Oral Presentation – 01

A closer look at lethal cases of dengue fever

Bodinayake CK¹, Singhapura SDAL², Ruchiranga SKL², Karunatilake KP³
¹Senior Lecturer, ²Demonstrator, Department of Medicine, Faculty of Medicine, University of Ruhuna, Galle.
³Senior Registrar, Professorial Medical Unit, Teaching Hospital, Karapitiya, Galle.

Introduction

Dengue has become a serious health hazard in Sri Lanka. In 2009 from April to the end of June it caused 156 deaths.

Method

All deaths due to dengue recorded at Teaching Hospital, Karapitiya during a period of 3 months from April to June, 2009 were studied retrospectively using a questionnaire.

Results

Eight deaths were recorded during the study period. Age range was from 6-55 years. Two were below 12. Five admitted between second and fifth day of fever. Four had both IgG and IgM for dengue while one had only IgM. Three had no test results. Five had evidence of plasma leak on admission. Five had white cell count above 12,000/mm³ on admission and throughout the illness where the counts progressively rose to 20,000/mm³ or more. Two had initial normal white cell counts which rose up to 20,000/mm³ during the course of illness while one had a normal white cell count. All had bleeding manifestations and all except one had bleeding on admission. All had low platelet counts; five had the lowest counts around 10,000/mm³ while three had counts above 30,000/mm³. Among these three two had additional medical problems. Six had elevated transaminases; five had levels above 2,500 IU/L. Two had no record of transaminases. Three had renal failure. All received blood and blood products. Five were admitted to ICU on arrival or within first two days.

Conclusions

In this series, elevated or rising white cell counts, grossly elevated transaminases, bleeding and plasma leak were consistently present among all lethal cases. Such features should alert the physician as poor prognostic signs in the current epidemic.

Oral Presentation – 02

Causes of delay in care seeking in patients with stroke admitted to Teaching Hospital, Galle

Pathirana KD¹, Karunatilake KP², Ruchiranga SKL³, Singhapura SDAL³
¹Consultant Neurologist, ²Senior Registrar in Medicine, ³Demonstrators, Clinical Neuroscience Centre, Department of Medicine, Faculty of Medicine, Galle.

Introduction

One main obstacle for widespread use of thrombolytic therapy for patients with stroke is the delay in care seeking. We studied the possible causes for delays in care seeking in patients with stroke.
Method

Patients with stroke admitted to Teaching Hospital, Galle (THG) from March 2009 to June 2009 were included. Personal data, time of first symptom, time taken to seek care at primary care or THG, mode of transport and answers to the questions on stroke were collected from stroke victims or family members using a pre-tested, investigator administered questionnaire.

Results

Ninety six patients were included in the study. Their age ranged from 37-91 years. Thirty five (35.5%) were below 60 years. Sixty one (63.5%) were males. Average delay was 29 hours and 15 min. Twenty two (22.9%) had come within 2.5 hrs, 27 (28.1%) within 3 hrs and 34 (35.4%) within 4.5 hrs. Sixty two (64.5%) came after 4.5 hours. Primary care giver was General Practitioner in 21 (21.8%) and local hospital in 67 (69.7%). The mode of transport to THG were: private transport - 11 (11.4%), public transport - 4 (4.1%), taxi - 77 (80.2%), paid private vehicle- 8 (8.3%), ambulance - 25 (20.04%).

Reasons for delay were as follows: ignorance of symptoms - 67 (69.7%), denial - 36 (37.5%), ignorance of urgency - 39 (40.6%), being alone - 11 (11.4%), disability or unconsciousness - 14 (14.5%), poor transport - 7 (7.29%), family commitments - 2 (2.08%), alternative medicine - 2 (2.08%). Subgroup with good knowledge (Score >11/22) had a mean delay of 12.6 hours while one with poor knowledge (Score ≤11/22) had a mean delay of 44.2 hours (p<0.01).

Conclusion

Only 35% of patients had come to the tertiary care centre within 4.5 hours. The most important reason for the delay appears to be poor knowledge and other factors associated with it. Lack of efficient emergency ambulance service and seeking care at other centres may also be contributory.

Oral Presentation – 03

Diabetic care provided at a diabetes clinic at the largest tertiary care hospital in Southern Sri Lanka; an audit

Sandini Wijeweera1, Chaminda Hettige1, Ragunathan MK2

1Registrar in Medicine, 2Consultant Physician, Teaching Hospital, Karapitiya, Galle.

Diabetes mellitus is a chronic metabolic disorder of intermediary metabolism. Diabetic patients develop many complications due to the uncontrolled hyperglycemia and associated cardio-metabolic risk. In Sri Lanka, National Guidelines for the management of diabetes mellitus were formulated by a panel of local experts and published in 2007 through a WHO funded program. In this audit, we planned to assess, to which extent these guidelines are followed and where the deviations occurred at our clinic setup. Data were collected from 100 patients using an investigator administered questionnaire and by review of notes. Data were collected from March to May 2009.

