



**Annual Bulletin**  
**of**  
**Sri Jayewardenepura General Hospital**  
**Clinical Society**

**THE HEALING POWER OF NATURE:  
PROTECTIVE ROLE THROUGH IMMUNE AND  
METABOLIC MECHANISMS TO PROMOTE HEALTH**



**38th Annual Scientific Sessions**  
**15th December 2023**



**SRI JAYEWARDENEPURA GENERAL HOSPITAL  
AND  
POSTGRADUATE MEDICAL TRAINING CENTRE**

## **Clinical Society**

**THE HEALING POWER OF NATURE:  
PROTECTIVE ROLE THROUGH IMMUNE AND METABOLIC  
MECHANISMS TO PROMOTE HEALTH**

**38th Annual Scientific Sessions**

**ANNUAL BULLETIN  
OF THE CLINICAL SOCIETY OF SRI JAYEWARDENEPURA  
GENERAL HOSPITAL**

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**Seated (Left to Right):** Dr. Chandraguptha Ranasinghe (Treasurer), Dr. Jagath Malla (Secretary), Dr. Sanjeevani Rupasinghe ( Vice President ), Dr.Sonali Rodrigo ( President elect), Dr. Kushlani Jayatilake ( President ), Dr.Maheshi Wijeratne ( Immediately past president ), Dr. Ayesha Abeywardana (Assistant Secretary , Dr. Dilukshi Pilapitya (Editor), Dr. Kanishka Indrarathna( absent )

**Standing(Left to Right):** Dr. Sanithri Samarakoon, Dr. Dharshika Tennakoon, Dr. Sara de Silva, Dr. Mihira Manamperi, Dr. KVC Janaka, Dr. Dinushi Wanigasuriya, Dr. Satharani Bandara, Dr. Tharangani Kuruppumullage, Dr. Dilan Fernando ( absent )

**38TH ANNUAL SCIENTIFIC SESSIONS**  
**15TH DECEMBER 2023**  
**SRI JAYEWARDENEPURA GENERAL HOSPITAL**

**OFFICE BEARERS - 2023**  
**SJGH CLINICAL SOCIETY**

<b>PRESIDENT</b>	<b>DR. KUSHLANI JAYATILLEKE</b> - Consultant Microbiologist
<b>VICE PRESIDENT</b>	<b>DR. SANJEEVANI RUPASINGHE</b> - Consultant Otolaryngologist
<b>SECRETARY</b>	<b>DR. JAGATH MALLAWA</b> - Consultant Surgeon
<b>ASST. SECRETARY</b>	<b>DR. AYESHA ABEYWARDANA</b> - Consultant Transfusion Physician
<b>TREASURER</b>	<b>DR. CHANDRAGUPTHA RANASINGHE</b> - Deputy Director
<b>EDITOR</b>	<b>DR. DILUKSHI PILAPITIYA</b> - Consultant Nephrologist
<b>COMMITTEE</b>	<b>DR. KANISHKA INDRARATHNE</b> - Consultant Aneasthetist
	<b>DR. DARSHIKA TENNAKOON</b> - Consultant Otolaryngologist
	<b>DR. K. V. C. JANAKA</b> - Consultant Physician
	<b>DR. MIHIRA MANAMPERI</b> - Consultant Pediatrician
	<b>DR. DINUSHI WANIGASURIYA</b> - Medical Officer
	<b>DR. SANITHRI SAMARAKOON</b> - Medical Officer
	<b>DR. SATHSARANI BANDARA</b> - Medical Officer
	<b>DR. SARA DE SILVA</b> -Medical Officer
	<b>DR. ROMALI BOTHEJU</b> - Medical Officer (Jan-Jun)
	<b>DR. DILAN FERNANDO</b> - Medical Officer( Jun- Dec)
	<b>DR. D.T. KURUPPUMULLAGE</b> - Medical Officer

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# PROGRAMME

## At Sri Jayewardenepura General Hospital

12:00 pm	Opening of Past Presidents Name Board
1:00 pm - 2:00 pm	Oral presentations - session 1 Poster presentations - session 1 & 2
2:00 pm - 3:00 pm	Oral presentations - session 2 Poster presentations - session 3 & 4
3:00 pm - 3:15 pm	<b>TEA</b>
3:15 pm - 4:15 pm	Oral presentations -session 3

## At Grand Monarch Thalawathugoda

6:00 pm - 6:30 pm	Arrival of the special guests
6:30 pm - 6:35 pm	Procession
6:35 pm - 6:40 pm	Lighting of the oil lamp
6:40 pm - 6:45 pm	National anthem
6:45 pm - 6:50 pm	Welcome speech- president of SJGH Clinical Society <b>Dr. Kushlani Jayatilleke</b> (Consultant Microbiologist)
6:50 pm - 7:15 pm	Address by the chief guest- <b>Prof Malik Peiris</b> Chair of Virology at the School of Public Health, The University of Hong Kong, Hong Kong
7:15 pm - 7:45 pm	Keynote address- Immunotherapy <b>Prof Suranjith Seneviratne</b> , Professor and Consultant in Clinical Immunology and Allergy, Institute of Immunity and Transplantation, Royal Free Hospital & University College London and Health Services Laboratories, London, UK. Nawaloka Hospital Research and Education foundation, Sri Lanka.
7:45 pm - 8:15 pm	Plenary lecture- Rational use of Anti-Rabies Post-exposure prophylaxis <b>Dr Kanthi Nanayakkara</b> - Consultant Virologist, Medical Research Institute
8:15 pm - 8:45 pm	An insight into Metabolic Syndrome & type II Diabetes Mellitus in children in the Sri Lankan context <b>Dr Navoda Atapattu</b> , Consultant Paediatric Endocrinologist, Lady Ridgeway Hospital for Children
8:45 pm - 8:55 pm	<b>AWARDS</b>
8:55 pm - 9:00 pm	Vote of thanks- Secretary SJGH- Clinical Society <b>Dr. Jagath Mallawa</b> (Consultant Surgeon)
9:00 pm onwards	Fellowship and dinner 4



## MESSAGE FROM THE CHIEF GUEST



I am happy to be involved in the Annual Scientific Sessions of the Clinical Society of the Sri Jayewardenepura General Hospital, 2023. At a time when the practice of clinical medicine is changing rapidly, it is critical that clinicians meet regularly, to share and update the scientific basis of best clinical practice. It is encouraging therefore, to see this event which allows such sharing of information to take place, in spite of the heavy demands on your time placed upon you from routine clinical duties. I look forward to joining you on this occasion and wish your meeting all success.

**Professor Malik Peiris**

Professor of Virology  
School of Public Health  
The University of Hong Kong

## MESSAGE FROM THE CHAIRMAN



It is an honour for me to give this message for the Annual scientific sessions of Sri Jayewardenepura General Hospital.

With great effort while overcoming barriers, Clinical Society of Sri Jayewardenepura General Hospital promotes its members for engagement in clinical research and knowledge enhancement for better provision of clinical care.

While congratulating all office bearers I wish the 38th Annual scientific sessions a very successful event.

**Dr Nihal Jayathilaka**

Chairman

Sri Jayewardenepura General Hospital

## MESSAGE FROM THE DIRECTOR



It is my immense pleasure to pen these thoughts on this momentous occasion of Sri Jayawardenepura General Hospital, clinical society. Sri Jayawardenepura General Hospital is at crossroads of extraordinary change given the volatile political, economical and social changes in the country and the globe as a whole. Clinical excellence of hospital services is now a mandatory expectation of clients and society as a whole. Sri Jayawardenepura General Hospital clinical society through its numerous initiatives strive towards achieving clinical excellence in the hospital. And the fact that the hospital is now recognized as a centre of excellence in curative and preventive health care services , post graduate , undergraduate and national vocational training is evidence enough of the immense contribution of SJGH clinical society.

The present socio economic conditions are not conducive towards research and development. The past several years was ridden with a global pandemic and one of the most severe economic crisis Sri Lanka ever knew. Despite these immense constraints and challenges SJGH clinical Society strives towards sharing research and development in evidence based medicine and encouraging research and development I commend the SJGH clinical society on the good work they are doing during these trying times and wish them all the best on their future endeavours.

**Dr Rathnasiri A Hewage**

Director

Sri Jayawardenepura General Hospital

## MESSAGE FROM THE PRESIDENT



I am happy to announce that we had a very successful year of academic activities conducted by the clinical society of Sri Jayewardenepura General Hospital in 2023.

We had 35 weekly lunch time meetings with very good participation in person as well as online. I wish to thank all the doctors from the different units of the hospital who presented at these clinical meetings as well as the guest speakers at the special symposia that were held. My special appreciation goes to Dr Vinya Ariyaratne, the president, Dr Sajith Edirisinghe, the secretary and the team from Sri Lanka Medical Association for helping in organising the collaborative meeting with SLMA. I also thank the sponsors of the said meetings.

I am very grateful to Prof Srilal Malik Peiris, one of the great scientists in the world, for accepting the invitation to be the chief guest at the Annual Scientific Sessions of the clinical society despite his busy schedule. We are really fortunate to have him as the chief guest for this important event, coming all the way from Hong Kong. Prof Suranjith Senevirathna, the guest of honour at the sessions is one of the few Sri Lankan scientists who has an h-index of 50. I am so honoured to have him as the guest of honour at this important event. Thank you very much for being here as the guest of honour. It is a great pleasure to welcome the 2 guest speakers Dr Kanthi Nanayakkara, consultant virologist and Dr Navoda Athapattu, consultant paediatrician, with gratitude, to this memorable event.

