

Minimally Invasive, Upper Gastrointestinal and Bariatric Surgery Unit, Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Cheras, Kuala Lumpur, Malaysia

BACKGROUND

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?

Yun-Hui Ng[1], Ai-Wie Chew[1], Sandip Kumar[2], Nora Aziz[2], Keat-Seong Poh[2], April C Roslani[2], Hoong-Yin Chong[2]

[1]Medical Student, Universiti Malaya, Kuala Lumpur, Malaysia
[2]Department of Surgery, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia

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.

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CONCLUSIONS

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

W T Khoo[1], H N Liew[1], H Y Chong[2], Sandip Kumar[2]

[1]Undergraduate, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia
[2]Department of Surgery, University Malaya, Kuala Lumpur, Malaysia

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

own smartphone and 82.5% of them regularly use medical applications. 72% of them regularly utilize up to five mobile apps. Most common communication platforms were Whatsapp and Facebook. Almost 36% of the respondents mostly use their smartphone for educational purpose. 51.6% of the respondents reported that use of smartphone improved their clinical work efficiency. Meanwhile, 81% of the respondents would utilise a smartphone applications specific to the medical school. Some of the preferred apps to be developed include hospital disease management guideline, revision note and algorithm for acute medical/surgical conditions. Despite 95.4% of respondents deny the sharing patient's information on any social media, 36.1% respondents did admit to do so with colleagues via online. On the other hand, 60 % of respondents agree that the use of personal mobile phone for patient-related communication with colleagues poses a risk to the privacy and confidentiality of patient health information.

CONCLUSION

The clinical use of smartphones and apps will likely continue to increase, and we have demonstrated a strong desire among medical students. However, a guideline or code of ethics is indicated in order to protect patient's confidentiality.

NOVEL METHODS OF UNDERGRADUATE SURGICAL EDUCATION TO IMPROVE INTERESTS AMONG MEDICAL STUDENTS

Gerald Tan, Sailesh Krishnan, M L Goodson
Newcastle University, Johor, Malaysia

INTRODUCTION

Most medical students only start to develop interest in surgical careers during their late stages, possibly due to insufficient early education & exposure. In Newcastle University, surgical education plays a minor role throughout the MBBS course with emphasis only during the final year. Therefore, it is anticipated that early intervention in education that integrates knowledge, skills and career insight may enhance students' interests in surgery.

OBJECTIVES

This study aims to identify and compare suitable methods for undergraduate surgical education and evaluate its impact on medical students.

METHODS

The design of 3 methods for surgical education was established, namely suturing workshops, operating theatre observations and career symposiums. Feedback surveys consisting of ten-point Likert scale questions were distributed to 104 Newcastle medical students who participated in all methods. The questions were

structured to evaluate the 3 methods in domains of knowledge, skills, insight and influence. A total of 85 respondents were received and divided into pre-clinical (n=46) and clinical (n=39) year categories.

RESULTS

The career symposium method was rated highest in knowledge, insight and influence domains while suturing workshops was highest in skills, amongst both pre-clinical and clinical year students. Statistical T-test analysis ($P<0.05$) found significant difference in the response ratings of the 3 methods. A secondary trend demonstrates suturing workshops having higher ratings than operating theatre observations in most domains among clinical students, but not in pre-clinical students.

CONCLUSION

Surgical career symposiums would prove to be an effective primary approach to provide education, insight and early exposure to improve interests among medical students of all stages. Suturing workshops may be a better-targeted approach towards clinical students, providing a suitable level of hands-on experience and practical skills.

CASE SERIES: THE EFFICACY OF AUTOLOGOUS BONE MARROW MONONUCLEAR CELLS IN BUERGER'S DISEASE

N Hati, K Izan M G, Azim I, H Harunarashid
Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

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 throboangiitis 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 Substraction 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

subsequent month. There was no immediate or post-procedure complication. Digital substraction angiography 1 month after the therapy showed improvement of collaterals at the affected leg. His ulcer healed at 2 months follow-up.

CASE 2

35 year old man, a smoker presented with wet gangrene of the right fourth and fifth toe. He had history of ray amputation of the right first and third toe, with right femoral-popliteal bypass done 6 months prior to this presentation. Digital Substraction Angiography showed feature of Buerger's Disease.

Right transmetatarsal amputation was done. The wound was noted to be slow healing. 2 cycles of autologous bone marrow injection was done at the calf muscles, plantar and wound. Digital substraction angiography post procedure shows increased collateralizations of the right lower limb and foot. After 2 months, the transmetartasal amputation wound healed, patient was asymptomatic.

CONCLUSION

Our results shows the stem cell therapy can treat ischaemic limb secondary to Buerger's disease.

Type II Popliteal Artery Entrapment Syndrome. Right myomectomy and popliteal bypass with interposition of vein graft was done. At follow-up, he has a complete resolution of his symptoms.

CONCLUSION

Popliteal Artery Entrapment Syndrome should be considered when dealing with young patients with claudication.

CASE REPORT: POPLITEAL ARTERY ENTRAPMENT SYNDROME

E S Lim, K Izan M G, Azim I, H Harunarashid
Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

INTRODUCTION

Popliteal Artery Entrapment Syndrome (PAES) is a rare vascular disease that usually affects the young adults and athletes. It is a consequence of an abnormal positioning of the popliteal artery in relation to its surrounding structures. Patient usually presented with intermittent claudication and in severe cases, patient may presented with acute vascular insufficiency.

ABSTRACT

We are report a 32 years old soldier presented with intermittent claudication of the right leg for 2 years. The pain worsens for 2 months as the claudication distance reduced to 100 metres. He has no other risk except for heavy smoker. Examination shows the right leg was cold, no skin changes, intact sensory and the distal pulses was not palpable. Ankle brachial systolic index was 0.7. Digital substraction angiography of the right lower limb shows short segment chronic total occlusion of the distal superficial femoral artery. However there were reconstitution of the popliteal artery, anterior tibial artery and posterior tibial artery. Ultrasonography of the right leg shows the medial head of gastrocnemius impinge over the right popliteal artery. Intraoperative findings revealed

CASE REPORT: AORTOCAVAL FISTULA IN ABDOMINAL AORTIC ANEURYSM

Krishna K, K Izan MG, Azim I, H Harunarashid
Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

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 x10 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 polypropyelene sutures. Post operatively patient developed hospital acquired pneumonia and prolonged ileus. He was discharge well on post operative day 10.

CONCLUSION

Aortocaval fistula is an uncommon complication of AAA. However the diagnosis should be considered as it may lead to massive bleeding intraoperatively.

CASE REPORT: MANAGEMENT OF EXTENSIVE PELVIC AND PERINEUM ARTERIOVENOUS MALFORMATION

Lenny S, K Izan MG, Azim I, H Harunarashid

Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

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

was primarily closed. Histopathology report is consistent with arteriovenous malformation. Unfortunately it was complicated with wound breaksown 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: SUPERIOR MESENTERIC ARTERY MONITORING FOR ENDOVASCULAR STENTING OF NUTCRACKER SYNDROME

AR Hariz, K Izan MG, Azim I, H Harunarashid

Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

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

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.

CASE REPORT: METASTATIC ADENOCARCINOMA OF THE AORTA WITH UNKNOWN ORIGIN

Ismail, A R Hariz, Azim I, H Harunarashid
Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

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 SERIES: LEIOMYOSARCOMA OF THE INFERIOR VENA CAVA

Lenny S, Krishna K, Azim I, H Harunarashid
Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Mlalaysia

INTRODUCTION

Inferior Vena Cava (IVC) leiomyosarcoma is a very rare vascular tumour. It is a slow growing tumour, a fact that frequently delays the diagnosis and keeps the patient to be asymptomatic.

CASE 1

50 year old gentleman was incidentally found to have a large mass in the abdomen via ultrasound while he was being investigated fo anaemia. Computerised tomography (CT) scan revealed a retroperitoneal tumour which was arising from the inferior vena cava. The tumour was resected en bloc and the inferior vena cava was repaired with a vein patch. No notable post operative complication. Histopathology examination shows grade I leiomyosarcoma of the inferior vena cava. The margin was clear. Patient was sent for chemotherapy. During follow-up, there was no evidence of recurrence.

CASE 2

61 year old lady presented with right hypochondrium pain and bilateral lower limb swelling. Abdominal examination was unremarkable. Both lower limbs are oedematous. Ultrasonography

of the abdomen shows multiple liver cyst with biliary duct dilatation. Subsequent Computerised tomography abdomen revealed long segment occlusive thrombosis of infrahepatic inferior vena cava. No other suspicious lesion in other organs. Gastroscopy and colonoscopy was normal. PET scan showed a metabolically active intraluminal mass within infrahepatic inferior vena cava. Tumour markers were within normal limit. She developed bilateral femoral vein complete occlusion with left long saphenous vein thrombosis. Inferior vena cava filter insertion was done. Laparotomy showed inferior vena cava mass 7x7x6 cm in size and thrombosed bilateral renal vein. Resection of the mass and graft reconstruction done for the Inferior vena cava and the bilateral renal veins. The histopathology examination shows leiomyosarcoma. She was sent for chemotherapy. Post operatively, she developed chyle leak, successfully managed conservatively.