Of the patients who participated in the audit, more than 70% of patients met audit standards in blood glucose monitoring, blood pressure monitoring and retinopathy screening while only 11% and 7% met audit standards in foot care monitoring and neuropathy screening, respectively.
Oral Presentation – 04

Dengue fever: a look through the current epidemic

Bodinayake CK1, Singhapura SDAL2, Ruchiranga SKL2, Karunatilake KP3

1Senior Lecturer, 1Demonstrator, Department of Medicine, Faculty of Medicine, University of Ruhuna, Galle. 1Senior Registrar in Medicine, Professorial Medical Unit, Teaching Hospital, Karapitiya, Galle.

Background

Since April 2009 the incidence of dengue is steadily rising. In this year 13,692 cases and 156 deaths were reported by the end of June. These are the highest figure reported in Sri Lanka.

Methods

Data regarding all adult cases of dengue admitted to Teaching Hospital, Karapitiya from 01.06.2008 to 30.06.2009 were recorded using a questionnaire.

Results

Out of 71 suspected cases of dengue, 39 (54.9%) were confirmed. Twenty seven were positive for both IgG and IgM. Forty two were males and 29 were females. Age ranged from 14-69 years, majority being 20-30.

Thirty seven admitted on the 3rd or 4th day of fever. Sixty nine (97.1%) had headache, arthralgia, myalgia, vomiting or abdominal pain alone or in combination. Eleven had respiratory symptoms. Seven had productive cough and rhinitis while four had asthma. Eighteen (25.3%) had bleeding, commonest being gum bleeding 7 (9.8%). Twenty (28.1%) had pleural effusions, 9 (12.6%) had ascites and 17 (23.9%) had postural drop of 20 mmHg or more.

Ten had white cell counts of less than 3000/mm³ on admission. Thirty eight had white cell count of less than 4000/mm³ at some stage during the illness. Transaminases were elevated more than twice the normal in all patients in whom it was measured (22 patients). Fifteen had elevations above five times. Forty five (63.3%) had platelets below 100,000/mm³ on admission. Seven (9.85%) had counts below 10,000/mm³ at some stage. Forty (56.3%) were discharged when platelets were above 100,000/mm³.

Twenty five (35.2%) received platelets, five received plasma while two needed blood. All survived except one who died of extensive bleeding and shock. Majority (54, 76.05%) had a hospital stay of 3-7 days.

Conclusion

Present data confirms the previously documented presenting clinical features and laboratory findings in dengue fever.
Oral Presentation – 05

Erythema nodosum as the presenting sign of extrapulmonary tuberculosis

Lakmali KN¹, Hettige C², Ragunathan MK³

¹Intern Medical Officer, ²Registrar in Medicine, ³Consultant Physician, Teaching Hospital, Karapitiya

Introduction

Erythema nodosum is an acute, nodular, erythematous eruption that is usually limited to the extensor aspects of the lower legs. Erythema nodosum is presumed to be a hypersensitivity reaction and may occur in association with several systemic diseases or drug therapies, or it may be idiopathic.

Case Summary

A 21 year-old previously healthy labourer presented with continuous low grade fever for ten days. The fever was associated with malaise. There was no history of cough, haemoptysis, loss of weight or contact history of tuberculosis. General and systemic examination was unremarkable. ESR was 90 mm for the first hour. Chest X-ray revealed no abnormalities. One week later he got an erythematous painful plaques and nodules over anterior aspects of the legs-Erythema Nodosum. All three samples of sputum were negative for acid fast bacilli but Mantoux test was strongly positive. Fever dramatically responded to a trial of anti-tuberculosis therapy. Diagnosis of extrapulmonary tuberculosis was made.

Discussion

Tuberculosis can involve any organ or system in the body while pulmonary tuberculosis is the most common presentation. Extrapulmonary tuberculosis is an isolated occurrence of tuberculosis at sites other than the lungs. Symptoms of extrapulmonary tuberculosis depend on the site involved. Fever was the only symptom in this patient until erythema nodosum appeared. As tuberculosis is common, a high degree of suspicion is important in diagnosis.

Oral Presentation - 06

Survivors' reports of psychosocial outcomes of deliberate self-harm

Senadheera C¹, Marecek J², Hewage C¹

¹Department of Psychiatry, Faculty of Medicine, University of Ruhuna, ²Department of Psychology, Swatmore College, Philadelphia, USA.