We had 18 oral and 48 poster presentations. I wish to thank all the reviewers of the abstracts and the chairpersons and the judges of the presentations. My heartfelt gratitude goes to the council who supported me throughout the year, especially Dr Tharangani Kuruppumullage. Can't forget the support given by Ms. Janaki Perera and the team, Dr Ravindra, Mr. Yohan and Mr. Ishanka. A big thank you to all of you. Thanks to Mr Yohan and the IT team of SJGH we were able to get more participation in all the clinical presentations through the web. We were able to create a page for the clinical society in the SJGH Website and a facebook group where all the presentations of the clinical meetings which were held this year are available. The bulletin with the abstracts of the annual scientific sessions will also be available on the website.

Finally I wish to thank all the sponsors especially the 2 gold sponsors without whom we would not have been able to have a successful year.

I wish you all a successful future.

**Dr. Kushlani Jayatilleke**  
President  
Clinical Society-SJGH-2023



## MESSAGE FROM THE SECRETARY



I consider it a great privilege to convey my thoughts in the 38th Scientific session in Sri Jayewardenepura General Hospital on the 15th December of 2023.

I believe that you all were able to brush and update your knowledge by participating in the regular CME activities that have been laid down during the year 2023.

I sincerely thank all speakers/ resource personnel for their enormous effort in order to make these events successful and also to participants for making it a reality.

Now we have come to the end of this scientific carnival in 2023 and hope that you will be enjoying the final lay down of this programme today on 15th of December 2023 at Sri Jayewardenepura General Hospital.

It is my great pleasure to deliver a special Thank You to our president Dr Kushlani Jayatilleke and the organising committee for their tireless efforts and endearing vision in order to make this event extremely successful.

Thank you

**Dr Jagath mallawa**

Secretary

Clinical Society-SJGH-2023

## MESSAGE FROM THE EDITOR



Welcome to the proceedings of the 38th annual scientific sessions in Sri Jayewardenepura General Hospital. Ensuring a good quality conference requires accepting papers that pass a rigorous review process. This year, a large number of papers with more than 70 abstracts were submitted to the conference. A panel of 17 reviewers helped us in this process & I thank each and everyone of them for their constructive & insightful comments and contributions towards making this process a success. I would also like to thank the president of the clinical society, Dr Kushlani Jayathilake for being so efficient in organising this process and taking the annual sessions to an elevated level.

Research paves the way for achieving excellence in clinical care. Auditing the clinical practice, sharing experiences and researching for better outcomes in our practices will enhance the care provided by us. Sri Jayewardenepura General Hospital (SJGH) has always supported the promotion of a research culture, in order to maintain and uplift its excellence in clinical service provision. The annual academic sessions of the Sri Jayewardenepura clinical society over time have encouraged doctors and allied health care providers working at the hospital to get involved in research and to publish them on a regular basis. This has also been an ideal platform for the postgraduate trainees at SJGH as well as from other health care institutions to publish their work.

We would like to express our sincere gratitude to all the researchers who submitted their work. It's your hard work and technical contributions which made this scientific sessions a success. I congratulate all who are participating in 2023 annual sessions and hope you would enjoy the outstanding conference program.

**Dr. Dilukshi Pilapitiya**

Editor

Clinical Society-SJGH-2023

## KEYNOTE ADDRESS



### **Immunotherapy: the nuts and bolts**

During the past three decades, immune mediated disorders and cancers have shown a rapid increase in incidence and prevalence. At present, the possible molecular and immunogenetic mechanisms responsible for such a rise are being actively studied by many research and clinical groups around the world. A clearer understanding of such disease causing pathways has and would help in shedding light on potential therapeutic targets for more optimal management of immune mediated disorders and cancers. My talk would outline the present principles and methods of management of immune mediated disorders with special emphasis on autoimmunity and cancers and provide a glimpse to the exciting options (such as next generation biologics, stem cell therapies, gene editing) that may become a reality in the future.

#### **Professor Suranjith Seneviratne**

DPhil(Oxon), MBBS, MD, DPath, MRCPPath, MRCP, FRCP, FRCPPath, FSLCGP, FCCP

Professor and Consultant in Clinical Immunology and Allergy

Institute of Immunity and Transplantation, Royal Free Hospital and University College London and Health Services Laboratories, London, UK

Nawaloka Hospital Research and Education Foundation, Sri Lanka

## PLENARY LECTURE



### **Rational use of rabies post exposure therapy (PET)**

Rabies is a viral encephalomyelitis with 100% fatality, which is preventable with proper rabies post exposure therapy (PET). PET includes good wound management and a course of anti-rabies vaccine (ARV) with or without rabies immunoglobulin (RIG), depending on the severity of the exposure. Annually, around 20–30 human deaths are reported in Sri Lanka with confirmed rabies.

In Sri Lanka, rabies PET is offered free of charge in 296 government hospitals throughout the country, where 98 of them offer both RIG and ARV. Rabies PET is given according to a protocol based on the latest WHO Position Paper on Rabies, which is authorised and issued by the Director General of Health Services. Adhering to this guideline offers proper rabies PET in a uniform manner throughout the country, while minimising vaccine wastage.

Sri Lanka spends around 500 million rupees annually for rabies PET, which is more than 10% of our annual drug budget. Our statistics and experience show that around 70–80% of rabies PET is used following exposure to healthy observable domestic animals who are unvaccinated or improperly vaccinated. The course of vaccination is discontinued after the Day 7 dose of ARV, if the animal remains healthy for over 2 weeks – the end of the observation period. Therefore, it is deduced that 70–80% of the money spent on rabies PET, has not been really necessary, and this wastage could have been prevented by proper vaccination of domestic animals.

Rabies being a 100% fatal infection, would it be feasible in future to consider a better, rational and a cost-effective approach for rabies PET in Sri Lanka?

**Dr Kanthi Nanayakkara**  
Consultant Virologist  
Medical Research Institute



## PLENARY LECTURE



### **An insight into Metabolic Syndrome & type II Diabetes Mellitus in children in the Sri Lankan context:**

The prevalence of type 2 diabetes mellitus (DM) among children and adolescents has increased several folds in the world including in Asian countries like Sri Lanka parallel to the increased incidence of childhood obesity.

The prevalence is more common among children between 10-19 years corresponding to the physiological insulin resistance seen at this stage. Compared to adults, children and adolescents with T2DM demonstrate a rapid decline in glycemic control predisposing them to future cardiovascular disease and other long term complications. Microvascular complications are present even as early as the diagnosis as opposed to children with type 1 DM.

Obesity is not the only predisposing factor for type 2 diabetes, maternal diabetes, birth weight, post-natal rapid weight gain and type of body fat accrual after birth also contribute to the development of type 2 DM later in life.

Genetic predisposition is crucial for developing T2DM. Rapidity and degree of weight gain, physical inactivity, consumption of high calorie food, and certain diabetes-inducing medications are additive to the genetic susceptibility.

Dysregulation of gut microbiota is found both in prediabetes and diabetes patients suggesting that they play a role in development of T2DM.

Modification of lifestyle habits and education on diet and physical activity are fundamental for all paediatric patients with type 2 diabetes. The first choice of antihyperglycemic drugs in the initial treatment of children with type 2 diabetes includes metformin and/or insulin alone or in combination, as determined by clinical symptoms, severity of hyperglycemia. The newer glucose lowering drugs like SGLT2 inhibitors, GLP1 agonists have received approval to be used in children. Antidiabetic interventions targeting the gut microbiota are being explored, opening the new therapeutic and preventive strategies.

#### **Dr Navoda Athapattu**

Consultant Paediatric Endocrinologist  
Lady Ridgeway Hospital for Children

## Oral Presentation – Session 01

### OP 01

**A retrospective study of deaths, hemodynamic status at admission, risk factors and common cause of deaths at ICU and medical ward in a single centre**

*Hassan M.H.M.<sup>1</sup>, Janaka K.V.C.<sup>1</sup>, Ranaweera A.G.C.J.<sup>1</sup>, Manojkumar K.<sup>1</sup>, Perera M.I.D.<sup>1</sup>*

**Introduction:** Study of deaths in a medical ward and ICU of a single centre using Modified Early warning score (MEWS) at admission is to assess the hemodynamic stability and as a predictor of mortality and guide to management setting.

**Objectives:** To determine the prevalence of deaths, MEWS at admission, risk factors, the management settings and immediate cause of death at a medical ward.

**Methodology:** Single centre retrospective study on 59 patients succumbed to death at the Medical Ward at Sri Jayewardenepura General Hospital, from 1<sup>st</sup> January 2022 – 30<sup>th</sup> June 2023.

**Results:** Out of 2328 admissions 2.5% succumbed to death. 59.3% were male and 5% were less than 60 years of age. MEWS equal or more than 5 at admission was seen in majority up to 52%. The commonest comorbidities are diabetics, hypertension, ischemic heart disease accounting to 50%, 36% and 19% respectively. ICU care was given in 30% of patients and 71% of total deaths were at the ward. The average ICU stay was 60 hrs before death. The commonest cause of death was pneumonia (8.6%) followed by acute coronary syndrome (6.9%) and then urosepsis (3.4%)

**Conclusions:** MEWS at admission is a good predictor of death and thus needs aggressive treatment at admission and preferably at ICU. The commonest commodity is diabetics and need to consider them as high risk. The need to optimally manage pneumonia aggressively as it has the highest death rate and possible vaccination should be considered in high risk patients.

*<sup>1</sup>Sri Jayawardenapura General Hospital, Sri Lanka.*

### OP 02

**Clinical audit on nutritional management of critically ill patients at Intensive Care Unit (ICU), Sri Jayewardenepura General Hospital (SJGH).**

*Kottage P.U.<sup>1</sup>, Senavirathne A.M.J.<sup>1</sup>, Rajasingha J.<sup>2</sup>*

**Introduction:** Critically ill patients often develop acute malnutrition due to disease, therapy, and immobilisation, which worsen clinical outcomes, hence necessitating proper nutrition.