CONCLUSION

Leiomyosarcomas are the most common malignancy involving the IVC. Although there are correlations between clinical manifestations and the location of the tumour within the IVC, most patients present with non specific symptoms. Aggressive surgical treatment is recommended due to the tumour's slow growth pattern and low metastatic potential, though chemoradiotherapy may serve as an adjunct.

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.

CASE REPORT: HEPATIC ARTERY ANEURYSM AS A RARE CAUSE OF ABDOMINAL PAIN

Wilson Liew, Lenny S, Azim I, H Harunarashid
Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

INTRODUCTION

Hepatic artery aneurysm (HAA) is a rare occurrence, comprising of approximately 20% of splanchnic aneurysms. Rupture of HAA can lead to potentially disastrous complications like hemobilia, cholangitis and upper gastrointestinal bleeding.

ABSTRACT

We report a case of a 55-year-old lady who presented to us with intermittent upper abdominal pain and fever for the past one month. She lost 4 kg in a month. Physical examination revealed a pulsatile mass at the epigastrium. Blood investigation was unremarkable. Computed tomographic scan revealed a large saccular aneurysm of the common hepatic artery measuring 6.6x7.3x9.3cm with intramural thrombus seen within. The gastroduodenal artery is being displaced posterolaterally by the aneurysm and is small in caliber. The hepatic artery proper, the left hepatic artery and the right hepatic artery are normal. Normal pancreatic parenchyma was only seen at the uncinate process and head of the pancreas. The adrenals, liver, spleen and both kidneys are normal. She was offered surgery or endovascular coiling of the aneurysm but she refused.

CASE REPORT: AUTOLOGOUS BONE MARROW MONONUCLEAR CELLS IN TREATMENT FOR ACUTE LIMB ISCHAEMIA IN A PATIENT WITH CROHN'S DISEASE

Chua SH, Krishna K, Azim I, H Harunarashid
Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

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 substraction 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 transmetartasal 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

Autologous bone marrow therapy is a good option after all the options have been exhausted in managing Chron's Disease patients with limb ischaemia.

CASE REPORT: CHYLOUS ASCITES COMPLICATING INFRAHEPATIC INFERIOR VENA CAVA TUMOUR RESECTION

Surita S, Lenny S, Azim I, H Harunarashid

Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

INTRODUCTION

Chylous Ascites is defined as a pathologic accumulation of chyle in the peritoneal cavity. The incident of Chylous Ascites following inferior vena cava tumour resection is rare.

ABSTRACT

We reported a case of inferior vena cava leiomyosarcoma. She underwent resection of the tumour with reconstruction of the inferior vena cava and bilateral renal vein using a graft. Intraoperatively was uneventful. At postoperative day 10, patient was noted to have a large amount of milky discharge from the laparotomy wound. The diagnosis of chyle leak was confirmed by fluid analysis that showed to have high triglyceride content. Computed tomography of the abdomen showed perihepatic collection which was connected to subcutaneous. Aspiration under ultrasound guidance was done for both the perihepatic and subcutaneous collection. 60 ml of chyle aspirated. After that collection of the chyle was done by putting a stoma bag at the wound. The wound was dry 1 month post operation. Repeat ultrasonography of the abdomen showed minimal collection at the hepatic region

CONCLUSION

Chylous Ascites following of Inferior Vena Cava tumour resection is rare. It is commonly due to traumatic disruption of lymphatic during the surgery. Most of the patients are successfully treated conservatively.

PING PONG BALLS, NOT JUST A SPORTS APPLIANCE

W K Lum, Ngo C W, Kumaran K, Azlan M, Zakaria Z

Department of Pediatric Surgery, Pediatric Institute, Kuala Lumpur Hospital, Kuala Lumpur, Malaysia

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 Pomplage.

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

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cure for Tuberculosis. Several items, including silicon balls, Animal organs, gauzes, have been used, without much success. The first case of Ping pongs being used were reported in 1986, by Morrow Et Al. A subsequent case series and 6year follow up showed good prevention of post pneumonectomy syndromes.

This surgery would be the first reported and done in Malaysia by the Pediatric Surgery Team headed by Dato' Dr Zakaria, a long term follow up will be undertaken to review this patient until adulthood and beyond. Further cases would be advocated where indicated so that a case series could be obtained in Malaysia

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SEBACEOUS CARCINOMA, THE RARE SKIN MALIGNANCY

W K Lum, Thiagaraj V, Nur Shams M A, Mahadevan D T, Jasiah Z

Dept of Surgery, Tuanku Jaafar Hospital, Seremban, Negeri Sembilan, Malaysia

A 57-year-old indian gentleman presented to our centre with a skin tag on left back region for past 2 years which is increasing in size and associated with serous and bloody discharge. He denied any pain over the skin tag and denied constitutional symptoms. He had family history of cancer which his maternal uncle diagnosed with colon carcinoma at the age of 50.

The initial examination in our clinic revealed at left lumbar region, there was exophytic growth seen about 3x2cm, no discharge, tender but no surrounding skin changes. Nothing abnormal was revealed on examination of lung, abdomen and lymph node.

Subsequently, patient was planned for excisional biopsy under ambulatory care centre, Hospital Tuanku Jaafar Seremban. A 3x2cm polyp was removed and was sent for histopatology. Histopathology of the polyps was noted to be sebaceous adenoma/ sebaceous carcinoma with deep margin involved. Re-excision of margin of left lower back of sebaceous carcinoma/adenoma was done on 7th of august 2015. Histopathology of the re-excision of margin revealed sections of the specimen showed no residual tumour with clear margin.

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Patient was arranged for Computed Topography of thorax, abdomen and pelvis on 24th August 2015. The CT TAP revealed distant metastasis with the evidences of few hypodense lesions seen in segment III, VII and VIII of the liver and multiple and few lung nodules seen in both upper lobes.

He is currently undergoing Radiotherapy and Chemotherapy in the national Cancer Institute.

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A RARE CASE OF PURE ANDROGEN-SECRETING ADRENAL TUMOR

A Nor Safariny, M Hussain, M Siti Hartinie

Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

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 (dehydroepiandroesterone) 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.

DISCUSSION

PASAT is an adrenal tumor that exclusively secrete androgens without excess cortisol. The diagnosis of PASAT required careful history and a thorough physical examination. It is an extraordinarily rare disease and characteristically present with a combination of hirsutism, virilization and menstrual irregularity. All suspected case should be referred to endocrinology center due to complexity of investigation. It is important to identify this group because 50% of PASAT are malignant. CT scan may suggest whether the tumor is benign or malignant and the diagnosis can only be confirmed by pathologic examination. Adrenalectomy is the treatment of choice, it can normalize hormone level and resolve the end-organ effect.

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

A Nor Safariny, M A Saiyidah Adila, K Normayah
Hospital Putrajaya, Putrajaya, Malaysia

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

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.

PRIMARY SQUAMOUS CELL CARCINOMA OF THYROID : A CASE REPORT

A Nor Safariny, M Z Maznah, J Yusri Rahimi, M Hussain
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

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

obstruction and emergency tracheostomy was performed. She had total thyroidectomy one week after that and we found her anterior wall of trachea was infiltrated by malignant looking thyroid gland. Histology examination of her thyroid gland showed moderately differentiated SCC.

DISCUSSION

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.

LAPAROSCOPIC MINI GASTRIC BYPASS: SINGLE INSTITUTION BARIATRIC EXPERIENCE IN MALAYSIA

Syafiq I, Eng-Hong Pok, Peng-Chong Lau
University of Malaya, Kuala Lumpur, Malaysia

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.

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

Shahidah C A[1], Fitreena A A[2], Mohd Nizam M H[3], Wan Zainira W Z[3]
[1]Kulliyyah of Surgery, International Islamic University Malaysia, Pahang, Malaysia
[2]Advanced Medical and Dental Institute, Universiti Sains Malaysia, Pulau Pinang, Penang, Malaysia
[3]Department of Surgery, Universiti Sains Malaysia, Kelantan, Malaysia

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

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.

MANAGEMENT OF CONCURRENT THORACIC AND ABDOMINAL AORTIC ANEURYSMS

S T Saw, B D K Leong
Vascular Surgery Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

INTRODUCTION

Aortic aneurysm repair continues to represent a formidable surgical challenge. We reported a case of concurrent thoracic and abdominal aortic aneurysms, which were successfully treated with two-stage hybrid endovascular surgery.

