Poster Presentation – 01

SLOW ULNAR NERVE MOTOR CONDUCTANCE IN MALES COMPARED WITH FEMALES

Kommalage M
Senior Lecturer, Department of Physiology, Faculty of Medicine, University of Ruhuna, Galle.

Introduction
An understanding about the influences of physical and biological factors is important in interpreting the results of nerve conduction studies of ulnar nerve. Gender-dependent anatomical variation and susceptibility for injuries are described in relation to the ulnar nerve. This study was done to investigate the association between gender and ulnar nerve motor conductance.

Methods
Study was conducted as retrospective study using nerve conduction data of patients who were referred for nerve conduction studies to the Department of Physiology, Faculty of Medicine, University of Ruhuna. Majority were referred with symptoms suggestive of carpal tunnel syndrome. Hands with ulnar nerve motor conduction velocity (UMV) below 50 m/s were excluded from analysis due to possible neuropathy in ulnar nerve. Patients with complaint-related to the ulnar nerve and suspected ulnar nerve diseases/conditions were excluded considering information available in the records. Mean UMV and the influence of age on UMV were assessed in male and female separately using the data.

Results
A total 4958 hands were used for the study. Of them, age-matched 1050 female hands and 1041 male hands were selected for comparison of UMV. Mean UMV of male and female are 54.04 m/s (SD 5.00) and 56.15 m/s (SD 4.93) respectively which is a significant different (t-test p < 0.001). Regression analysis was conducted to compare relationship between UMV and age for male/female. Regression was significantly higher in male suggesting higher influence of age on UMV in male than female. Separate multiple regression analysis was done comparing influence of the age, gender on UMV. Beta values were -0.140 (p < 0.001) and 0.153 (p < 0.001) for age and gender respectively suggesting gender has higher influence than age.

Conclusions
Ulnar nerve motor conductance depends on gender and age. Males are having lower UMV than females. Age dependent change of UMV is more prominent in the male than the female.

Poster Presentation – 02

THE PATTERN OF DISPENSING MEDICINES IN PHARMACIES IN GALLE

Nanayakkara J¹, Hettiarachchi M²
¹Lecturer, Department of Pharmacology, ²Senior Lecturer, Nuclear Medicine Unit, Faculty of Medicine, University of Ruhuna, Galle.

Introduction
This study was done with the objective of studying the pattern of dispensing medicines in pharmacies Galle.
Methods
Across-sectional study was conducted using a sample of 18 pharmacies (4 government; 2 semi-government; 12 private) within the Galle municipality area. Data were collected using structured interviews of pharmacists, exit patient interviews (n=104), and structured observation of the pharmacy.

Results
Average dispensing durations in government pharmacies was 2.7 minutes, whereas in semigovernment and private pharmacies, these durations were 6.5 and 4.0 minutes respectively. In government pharmacies the dispenser explained the name of the medicine only to 10% of patients, whereas in semigovernment and private pharmacies, it was explained to 21% and 24% respectively. In government pharmacies, the dose and frequency of medicines were explained to 50% and 80% of patients respectively, while corresponding figures for semigovernment pharmacies were 57% and 100%, and for private pharmacies 33% and 54% respectively. Adverse effects were explained to 25% of patients in government pharmacies, 6% in private pharmacies and to no one in semigovernment pharmacies. In private pharmacies prescription-only medicines were dispensed without a valid prescription to two out of three patients, whereas this was not observed in government and semi government pharmacies.

Conclusions
Inadequate dispensing time is a significant problem in government pharmacies whereas prescription only drugs being available over the counter is a major issue in private pharmacies. Inadequate patient counselling was observed in all pharmacies and should be rectified in order to provide better health care.

Poster Presentation – 03

CATAMENIAL HAEMOPNEUMOTHORAX: A CASE REPORT

Harischandra T1, Pushpakumara HA2, Bodinayake CK3

1Consultant Cardiothoracic Surgeon, 2Senior House Officer- Cardiothoracic Unit II, Teaching Hospital, Karapitiya.
3Senior Lecturer, Department of Medicine, Faculty of Medicine, University of Ruhuna, Galle.

Introduction
Catamenial haemopneumothorax is an unusual condition caused by the presence of intrathoracic endometrial tissue. The spontaneous haemothorax or pneumothorax typically occurs between 24 hours before and 72 hour after the onset of menstruation. We present the case of a young female with this condition and review the literature.