Introduction

In Sri Lanka, Deliberate Self-Harm (DSH) is understood as an impulsive act. How do families and communities respond to survivors of DSH? Such knowledge can be used to strengthen the efforts to address the needs of survivors and promote reintegration.

Method

We studied 30 individuals admitted to hospital due to DSH. Their age ranged from 15 – 46 years; Most were
Abstracts

young adults (Mean age – 27.1 years, SD – 16 years). Fifty seven percent were females. Semis-structured interviews were administered in hospital and then 1-2 months later at home.

Results

Most self harm episodes (93.3%) were triggered by acute interpersonal conflicts with close associates. At the follow up, the individuals reported that a broad array of family and community support had been mobilized subsequent to their episode. In every case, DSH elicited care by family members during hospitalization. Survivors reported up to 21 different supportive actions by others. The source of support included immediate family, extended family, friends, school personnel, neighbours, native medical practitioners, religious healers and astrologers. In extreme instances, DSH prompted others to find new employment or new living arrangements for the survivors; sometimes broken love affairs were repaired. Most survivors (66%) reported that they experienced some negative reactions as well. For example, some experienced hurtful reactions such as teasing, criticism, shunning and anger; a few were forced out of their homes. Survivors who reported more negative responses were also more likely to indicate the possibility of future DSH (p = 0.024).

Conclusion

Optimal management of DSH episodes should include attention not only to physical recovery but also for reintegration of them to the family and society.

Oral Presentation - 07

Linkage analysis of elephantiasis by affected sib-pairs in Sri Lanka

MV Weerasingoriya1, A Takaki2, TC Yahathugoda1, M Kikuchi3, M Yasunami2, E Kimura4, M Itoh4, KYoshimura5, KHirayama5

1Filariasis Research Training and Service Unit, Dept. of Parasitology, Faculty of Medicine, University of Ruhuna, 2Department of Immunogenetics, Institute of Tropical Medicine, Nagasaki University, 3Center of International Collaborative Research, Nagasaki University, 4Department of Parasitology, Aichi Medical University School of Medicine, Aichi, Japan, 5Department of Human Genetics, Nagasaki University Graduate School Biomedical Sciences

Introduction

Elephantiasis is a typical chronic complication of lymphatic filariasis that is originated from obstruction of lymphatic flow by adult worm(s). In Matara study area we encountered several families where lymphoedema was seen among more than one family member. While environmental factors such as skin microbe infection play a role in pathogenesis, HLA association studies and recent family studies performed in Vietnam and in Haiti suggest that genetic factors could also be involved.

Objective

To map responsible gene(s) for pathogenesis of elephantiasis.

Material & Methods

Non-parametric linkage analysis was performed using affected Sib-Pairs. Twelve multiplex families with elephantiasis were selected from three suburbs—Polhena, Madihe and Walgama—in Matara. With 33 patients, 29 pair-wise analyses were performed—Eight families with a single pair, 3 families with a trio (comprising 9 pairs), and 2 families with a quartet (comprising 12 pairs)—using ABI Prism Linkage Mapping Set MD-10 and
Gene Hunter software. Estimation of genetic factor interval was done using the LOD score. LOD was obtained by summing-up of log_{10} of the odds ratio of observed/expected frequencies of each Sib-Pair and score of 3 has been generally accepted as a strong evidence of linkage.

Results

Twenty two out of 23 chromosomes were completely analyzed (except 23\textsuperscript{rd} sex chromosomes), genome-wide linkage scan identified a region of chromosome 4q25-26 with a LOD score of 2.01 at D4S406, 11p12-13 with a LOD score of 1.65 at D11S935 and 16q12.1-12.2 with a LOD score of 2.05 at D16S415, respectively.

Conclusion

Encouraging results obtained in the present study would provide a platform to continue mapping of susceptible gene(s) for elephantiasis pathology by analyzing additional polymorphic markers.

Oral Presentation – 08

What do students and teachers expect from a presentation?

Mahinda Kommalage, Sampath Gunawardena

Department of Physiology, Faculty of Medicine, University of Ruhuna, Galle.

Introduction

Many studies have been conducted to investigate the qualities that students expect from a presentation. Teachers are trying to improve the quality of teaching hoping to facilitate better student learning. There can be a mismatch between what students want and what the teachers trying to improve in a presentation.

Methods

To investigate the perception of teachers and students on the quality of a presentation, we asked teachers and students to evaluate 66 student presentations during the seminars series organised by the department of Physiology. They filled a questionnaire consisted of 14 statements which look at different qualities of a presentation. Questions had responses that fit into a Likert-type scale from strongly agree to strongly disagree. A scoring system was developed to analyse their responses. We compared the scores given by students and teachers on different aspects of the presentation.