CASE PRESENTATION

A 62 years old asymptomatic gentleman, who was a chronic smoker with hypertension, was noted to have widened mediastinum in Chest X-ray during his medical checkup. Computed Tomography Angiography (CTA) reviewed concurrent thoracic and abdominal aortic aneurysms with both diameter of 6 cm. Two-stage procedure was performed. The first operation was aortic debranching with left carotico-subclavian bypass and embolization of proximal left subclavian artery with preservation of left vertebral perfusion. This was followed by Thoracic Endovascular Aneurysm Repair (TEVAR). The second operation was Endovascular Aneurysm Repair (EVAR) for infrarenal abdominal aorta aneurysm two months after that. Lumbar drain was inserted in both operations. Postoperatively he made a good recovery without renal failure, spinal cord ischemia

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.

MECKEL'S DIVERTICULUM MASKED BY NON-SPECIFIC ABDOMEN PAIN

Serjitsjruup Kaur Judge, Syahril Anuar Salauddin
Hospital Kuala Lipis, Pahang, Malaysia

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 broad base Meckel's diverticulum 20cm from terminal ileum, normal large bowel, liver, spleen and appendix. Meckel's diverticulectomy was performed with extracorporeal primary anastomosis of the ileum even though there was no evidence of inflammation, adhesion or intussusception noted. Subsequently the patient was found to be completely well with no more

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

Sailesh a/l P K Mohana Krishnan, Andrew Fisher
Newcastle University, United Kingdom

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, Col-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.

A RETROSPECTIVE COHORT STUDY COMPARING LASER HAEMORRHOIDOPLASTY WITH STAPLED HAEMORRHOIDOPEXY IN HOSPITAL SELAYANG

M Taufiq Khalila Razali[1], Fitjerald Henry[1], Ramesh Kumar[2], Ismail Sagap[2]
[1]Colorectal Unit, Hospital Selayang, Selangor, Malaysia
[2]Surgery Department, University Kebangsaan Malaysia Medical Center, Cheras, Kuala Lumpur, Malaysia

INTRODUCTION

Haemorrhoidal surgeries has evolved by "Vascular theory". It shares similar goals of treatment; adequate haemorrhoid tissue reduction, natural anatomy restoration, anoderm preservation, reduction of recurrence and post-operative complications.

OBJECTIVES

To compare laser haemorrhoidoplasty (as novel) versus stapled haemorrhoidopexy (as standard) post-operative outcomes and complications.

MATERIALS AND METHODS

This retrospective non-randomized cohort single-centre study was conducted from December 2013 until August 2015 in Hospital Selayang comparing two arms; laser (n=34) and stapler

(n=35) groups. Hospital records and guided phone interviews were sources of data. Surgeries were performed by Colorectal Consultants. Biolitec laser single pulse mode with 8W for 3 seconds repeatedly was compared to conventional stapler technique. 6 months post-op data were analyzed using SPSS 21; Pearson-Chi2 test, Independent t-test, Logistic regression (controlling pre-op haemorrhoid grade as confounder) with adjusted odd ratio (OR).

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.

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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.

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PAPILLARY THYROID CARCINOMA IN A 9-YEAR-OLD BOY: CASE REPORT

Chun Hoong Song[1], Zakaria Zahari[2], Mughni Bahari[2], T A Ong[1]

[1]Department of Surgery, Faculty of Medicine, University Malaya Medical Centre, Kuala Lumpur, Malaysia
[2]Department of Paediatric Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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 radio-iodine 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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PERIAPPENDICITIS VERSUS APPENDICITIS:GROSS APPEARANCE VERSUS HISTOPATHOLOGICAL

Dineshwary P, Tan K L, Afizah, Andre Das
Department of General Surgery, Hospital Kajang, Kajang, Malaysia

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 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.

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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 ovarion 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%

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

Tan K L, Sabrina B, Johann F K, Andre D
Department of Surgery, Hospital Kajang, Kajang, Malaysia

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

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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.

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SERUM PROCALCITONIN AS A PREDICTIVE MARKER FOR EARLY VENTRICULO-PERITONEAL SHUNT INFECTION. A PILOT OBSERVATIONAL STUDY

Ling L F, V Narayanan

Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

INTRODUCTION

Ventriculo-peritoneal(VP) shunt infections are a common and feared complication after a VP shunt insertion, with rates ranging from 5-15%. A shunt infection necessitates removal of shunt and long term antibiotics. An appropriate predictive marker with a high sensitivity and specificity to pick up infections prior to surgery would be very helpful in reducing the shunt infection rates. Serum procalcitonin has a high sensitivity in detecting infections among critically ill patients. We postulate that preoperative serum calcitonin levels may offer a sensitive predictive marker for early VP shunt infections

OBJECTIVE

The objective of this pilot study is to evaluate the predictive value of serum procalcitonin in detecting early VP shunt infections.

METHODS

Patients who underwent VP shunt insertion and fulfilled the inclusion criteria between June 2015 to December 2015 were prospectively recruited. Preoperative serum procalcitonin taken prior to and immediately post surgery. Patients were evaluated for signs and symptoms of surgical site infection and VP shunt infection, at 2 weeks and 3 months.

RESULTS

20 patients were recruited and followed up for 3 months. None of the patients had any shunt infection. 2 did have superficial SSI at 2 weeks and were treated with antibiotics. However their cerebrospinal fluid cultures were negative and shunt was kept in place.

DISCUSSION

Serum procalcitonin has shown high sensitivity and specificity in the detection of sepsis secondary to bacterial ventriculitis. Based on literature, we had estimated 1-3 VP shunt infections among our population of 20 patients. Unfortunately, we did not have any VP shunt infections so far. If we had found any, this would have allowed us to calculate the sensitivity and specificity of this method to identify potential problems. The sample population will need to be increased to have an effective rate of shunt infection. We hope with a larger population and longer follow up, to have an effective predictive rate.

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FIRST ENDOVASCULAR ANEURYSM SEALING (EVAS) IN MALAYSIA

S T Saw, W J Wong, B D K Leong

Vascular Surgery Unit, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia

INTRODUCTION

Abdominal Aortic Aneurysm (AAA) is recognized as a significant cause of morbidity and mortality. Endovascular Aneurysm Repair (EVAR) was developed to abate the risk, and EVAS is an evolution of this technique.

CASE REPORT

A 64 year old gentleman presented with a pulsatile abdominal mass for six months duration. Computed Tomography Angiogram (CTA) showed infra-renal AAA with size of 5.6cm, with a completely occluded right common iliac artery (CIA). Due to multiple co-morbidities, he was deemed unfit for open surgery. EVAS was performed in June 2015 at our centre. Aortography confirmed an occluded right CIA and a stenosed left CIA. The stenosis was plastied with an 8mm balloon, allowing access to the aorta. A 10x150mm stent was deployed distal from the origins of the renal artery up to the left CIA. The endobag was filled with approximately 900cc of bio-stable polymer. Our patient recovered well and was discharged on post-procedural day two. No endoleak or device migration was noted in CTA at 6 months post procedure.

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 occurance of endoleak.

CONCLUSION

The EVAS system shows promise as a safe and viable next-generation device for endovascular treatment of AAAs.

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PRIMITIVE NEUROECTODERMAL TUMOR – AN ENIGMA, BUT LETHAL NEVERTHELESS

Vishnu K, Aminuddin Abdul Rahman, Abdel Aziz
Department of Surgery, Kulim Hospital, Kedah, Malaysia

PURPOSE

To report a case of Primitive Neuroectodermal Tumor in a young adult and subsequent management

METHODS

Case report

RESULTS

A 27 year old Malay gentleman, with underlying Young Hypertension, presented with complaints of vomiting, diarrhoea and abdominal pain for duration of 5 days. He also had loss of appetite and unquantifiable loss of weight for about 3 months. Deranged renal profiles lead to ultrasound imaging which revealed a large heterogenous pelvic lesion with hydronephrosis due to the compression. A computed tomography imaging further revealed iliacus rhabdomyosarcoma with local infiltration to the iliac bone, urinary bladder, psoas muscle, distal 1/3 of the ureter, distal half of the IVC and lateral wall of the rectosigmoid colon. An ultrasound-guided biopsy was done and the HPE revealed Primitive Neuroectodermal Tumor. The patient was referred to Urology Department in Hospital Alor Setar due to worsening renal function, and he underwent bilateral nephrostomy tube insertion. Subsequently, patient further deteriorated and showed symptoms of multiorgan metastatic involvement. However, patient refused for any further interventions and opted for discharge against medical advice.

CONCLUSION

Primitive neuroectodermal tumors are a group of highly malignant tumors composed of small round cells of neuroectodermal origin that affect soft tissue and bone. Peripheral primitive neuroectodermal tumors exhibit great diversity in their clinical manifestations and are also classified as part of the Ewing family of tumors. Their incidence is not well defined but the annual incidence of tumors from the larger Ewing family of tumors is about 2.9 per million populations. The overall 5 year survival rate is about 53%. Since the rarity and aggression of the disease render an uphill struggle, the diagnosis and multidisciplinary management remains a subject of debate.