Methods
A 34 year old female presented to the university medical unit, Teaching Hospital Karapitiya with recurrent episodes of dyspnoea with the onset of menstruation. Imaging revealed a right sided pneumothorax and an intrathoracic nodular mass of 2 cm adjacent to the diaphragm. She was treated with intercostal tube drainage and medroxyprogesterone acetate. She continued to have recurrent pneumothoraces and later a significant haemothorax. Despite repeated intercostal tube drainage, she had persistent symptoms and a collapsed lung. At thoracotomy several reddish nodules on the diaphragmatic pleura were removed. An area of nodularity and blebs of the right lower lobe was stapled and removed. Decortication was done expanding the lung completely and a pleurectomy was done for pleurodesis. Histopathology confirmed intrathoracic endometrial tissue. She made an excellent recovery and continues to be on medroxy progesterone acetate.
Results
The literature review indicates that this entity is commoner than was once presumed. Spontaneous - pneumo- or haemothorax in women is different from that of men in many ways and a catamenial cause can account for up to 1/3 rd of such presentations in women needing surgery for haemopneumothoraces.

Conclusions
Catamenial pneumothorax should be suspected in women with recurrent dyspnoea and its relationship to menstruation should be specifically sought for.

Poster Presentation – 04

AREVIEW OF THORACOSCOPIC THYMECTOMY

Galketiya KB¹, Suvethanan T², Attanayake AMNS³, Sundararajah M⁴
¹Senior Lecturer, Research Assistant, Department of Surgery, Faculty of Medicine, University of Peradeniya, Peradeniya ²Senior Registrar, ³Registrar Professorial Surgical Unit, Teaching Hospital, Peradeniya.

Introduction
Thymectomy is performed for thymoma and/or myasthenia gravis not responding to medical management. The morbidity of median sternotomy can be reduced by thoracoscopic procedure. As this involves a new learning curve, the technique, its feasibility and safety needs review.

Methods
A retrospective analysis of thoracoscopic thymectomy done since 2009 was done

Results
Three patients underwent thymectomy. In two of them, the indication was thymoma and in the other myasthenia gravis not responding to medical management. The working space was created by single lung ventilation and creation of a pneumothorax of 4 mmHg. The patient was positioned supine to facilitate the collapsed lung to fall away from the anterior mediastinum. In two, the access was made via the right axilla and in the other via the left axilla. Three working ports were used and dissection was performed by ultrasonic dissector. The thymic vein was clipped. The average time taken was about three hours with a blood loss of about 100 ml. An intercostals tube was placed and removed by the second day. None of the patients required narcotic analgesics and were mobilized out of the bed and fed by the same day evening. All were discharged by the third postoperative day.

Conclusions
Thoracoscopic thymectomy can be performed safely and in a time comparable to open surgery. The blood loss is minimal and the morbidity is less allowing early discharge of the patient.
URINARY TRACT INFECTIONS CAUSED BY ANTIBIOTIC RESISTANT COLIFORMS: AN AUDIT CONDUCTED AT TEACHING HOSPITAL KARAPITIYA

Rathnayaka KPJK¹, Huzaiq MIM², Jayasekera JVGM³, Vidanagama D⁴
¹Medical Officer, ward 21, ²Medical Officer, Radiology, ³Medical Officer, Microbiology, ⁴Consultant Microbiologist, Teaching Hospital, Karapitiya.

Introduction
The management of urinary tract infections (UTI) is complicated by the prevalence of antibiotic resistant coliforms. This study was planned with the objective of finding the presence of co-morbidities, risk factors for UTI and the outcome of treatment among patients with UTI caused by resistant coliforms.

Methods
Data were analyzed from on 50 inward patients with UTI caused by coliforms resistant to second Generation cephalosporins detected at the microbiology laboratory of the Teaching Hospital, Karapitiya.

Results
On admission 64% had symptoms suggestive of the presence of a UTI, 22% presented with other medical problems, 4% urological and 10% other surgical problems. Urethral catheterization had been done on 44% before urine culture. The lab had received urine cultures within 48 hours of admission from 56% of patients. Co-morbid factors were present in 60% (i.e., diabetes mellitus; urological or renal problems; neurological problems; bone fractures, burns). Commonly used empirical antibiotics were ciprofloxacin (20%) and cefuroxime (14%). Resistance rates were as follows: ampicillin, cephalaxin, cefuroxime and cefotaxime 100%; nalidixic acid 95%; norfloxacine 95%; ciprofloxacin 85%; gentamicin 80%; amikacin 21%; nitrofurantoin 48%. Only 38% were treated according to sensitivity results. Eighty eight (88%) percent patients were discharged after clinical improvement, 4% were transferred and 8% died.