**Objectives:** To evaluate the nutritional therapy provided to critically ill patients at ICU, SJGH.

**Design:** The study conducted as a clinical audit.

**Setting:** Intensive Care Unit, Sri Jayewardenepura General Hospital.

**Methodology:** The audit followed patients who stayed at ICU for more than 48 hours. First week of the stay was evaluated. The audit lasted three months, from May 1<sup>st</sup> to August 1<sup>st</sup>, 2023. Audit standards were based on the 2018 ESPEN guideline on clinical nutrition in the ICU. Bedhead tickets were used to obtain data.

**Results:** Audit included 86 patients, with a mean age of 47 years. Within 48 hours, all were screened for malnutrition with NRS 2002 and diagnosed with GLIM criteria; which revealed, 43% were severely malnourished, 30% were moderately malnourished, and 27% were not malnourished. Risk of refeeding syndrome was 57%, necessitating Thiamine before nutrition initiation. All received permissive hypocaloric nutrition within 48 hours. Isocaloric nutrition was achieved within the first week, only 71% due to feed intolerance, hemodynamic instability, and electrolyte imbalances. Oral nutrition alone given in 28% and 62% managed with enteral and supplementary parental nutrition

and 10% with total parenteral nutrition. All received vitamin D and multivitamins to meet their daily requirements. Physical activity was initiated only in 34% during ICU stay.

**Conclusion:** Overcoming challenges and adhering to international standards of nutrition care is essential to achieve optimal outcomes in critically ill patients.

<sup>1</sup>*Post Graduate Trainee in Clinical Nutrition, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.*

<sup>2</sup>*Consultant Anesthetist, Sri Jayawardenapura General Hospital, Sri Lanka.*

### OP 03

**Assessing the reduction of different bacterial pathogens from hands by using the WHO hand hygiene technique. - An experimental laboratory based study.**

*Mahesh W. K.<sup>1</sup>, Jayatilleke S.K.<sup>2</sup>*

**Objectives:** To assess the reduction of different bacterial pathogens by using World Health Organization (WHO) hand hygiene technique, assess the transmission of bacterial pathogens remaining on hands after hand washing and whether the effectiveness can be improved by increasing the time duration.

**Methodology:** The study was conducted over four months in SJGH. Five healthy volunteers among Health Care Workers participated. Confluent growths of five common HAIs causing bacterial pathogens were selected. Hand washing with liquid soap was done by using WHO hand hygiene technique. Finger tips of dominant hand imprinted on blood agar plates after hand washing for 40, 60, 80 and 2 min. To assess the transmission, Volunteer2 touched the fingertips of volunteer1 for 10 seconds and imprinted them on blood agar plates. All plates were incubated overnight. Bacterial colonies were identified, counted and given a score.

**Results:** Residual bacterial colonies were present after washing for 60 seconds.

Moreover, it was observed that gram-negative bacteria exhibited a higher count of residual bacterial colonies compared to gram-positive bacteria. The duration of hand washing increased, the number of remaining colonies decreased. This finding was further corroborated by the examination of volunteer 2's fingertip samples, confirming the occurrence of potential bacterial transmission.

**Conclusion:** Washing hands according to WHO guidelines may not completely eliminate bacterial contamination of hands especially when the hands are heavily contaminated. This emphasises the importance of thorough hand washing and need for barrier precautions such as gloves when a heavy contamination of hands is expected.

<sup>1</sup>*Registrar in Medical Microbiology, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.*

<sup>2</sup>*Consultant Microbiologist, Sri Jayawardenapura General Hospital, Sri Lanka.*

### OP 04

**Complementary feeding practices and associated factors among mothers of 12-month-old children in Jaffna district in Sri Lanka**

*Aathirayan S.<sup>1</sup>, Galappatti D.I.<sup>2</sup>, Gunawardana M.D.U.B.<sup>1</sup>, Kumarendran B.<sup>3</sup>*

**Objective:** To assess the practices on complementary feeding and its associated factors among mothers of 12-month-old children in Jaffna district.

**Methodology:** A cross-sectional study with analytical components was carried out at Child Welfare Clinics in Jaffna district with a sample size calculated by a statistical formula. Study population included 12-month old baby-mother dyads. Cluster-sampling was done with a cluster being a CWC. An interviewer-administered questionnaire and a data-extraction-tool were used. Knowledge and practices of mothers on complementary feeding were assessed with a tool compiled with expert inputs. Chi-square test at 5% significance

level was used with Odds Ratio as the effect measure.

**Results:** Sample included 418 baby-mother dyads with a response rate of 82.7%. Among the participants, 271 (64.8%) had commenced complementary feeding at six months. Of them, 269 (64.4%) mothers gave three main meals, 255 (61.0%) mothers gave 2 snacks in between main meals. Majority of the mothers identified hunger cues (n=281, 67.2%) and practised responsive feeding. Most of the children used to eat by themselves with or without the help of family members (n=289, 69.1%). Among mothers, 48.6% (n=203) had practice scores above mean. Mothers' educational status [OR (95% CI) = 0.46(0.31 to 0.68)] and occupational status [OR (95% CI) = 0.59(0.38 to 0.91)] were significantly associated with complementary feeding practices.

**Conclusions:** Overall practices of mothers on complementary feeding were not satisfactory. Dietary diversity and responsive feeding practices were good. The relatively poor practices observed among working mothers and those with a lower education level must be explored with multivariable analysis in future research.

**Key words:** Complementary feeding, practices on complementary feeding; Jaffna district, responsive feeding

<sup>1</sup>*Medical Officer, Provincial Directorate of Health Services Office, Western province, Sri Lanka.*

<sup>2</sup>*Registrar in Community Medicine, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.*

<sup>3</sup>*Professor in Community Medicine, Faculty of Medicine, University of Jaffna, Sri Lanka.*

## OP 05

### **Risk of obstructive sleep apnea among patients with acute coronary syndrome: A clinical audit**

*Herath Y.B.<sup>1</sup>, Hettiarachchi H.A.C.L.<sup>1</sup>, Bhagya K.A.H.<sup>1</sup>, Herath J.<sup>1</sup>*

**Introduction :** Obstructive Sleep Apnoea (OSA) affects 2-4% of the adult population

and is known to be associated with several conditions like ischemic heart disease, atrial fibrillation, stroke and hypertension. Although OSA and ischemic heart disease share common risk factors, studies show that OSA independently increases the risk of cardiovascular disease.

**Objective :** Identify the risk of obstructive sleep apnea, among patients with acute coronary syndrome(ACS).

**Methodology :** This clinical audit was conducted in 150 inward patients diagnosed with acute coronary syndrome at a tertiary care hospital. Data was gathered by an interviewer administered questionnaire with the consent of the patient. The risk of OSA was identified using the STOP-Bang scoring system which is a validated score to screen for OSA.

**Results :** Among the enrolled patients 87.5% were more than 50 years of age with 75.7 % being males. 23.1.% were diagnosed with unstable angina while 35.1 % had ST elevated myocardial infarction and 41.8 % had non ST elevated myocardial infarction. The mean weight of the study population was 65.8 kg. 77(64.7%) patients had diabetes mellitus while 71(59.7%) had dyslipidemia. 100(65.8 %) patients were treated for hypertension. The STOP-Bang score was 3 or more in 114 (76.5% ) indicating the majority are at high risk of having OSA.

**Conclusion :** This clinical audit demonstrates the majority of patients with ACS are at risk of having undiagnosed OSA. Therefore the need arises to diagnose and treat such high risk patients to reduce morbidity and mortality. We intend to launch the second phase of this audit using polysomnography.

<sup>1</sup>*Department of Cardiology, Sri Jayewardenepura General Hospital, Sri Lanka.*



## OP 06

### Associations Between Time Interval From The Onset Of Symptoms Of Appendicitis To Appendectomy And Postoperative Complications.

Rajapaksha R.A.M.N.<sup>1</sup>, Mahipala C.H.G.<sup>1</sup>

**Introduction:** Acute appendicitis is a common cause of acute abdomen with the individual lifetime risk of appendicectomy is 8.6% and 6.7% for male and female respectively.

**Objectives:** This study was conducted to find a relationship between the time interval from the onset of symptoms of appendicitis to appendectomy and postoperative complications and to find whether the delay has an impact on the duration of the surgery.

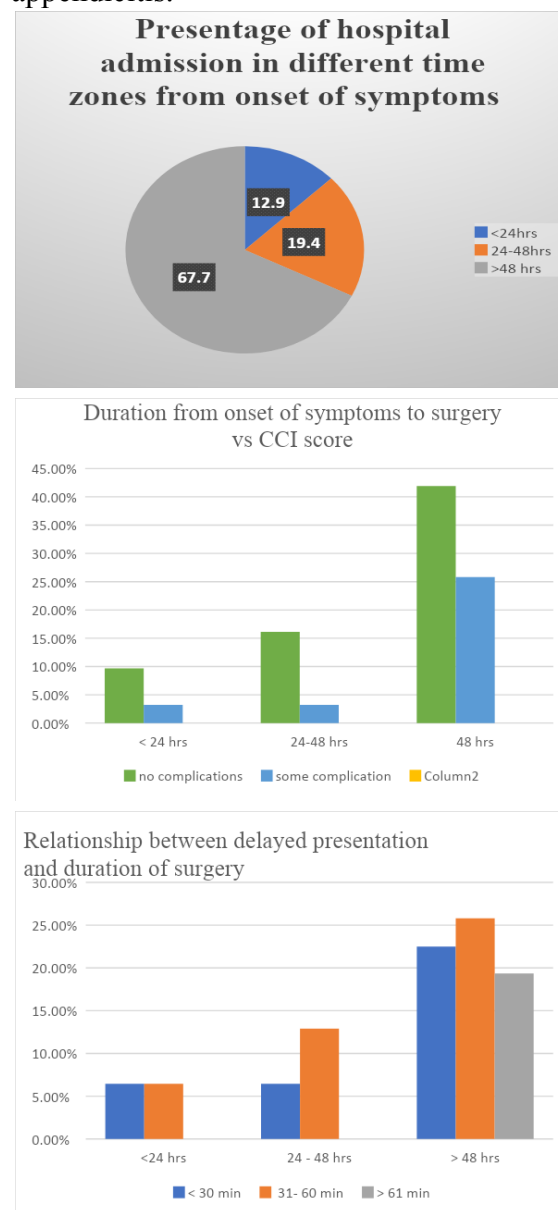
**Method:** Prospective observational study conducted among 31 people and data analysis done by using SPSS to determine time dependent associations between delay of surgery and complication. The postoperative complications were graded according to the Clavien-Dindo classification.