Results

Students gave a significantly lower score to gesture and body language than teachers which showed the widest difference among all the aspects investigated. Audio-video quality also showed a significant discrepancy but with a narrower margin. For the overall quality of presentation, there was no significant difference in the scores. In other words, there was a higher agreement between students and teachers on the overall quality of the presentation. For most aspects, students gave a higher score than teachers.

Conclusion

Students expect less than the teachers on many individual qualities of a presentation. However, both have similar perception about overall quality of the presentation.
Emergence of carbapenem resistant Gram-negative bacteria in Teaching Hospital, Anuradhapura

Sujatha Pathirage, Darshana Wickramasinghe
Department of Microbiology, Teaching Hospital, Anuradhapura.

Background
Treatment of infections has become increasingly difficult due to development of substantial antimicrobial resistance by Gram-negative bacteria. This study was conducted to evaluate drug resistance amongst bacteremic isolates with particular emphasis on emergence of carbapenem resistant Gram-negative bacteria.

Method
Culture reports in Teaching Hospital, Anuradhapura from 01.01.2009 to 31.03.2009 was reviewed, retrospectively. Isolates were identified up to genus level by the test done at routine microbiology laboratory and antibiotic sensitivities were done using standard microbiological procedures (Stork's method).

Results
Of all the specimens where Gram-negative bacteria were isolated (268), sensitivity to Carbapenem was tested on 210 isolates. Carbapenem resistance was present in 37.6% of isolates. Of these, 32.4% were isolates sent from army casualties. Among these, 40% was wound swabs, 41% was respiratory secretions and 19% was pus samples. Of the Carbapenem tested isolates, 80.5% of Acinetobacter (n = 29/36), 17% of Pseudomonas (n = 16/94) and 42.5% of coliforms (n = 34/80) were Carbapenem resistant. Among these coliforms 17.6 % (6 isolates) were found to be extended spectrum lactamase producers.

Of the isolated carbapenem resistant Acinetobacter species 92% were resistant to ceftazidime followed by 79% to amikacin, 65% to ciprofloxacin, 57% to cefaperazone sulbactam and 52% netilmicin. Pseudomonas isolates were also found to be resistant to antibiotics tested (ceftazidime - 80%, amikacin - 57%, ciprofloxacin - 71.4%, cefaperazone-sulbactam - 33.3% and netilmicin - 80%). All the isolates were over 80% resistant to ticarcillin clavulanate.

Conclusions
Carbapenem resistance among gram negative bacteria is relatively high at Teaching Hospital Anuradhapura. Among the gram negative bacteria Acinetobacter spp. shows the highest resistance. Extended spectrum lactamase producers were also Carbapenem resistant. These findings highlight the value of infection control and antibiotic resistance surveillance and implementation of policy in use of antibiotics.
Oral Presentation – 10

**Quality of life in patients after Acute Coronary Syndrome (ACS)**

**BV Hasheni**, **KG Somasiri** and **MK Ragunathan**

1Senior Registrar in Medicine, Consultant Physician, Teaching Hospital, Karapitiya, Galle.
2Department of Physiology, Faculty of Medicine, University of Ruhuna, Galle.

**Introduction**

Acute coronary syndrome (ACS) influences the physical, psychological, social and economic aspects of patients. WHOQOL–100 assesses the physical, mental, social, environmental and spiritual aspects of quality of life (QOL). Schweikert *et al* (2008) found that QOL was lower in patients several years after a coronary event (MI).

**Objective**

To find the QOL of patients one month after ACS and to compare it with that of normal population.

**Methods**

WHOQOL-100 was self-administered to 29 patients one month after admitting to Teaching Hospital, Karapitiya with ACS. Control group consisted of by-standers of patients.

**Data analysis**

Mean scores and SD were calculated for different domains of QOL in patients with ACS and they were compared with the age corrected data of the control group using SPSS statistical software.

**Results**

Study included 29 patients and 21 subjects in the control group. The age range (mean) of the sample was 38-81 (60.2) years. It was 20-55 (39.0) for the control group. The QOL scores for all domains except spirituality were lower in patients than in the controls but statistically significant difference (p<0.009) was observed only in the level of independence domain. Mean (SD) of level of independence domain for patients and control group were 47.8 (16.5) and 67.9 (13.6).

**Conclusion**

After an episode of ACS, patients have poorer QOL compared to normal healthy population. These findings are compatible with the findings of previous studies.
Oral Presentation – 11

Winning the battle but losing the war: Methicillin Resistant *Staphylococcus aureus* (MRSA) infection at Teaching Hospital, Anuradhapura

Sujatha Pathirage, Darshana Wickramasinghe
Department of Microbiology, Teaching Hospital, Anuradhapura.