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A CASE OF LARGE DIVERTICULUM CAUSING VOLVULUS

Narayanan K, Maliza A, Syauki H
Department of General Surgery, Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

INTRODUCTION

The most common small bowel diverticulum is duodenal diverticulum, followed by Meckel's diverticulum. The most common clinical presentation is abdominal pain followed by gastrointestinal bleeding . However, among the Meckel's diverticula, gastrointestinal bleeding was the most common presentation

CASE REPORT

We present a case of a 3 year old boy who has been having constipation since 2 years of age.Child presented to us with continous moderate to severe colicky abdominal pain for one day and vomiting more than 10 times and unable to tolerate orally. On examination abdomen was soft and not distended. Abdominal x-ray showed dilated small intestine and per rectally the rectum was empty.

USG repeated twice showed presence of lymph nodes and no intussusception.We proceeded with laparotomy and findings was a large diverticulum measuring 14 cm in diameter located 30 cm from ileocecal junction and causing volvulus 2x.Limited right hemicolectomy was done and patient recovered well after procedure

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 corelation and careful assesment of patients condition must be done to determine whether an operation is required or not.

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TEMPORARY CATHETER FIRST PERFUSION VIA CARDIOPULMONARY BYPASS MACHINE IN PROXIMAL ARM REPLANTATION

Hamidah Mohd Zainal, Arman Zaharil Mat Saat, Wan Azman Wan Sulaiman

Reconstructive Science Unit, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia

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 techniques helps to reduce complication rates in upper limb replantation surgeries.

METHODS

A case of 31-year-old malay 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

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BASAL CELL CARCINOMA: A MOLE IN DISGUISE

AI Imran, S Abadi,F K Johann

Hospital Kajang, Selangor, Malaysia

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 biopdy of the tumor with covering rhomboid flap.

Intraoperatively, noted a cauliflower like pilonidal growth measuring about 5x4cm with stalk height of 1cm. Excised margin about 2cm 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.

RETROSPECTIVE ANALYSIS OF YOUNG-ONSET COLORECTAL CANCER IN HOSPITAL SELAYANG

Irfan M S[1], Ruhi F J[1,2], Fitjerald H[1]
[1]Hospital Selayang, Batu Caves, Selangor, Malaysia
[2]Universiti Sains Islam Malaysia, Selangor, Malaysia

INTRODUCTION

Colorectal cancer (CRC) incidence rates are increasing among population younger than 35 years of age, and these age group are not screened unless has a high risk.

OBJECTIVE

This is a retrospective analysis describing the demographic differences of young-onset colorectal cancer in a tertiary referral center.

METHODS

The data used for this study were derived from colorectal cancer database in Hospital Selayang since 2010. Only patient with age less than 35 years old were included into the study. Demographic information including age, gender, race, presenting symptoms, operation done, and the histopathological findings were recorded.

RESULT

Out of 743 colorectal cancer cases reported in Hospital Selayang since 2010 until 2015, only 13 were classified as young colorectal cancer. 61% cases were reported in 2015. Nine patients were male while the other four were female. Twelve are Malays while one is Indian. Mean age of diagnoses is 29 years old. Two were smokers. 84% presented with per rectal bleeding correlates with 76% of left sided tumor. 69% are sporadic cases. 30% of cases reported to have distant metastasis and 8%(n=1) has synchronous tumour at the time of diagnosis. 23% of patients have metachronous tumour during follow up. Mucinous adenocarcinoma only present in 15% of patients. 46% are Duke's C at initial presentation.

CONCLUSION

This study indentify the similarity of left sided predominance tumor between young and old age group. A larger population based study is needed in order to confirm the finding, hence early screening can be advocated among young patient.

LAPAROSCOPIC ASSISTED SUBTOTAL GASTRECTOMY WITH INDOCYANIDE GREEN GUIDED D2 LYMPHADENECTOMY – A CASE REPORT

Jeffery Lim Z K, Ling L F, Lau P C
University of Malaya, Kuala Lumpur, Malaysia

INTRODUCTION

In advanced gastric cancer(AGC), complete dissection of all draining lymph nodes is the most important determining factor in patient survival. Although D2 lymphadenectomy is the standard of care in laparoscopic gastrectomy, there are times when it is difficult to differentiate between fat and lymph node especially around stations 6, 8, 12 and 14v. Indocyanide Green (ICG) is an inert material that has been widely used in sentinel node navigation surgery for early gastric cancer (EGC). We describe our experience and technique of laparoscopic assisted subtotal gastrectomy with ICG guided D2 lymphadenectomy. To our knowledge, this is the first reported case of ICG guided D2 subtotal gastrectomy in Malaysia.

CASE REPORT

A 72 year old gentleman presented with a 3x3cm ulcer at the antrum. Tissue biopsy revealed a poorly differentiated adenocarcinoma. EUS demonstrated T3 N0 tumour. No distant metastasis was detected on CT scan. We proceeded with laparoscopic subtotal gastrectomy and ICG guided D2 lymphadenectomy.

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. 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.

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RECURRENT STABLE LOWER GASTROINTESTINAL BLEEDING WITH NEGATIVE PAN-ENDOSCOPY; A YEAR DILEMMA SOLVED BY A SINGLE CT SCAN

Asri Che Jusoh, Afiq Muizz Rasidi, Faiz Najmuddin Ghazi
Department of General Surgery, Kuala Krai Hospital, Kelantan, Malaysia

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

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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.

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

Nora Abdul Aziz, April Camilla Roslani
Colorectal Unit, University Malaya Medical Centre, Kuala Lumpur, Malaysia

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

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A SURGEON'S DILEMMA IN LEPTOSPIROSIS MIMICKING ACUTE PANCREATITIS

Serjitsjruup Kaur Judge, Dhiauddin Hai Ismail, Syahril Anuar Salauddin
Hospital Kuala Lipis, Pahang, Malaysia

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-morbids. 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 hypoalbumiaemia. 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

Hepato-Billiary System was performed and he underwent Endoscopic Retrograde Cholagio-Pacreatography 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.

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

M N Ong, K M Lew, Y J Cheong, Evelyn W X Ting, Bakri Bohari, P Kandasami

International Medical University, Clinical School, Seremban, Negeri Sembilan, Malaysia

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

instruments, knotting and suturing techniques. Basic surgical skills in suturing and knotting were assessed by direct observation (DOPS) by faculty blinded to their training using a checklist. Their perception to training and knowledge gained on basic surgical skills were assessed using questionnaires.

RESULTS

Results from DOPS shows no significant difference in evaluation of 2 groups. Feedback on perception to training shows that peer led group was more interactive and less intimidating. Both groups performed equally well in terms of knowledge.

CONCLUSION

PAL in basic surgical skills is as effective as faculty led. PAL in basic surgical skills can be formalized in the surgical curriculum.

ACUTE SEGMENTAL BOWEL ISCHAEMIA SECONDARY TO MESENTERIC VENOUS THROMBOSIS

Lola H, Zakry O Y, Mohd Razali I, Hanif H

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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

Kamal A[1], Luqman H M[1], W M W Atman[2], Faidzal O[1]

[1]Department of Surgery, Kulliyyah (Faculty) of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
[2]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

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-ileal and ileo-colic intussusceptions secondary to a huge polypoidal 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

A Yunus[1], M F Idris[2], Baharudin S[2], A Muhyiddin[1]

[1]Hospital Tengku Ampuan Afzan Kuantan, Pahang, Malaysia
[2]International Islamic University Malaysia

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

S Jamaris, See M H, Tan G H, Taib N A

University of Malaya, Kuala Lumpur, Malaysia

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

surgeons. 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.

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

A R Yusoff[1,2], M Suryati[1], M S Noor Afidah[3], M R Rizal[4], R Krishnan[1], S Harjit[1]

[1]Department of Hepatobiliary Surgery, Selayang Hospital, Selayang, Malaysia
[2]Faculty of Medicine, Universiti Teknologi MARA, Sg Buloh, Malaysia
[3]Department of Anatomic Pathology, Selayang Hospital, Selayang, Malaysia
[4]Department of Radiology, Selayang Hospital, Selayang, Malaysia

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 hemangiopericytoma.

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.

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

Dinesh F[1], N A Aziz[2]

[1]University of Malaya, Kuala Lumpur, Malaysia
[2]University Malaya Medical Centre, Kuala Lumpur, Malaysia

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

revealed severe hypothyroidism requiring urgent correction with IV Thyroxine as she was slipping into a myxedema coma , also requiring ICU admission. As the thyroid function improved , Madam X was booked for a laparotomy. A right Hemicolectomy and end ileostomy with a mucous fistula was done. Findings were General Peritonitis due to a perforated Terminal Ileum Adenocarcinoma , with 4 litres of purulent fluid intraperitoneally. Throughout the mentioned events that led up to the surgery , daily routine abdominal examination revealed no evidence of Peritonitis , and priority was given to the thyroid function stabilization .