**Results:** In this study population mean age is 24.32 with a range of 6 to 65 years. The percentage of patients who underwent appendectomy within <24hrs, 24-48hrs, and > 48 hrs respectively 13%, 19%, and 68%. During the study, we noted that patients who have undergone appendectomy after 48 hours of the onset of symptoms tend to develop more complications (38%) than the other two categories. The commonest complication noted in this population is surgical site infections which require intravenous antibiotics.

Also, we have identified that delayed presentation has caused a prolonged duration of surgery. Among the patients who underwent surgery after 48hrs, 6 patients (19.35%) took > 60 min and 8 patients (25.80%) took 31-60 min to complete the surgery.

**Conclusion:** According to this study the extended time interval from onset of symptoms to appendicectomy has proven to

increase the postoperative complications and duration of surgery in acute appendicitis.



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## Oral Presentation – Session 02

### OP 07

#### **Teicoplanin Induced Fever, as a differential diagnosis**

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**Introduction:** Several classes of drugs including antimicrobials produce drug fever and this may be ranging from a mild fever to malignant hyperthermia. This fact raises the importance of clinicians to be aware of the drug induced fever.

**Case Description:** We present 3 case scenarios of Teicoplanin induced fever noticed in patients with different surgical conditions during the year 2021. Fever appeared a few days after starting antibiotics and remained despite improvement of biochemical markers and subsided after a few days of omission of the antibiotics therapy.

**Discussion:** Among the few reported cases around the world, Teicoplanin is identified as a drug causing fever and typically it goes a few days beyond the omission of the therapy. We followed up our patients' using a series of biochemical markers and microbiological cultures. In our observations, we also noticed a similar pattern of the condition.

**Conclusion:** Teicoplanin is an antimicrobial which can cause antibiotic induced fever and the fever may persist after a few days of cessations of the antibiotics. Clinicians should be aware of the condition as a differential diagnosis when prescribing the drug as this may cause significant impact on the final outcome of the patients' condition.

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### OP 08

#### **Surveillance of Surgical Site Infections improved by telephone interviews.**

*Opatha S.<sup>1</sup>, Jayatilleke S.K.<sup>2</sup>*

**Objective:** Surgical site infections (SSI) are leading and preventable healthcare-associated infections causing increased morbidity, mortality, and high healthcare costs. Surveillance is an important strategy in preventing SSIs. In Sri Lanka, due to the poor referral system, patients present to different healthcare settings for care, and therefore data collection is incomplete through SSI surveillance done in a conventional manner. Our research studied the incidence of SSIs using telephone interviews as a surveillance method and compared it to routine surveillance.

**Methodology:** A surveillance study was carried out from February to June 2022 at Sri Jayewardenepura General Hospital, Sri Lanka, using 225 patients. Patients were contacted through telephone interviews at 7 days and 30 days postoperatively, assessed for the occurrence of SSIs according to CDC surveillance case definitions and calculated the incidence of SSIs. This was compared with the data collected by the Infection Prevention and Control nurses during their routine surveillance.

**Results:** Telephone-based surveillance had a patient compliance rate of 88% following two attempts. It detected an incidence of SSIs of 8.4 %, which is significantly higher than the rate detected by conventional methods which was 1.77%.

**Conclusion:** Telephone-based surveillance is effective in improving the detection of SSIs in our setting. However, more research is needed to address its cost-effectiveness, feasibility, sensitivity, and specificity in detecting SSIs.

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## OP 09

### **Prevalence, phenotypes of beta lactamase and clinical response to empirical therapy of Urinary Tract Infections caused by third generation cephalosporin resistant Enterobacteriaceae in a tertiary care hospital.**

Perera Y.K.<sup>1</sup>, Chulasiri P.U.<sup>2</sup>, Jayatilleke S.K.<sup>3</sup>

**Introduction/Objectives:** To determine the prevalence, phenotypes of beta lactamase and to describe the clinical response to empirical therapy of urinary tract infections (UTIs) caused by third generation cephalosporin resistant Enterobacteriaceae in a tertiary care hospital.

**Design:** A descriptive cross sectional study.

**Setting:** Sri Jayewardenepura General Hospital.

**Methodology:** The study was conducted among patients with symptomatic UTIs with urine and/or blood culture isolating Enterobacteriaceae. ABST was performed according to the CLSI method. Third generation cephalosporin resistant isolates were identified by using routine diagnostic methods. Phenotypes of beta lactamase were detected using the combination disc method and carbapenemase inactivation method. Response to empiric antibiotic therapy was analysed by using data from patient medical records in patients having isolates with third generation cephalosporin resistance.

**Results:** A total number of 356 patients, with a mean age of 55.8 years were included out of which 223 (62.6%) were females. 184 (51.7%) of the isolates were third generation cephalosporin resistant and included 109 (59.2%) *E. coli*, 69 (37.5%) *K. Pneumoniae* and 2 (1.1%) *P. mirabilis*. The phenotypic identification of beta lactamases revealed 124 (67.4%) ESBL, 8 (4.3%) AmpC, 5 (2.7%) both ESBL and AmpC and 41

(22.2%) Carbapenemases- KPC and Serine. 138 patients received empiric antibiotic therapy. Improved clinical response by the third day of therapy was evident among 86 (62.3%) patients, out of which 36 (41.9%) were receiving a third generation cephalosporin as empiric therapy.

**Conclusion:** Multiple resistance mechanisms including carbapenemases were present in the Enterobacteriaceae causing UTI. In spite of the isolate being resistant to third generation cephalosporins, improved clinical response to those were observed.

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## OP 10

### **Clinico-demographic Profile and Histological Findings of Patients Undergoing Thyroidectomies for Suspicious Thyroid Nodules at Ward 08 Sri Jayawardenapura General Hospital**

Gayanga Kottegoda, Dilini Kannangara, Janani Bhagya, Sandeepa Dadigamuwage, Subhashana Gunawardena

**Introduction:** The decision to perform a thyroidectomy for a clinically suspicious thyroid nodule (TN) will be based on several factors including ultrasonographic findings and/ or fine needle aspiration cytology (FNAC). Even following ultrasonography and FNAC, some TNs are indeterminate with respect to malignancy. Increasing age, male gender, personal history of malignancy, family history of endocrine malignancies and radiation to the neck are well-established risk factors. There is recent evidence suggesting that higher preoperative sTSH levels are associated with differentiated thyroid malignancy (TM).

**Methods:** A retrospective study was conducted on subjects who underwent thyroidectomy for TNs between January 2019 and December 2022. Thyroidectomies for other indications (e.g.: Graves' Disease) were excluded. Data was collected using medical records and interviews. Statistical analysis was performed using SPSS.

**Results:** Out of 108 subjects, 94 (87.0%, mean age 45.8 years) were female, and 14 (13.0%, mean age 43.8 years) were male. Eighty-four (90, 83.3%) underwent total thyroidectomy and 18 (16.6%) underwent thyroid lobe-isthmectomy. Histologically confirmed thyroid malignancy was present in 19 (17.6%); 16 (84.2%) females and 3 (15.8%) males. Papillary thyroid cancer was the predominant variant (17, 89.4%). Nodal disease was present in 4 (21.0%) but no metastatic disease. No statistically significant ( $P < 0.05$ ) difference between preoperative sTSH in TM (mean sTSH 1.378  $\mu\text{IU/ml}$ ) and benign nodules (mean sTSH 1.350  $\mu\text{IU/ml}$ ) was noted.

**Discussion and Conclusions:** Even following ultrasonography and FNAC, a decision to perform a thyroidectomy is difficult. Further studies into other parameters aiding the decision-making will be useful.

## OP 11

### Antibiotic use prior to collection of urine samples for culture

Senaratne N.<sup>1</sup>, Jayatilake S.K.<sup>2</sup>

**Objectives:** To compare the antimicrobial substance assay results of urine samples which were reported as culture negative with history of prior antibiotic use and to assess the category of prescriber of the antibiotics and the reason for use of antibiotics before collection of urine samples for culture.

**Methodology:** A laboratory based cross sectional study was carried out at Sri Jayewardenepura Hospital. Urine samples which were reported as no growth were used for this study. Presence of

antimicrobials in the urine samples were detected by disc diffusion bioassay. Appearance of any zone of inhibition around the discs which were impregnated with urine was considered as the presence of antimicrobials in urine. Results of this test and the history of the prior antibiotic use were compared.

**Results:** Out of total 237 participants, 131 patients were exposed to antibiotics prior to collection of urine samples according to gathered information but 144 (60.7%) urine samples had antibacterial substances. Majority of the patients (99/131, 75.6%) were exposed to antibiotics after admission. Antibiotic history was not documented in 35% (83/237) of total request forms.