Objective
1. To determine the prevalence and the pattern of occurrence of MRSA at Teaching Hospital, Anuradhapura during war casualty admissions.
2. To determine the antibiotic susceptibility patterns of these isolates.

Method
A retrospective study was done using data on the *Staphylococcus aureus* isolates detected at the Teaching Hospital, Anuradhapura from March to May 2009. Data was obtained from the laboratory records and were analysed with regards to their methicillin susceptibility, site of isolation and the antibiotic sensitivity pattern.

Results
66.25% of all *Staphylococcus aureus* isolates which were isolated during March to May 2009 -at the terminal stage of the war- were MRSA. From that 16% were army casualties. 74% of those were isolated from pus and the rest came from sputum (12%), Blood (4.6%) and others (9.4%). MRSA was not isolated in urine samples. Majority of the isolates were resistant to most anti Staphylococcus antibiotics which showed the ABST pattern that is compatible with hospital acquired MRSA infections. Resistance to Erythromycin, Cotrimoxazole, Ciprofloxacin and Fusidic Acid were 82.9%, 76%, 71.4% and 41.2%, respectively. All the army casualty isolates were 100% resistance to Erythromycin, Cotrimoxazole and Ciprofloxacin.

Discussion and Conclusions
Majority of *Staphylococcus aureus* isolates were MRSA at Teaching Hospital Anuradhapura during the end stage of war. Nursing staff workload increased, areas available for alternative patient accommodation were reduced, the resulting ward closures interfered with clinical services, and hence the control policy was relaxed. But now, strict infection control measures are mandatory to control this situation.

Laparoscopic hernia repair

S Tilakaratne¹, KS Weeratunga², W Coomarasamy², SD Ratnapala³, J Ruben⁴, M Godage⁴
ⁱConsultant Surgeon, ²Senior Registrar, ³Registrar, ⁴Senior House Officer

Introduction
Laparoscopic hernia repair is gaining popularity worldwide for repair of inguinal hernia. It is considered as a minimally invasive surgical procedure to treat inguinal hernia compared to the more traditional open technique.

Method
The procedure practiced in our unit is the total extra-peritoneal approach (TEP). TEP involves the placement of a prolene mesh (15 cm × 15 cm) over the defect and keeping it in position by the normal pressure of the anterior
abdominal wall.

A total of 29 procedures were carried out from January 2007 to June 2009. Patient selection was based on the type of inguinal hernia i.e. recurrent, bilateral, unilateral and fitness for general anaesthesia. Total of 3 recurrent herniae, 9 bilateral herniae and 17 unilateral herniae were repaired laparoscopically.

Results

Majority of patients were discharged on the following day. Patients were able to commence routine activity around 5 days after surgery and were relatively pain free compared to open hernia repair. Three patients presented with recurrence. In one patient who was previously on antiplatelet treatment, we encountered difficulty during surgery due to bleeding.

Discussion

Laparoscopic hernia repair can be successfully carried out under an experienced surgeon. It can be recommended for recurrent inguinal hernia repair following open repair with little disturbance to the already compromised anatomy. It is useful in bilateral inguinal hernia repair since both sides can be repaired at the same time using the same incisions avoiding two large surgical incisions.

Postoperatively, patients have a shorter hospital stay, lesser pain and return to normal activity much earlier than following open surgery. The main drawbacks of this procedure are the long learning curve involved in training, the cost of laparoscopic surgery and the need for general anaesthesia.

Oral Presentation – 13

Recent outbreak of hand foot and mouth disease

Pushparani RCM\textsuperscript{1}, Ragunathan RW\textsuperscript{2}
\textsuperscript{1}Registrar in Dermatology, \textsuperscript{2}Consultant Dermatologist, Teaching Hospital, Karapitiya, Galle.

Introduction

Hand foot and mouth disease (HFMD) is a mild but highly contagious viral infection, common in young children. HFMD is most frequently caused by Coxsackie virus A–16. Many other Coxsackie A and B viruses as well as enterovirus could cause it.

Objectives

To illustrated the clinical pattern of the disease and to increase the awareness among medical professionals about HFMD.

Method

All patients who were presented to the dermatology clinic, Teaching Hospital, Karapitiya and all who referred from medical and paediatric units with features of HFMD were included in the study from 1\textsuperscript{st} of April 2009 to 15\textsuperscript{th} of June 2009.

Results

There were total of 36 patients. Eighteen were below the age of 12 of which 8 were infants. Five were between 1-2 years of age. Out of 18 adults, 12 were between 13 years – 30 years. There were 21 males and 15 females. Except for five patients all the others presented with a history of fever. Three of those without fever were adults. Most of the children and adult patients had lesions in the hand and feet. Mouth lesions were less common.
Majority had trunk involvement. Many children had buttock involvement. Itching was a prominent feature in some. Some had very mild skin involvement while others had very extensive disease. Involvement of scalp was seen only in few children.