CONCLUSION

Case demonstrates the diagnostic dilemmas encountered due to lack of clinical signs in a hypothyroid patient and the perilous decision making involving a laparotomy on a preoperatively obtunded patient.

AN ENCOUNTER WITH THE NECK OF SCYLLA . SIGMOID COLECTOMY FOR A VOLVULUS DONE IN THE ELECTIVE SETTING. A CASE REPORT

Dinesh F[1], N A Aziz[2], M A Ahamad[2]
[1]University of Malaya, Kuala Lumpur, Malaysia
[2]Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

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.

Discharged on the 4/4/2016.

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.

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

S Vythialingam, V K M Manoharadas, S Y Lim, S Y V Chew
International Medical University, Kuala Lumpur, Malaysia

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

of CRC, attitude and willingness to take screening test. Data was analysed using SPSS to determine the correlation between uptake and the factors affecting the uptake.

RESULTS

Majority of the respondents were females (72%), married (89%), nurses (48%) and between the ages 50-59 (52%). 15% of the respondents were screened with the highest uptake among the doctors (30%). 52% of HCW are willing to be screened while the rest cited sense of discomfort, embarrassment and fear of malignancy as reasons for not wanting to be screened. Significant associations were noted between the uptake of screening and occupation, concern with being diagnosed and self-perception of being at risk of malignancy.

DISCUSSION & CONCLUSION

Our study revealed a poor uptake of screening which reflects a poor understanding of the screening methods. Therefore, HCW must be equipped with sufficient knowledge and be prepared to undergo screening to create better awareness among the public. Their recommendation would exert a positive impact on screening behaviour.

JEJUNAL INTERPOSITION IN SHORT BOWEL SYNDROME IN ADULT: A NOVEL PROCEDURE FOR THE TREATMENT OF INTRACTABLE DIARRHOEA

J Y Soo, A Z Ahmad Al-Hafeez, J H Asraf, T Gee

Department of Surgery, University Putra Malaysia (UPM), Selangor, Malaysia

INTRODUCTION

Short Bowel Syndrome develops after the functional length of the small intestines is shortened resulting in malabsorption of water, electrolytes and nutrients. This condition is a result of massive resection of the small intestines due to bowel gangrene, malignancy, infectious or inflammatory diseases. The degree of malnutrition, electrolyte imbalance and dehydration largely depends on the functional residual length of the small intestines. Specialized dietary measures may improve the condition but many patients would eventually require supplementary parenteral nutrition. We report a procedure of anti-peristaltic jejunal interposition performed in a patient with short bowel syndrome.

CASE DESCRIPTION

A 70-year-old lady underwent an emergency laparotomy and massive ileal resection for intestinal obstruction due to a locally advanced carcinoma of the caecum one year ago. She developed an intractable diarrhea from the stoma following surgery with protein and energy malnutrition. Subsequently, she was diagnosed

with two synchronous carcinoma of the colon and underwent total colectomy. She remained cancer free for six months but lost considerable weight and had to be admitted numerous times to correct the malnutrition and dehydration.

Various dietary and pharmacological interventions had failed to reduce the stoma losses and a surgical option was finally discussed with her. Jejunal lengthening was not suitable due to the dense adhesions and bowel transplant was not an option for a cancer patient. An anti-peristaltic jejunal interposition was peformed successfully with a significant reduction of her stoma output and an improvement of the patient's nutritional status and hydration.

CONCLUSION

Anti-peristaltic jejunal interposition is a good option in the treatment of Short Bowel Syndrome with an intractable diarrhea.

IS PROPHYLACTIC CONTINUOUS INFUSION OF CALCIUM SOLUTION BETTER THAN BOLUS CALCIUM IN PREVENTING HYPOCALCEMIA AFTER TOTAL THYROIDECTOMY?

A Nor Safariny, M Hussain, M Siti Hartinie, Chang Bing Chi

Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

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.

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RESULTS

Sixty patients were recruited; 30 patients in group A and 30 patients in group B. The incidence of symptomatic hypocalcemia was higher in group A (8 patients versus 1 patient, p<0.026). Serum calcium at 12hour and 18hour post operation were significantly higher in group B. Serum calcium at 12hours in group A was 1.98±0.21mmol/l(mean±SD) and in group B was 2.14±0.15mmol/l,p<0.002. Serum calcium at 18hours in group A was 2.03±0.20mmol/l and in group B was 2.15±0.26mmol/l,p<0.049. There were no different in adverse effect of intravenous calcium and duration of hospital stay post operation.

CONCLUSION

Prophylactic treatment with intravenous bolus CalciumGluconate 1g in 20ml normal saline 8hourly for 24 hours is better than continuous CalciumGluconate infusion 3g in 500ml normal saline for 24hours in reducing the incidence of hypocalcemia after total thyroidectomy.

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MESENTERIC VEIN THROMBOSIS: WHAT LURKS BENEATH

Meryem I U[1], Aisyah A T[1], W M W Atman[2], Faidzal O[1]

[1]Department of Surgery, Kuliyyah (Faculty) of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
[2]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Acute abdomen is a common surgical complaint. Mesenteric vein thrombosis is however a rare cause of abdominal pain, typically associated with thrombophilia. The following describes a 36-year-old Malay gentleman with underlying bilateral lower limb lymphedema and recurrent right-sided pleural effusion of unknown cause. He presented with severe abdominal pain associated with vomiting, diarrhea and per rectal bleed. Exploratory laparotomy revealed bowel ischemia with thrombosis at the segmental branch of mesenteric veins. Mesenteric vein thrombosis is an uncommon cause of acute abdomen but the devastating outcome needs clinician to have a high index of suspicion when assessing underlying risk factors.

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ACCESSORY BREAST CANCER: CASE REPORT AND REVIEW OF THE LITERATURE

A Nor Safariny, M Hussain, M Siti Hartinie

Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

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

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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.

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RETROPERITONEAL SECONDARY DEPOSITS FROM MYXOID LIPOSARCOMA OF THE FOREARM: A CASE REPORT

Sohaib M D[1], Subhi S[1], Faidzal O[1], W M W Atman[2]

[1]Department of Surgery, Kulliyyah (Faculty) of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
[2]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Myxoid Liposarcoma is a rare soft tissue tumor. We present a case of 63 years old gentleman with abdominal distention and subsequent finding revealed retroperitoneal sarcoma. Further investigations confirmed a secondary deposit from primary myxoid liposarcoma of the right arm. The relevant literature review is to highlight the rarity of this condition.

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PERFORATED CECAL DIVERTICULITIS MIMICKING AN ACUTE APPENDICITIS: A CASE REPORT

Zaki S S[1], Sahel C H[1], M Salehudin C Z[2], O David[2]

[1]Department of Surgery, Kulliyyah (Faculty) of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
[2]Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

Acute appendicitis is a common surgical emergency. We present a 33-year old healthy woman with right iliac fossa pain suggestive of acute perforated appendicitis. However, operative finding revealed an inflamed mass protruding from the cecum and was removed by performing right hemicolectomy. Histology confirmed perforated cecal diverticulitis. The similar presentation of both diagnoses highlights the considerable diagnostic challenge in such case that can affect management and complications.

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REFUSAL FOR SURGICAL INTERVENTION IN INFLAMMATORY BOWEL DISEASE AT UNIVERSITY MALAYA MEDICAL CENTRE

Roslan, Khadijah, Samudram, Suman, Kumar, Sandip

University of Malaya, Kuala Lumpur, Malaysia

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

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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.

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A NEONATE WITH PERFORATED MECKEL'S DIVERTICULUM PRESENTING AS GROSS PNEUMOPERITONEUM; A CASE REPORT

Alia Maisyah A L[1], Zalikha K[1], Mohd Fauzi S[1], Faidzal O[2]

[1]Department of Surgery, Paediatric Surgical Unit, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia
[2]Department of Surgery, Kulliyah (Faculty) of Medicine. International Islamic University Malaysia, Kuantan, Pahang, Malaysia

Meckel's diverticulum occurs in about 2% of population. Among paediatric age group , it usually presents as gastrointestinal bleeding or perforation which results as a sequelae of inflammation. Less commonly, it may present as intussusception and volvulus.

We report a case of perforated Meckel's Diverticulum in a premature neonate. This is a case of a Malay baby boy, born at 34 weeks premature via spontaneous vertex delivery with birth weight of 1.85kg and good APGAR 9/10. He was admitted after birth for prematurity and presumed sepsis, as mother was diagnosed as GBS positive. At day 3 of life, he was noted to have abdominal distension and had brownish vomitus. Abdominal X-ray showed gross pneumoperitoneum. Emergency Laparotomy done revealed meconium contamination upon entering peritoneum

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and a perforated Meckel's diverticulum about 4cm from the ileocaecal junction which adhered to the retroperitoneal wall. Post operatively, child nursed in NICU and feeding was established at day 4 of surger. Histopathology of the resected Meckel's shows the submucosa is infiltrated by lymphocytes with no dysplasia, heterotopia or malignancy.