**Conclusion:** More than half of the urine samples without a history of prior exposure to antibiotics according to request forms, had urine antimicrobial activity, reflecting that it is not a reliable indicator of antibiotic use. Majority of study participants were given antibiotics before taking cultures and most of them were exposed to antibiotics after admission to the hospital. This was mainly due to not considering UTI as a differential diagnosis when a patient was admitted with fever without a clear focus of infection.

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## OP 12

### Laparoscopic vs Open Partial Nephrectomy for Renal Tumours : First Sri Lankan Experience

Wickramasekera C., Manikkage Y.M., Widanapathirana J., Ratnayake S.M., Perera H.M.C.N.M., Wijerathne W.M.S.S., Karunathilake K.D.I.P., Herath H.M.M.N.B., Alahakoon C., Rajasinghe J., Pilimalawwe C., Seneviratne L.N.



**Introduction :** Partial nephrectomy is the standard care for small renal masses <4 cm. Partial nephrectomy has demonstrated equivalent oncological outcomes with the added advantage of decreasing renal insufficiency when compared to radical nephrectomy. However laparoscopic partial nephrectomy(LPN) requires a higher level of expertise and greater facilities than for open partial nephrectomy(OPN) which provides better functional outcomes to patients.

**Method :** The surgical, oncologic, and functional outcomes were retrospectively compared of LPN to OPN. Between January 2017 and July 2023, 26 LPNs and 22 OPNs were performed. Their intraoperative and postoperative data, oncologic and functional outcomes were compared statistically.

**Results:** The patients' demographics were matched. Co- morbidity profile and tumour biology was statistically comparable. However the renal nephrometry scores were higher in OPN group. Surgical time, vascular clamping time was equal in both groups. Blood loss, and postoperative hospitalisation days were shorter in the LPN group ( $p < 0.01$ ). The total complications were comparable; however, LPN had less wound related issues. Both LPN group and OPN group were followed up for a mean time of 44 months and 46 months respectively. All patients survived and no distant metastasis were observed. There were margin positivity in 6. Two ended in completion nephrectomy ( one negative, one positive recurrence) while other 4 on surveillance with no recurrence so far. The reduction of renal functions were similar between the two groups.

**Conclusion :** LPN provides similar results in oncologic and functional outcomes when compared to OPN. Wound related complications are less in the LPN group. Long-term observations are still required to the oncologic and function outcomes.

## Oral Presentation – Session 03

### OP 13

#### **Evaluating the safety of complex living renal donors compared with donors that meet the standard criteria for kidney transplantation**

*Manikkage Y.M., Ratnayake S.M., Wickramasekera C., Widanapathirana J., Perera H.M.C.N.M., Wijerathne W.M.S.S., Karunathilake K.D.I.P., Herath H.M.M.N.B., Alahakoon C., Pilapitiya D., Rajasinghe J., Pilimalawwe C., Seneviratne L.N.*

**Introduction:** Living renal donors with unfavourable medical or surgical characteristics referred to as complex donors (CD) should not be excluded from donation in a resource poor setting. Although the outcomes with such grafts can be marginally inferior to those of standard criteria donors (SD), it has raised concerns as to which acceptance criteria should be deemed safe.

**Method:** A retrospective study was conducted at Sri Jayawardenapura General hospital, from January 2013 to December 2022, where all donors were analysed. The following were categorised as medically complex donors: age >60 yrs (M1), BMI >30 kgm<sup>-2</sup> (M2), Blood pressure > 140/90 mmHg (M3), eGFR < 60 ml/min/1.73m<sup>2</sup> (M4), Impaired glucose tolerance (M5) - PPBS 140-179 mg/dl with HbA1c 5.7%-6.3%, asymptomatic microalbuminuria (M6) 30-300 mg/L, non-visible hematuria (M7) - urine RBC >5 HPF while multiplicity of vessels (S1), co-existent visceral aneurysm (S2), bifid pelvis with duplex ureters (S3), solitary nephrolithiasis (S4), renal cyst >5cm (S5) were categorised as surgically CD. We compared the outcomes of the CD against SD as well as their graft outcomes.

**Results:** 235 donor nephrectomies were carried out, of which 76 (32.3%) were CD. The observed complexity was M1 to M7; 6,9,2,2,1,1,3 and S1 to S5; 37,1,2,10,2 respectively. From surgical complex group

backbench reconstructive techniques comprised of bifid and trifid trousering in 12, separate implantation of 3, ligation of small upper polar artery in 2, concomitant splenic artery aneurysm repair with spleen preservation in one. Duplex ureters were anastomosed using brickker method. Ex vivo calyceal stone were removed using flexible cystoscopy through a pyelotomy. All but three kidneys (SD=1, CD=2) which had delayed graft function all others began to function within one month. Two kidneys had to be explanted due to mycotic aneurysms within the first month. All donors were followed up according to standard protocol for a minimum of one year. At mean follow up at 54 months there were 2 reported deaths (SD=1, CC=1) which were unrelated to kidney donation. Adverse medical issues were reported in 10 patients (SC=4, CD=6). There was a significant fall of eGFR in both groups but no statistical significance was evident (P=0.09). The overall functional graft survival at follow up for SD =81.4% and CD=82.1%.

**Conclusion:** CD must be used cautiously but should not be excluded altogether from donation in setting where alternative renal replacement therapy is not easy to find. Among complex surgical donors those with complex vascular or ureteral anatomy and isolated stones, provided recipients with good quality grafts and should not be precluded from donation.

### OP 14

#### **Comparative study between kidney transplantation with deceased donor standard criteria donors vs expanded criteria donors**

*Ratnayake S.M., Manikkage Y.M., Wickramasekera C., Widanapathirana J., Perera H.M.C.N.M., Wijerathne W.M.S.S., Karunathilake K.D.I.P., Herath H.M.M.N.B., Alahakoon C., Pilapitiya D., Rajasinghe J., Pilimalawwe C., Seneviratne L.N.*

**Introduction:** Despite a well-functioning living donor kidney transplant programme, the increase in the number of patients on kidney transplant waiting list is rising. This has led to an attempt to increase the number of potential donors by introducing a deceased donor programme in Sri Lanka. However, incorporating donors that previously would not have been considered optimal, expanded criteria donors (ECD), is being increasingly used. Kidney transplant from deceased donors has shown improved patient survival compared to those who remain in dialysis.

**Objective;** To compare renal functions and survival of transplant recipients who received a kidney as standard criteria donors (SCD) vs expanded criteria donors (ECD)

**Method:** The study enrolled 73 kidney transplants derived from 82 donors performed between October 2016 and August 2023. Organs were donated from 46 (56%) SCDs, and the remaining 36 (44%) were from ECDs (age >60 or >50 Y with two or more comorbidities among blood hypertension, death from cerebrovascular accident, or terminal serum creatinine levels >1.5 mg/dL). Of ECD, 18 kidneys were used as dual implantation for nine recipients. The log-rank test was used to compare the difference in survival. The Chi-square test was used to compare the occurrence of postoperative complications and postoperative renal function.

**Result:** There were 46 SCD transplants, whereas 27 ECD transplants. At a median follow up of 27 months, there were ten deaths in SCD while six deaths in ECD. The main cause for graft loss was sepsis. Analysis showed that grafts and patients' survival at one year were no difference between groups. ( $P=0.13$ ). There was more delayed graft function in the ECD group (11 vs. 9,  $P=0.4$ ) but was not statically significant. The estimated glomerular filtration rate (eGFR) in the ECD group was higher than that in the SCD group at 3 months, but there was no difference at one year post-transplant.

**Conclusion:** When carefully selected and when indicated, dual implantation of ECD-derived kidneys shows comparable graft and patient survival results when compared to SCD-derived kidneys. Therefore, ECD should not be excluded as potential donors during the organ donation process.

## OP 15

### Off pump coronary artery bypass (OPCAB) vs multi-vessel minimally invasive direct coronary artery bypass graft (MV MIDCAB) surgery in coronary revascularization-a comparative study

Nishanthan S<sup>1</sup>, Jayathissa H.R.O.D<sup>2</sup>, Rajitha Y. de. S<sup>3</sup>

**Introduction:** Minimally invasive multi-vessel MIDCAB surgeries are a good alternative to conventional midline sternotomy OPCABs as they cause less surgical trauma and faster recovery.

**Objectives:** To Compare the safety and outcome of multi -vessel MIDCAB surgery with OPCAB surgery

**Design:** Retrospective case matched comparative study

**Setting:** In a single unit at the cardiothoracic surgical division of Sri Jayewardenepura General Hospital

**Methodology:** This study was conducted using data from BHTs of all patients who underwent Multivessel MIDCAB surgery and 363 patients who underwent OPCAB from January 2018 till May 2023 in a single unit. The cohort of 59 patients who underwent Multivessel MIDCAB were matched with a cohort of 59 patients who underwent OPCAB surgery in terms of age, sex, ejection fraction category and NYHA class. The outcome is compared in terms of MACCE (Major adverse cardiovascular and cerebral events), blood transfusion, post op hospital stay and post op ICU stay. Descriptive analysis was done by SPSS version 23.

**Result:** MACCE were not seen in both cohorts. Post op ICU stay was 3.49days

( $\pm 2 \times 1.62$ ) and 3.64 days ( $\pm 2 \times 2.84$ ) ( $p > 0.05$ ) respectively for OPCAB and MV MIDCABs. Post op hospital stay was 7.03 days ( $\pm 2 \times 2.59$ ) and 6.71 days ( $\pm 2 \times 2.14$ ) ( $P > 0.05$ ) respectively for OPCAB and MV MIDCABs. Blood transfusion rates too did not show any significant difference. In MV MIDCAB cohort, there were two grafts in 88.1% and three grafts in 11.9% of cases.