**Conclusion**

Hand foot and mouth disease is a common problem and could be distressing to some. Disease could be much more extensive and wide spread than the name implied as seen in this epidemic.

**Oral Presentation – 14**

**Association between age and forearm median motor conduction velocity in carpal tunnel syndrome**

*Mahinda Kommalage¹, KD Pathirana²*

¹Department of Physiology, ²Department of Medicine, Faculty of Medicine, University of Ruhuna, Galle.

Slow median motor conduction velocity in forearm segment (FMCV) was described earlier in Carpal Tunnel Syndrome (CTS). Even though age dependent changes were described distal to the compression in CTS, there were no reports describing such changes proximal to the compression. In the current study, we investigated the association of age and FMCV.

FMCV and ulnar motor conduction velocity in forearm (FUCV) were measured in 297 hands which have clinical features suggestive of CTS together with median motor distal latencies (MMDL) of over 4.2 ms.

Mean FMCV and FUCV were 52.08 m/s (SD 4.62 m/s) and 55.64 m/s (SD 4.74 m/s) respectively which showed a significant difference (p = 0.000 T-test). FMCV correlated negatively with age (Pearson correlation is - 0.315 (p = 0.000). Ulnar-median forearm conduction velocity difference showed a significant correlation with age (Pearson correlation is 0.144 (p = 0.013). After excluding very sever CTS patients, FMCV showed a significant difference (One-way ANOVA p = 0.000) whereas no significant difference was found in FUCV and MMDL in three age groups.

FMCV was reduced with age in CTS. This change in FMCV was something more than an age related expected changes in a healthy neuron and can be an exaggeration of age dependent changes due the insult of median nerve compression.

**Oral Presentation – 15**

**Minimal access surgery for colorectal carcinoma – a review**

*KB Galketiya, R Perera, AB Wickramanayake*

*Department of Surgery, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka*

**Introduction**

Colorectal resection for carcinoma needs large incisions for proper mobilization of bowel. Minimal access will reduce morbidity of open surgical wound and provides faster recovery. A review of feasibility and safety is reviewed.
Objective
To assess the safety and feasibility of minimal access surgeries for colorectal carcinoma.

Material and methods
Results of minimal access surgeries for colorectal carcinoma from 2004 to 2009 in Teaching Hospitals Karapitiya and Peradeniya were analyzed retrospectively.

Results
A total number of 14 patients were analyzed. Results were shown in the following table.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number of Patients (n)</th>
<th>Specimen retrieval</th>
<th>Anastomosis</th>
<th>Incision Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomino-Perineal Resection</td>
<td>6</td>
<td>Perineal Incision</td>
<td>–</td>
<td>Sigmoid colostomy incision 4cm</td>
</tr>
<tr>
<td>Anterior Resection</td>
<td>1</td>
<td>Left Lumbar Incision</td>
<td>Intracorporeal Stapling</td>
<td>4cm</td>
</tr>
<tr>
<td>Anterior Resection</td>
<td>1</td>
<td>_</td>
<td>Coloanal pull through</td>
<td>_</td>
</tr>
<tr>
<td>Sigmoid Colectomy</td>
<td>1</td>
<td>Left Iliac Incision</td>
<td>Extracorporeal</td>
<td>5 cm</td>
</tr>
<tr>
<td>Right Hemicolecotomy</td>
<td>5</td>
<td>Right Hypochondrial Incision</td>
<td>Extracorporeal</td>
<td>5 cm</td>
</tr>
</tbody>
</table>

Conclusion
Colorectal resection for carcinoma can be safely performed by minimal access surgeries, causing lesser morbidity than with open surgery.

Oral Presentation – 16

Utilising patterns of CT scans of brain by clinicians; is it too liberal?

Soomiyabandara S, Jeewantha MM, Jayasekara HM
Department of Radiology, General Hospital, Ampara.

Introduction
CT scan of the brain is a commonly performed investigation, both in emergency and elective setups. It is by far the best modality to image the head in acute trauma and stroke setting. CT brain studies make the bulk of CT work in most institutions. The cost-effectiveness of this investigation raise questions about the utilization of resources optimally.

Objective
To find out the prevalence of positive CT scans of brain done at General Hospital, Ampara.

Methods
All patients (377), who underwent CT scans of brain at the Radiology Department of General Hospital, Ampara during a period of four months (from 23.09.2008 to 22.01.2009) were selected. Available data in the request forms, BHTs and studies archived were used for data collection.