Based on literature, there are various causes that lead to perforation of Meckel's diverticulum. Among the causes include a congenital focal muscular defect in the diverticulum, accompanied by an increase in intraluminal pressure due to bowel movement from feeding after birth, resulting in perforation. Other causes range from acute inflammation with or without ectopic mucosa and spontaneous perforation. We speculate that, our patient's cause for Meckel's perforation is an acute inflammation without ectopic mucosa with a background of prematurity and sepsis.

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THE USE OF INDOCYANINE GREEN IN COLORECTAL CANCER SURGERIES IN UMMC – AN EARLY EXPERIENCE

Roslan, Khadijah, Abd Aziz, Nora, Poh, K S, Roslani, April Camilla

University of Malaya, Kuala Lumpur, Malaysia

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

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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.

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REVIEW ON DIEP FLAP FOR BREAST RECONSTRUCTION

Hamidah Mohd Zainal, Arman Zaharil Mat Saat, Wan Azman Wan Sulaiman

Reconstructive Science Unit, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia

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.

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INCIDENTAL ECTOPIC PAPILLARY THYROID CANCER

A Nor Safariny, B Anita

Hospital Putrajaya, Putrajaya, Malaysia

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.

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RETROSPECTIVE ANALYSIS OF ADJUVANT THERAPY IN DUKE'S B COLORECTAL CANCER : AN ELEPHANT IN THE ROOM

Ruhi Fadzlyana Jailani[1,2], Loh Soon Kang[1], Roshini Maheson[1], M Afiq M Fahimy[1], Fitjerald Henry[1]

[1]Hospital Selayang, Selangor, Malaysia
[2]Universiti Sains Islam Malaysia, Kuala Lumpur, Malaysia

INTRODUCTION

The use of adjuvant treatment for Duke C colorectal carcinoma has been a standard of care for all colorectal cancer patients. More questionable is the role of adjuvant treatment in Duke's B colorectal cancer, for whom the standard of care is surgical resection alone.

OBJECTIVES

To identify the subgroup of patients whom were given adjuvant treatment in a tertiary center.

MATERIALS AND METHODS

A retrospective review of Hospital Selayang colorectal cancer database which encompasses of 743 cases. Data from 2010 to 2015 were collected including demography, site, histopathology, treatment and tumor recurrence.

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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.

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STRUCTURED SURGICAL TRAINING IMPROVES SURGICAL HAND DEXTERITY – AN OBJECTIVE ASSESSMENT WITH THE GROOVED PEGBOARD TEST

K K Seevalingam, Veeramuthu V, Narayanan V
Department of Surgery, University of Malaya, Kuala Lumpur, Malaysia

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.

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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 reflected 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.

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EPIDEMIOLOGIC REVIEW ON INCIDENCES AND TYPES OF EMERGENCY PRESENTATION OF CRC PATIENTS TO UNIVERSITY MALAYA FROM 2011-2014

D Y Ling, K K Seevalingam, N A Aziz, AC Roslani
University of Malaya, Kuala Lumpur, Malaysia

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%.

CONCLUSION

Demographic profile of CRC patients in UMMC presenting during an emergency setting should alert the attending medical personal of the underlying medical condition. There is no statistically significant correlation between age, sex and type of presentation noted.

REVISIONAL LAPAROSCOPIC BARIATRIC SURGERY: A RETROSPECTIVE REVIEW

Nur Suriyana Abd Ghani, Nik Ritza Kosai Nik Mahmood, Mustafa M Taher, Reynu Rajan

University Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Bariatric surgery has proven its importance in this new era, especially in the treatment of Type II Diabetes Mellitus. It is practiced on a regular basis at our centre, and over time, some requires revisional surgery. In our small series, the indications for revisions are inadequate weight loss, unresolved comorbidities, weight regain, technical complications and loss of quality of life. We retrospectively reviewed our database from March 2013 until March 2016 and there is a total of 10 patients that underwent revisional laparoscopic Roux-en-Y gastric bypass and gastric plication. We report the demographic, anthropometric, perioperative and follow up data for these patients.

ANAL SQUAMOUS CELL CARCINOMA AFTER STAPLED HAEMORRHOIDOPEXY

W N Tan[1], C H Chan[2], M Fadli[1]

[1]Hospital Pulau Pinang, Pulau Pinang, Penang, Malaysia
[2]Hospital Taiping, Perak, Malaysia

INTRODUCTION

Anal squamous cell carcinoma (SCC) is rare malignancy, reports less than 2% of gastrointestinal cancer. It common occurs in patients within 60-70 age group. However, it can occur in young adult age group especially for those who is immunocompromised. Anal SSC is frequently associated with human papilloma virus (HPV) infection. Patients usually present with bleeding, mass or pain.

CASE REPORT

56-year-old man, presented with anal pain and per rectal bleeding. He has history of prolapsed pile 4 years ago and underwent stapled haemorrhoidopexy. Post operation, he started to experience anal pain so he was scheduled for examination under aneasthesia which found few loosened and extruding stapler pins on the anal mucosa. These pins irritated the anal mucosa and caused the anal pain so these pins had been removed. However, he still complained of anal pain occasionally. Thus, he was referred to our center. Clinical examination and colonoscopy found there is a lower rectal ulcer with contact bleeding, just above the stapled line. Biopsy was taken and showed poorly differentiated squamous cell carcinoma. Subsequently, endo-anal ultrasound found the ulcer extended into muscular propria layer. He was scheduled for concomitant chemo-radiotherapy.

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SUMMARY

The cause of anal cancer is multifactorial. Virchow postulated that there is 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.

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OUTCOME OF BURNS PATIENTS FOLLOWING INTENSIVE NUTRITION INTERVENTION: A FIVE-YEAR RETROSPECTIVE REVIEW OF A BURNS UNIT IN A TERTIARY HOSPITAL

J Y Soo, M N Farah Nadrah, T Gee
Department of Surgery, Universiti Putra Malaysia, Selangor, Malaysia

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

Eighty-seven patients were included in the study. 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.

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METABOLIC SURGERY FOR A NORMAL WEIGHT DIABETIC WITH INSULIN ALLERGY

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

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.

LAPAROSCOPIC INTRAGASTRIC TRANSPYLORIC RESECTION OF DUODENAL TUMOUR; A TECHNICAL REPORT

Radzi Mohtar, Peng Choong Lau
UGI Unit, Division of General Surgery, Department of Surgery, University of Malaya, Kuala Lumpur, Malaysia

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INTRODUCTION

First described in 1995, intragastric lapasroscopic surgery offers an alternative minimally invasive intervention for benign or pre-cancerous lesions which are not amendable to endoscopic removal. Since its introduction, various tactical innovations and technological developments have taken place, allowing more complex procedures to be performed.

OBJECTIVE

We report our experience with laparoscopic intragastric transpyloric resection of submucosal duodenal (D1) tumour of a 64 year-old male who presented with upper gastrointestinal bleed. Initial OGDS showed huge D1 pedunculated polyp with bleeding ulcerated surface. EUS indicated that it is arising from the submucosal layer and staging CT showed no nodal or distant metastases.

METHOD

Surgery was performed using the French-position laparoscopic setup. Following endoscopic examination, three intragastric balloon ports was inserted along the greater curvature laparoscopically. The stomach was then insufflated with CO2. D1 pedunculated tumour was pulled into the pyloric antrum, stapled resection across the tumour base was performed under vision and specimen was retrieved with endobag. Gastrotomy was repaired with continuous vicryl 3/0. No drain was placed.

RESULTS

Procedure was performed successfully with no major perioperative complications observed. Histopathological examination of specimen was consistent with benign Brunner's glands adenoma. Postoperatively, patient experienced less pain and was allowed early enteral feeding. He was discharged well on postoperative Day-3.

CONCLUSION

Laparoscopic intragastric surgery allows direct visualization of lesions and can be performed safely even for D1 tumour. Multiports technique used allows good triangulation and optimal usage of laparoscopic instruments. Transpyloric resection preserves the function of the pylorus as opposed to doing a pyloroduodenotomy to access the lesion. Overall, it results in less perioperative pain and complications, faster recovery and shorter hospital stay.

A NOVEL TECHNIQUE IN TOTAL EXTRA-PERITONEAL (TEP) APPROACH FOR LAPAROSCOPIC INGUINAL HERNIA REPAIR USING THE SPACE CREATION WITH OPTICAL ENTRY (SCOPE) TECHNIQUE

A R A Andy, S Y Lim, Suriyana, C W Yong, S L Siow, T Gee
University Putra Malaysia, Serdang, Selangor, Malaysia

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BACKGROUND

The use of laparoscopy in general surgery has exponentially increased in the last few years. Not surprisingly, the laparoscopic technique in the repair of inguinal hernia is also gaining popularity. There are two main types of laparoscopic inguinal hernia repair which is the total extra peritoneal (TEP) approach and the transabdominal pre-peritoneal repair. We describe a novel technique in TEP approach using the Space Creation with Optical Entry (SCOPE) Technique.