**Conclusion:** Multi-vessel MIDCAB surgery shows comparable results in safety and outcome when compared to OPCAB surgery in this study.

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## OP 16

### Perceptions of primary caretakers, on screen time of young children in an urban Sri Lankan setting.

Dharmawardhane M.P.<sup>1</sup>, Fernando U.P.M.<sup>2</sup>, Wijesinghe M.S.D.<sup>3</sup>

**Introduction/Objectives:** Parental perception on their children's screen time, remains a major influencing factor in determining children's screen exposure. The study aims to describe the association between parental perceptions and excessive screen usage among young children of one to three years old in an urban Sri Lankan setting.

**Design and Setting:** This was a clinic-based descriptive cross-sectional study done in Kolonnawa Medical Officer of Health Area.

**Methodology:** Participants were selected from a cluster sampling method. The perceptions of primary caretakers were assessed with a self-administered questionnaire (SAQ). Data analysis was done using the Statistical Package of Social Sciences. Chi Square test was used with a

5% significance level. Ethical clearance was obtained from the Ethics Review Committee- Postgraduate Institute of Medicine, Colombo.

**Results:** Total of 511 primary caretakers of one to three-year-old children were recruited.

Prevalence of excessive screen usage was 75.3%. (n=385). Out of total study participants, 295 (58.0%) had perceived that their children had adequate or small amounts of screen time. Primary caretakers who perceived reducing their children's screen time as a challenge, were less likely to have children with excessive screen usage ( $p < 0.05$ ).

**Conclusion:** Even though the prevalence of excessive screen usage is high, the majority of the primary caretakers had perceived that their children were having a small or adequate amount of screen time. More research is encouraged on factors influencing the perceptions of caregivers.

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## OP 17

### Barriers to adopt positive attitudes and practices on prevention of non-communicable diseases among medical postgraduate trainees attached to selected hospitals in Colombo district

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**Introduction and Objectives:** Medical postgraduate trainees are future specialists who will be the clinical and policy decision makers of the health system. Hence caring for their own health is critically important as this will ensure 'healthy' health care work-force in future which in turn will enhance the quality of the health system.

To obtain an insight into the barriers to adopt positive attitudes and practices on prevention of Non-Communicable Diseases (NCDs) medical postgraduate trainees attached to selected hospitals in Colombo district.

**Methods:** A qualitative study was conducted among purposefully-selected participants among medical postgraduate trainees in selected hospitals in Colombo. Three Focus Group Discussions each with 8 participants were conducted. A semi-structured questionnaire was used. Findings were transcribed and coded into the key themes and supported by quotes. The ethics approval was obtained from the ethics review committee of Postgraduate Institute of Medicine (PGIM), University of Colombo.

**Results:** The median (IQR) age of the participants was 35 (30 to 42) years with a male: female ratio of 19:5. Examples of identified codes include; type of residence, availability of time and food, number of working hours, type of work, trainer and social expectations. Lack of conducive environment, poor motivation and lack of priority and social norms were the three themes identified related to barriers for adopting positive attitudes and practices on prevention of NCDs.

**Conclusions:** Barriers at personal, family and work-related levels exist for adoption of preventive practices. Healthy policies and education are recommended to improve practices on prevention of NCDs.

**Key words:** Medical postgraduates; Non-communicable disease prevention; practices and attitudes on NCDs, barriers for preventing NCDs

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## OP 18

### **Prevalence and factors associated with human colonisation and distribution of vancomycin MIC of *Staphylococcus aureus* including MRSA, in Colombo District, Sri Lanka.**

*Wijesinghe C.N.<sup>1</sup>, Bandara W.M.S.P.J.<sup>1</sup>, Jayatilleke S.K.<sup>2</sup>*

**Objectives:** *Staphylococcus aureus* is known to cause a wide variety of disease conditions to humans. Objectives of the study were to determine the prevalence of *Staphylococcus aureus* (SA) and methicillin resistant *Staphylococcus aureus* (MRSA) colonisation, to assess associated factors for MRSA colonisation, to detect antibiotic susceptibility patterns of MRSA and to determine the distribution of vancomycin minimum inhibitory concentrations (MIC) in SA isolated from Colombo District, Sri Lanka. Factors associated with high vancomycin MIC values ( $\geq 2$   $\mu\text{g/ml}$ ) were also evaluated here.

**Design:** Descriptive cross sectional study

**Setting:** Community based study setting

**Methodology:** Total of 341 participants, aged more than 18 years were selected randomly from Colombo district. Samples were collected from nose, axilla, groyne and identification was done using microbiological, biochemical methods.

**Results:** Prevalence of SA and MRSA colonisation among the population in Colombo district was 34.6 % and 13.78 % respectively. All MRSA isolates were susceptible to linezolid. Gentamicin (86%), co-trimoxazole (88 %), chloramphenicol (80%) had high susceptibility for MRSA. Erythromycin had the lowest susceptibility (20%). 31% of the isolates demonstrated inducible clindamycin resistance. Meat consumption and consumption of antibiotics within the last 6 months has demonstrated a significant association with MRSA

colonisation. Vancomycin MIC of SA ranged from  $\leq 0.5 - 2 \mu\text{g/ml}$ .

**Conclusions:** As prevalence of MRSA colonization is 13.78%, more attention should be paid when managing suspected SA infections presented from the community. Further researches on associated factors are warranted with larger sample size and different study design to formulate national regulations.

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## Poster Presentation – Session 01

### PP 01

#### **An audit on subtraction cystometry and uroflowmetry in the management of urinary incontinence in a tertiary care hospital in Sri Lanka**

*Wijayarathna Y.A.C.N.<sup>1</sup>, Ranatunga R.J.K.L.D.<sup>1</sup>, Karunarathna S.M.G.<sup>2</sup>*

**Introduction:** Urinary incontinence is the involuntary leakage of urine usually occurs with increased intra-abdominal pressure or with the urge to pass urine. It may be present as a combination of urological symptoms where diagnosis becomes complex.

Urodynamic studies consist of both the filling or the storage phase and the voiding phase of the bladder, giving us the measurements to assess the function and dysfunction of the Lower Urinary Tract (LUT).

**Objectives:** To measure the number of women with urodynamically confirmed urinary incontinence and how the definitive management has been changed according to the study result.

**Method :** The audit was done retrospectively with patients attending for urodynamic studies from November 2022 to May 2023 at Sri Jayewardenepura General Hospital, Kotte.

The patients were given the consent form and symptom assessment questionnaire and asked to fill the bladder diary which was assessed prior to the study. The data were collected by tracing the urodynamic test results of 23 patients. Simple proportion was used to analyse the data.

**Results and the discussion :** Patients were included from the age of 41 years to 79 years. After analysis of the symptoms and bladder diary, there were 12 patients (52%) with mixed incontinence with urge predominant incontinence and 2 patients(8.6%) with the predominant symptom was not clear. Five patients (21%) had an apical or anterior wall prolapse

associated with stress incontinence, two patients(8.6%) had undergone surgery for utero-vaginal prolapse and two patients(8.6%) had voiding dysfunction.

However, only six patients(26%) had detrusor over-activity, but seven patients(30%) had urodynamic stress incontinence among them only 2(8.6%) had a prolapse and only one patient(4.3%) demonstrated voiding dysfunction during the subtraction cystometry and uroflowmetry. The study revealed that further assessment with ambulatory urodynamics and video urodynamics will provide better results in women who had symptoms but were negative in urodynamic assessment. Standards described by the ICS were maintained during the assessment.

**Conclusion :** Urodynamic assessment provides a more objective assessment of symptoms which helps to improve management decisions and patient outcome.

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### PP 02

#### **A case of uterine scar ectopic presented with uterine rupture - “A diagnostic dilemma”**

*Wijayarathna.Y.A.C.N.<sup>1</sup>, Karunarathna S.M.G.<sup>1</sup>*

**Introduction :** Ectopic pregnancies in caesarean section scars (CSPs) are extremely rare, representing 0.4% of all pregnancies and constituting 6% of all ectopic pregnancies in patients with a history of a previous caesarean section.

**Case presentation :** A 37-year-old woman (gravida 3, para 2), who had undergone two previous caesarean sections, and second of which had been complicated with placenta accreta spectrum disorder (placenta accreta)

presented to the gynaecology clinic at 8 weeks of period of amenorrhoea for her booking visit.

Transvaginal sonography (TVS) revealed an antevert uterus with a GS in the anterior myometrium of the lower part of the uterus in the region of the isthmus. A live embryo of crown-rump length (CRL) 26.2 mm corresponding to nine weeks and three days was seen. These sonographic findings with a history of previous Caesarean sections were considered highly suspicious for Caesarean scar ectopic pregnancy. Therefore, She was referred to a specialised centre for further management after explaining the possible risks and the management options to the patient.

She was admitted one month after the initial scan with acute onset abdominal pain and vaginal bleeding, with evidence of hypovolemic shock. The transvaginal scan revealed a live foetus in the lower part of the uterus close to the previous scar and a very thin myometrial wall with a massive amount of free fluid in the hepato-renal pouch. Immediate fluid resuscitation and blood transfusion were carried out and the woman was taken into the theatre for an emergency laparotomy under general anaesthesia. More than 1.5 litres of blood were noted in the peritoneal cavity with evidence of ruptured scar ectopic pregnancy through the myometrium. The decision was made to proceed with a hysterectomy, followed by bilateral ligation of internal iliac arteries, and managed to do so successfully.

**Discussion :** Scar pregnancies with minimal or absent overlying myometrium should be diagnosed in the first trimester and carry an increased risk of haemorrhage and uterine rupture.

CSP can be managed conservatively by medical treatments or surgically, but there is no standardised approach for its treatment. Management decisions are dictated by gestational age and size, severity of implantation abnormality, clinical stability, and patient's desire for future fertility.