Results

Sixty five percent were males. Highest amounts of requests were made on patients who were 50 – 70 years old. Least amount of requests was made on patients who were less than 10 years old and more than 80 years old. The commonest indication was stroke followed by space occupying lesions (SOL). Highest number of requests came from physicians. Overall rate of positive findings was 19.4% with positive rate of 29.9% for strokes and 9.7% for SOL.

Conclusions

CT is invaluable in decision making in head trauma. CT is unrewarding in evaluating patients with chronic headaches without neurological signs. Maintaining a high threshold for requesting CT scan of the brain for headaches with normal neurological findings will significantly reduce the number of negative scans.

Oral Presentation – 17

Minimal access to mediastinum: assessment of camera port placement and patient positioning

KB Galketiya, AB Wickramanayake
Department of Surgery, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka.

Introduction

Mediastinum may be accessed for diagnostic or therapeutic purposes by lateral thoracotomy or median sternotomy. The morbidity will be significantly reduced by minimal access. The proper placement of camera is important to obtain a clear view. In addition, positioning of the patient may help to obtain a good view.

Objective

To assess the role of the camera port placement and the patient positioning in minimal access to mediastinum.

Materials and methods

The camera port and positioning of the patient was analyzed for the procedures from 2004 to 2009 in Teaching Hospital Karapitiya and Teaching Hospital Peradeniya. For anterior mediastinal surgeries, the camera was placed in the axilla in mid axillary line (MAL) in 5th intercostal space (ICS) and the patient placed supine.

For posterior mediastinal surgeries camera was placed in the 5th intercostal space just below the inferior angle of the scapula (IAS) and the patient was placed prone. In all instances a double lumen tube was used with one lung ventilation. In transhiatal oesophagectomy camera was inserted through an abdominal port, patient kept supine with both lungs being ventilated.

Results

A total number of 34 patients were analyzed. Results were shown in the following table. None of the minimal access surgeries have to be converted to open surgeries.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number of Patients (n)</th>
<th>Site of Camera port</th>
<th>Position of patient</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediastinal Lymph node biopsy</td>
<td>2</td>
<td>Axilla / MAL 5th ICS</td>
<td>Supine</td>
<td>Good</td>
</tr>
<tr>
<td>Anterior Mediastinal mass biopsy</td>
<td>1</td>
<td>Axilla / MAL 5th ICS</td>
<td>Supine</td>
<td>Good</td>
</tr>
<tr>
<td>Thymectomy</td>
<td>1</td>
<td>Axilla / MAL 5th ICS</td>
<td>Supine</td>
<td>Good</td>
</tr>
<tr>
<td>Thoraco Laparoscopic Oesophagectomy (+ Neck incision)</td>
<td>4</td>
<td>5th ICS IAS</td>
<td>Semi prone + Supine</td>
<td>Good</td>
</tr>
<tr>
<td>Thoracoscopic mobilization of oesophagus (+ Laparotomy) (+ Neck incision)</td>
<td>18</td>
<td>5th ICS IAS</td>
<td>Semi prone + Supine</td>
<td>Good</td>
</tr>
<tr>
<td>Laparoscopic Transhiatal oesophagectomy (+ Neck incision)</td>
<td>2</td>
<td>No chest ports</td>
<td>Supine</td>
<td>Good</td>
</tr>
<tr>
<td>Thoracic sympathectomy</td>
<td>4</td>
<td>5th ICS / IAS</td>
<td>Semi prone</td>
<td>Good</td>
</tr>
<tr>
<td>Diagnostic thoracoscopy for oesophageal carcinoma</td>
<td>2</td>
<td>5th ICS / IAS</td>
<td>Semi prone</td>
<td>Good</td>
</tr>
</tbody>
</table>

**Discussion and Conclusions**

The selected port for the camera provided a clear picture. The position provided easy access over the collapsed lung to anterior and posterior mediastinum depends on the procedure. The abdominal camera port can be effectively used to proceed with a transhiatal dissection of the oesophagus with the advantage of double lung ventilation and performing the surgery in supine position.

**Poster Presentation – 01**

**Superior mesenteric artery syndrome (Wilkie's Syndrome): a case study**

Sooriyabandara S¹, Jeewantha MM¹, Jayasekara HM¹, Sirisena R²

¹Department of Radiology; ²Department of Surgery, General Hospital, Ampara.

**Introduction**

Superior mesenteric artery (SMA) syndrome is an uncommon but well recognized clinical entity characterized by compression of the third, or transverse, portion of the duodenum against the aorta by the SMA, resulting in chronic, intermittent, or acute complete or partial duodenal obstruction. In this presentation we report a patient who presented to General Hospital, Ampara with superior mesenteric artery syndrome.