METHODS

A multicentre study performed between January 2013 till December 2015. Data were prospectively collected from patients who underwent laparoscopic TEP repair for inguinal hernia, empolying a new technique coined as SCOPE. A skin incision is made followed by a visualised entry using an optical trocar. The trocar is then tunneled inferior to the rectus muscle and subsequently until the pubic symphysis is seen. 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.

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STAPLELESS BANDED SLEEVE GASTRECTOMY IN A PATIENT WITH TITANIUM ALLERGY

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

INTRODUCTION

Laparoscopic sleeve gastrectomy is performed using staplers which staple and divide the greater curvature of the stomach. Staplers are typically made of titanium, a relatively inert and durable metal.We report a case of stapleless banded sleeve gastrectomy due to an allergy of the patient towards titanium. The diagnosis of titanium allergy has been established by intradermal testing.

CASE DESCRIPTION

A 38-year-old man of Indian ethnicity with a BMI of 56 and underlying diabetes mellitus and hypertension presented to the bariatric clinic in June 2015. He is a medical doctor himslef and has tried various ways to lose weight, which includes the use of appetite suppressants, biguanide oral hypoglycaemic agent and exercise. Despite 2 years of lifestyle changes, he was unable to successfully lose significant weight. He became more convicted that he needed to undergo bariatric surgery after speaking to some of his colleagues who have undergone the procedure.

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Unfortunately, he has a confirmed titanium allergy and was given the option of either undergoing adjustable gastric banding, gastric plication, banded plication or stapleless sleeve gastrectomy. He was informed that stapleless sleeve gastrectomy is still an investigative procedure and may risk a leak from the sutured site. After considering all the options, he opted to undergo a stapleless banded sleeve gastrectomy. He has so far lost 25% of his excess weight in 3 months with resolution of his T2DM without the need of oral hypoglycaemics agents. He has re-started his anti-hypertensive medication after an initial resolution of hypertension.

CONCLUSION

Stapleless sleeve gastrectomy is a feasible technique as an alternative to the stapled procedure and produces similar early results for weight loss and resolution of T2DM in a super obese patient.

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SMALL BOWEL LYMPHOMA IN A GOUT PATIENT: A CASE REPORT

Sharmaine Marie Povananthiran[1], Ainilhayat A Rahman[1], Aishah Md Salleh[1], Hanizah Khairan[2]
[1]Hospital Enche Besar, Hajjah Khalsom, Kluang, Johor, Malaysia
[2]Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

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 tophy. 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).

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As gout is a common disease, adequeate treatment of the disease and routine screening should be perfomed 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.

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LAPAROSCOPIC MANAGEMENT OF A VOLVULUS SECONDARY TO MIDGUT MALROTATION IN AN ADULT WITH AN INCIDENTAL MECKEL'S DIVERTICULUM: A CASE REPORT

S Y Lim, L M Lee, T Gee
Department of Surgery, Universiti Putra Malaysia, Serdang, Malaysia

INTRODUCTION

Volvulus is the twisting of the intestine around the axis of its mesentery resulting in ischaemia and eventual gangrene. Amongst the paediatric population, volvulus is commonly due to midgut malrotation. However, this is a rare etiology of volvulus among adults. Unlike in the paediatric population, midgut malrotation in an adult does not typically present with bilious vomiting. The symptoms are often non-specific and commonly manifest as chronic abdominal pain which may be mistakenly diagnosed as acute gastritis or cholecystitis.

CASE DESCRIPTION

A 25-year-old man presented with a sudden episode of abdominal pain, distension and vomiting. Abdominal X-ray and CT scan revealed dilated small bowel and a high location of the vermiform appendix. There was ascites but no pneumoperitoneum. A diagnostic laparoscopy was then performed. The small intestine was grossly distended until the distal ileum, where the ileum was twisted along its mesenteric axis several times. The terminal 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.

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"INDEED – SCHYLLA VS CHARYBIS : WHICH IS THE FAIRER MONSTER?"

NE Noor Shaari[1], Rohaizak M[2]
[1]Universiti Teknologi MARA (UiTM), Sg Buloh, Selangor, Malaysia
[2]University 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.

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.

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LAPAROSCOPIC BARIATRIC SURGERY FROM A SINGLE INSTITUTION IN MALAYSIA: FIRST SERIES OF 500 CASES

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

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 duodenojejunal bypass (SADJB) 7 patients (1.5%), mini gastric bypass (MGB) 2 patients (0.5%) and revisional surgery 28 patients (6%). The mean follow-up period was 22.6 months with a 76% retention. The overall excess weight loss was 74.5%, and mean remission rate for diabetes mellitus was 89%. Temporary hair loss (16%) was the commonest complaint, and two patients had reversible nutritional related complications. There was a total of 5 stapler leaks and two related deaths.

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

Shi Hun Tan, Ismail Abdul Sattar Burud, Shi Lin Lau, Anette Hove
International Medical University, Kuala Lumpur, Malaysia

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 predisposes 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.

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TRAUMATIC DUODENAL PERFORMATION: AN INJURY WITH HIGH MORBIDITY

Hafizzudin M M T[1], Salleh M S[1], Azizah A R[2]

[1]Department of General Surgery, [2]Department of Radiology,
Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia

Duodenal injury is rare and account for 3-5% of all intra-abdominal injury. Even though there are a lot of advances in the computed tomography as a diagnostic tool, preoperative diagnosis of duodenal perforation is still difficult most of the times. The first part of the duodenum is the least commonly involved, whereas the most commonly afflicted site is the second part. We would like to highlight two cases of traumatic duodenal perforation following alleged motor vehicle accident that were managed in our centre.

The first case was a 64-year-old gentleman who presented with generalized abdominal pain. A CT scan revealed pneumoperitenoum, liver laceration and hematoma at the neck of pancreas. The patient was subjected to exploratory laparotomy which revealed tear at the anterior wall with underlying chronic ulceration of the first part of duodenum and partial transection of the body of pancreas without pancreatic duct disruption. Primary duodenal repair with gastro-jejunostomy were done. He was subjected to second laparotomy for duodenal leak secondary to suture disruption. The repair was done in two layer after Kocherisation and release of adhesion secondary to chronic ulceration. His recovery was smooth up to the seventh day of post-operative period when he developed another leak. He was treated conservatively.

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The second case was a 32-year-old man who was referred after one day of admission with generalized abdominal pain and signs of peritonitis. He was subjected to laparotomy which revealed partial transection of the second part with moderate contamination. Primary repair with gastro-jejunostomy and pyloric exclusion were carried out. His recovery was complicated with wound dehiscence but was finally discharged home.

Surgical intervention remains the primary approach in managing traumatic duodenal perforation. Early and effective management, that can help to reduce morbidity and mortality, however cannot be implemented unless diagnostic difficulty is resolved.

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ASSESSING RISK OF BREAST MALIGNANCY AMONG ASYMPTOMATIC WOMEN IN MALAYSIA USING ELECTRICAL IMPEDANCE TOMOGRAPHY : A PRELIMINARY RESULT

Chua P W, Ang X L, Joey Soon J Y, Lim S N, Ng J X, Tee W Q, Wee X A

Faculty of Medicine and Health Sciences, Universiti Putra Malaysia,
Serdang, Selangor, Malaysia

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.

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MATERIALS AND METHODS

This cross-sectional study was conducted in a primary suburban healthcare centre in Sepang, Selangor among asymptomatic Malaysian women aged 21 years and above via systematic random sampling. EIT was used to obtain the data from the participants.

DISCUSSION

A total of 102 respondents were recruited with a mean age of 37.19 years old. There were 2.0% of respondents who were categorised as BI-RADS 3 and above, which posed an increased risk of breast malignancy. In comparison, using the MMG, a slightly higher percentage (6.8%) of respondents had an increased risk of breast malignancy. This was probably due to the higher sensitivity and specificity of the MMG compared to the EIT.

CONCLUSION

The differences in the findings above was small, thus the EIT showed promise as an adjunct modality for breast cancer screening. However, further research was still required to support our findings.