**Conclusion :** Early recognition by imaging and prompt diagnosis of CSP is critical to prevent maternal morbidity and mortality.

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### PP 03

#### Case report-Cohen syndrome

*Karunanayake R K.<sup>1</sup>, Weerasekera M.<sup>2</sup>.*

**Introduction:** The Cohen syndrome was first described by Cohen et al in 1973. There are about 1000 children identified with this syndrome. It is an Autosomal Recessive disorder. **Horn et al. proposed the presence of at least three major criteria and one minor criterion to establish the diagnosis of Cohen syndrome.**

**Major criteria** short stature, hypotonia, microcephaly, intellectual disability, chorioretinal dystrophy, and narrow hands and feet

**Minor criterion** -facial abnormalities, truncal obesity, neutropenia or myopia

**Facial features** include large ears, prominent root of the nose, low hairline, highly arched eyelids, long, thick eye lashes, thick eyebrows, high and narrow palate, short philtrum, prominent upper central incisors.

**Case report:** Seven year old girl presented with speech delay and severe learning difficulties. She is a product of healthy parents. On examination she was a friendly child with normal weight and height. She has **hypotonia, microcephaly, intellectual disability, kyphoscoliosis , narrow hands and feet.**

**Facial dysmorphic features** include down slanting palpebral fissures, low set long ears, **low hairline, prominent maxillary incisors and high arched palate.** Her visual assessment revealed **myopia** and bilateral ectropion uveae.

Multidisciplinary care was initiated .Her life skills are remarkably improving with current holistic management.

**Discussion and conclusion:** This child fulfils the criteria for Cohen syndrome.

Children with this syndrome have non-progressive intellectual disability and able to learn new concepts

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#### PP 04

##### **Factors affecting the outcome of aortic aneurysm repair. A single unit experience**

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**Objectives:** To assess the factors affecting the outcome of aortic aneurysm (AA) repair.

**Methodology:** AA repair done at the university vascular and transplantation unit at the National Hospital of Sri Lanka, Colombo from January 2021 to December 2022 were included. Data on patients demographics, operative details and outcome were collected

**Results:** 21 patients were included. All were males. Mean age was 69 years (56-92). There were 12 (57%) elective and 9 (43%) emergency repairs. 5 (23.8%) patients died in the perioperative period. Mean aortic clamp time (CT) of patients who died in perioperative period and who survived were 60.8min (34-88) and 65.3min (38-105). This was not statistically significant. Mean blood loss was 1516 ml (650-2620) in patients who died and 1131ml (220-2300) in patients who survived. Intraoperative blood loss was significantly associated with mortality (p=0.0001)

Mean CT of emergency repair and elective repairs were 61.4 min (34-102) and 66.3min (42-105). The CT difference was not statistically significant. Mean blood loss in emergency repairs was 1583.3 ml (650-2620) and 952.9ml (220-1510) in elective repairs. Emergency repair was

significantly associated with high blood loss (p=0.0001)

**Conclusion:** Emergency AAA repair is associated with high intraoperative blood loss when compared to elective repair. High intraoperative blood loss was significantly associated with high mortality (p=0.0001).

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#### PP 05

##### **Case series – Independent walking in toddlers**

*Karunanayake R.K.<sup>1</sup>*

**Objective:** To find out an alternative method instead of parallel railing to encourage independent walking in toddlers.

**Design:** Case series

**Setting:** Paediatric Special Needs (PSN) clinic at SJGH.

**Method:** Independent walking is achieved between 10 months and 18 months of age. The median age is 12 months. Limit age is 18 months.

There are many reasons for delay in independent walking such as premature birth, cerebral palsy and various syndromes, etc.

To help children achieve independent walking parallel railing is used. This is not freely available. We need to use alternative similar methods.

One method is that the mother sits on a chair and her legs resting on a stool. Baby can walk holding on to her legs.

Babies who are more than 18 months of age with delay in independent walking but cruising holding onto furniture were selected. Their mothers were informed of the above method. These babies were reviewed in 2 weeks. The data was collected from clinic notes. Babies who did not present after 2 weeks to the clinic were excluded from this study.

At the review the babies who have achieved independent walking ability were taken as positive cases and those who had not achieved independent walking were taken as

negative cases. The percentage was calculated for positive and negative cases.

**Results** There were six babies who were eligible for this study. Four out of the six babies (66%) achieved independent walking with the above mentioned method. Two did not achieve independent walking at 2 weeks review.

**Conclusion:** Home based methods can be used to achieve independent walking in babies if parallel railing is not available.

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## PP 06

### **Retrospective descriptive study of minimally invasive direct Coronary artery bypass grafts (MIDCABs)**

*Nishanthan S.<sup>1</sup>, Jayathissa H.R.O.D.<sup>2</sup>, Amadoru H.<sup>3</sup>, Rajitha Y. de S.<sup>4</sup>*

**Introduction:** MIDCABs are performed in a very few centres in Sri Lanka.

**Objective:** To analyse the outcome of MIDCABs and the correlation between EuroSCORE (European system for cardiac operative risk evaluation) 11 and post op hospital stay

**Design:** A retrospective descriptive study

**Setting:** In a single unit at the cardiothoracic surgical division of Sri Jayewardenepura General Hospital (SJGH)

**Methodology:** This study included all the MIDCABs done from February 2014 to March 2023 with a total of 448 surgeries in a cardiac surgical unit at SJGH, Colombo. There are only 282 data available to analyse. All the data were obtained from both electronic and hard copies of BHTs available. The data was analysed using SPSS version 23.0

**Results:** The mean age of the patient population was 56.11years ( $\pm$  9.67) and 76 (27%) patients were females. NYHA class I, II, III & IV were 126(44.7%), 124(44%), 29(10.3%) and 3(1.1%) respectively. Pre-operative EF was  $\geq$ 55% in

167(73.2%), 40-54% in 58(25.4%) and 25-39% in 3(1.3%) patients. There were 212(75.2%) single-vessel MIDCABs, 55(19.5%) Multi-vessel MIDCABs and 15(5.3%) Hybrid surgeries. The grafted diseased vessels of LAD, OM1, OM2, OM3, RI, D1 were 278(81.28%), 35(10.23%), 5(1.46%), 2(0.58%), 7(2.04%), 15(4.38%) respectively. The grafts of LIMA, GSV and radial were 282(82.45%), 56(16.36%) 04(0.87%) respectively. There was no in-hospital mortality. Reopening and post-operative cardiac arrest occurred in 6(2.2%) and 4(1.5%) patients. The average ICU stay was 3.35 days ( $\pm$  1.864). The mean post-operative hospital stay was 6.52 days ( $\pm$ 3.232). There was no positive correlation between EuroSCORE 11 and Post-operative hospital stay ( $r=0.931$ ,  $P>0.05$ )

**Conclusion:** Minimally invasive direct coronary artery bypass is safe and leads to early recovery after surgery. There is no correlation between EuroSCORE 11 and post -operative hospital stay.

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## PP 07

### **The Effectiveness of Addressing Early Lactation Issues of Breastfeeding mothers by a Lactation Management Centre**

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**Introduction:** Breastfeeding offers essential health benefits to the infant. Problems in lactation are linked to increased health complications in the newborn. Lactation Management Centers (LMC) have been

established to reduce the incidence of such complications.

**Objectives:** To assess the effectiveness of a LMC in a tertiary care hospital, in identifying early lactation issues of mother-baby dyads. Additionally, to evaluate the socio-demographic, medical & psychosocial characteristics associated with lactation issues.

**Design:** This was a retrospective analytical cross-sectional study.

**Setting:** The study was conducted at the Special Care Baby Unit (SCBU) of Sri Jayewardenepura General Hospital (SJGH).

**Methodology:** Data was collected from 100 mother-baby dyads who were admitted with lactation related issues. The age of infants ranged from 24 hrs. to 10 days. Admissions were either directly from the Obstetric wards or from the Outpatient Department (OPD). Data was collected through a validated questionnaire consisting of 23 questions and analysed using SPSS software.

**Results:** The percentage of weight loss was more in the babies who got admitted from home compared to the babies who were admitted directly from the Obstetric ward after being identified as high risk by the LMC Team. There was a higher incidence of high-risk babies in mothers who underwent C sections.

**Conclusion:** LMC plays a significant role in identifying mother-baby dyads with early lactation issues. This helps to minimise complications associated with lactation failure. Some medical and psychosocial factors had statistically significant links with lactation issues.

**Key words:** Breast feeding issues, Lactation Management Center, Special Care Baby Unit, Tertiary care hospital, Sri Lanka

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## PP 08

### **Primary Squamous Cell Carcinoma of kidney with bone metastasis; A rare entity with an unusual presentation**

*Achutan K.<sup>1</sup>, Herath M.<sup>2</sup>*

**Introduction:** Primary renal squamous cell carcinoma (SCC) is a rare malignancy with nonspecific clinical presentations such as hydronephrosis. Usually renal SCC presents at an advanced stage and early metastasis is common. We present a case of a primary renal SCC in the right kidney with hydronephrosis.

**Case Presentation:** A 57 year old female came to the orthopaedic clinic with walking difficulty for the past 3 months. She was previously treated for chronic pyelonephritis. Pelvic x-ray showed a lytic lesion in the left inferior ramus. Her upper and lower gastrointestinal endoscopies were uneventful. Ultrasound scans of both breasts and thyroid were normal. Ultrasound scan of abdomen revealed right sided moderate hydronephrosis.