**Case report**

A 70-year old lady with a history of diabetes and hypertension for over 10 years presented with abdominal pain and distension, vomiting and constipation of one week duration. Barium follow through showed a dilated stomach, proximal duodenum and stasis at 20 hours. There was a transition point in third part of the duodenum. CT scan of abdomen showed an abrupt caliber change at aorto-mesenteric angle.
The patient was initially managed conservatively as per usual surgical practice, however, she presented after few months with another episode of obstruction. Patient was referred to a tertiary care centre with a view to surgical management.

**Poster Presentation – 02**

**Evaluation of two monitoring schemes after one year of Community Home-Based Care (CHBC) programme of morbidity control in lymphatic filariasis in three suburbs of Matara**

 **TC Yahathugoda¹, MV Weerasooriya¹, Kimura E²**

¹Filaria Research Training and Service Unit, Department of Parasitology, Faculty of Medicine, University of Ruhuna, Galle.
²Department of Parasitology, Aichi Medical University School of Medicine, Aichi, Japan.

**Introduction**

The CHBC approach was adopted by the national Programme to Eliminate Lymphatic Filariasis.

**Objective**

To assess the efficacy of Daily Monitoring (DM) and Monthly Monitoring (MM) of Lymphoedema Management Protocol (LMP).

**Material & Methods**

LMP consisting five components: hygiene, prevention and cure of entry lesions (ELs), exercise, limb elevation and protection. Three procedures included meetings to introduce LMP, meeting patients and care givers at their homes and finally evaluation. Twenty seven patients were selected from Matara using purposive sampling method; 14 for daily monitoring and 13 for monthly monitoring. Evaluation at one year was done using Knowledge Attitude and Practices (KAP) on LMP, ELs presence, frequency of Acute Inflammatory Episodes (AIE), limb volume, and photographic evidence of improvement. Quality of life (QoL) was evaluated using Dermatology Life Quality Index (DLQI).

**Results**

DM and MM-groups were statistically similar before the intervention. All average scores recorded under each KAP question were higher in DM-group compared to MM-group. Considering all 27 patients, the baseline percentage of ELs (51.9%) and mean AIE (4.2) significantly reduced to 18.5% and 0.74, respectively after lymphoedema care (both, P<0.01). The mean volume of limbs in DM reduced significantly from 2,426.2mL to 2,262.7mL (P<0.02), whereas it increased slightly in MM. Five of 6 obvious improvements in photographs were in DM. The reduction of mean DLQI score, from 4.6 to 2.0, in DM was significant (P<0.01), in MM it was not. However, values for ELs, AIE, limb volume and DLQI were not significantly different between DM and MM. Average scores, especially on long term benefits, were significantly higher in DM.

**Conclusion**

A significant alleviation of AIE and ELs were observed after one year in both monitoring schemes. On long term care, DM was better since it provided significantly higher KAP on LMP, significant reduction of limb volume, and significant improvement in QoL compared to MM.
Poster Presentation – 03

Papillary and follicular carcinoma of thyroid: a comparative study

KB Galketiya¹, AB Wickramanayake¹, HT Welegedara¹, NV Ratnatunga², RN Waduge², RTAW Gunewardena²

¹Department of Surgery, Faculty of Medicine, University of Peradeniya, Peradeniya.
²Department of Pathology, Faculty of Medicine, University of Peradeniya.

Introduction

Thyroid malignancies are relatively common in Sri Lanka as patients present early even at asymptomatic stage.

Objective

To compare the pattern of papillary and follicular carcinoma in a local set up.

Methods

Data from patients admitted to Professorial Surgical Unit, Teaching Hospital, Peradeniya for thyroid surgeries from March 2008 to May 2009 were analysed, retrospectively. Patients were categorized as having carcinoma according to the final histology.

Results

During the above period, 168 patients admitted for thyroid surgeries of which 27(16%) patients demonstrated thyroid carcinoma in the final histology. Among them, 17 (63%) patients revealed papillary carcinoma in the final histology; eleven (65%) females and 6 (35%) males. Their mean age was 39±15 years (Age range- 16 to 63 years). Eight (47%) patients presented as solitary nodule, 06 (35%) as multinodular goitre and 03(18%) as enlarged cervical lymph nodes.

Final histology of remaining 10 (37%) patients showed follicular carcinoma. Among them, 8 (80%) were females and 2 (20%) were males with mean age of 40±15 years. (Age range 18 to 60 years). Six (60%) patients presented as solitary nodule, 03 (30%) as multinodular goitre and 01 (10%) as enlarged cervical lymph nodes. Medullary carcinoma and anaplastic carcinomas were not found during this period.

Both papillary and follicular carcinomas presented towards the end of fourth decade or beginning of fifth decade (p value=0.87) with a female preponderance as a solitary nodule.

Conclusions

There is no difference in age, gender and type of goitre in both papillary and follicular carcinoma according to this study.