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THYROID ANGIOSARCOMA

M.Vimleswari, Chong Hoong Weng, Rizal Asidi
Hospital Seri Manjung, Perak, 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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USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) IS ASSOCIATED WITH DELAYS IN PRESENTATION AND DIAGNOSIS OF BREAST CANCER. A CROSS-SECTIONAL STUDY IN PUBLIC HOSPITALS IN MALAYSIA

Noor Mastura Mujar[3], Maznah Dahlui[1], Nor Aina Emran[4], Imisairi Abdul Hadi[4], Ang Leng Peow[4], Sarojah Arulanantham[4], Chea Chan Hooi[4], Nur Aishah Taib[2]
[1]Department of Social & Preventive Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
[2]Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
[3]Cluster of Healthy Lifestyle, Advanced Medical and Dental Institute, University Science of Malaysia, Penang, Malaysia
[4]Ministry of Health, Malaysia

INTRODUCTION

Complementary and alternative medicine (CAM) is widely used among the breast cancer patients in Malaysia but the impact on time to presentation, diagnosis and treatment in breast cancer was unclear.

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OBJECTIVES

The purpose of this study was to evaluate whether the use of CAM among the breast cancer patients is associated with delays in presentation, diagnosis and treatment of breast cancer.

METHODS

A multicenter cross-sectional study was conducted at six public hospitals in Malaysia. All newly diagnosed breast cancer patients from 1st January to 31st December 2012 were recruited. Data were collected through medical record review and interview by using a structured questionnaire. Complementary and alternative medicine (CAM) was defined as use of any therapy using methods and products not included in conventional modern medicine. Presentation delay was defined as time taken from symptoms discovery to first presentation of more than 3 months. Diagnosis delay was defined as time taken from first presentation to diagnosis disclosure of more than 1 month. Meanwhile, treatment delay was defined as time taken from diagnosis disclosure to initial treatment of more than 1 month. Multiple logistic regression was used for analysis.

RESULTS

A total number of 340 patients participated in this study. The prevalence of CAM use was 46.5% (n=158). CAM use is seen mainly in Malays, low educational status, has family history of breast cancer, did not interpret symptom as cancerous and diagnosed at late stage disease. CAM use was associated with delays in presentation (OR 1.65; 95% CI: 1.05, 2.59), diagnosis

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(OR 2.42; 95% CI: 1.56, 3.77) and treatment (OR 1.74; 95% CI: 1.11, 2.72) of breast cancer. However, after adjusted with other co-variates, CAM use was only associated with delays in presentation (OR 1.76; 95% CI: 1.07, 2.91) and diagnosis (OR 2.59; 95% CI: 1.59, 4.22) but not for treatment.

CONCLUSIONS

Findings indicate that CAM use was prevalent among the breast cancer patients in Malaysia. Use of CAM resulted in delays in presentation and diagnosis among the breast cancer patients. Attention should be given to CAM users because delays in breast cancer are barriers to better prognosis and survival.

VALIDATION OF THE 9-ITEM SHARED DECISION MAKING QUESTIONNAIRE (SDM-Q-9) IN BREAST CANCER PATIENTS MAKING TREATMENT DECISION

Bairave Sambagam[1], Ng Chirk Jenn[1], Nur Aishah Mohd Taib[2], Karuthan Chinna[3]

[1]Department of Primary Care Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
[2]Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
[3]Department of Social and Preventive Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

BACKGROUND

Shared Decision Making (SDM) promotes patients' involvement in their own treatment decision-making for better health outcomes. SDM-Q-9 has been developed to measure the level of SDM and it has shown good validity and reliability in German, Spanish and Dutch. However, the validity is not transferable across population divided by patient values, cultural and healthcare system differences.

OBJECTIVE

To translate and adapt the 9-item Shared Decision Making Questionnaire (SDM-Q-9) and assess the reliability and validity of the English, Malay and Chinese SDM-Q-9.

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,

Item 1 and 9 in all three versions were highly correlated with other items in the construct hence were dropped. The final model with 7 items showed acceptable model fit.

CONCLUSION

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.

INDOCYANINE GREEN (ICG) ENHANCED FLUORESCENCE-GUIDED LAPAROSCOPIC CHOLECYSTECTOMY

Kamarajan Ramayah, Boon Koon Yoong, Peng Soon Koh

HPB Unit, Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

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 used 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-yer-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

a 10mm 30-degree laparoscope that is equipped with a specific filter to detect near infrared (NIR) fluorescence and standard white light. The standard laparoscopic cholecystectomy was performed. Prior to Calot's dissection, the NIR filter was switched on. Under this filter the biliary anatomy was identified with ease due to the illumination of the ICG when exposed to NIR light. Dissection of the Calot's triangle was then performed and the cystic duct and artery was identified. The NIR filter was applied again to identify the common bile duct (CBD) prior to ligating and transecting the cystic duct and artery. Following that, the gallbladder was removed using hook diathermy. Post-operative recovery was uneventful and he was discharged the next day.

CONCLUSION

ICG-enhanced fluorescence guided laparoscopic cholecystectomy is a useful tool to identify biliary anatomy, it may reduce rate of biliary injury especially in the present of difficult surgery and anatomical variant.

THE EFFECT OF PRE-OPERATIVE SUPPLEMETATION OF OMEGA-3 POLY UNSATURATED FATTY ACID VERSUS VERY LOW-CALORIE DIETARY RESTRICTION IN HEPATIC VOLUME PRIOR TO BARIATRIC SURGERY : A RANDOMISED CONTROLLED TRIAL IN OBESE MALAYSIAN POPULATION

Kosai N R, Zainal ZA, Reynu R, Mustafa M T

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

INTRODUCTION

There is a higher prevalence of non-alcoholic fatty liver disease (NAFLD) among the morbidly obese population. These patients are prone to non-alcoholic steato hepatitis (NASH) and liver cirrhosis in the long run. A large liver could also contribute to intraoperative challenges during bariatric surgery especially when trying to dissect around the fundus and gastroesophageal junction. Numerous studies advocate the use of either Omega-3 Polyunsaturated Fatty Acids (PUFA) supplementation without dietary restrictions or very low calorie diet (VLCD) to reduce hepatic fat deposition and subsequently hepatic volume. Our study aims to evaluate both methods and determine superiority between the two in our population.

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.

PRELIMINARY RESULT – THE EFFECT OF CRURA REINFORCEMENT ON GASTRO-OESOPHAGEAL REFLUX DISEASE SCORE POST LAPAROSCOPIC SLEEVE GASTRECTOMY – A RANDOMISED CONTROL TRIAL

N R Kosai[1], C A Mohd Firdaus[1,2], R Reynu[1], Mustafa M Taher[1]

[1]Minimally Invasive, Upper Gastro-Intestinal & Bariatric Surgery Unit,Department of General Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Cheras, Kuala Lumpur, Malaysia

[2]General Surgery Unit, Surgical Cluster, Faculty of Medicine, Universiti Teknologi MARA, Sg Buloh, Selangor, Malaysia

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.

REMISSION OF TYPE 2 DIABETES MELLITUS FOLLOWING LAPAROSCOPIC BARIATRIC SURGERY IN MORBIDLY OBESE MALAYSIANS: A RANDOMISED CONTROLLED TRIAL

Kosai N R, Reynu R, Mustafa M T

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

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 it's 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

system is a simple and valuable tool that can be applied during pre-operative counseling to prognosticate the chance of DM remission, without discounting the importance of positive lifestyle change and healthy dietary modification that is required following any bariatric procedure.

THE UTILITY OF SERUM BIOMARKERS IN DIAGNOSING PRE-MALIGNANT LESIONS IN THE STOMACH

N R Kosai[2], H L Tan[1], C S Ngiu[1], J Naidu[1], R Abdul Rani[1], I M Rose[3], M T Azmi[4], R A Raja Ali[1]

[1]Gastroenterology Unit, Department of Internal Medicine, National University of Malaysia Medical Centre, Kuala Lumpur, Malaysia
[2]Department of Surgery, National University of Malaysia Medical Centre, Kuala Lumpur, Malaysia
[3]Department of Pathology, National University of Malaysia Medical Centre, Kuala Lumpur, Malaysia
[4]Department of Community Health, National University of Malaysia Medical Centre, Kuala Lumpur, Malaysia

INTRODUCTION

Chronic atrophic gastritis (CAG) and intestinal metaplasia (IM) are pre-malignant lesions in the stomach, which can progress to intestinal-type gastric adenocarcinoma. The utility of serum biomarkers in diagnosing these lesions is an attractive alternative to oesophageal-gastro-duodenoscope (OGD) with histopathology examination of the gastric mucosa biopsy as it is non-invasive and provides consistent results.

OBJECTIVE

To determine the sensitivity and specificity of serum pepsinogen I (PG I), serum pepsinogen II (PG II), Ratio of serum pepsinogen I to pepsinogen II (PG I/II ratio) and serum gastrin-17 (G-17) level 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.

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THE EFFECTS OF BARIATRIC SURGERY ON SERUM RENIN-ALDOSTERONE, SYSTOLIC BLOOD PRESSURE AND EXCESS WEIGHT LOSS : A PROSPECTIVE STUDY IN OBESE MALAYSIAN POPULATION

Kosai N R, Hilal Z, Reynu R, Mustafa M T

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

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 it's 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 laparascopic sleeve gastrectomy (LSG) and 3 patients underwent laparascopic 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.

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