Conclusions
A significant proportion of antibiotic resistant urinary isolates are apparently community-acquired, perhaps selected by the previous use of antibiotics which is hardly documented. Urinary catheterization and co-morbidities appear to be important risk factors for urinary tract colonization or infection with resistant coliforms. Some patients may show a clinical improvement with antibiotics reported as resistant. Documentation of previous episodes of UTI and use of antibiotics and plans for follow up urine cultures were difficult to find.

THE CURRENT PLACE OF TUBERCULOSIS IN THORACIC SURGICAL INFECTIONS IN SRI LANKA

Harischandra T¹, Jayasinghe KRDI², Gunasekera SNDS³
¹Consultant Cardiothoracic Surgeon, Cardiothoracic Unit II, Teaching Hospital Karapitiya.
²Senior House Officer Thoracic surgical Unit, Chest Hospital, Welisara.

Introduction
Infections account for a considerable work load in a thoracic surgical unit. Our aim was to look at the current pattern of these infections with special emphasis on tuberculosis (TB).
Methods
Admissions to the thoracic surgical unit at the Chest Hospital Welisara - the tertiary referral center for chest diseases in the country - from April to June 2009 were retrospectively reviewed.

Results
During ten weeks, of the 100 admissions, 53 had with thoracic infections. There were 44 (83.0%) males. The mean age was 42 (range 7-72) years. Major clinical presentations were as empyema 24 (45.3%), pleural effusion 9 (17%), pneumonia 6 (11.3%), mycetoma 6 (11.3%), lung abscess 3 (5.6%) and post-pneumonectomy space infection 3 (5.6%). Pulmonary tuberculosis was the causative factor in 19 (35.8%); non-tuberculous primary infections in 18 (33.9%), blast/gunshot injury in 8 (15.1%), infection after intercostal tube insertion (ICT) in 4 (7.5%). Treatment was by intercostal tube (ICT) – 23 (43.49%), needle aspiration 9 (17%), antibiotics alone 9 (17%) embolisation for mycetomas 6 (11.3%), decortication 2 (3.8%), onco-surgical treatment 2 (3.8%), lobectomy (1) and video assisted thoracoscopic surgery (1).

Conclusions
Tuberculosis is a significant cause of thoracic surgical infections in the tertiary care setting. Larger studies in tertiary and other settings would further enhance our knowledge about thoracic surgical infections.

Poster Presentation – 07

AUDIT ON DRUG COMPLIANCE AND ITS IMPACT ON HOSPITAL ADMISSIONS WITH ACUTE COMPLICATIONS AMONG PATIENTS WITH MAJOR NON-COMMUNICABLE DISEASES

Seneviratne NHG1, Weeraratna TP2
1Registrar, University Medical Unit, Teaching Hospital Karapitiya.
2Professor, Department of Medicine, Faculty of Medicine, University of Ruhuna, Galle.

Introduction
Good drug compliance is vital in preventing complications of common non-communicable diseases (NCDs) such as hypertension, ischemic heart disease and diabetes mellitus. The assessment of drug compliance and its associated factors has not been studied in a local setting. This study was done with the objective of evaluating drug compliance among patients admitted with acute complications of NCDs and studying associated factors.

Methods
Data were collected from 174 patients admitted to University Medical Unit, Teaching Hospital Karapitiya with, stroke, acute myocardial infarction (AMI), heart failure (HF), diabetic ketoacidosis (DKA) and non-ketotic hyperosmolar coma (HONK). Demographic data, drug compliance [i.e., poor (missing 5 or more), average (< 5) and good (none) doses of medications respectively a week preceding the admission] and associated factors were studied in these 174 patients.

Results
Poor, average and good drug compliances were observed in 27.6%, 36.8% and 35.6% of these patients (chi-square 14.9; p<0.05). Poor drug compliance was observed in 30 (34.5%) patients with strokes and the relevant figures for AMI, HF, DKA and HONK were 23%, 18%, 33% and 26% respectively. Among the reasons for poor compliance were ignorance and financial reasons in 41% and 8% respectively. Forty percent of patients had more than one reason for poor compliance.

Conclusions
A significant proportion of patients admitted with complications of common NCDs reported poor drug compliance. Among the reasons found, ignorance was the single most common cause. Patients with NCD should be properly advised on the need for long term drug therapy.