CT scan of right kidney favoured chronic pyelonephritis and confirmed the lytic lesion in left inferior ramus which was suspicious for a secondary deposit of a malignancy. A primary malignancy was not identified. A biopsy was taken from the lytic lesion. The patient underwent uretero renoscopy. A stricture was noted at the right side mid ureter and a J-J stent was inserted. She underwent right side debulking of the tumour with radical nephroureterectomy. Histopathology was reported as a renal SCC stage pT4 Nx M1. A biopsy of the uterine cervix was negative for tumour.

**Discussion:** SCC of the renal pelvis is associated with renal stones especially long

standing staghorn calculi. Other etiological factors include exogenous and endogenous chemicals, vitamin A deficiency, hormonal imbalance, schistosomiasis and smoking. There are some cases where an obvious etiological factor is not identified. Hypercalcemia, leukocytosis and thrombocytosis are noted as paraneoplastic syndromes. The vague symptoms, lack of pathognomic signs and nonspecific echoic pattern in ultrasonography and diverse appearances in CT leads to late diagnosis. Histological diagnosis is made after nephrectomy.

**Keywords** Squamous cell carcinoma malignancy, hydronephrosis, paraneoplastic syndromes

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## PP 09

*Streptococcus gallolyticus* bacteraemia associated with endocarditis and colonic polyps: A case report.

Hiruni Amanda<sup>1</sup>, Subasinghe S.A.S.P.<sup>2</sup>

**Background:** *Streptococcus gallolyticus* (formerly *S. bovis*) infection is well-known to be associated with infective endocarditis, colorectal neoplasia, and multiple other complications. Even though well established, the literature reveals late detection of complications such as advanced colonic carcinoma attributing to inadequacy of awareness.

**Case Information:** We report a case of successfully treated native aortic valve endocarditis and early detection of colonic polyps in a patient presented with features of acute heart failure. A 78-year-old male with hypertension, dyslipidemia, ischaemic heart disease with heart failure with improved ejection fraction (HFimpEF) and known ischaemic mitral and aortic regurgitation, admitted to medical casualty with progressive shortness of breath for 4

days. He complained of non-productive cough with chills and rigours but no fever prior to admission. He was noted to be febrile on admission and had a fast atrial fibrillation (AF). An initial diagnosis of decompensated heart failure due to lower respiratory tract infection with fast AF (possibly sepsis-induced) was made.

His admission blood culture detected *Streptococcus bovis* (*S. gallolyticus subsp. gallolyticus*), but subsequent blood cultures yielded no growth and initial transthoracic echo showed no vegetations.

However, he was actively investigated, and transthoracic echo detected endocarditis and colonoscopy showed multiple benign colonic polyps. He made a complete recovery following four weeks of antibiotics and is being followed up with surveillance endoscopies for colonic neoplasia.

**Conclusion:** This case highlights the importance of clinical suspicion in early detection of well-established complications of *Streptococcus gallolyticus* bacteremia, resulting in good patient outcomes.

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## PP 10

**A rare case of diverticulitis of the caecum presenting as clinically and radiologically suspected acute appendicitis.**

Wijesundara W.M.C.S.<sup>1</sup>, Pieris D.A.G.<sup>1</sup>

**Keywords:** Diverticulitis, Acute appendicitis

**Introduction:** Caecal diverticulitis is a rare condition. Diagnosis is difficult due to its clinical, biochemical and radiological features overlapping with acute appendicitis. Here we present a rare case of diverticulitis of the caecum presenting as clinically and radiologically suspected acute appendicitis.



**Case report:** 45 years old previously healthy gentleman presented to the surgical unit of Base Hospital Panadura with a history of right lower quadrant pain for 4 days. He had right iliac fossa tenderness with guarding and rebound tenderness compatible with the diagnosis of acute appendicitis. His inflammatory markers were slightly elevated with WBC of  $10.09 \times 10^9/L$  with a neutrophil count of 69.8% and CRP level of 34 mg/dl. Abdominal ultrasound revealed evidence of acute appendicitis.

Routine appendicectomy approach taken with modified Lance incision. Appendix was inflamed and oedematous on visual inspection. There was a thickening of the caecal wall at the junction between the appendix and the caecum, with enlarged palpable lymph nodes at the caecal mesentery. Right hemicolectomy was performed due to high suspicion of malignancy. Histology revealed complicated diverticular disease of caecum with peri diverticular inflammation with foci of suppuration close to the appendix.

**Conclusion:** Caecal diverticulitis is a rare and often misdiagnosed as acute appendicitis. Overlapping clinical, biochemical and radiological features of both diseases leads to this misdiagnosis. Failure of preoperative diagnosis leads to more extensive surgery due to high suspicion of malignancy.



**Image 1 – Shows abnormal thickening at the base of the appendix**



**Image 2 – Cut section of the caecal wall showing abnormal thickening at the base of the appendix**

## PP 11

### **A rare case of adult intussusception presented with symptoms for 3 years.**

*Wijesundara W.M.C.S.<sup>1</sup>, Pieris D.A.G.<sup>1</sup>*

#### **Keywords:**

Adenocarcinoma

Intussusception,

**Background:** Adult intussusceptions are rare and represent 1% of all bowel obstructions. 90% of adult intussusceptions have a lead point. In colonic intussusceptions this lead point is usually an adenocarcinoma. Here we present a rare case scenario of adult intussusception presented with symptoms for 3 years.

**Case report:** 76 years old lady presented to the surgical unit of Base Hospital Panadura with a history of per rectal bleeding mixed with stools and central abdominal pain for 3 months duration. On further questioning she revealed that she had similar symptoms several times during the last 3 years with hospital admissions. In previous admissions no further investigations with imaging were carried out.

She was thin and built with evidence of poor nutrition. There was a palpable elongated central abdominal mass indicative of dilated large bowel loop. Digital rectal examination revealed faeces mixed with blood. X ray abdomen showed a sausage

shaped large bowel loop at right colon. USS features were suggestive of intussusception. Exploratory laparotomy was performed. An intussusception was noted at hepatic flexure and ascending colon. Right hemicolectomy was performed and end to end anastomosis created between mid-transverse colon and distal ileum. Histology revealed a moderately differentiated adenocarcinoma of ascending colon.

**Conclusion:** Presence of a colonic adenocarcinoma should be suspected in adult patients who present with colonic intussusceptions.

## PP 12

**A descriptive study on antibiotic sensitivity on wound swab cultures from lower limb diabetic wounds with active infection at surgical unit in BH Panadura.**

*Wijesundara W.M.C.S.<sup>1</sup>, Pieris D.A.G.<sup>1</sup>, Fernando B.D.R.<sup>1</sup>*

**Introduction:** Diabetic foot wounds are defined as full-thickness wounds at a level distal to the ankle in patients with diabetes. Antibiotic resistance is one of the major drawbacks in treating such cases.

**Objectives:** Recognizing antibiotic sensitivity patterns is the main objective.

**Methodology:** Details of all the wound swab cultures with identified organisms, performed on patients with diabetic wounds with active infection admitted to surgical unit of Base Hospital Panadura over a period of four months (01.03.2023–30.06.2023) were analysed with regard to age, sex, responsible organisms and antibiotic sensitivity.

**Results:** Out of 40 cases, 23 were males and 17 were females. Mean age was 62.05. 15% of (n=6) patients were positive for two organisms. Commonest was *E-coli*, found in 50% of patients (N=20). *Pseudomonas* was the 2<sup>nd</sup> commonest with 42.5% patients (n=17). MRSA, *Staphylococcus aureus* and *Beta haemolytic streptococci* were identified in 4, 3 and 1 patients respectively.

54.3%(n=25) were sensitive for ciprofloxacin. 63%(n=29) were sensitive for Amikacin. 63%(n=29) were sensitive for netilmicin. None of the *pseudomonas* species were sensitive for Co-amoxiclav and only 3, *E coli* species were sensitive for Co-amoxiclav.

**Conclusions:** Diabetic foot wounds with active infection are mostly caused by *E-coli* and *Pseudomonas* species and the majority are sensitive to Ciprofloxacin. Netilmicin and Amikacin. Therefore Ciproflaxacin, Netilmicin and Amikacin can be recommended to start on such patients until their wound cultures are available.

## Poster Presentation – Session 02

### PP 13

#### **Prevalence of post appendicectomy surgical site infections in paediatrics population in a single centre study in Sri Lanka**

*Ratnayake R.M.C.S.B.<sup>1</sup>, Abeygunasekara S.<sup>2</sup>, Jayathunga D.S.P.<sup>3</sup>*

**Introduction:** Surgical site infection (SSI) is a major complication and morbidity following an appendicectomy. The adult SSI rate following an appendicectomy was described as 7- 10 % in current literature. The published data on this topic for the paediatric population in Sri Lanka is scarce. Hence this study is described.

**Objectives:** To establish the prevalence of surgical site infections (SSI) in post operative appendicectomy patients among paediatric population in a single centre study in Sri Lanka.

**Design and setting:** This is a retrospective descriptive study of a case series conducted in Lady Ridgeway hospital for children in Colombo from March to August 2023 including 25 patients.

**Methodology:** This is an observational study. All 25 patients were evaluated either during their hospital stay or in the follow up period. In addition, previous diagnosis cards were also utilised as an adjunct for the data collection. Collected data were analysed using conventional methods.

**Results:** SSI post appendicectomy was found in 2 (8%) patients out of 25 subjects. Both of them presented with superficial skin infections requiring only oral antibiotics and minimal surgical drainage. Out of 25 surgeries 21 were conducted laparoscopically and 4 were open surgeries. All the patients received prophylactic triple antibiotic therapy with co amoxiclav, metronidazole and Gentamicin. All the surgical incision sites were irrigated with betadine intra operatively including umbilical port. Both patients had SSI were

open surgeries (50%) out of 4 open surgeries. In contrast to current literature prevalence of SSI following open appendicectomy was high in this study may be due to referring of complicated cases since it was conducted in a tertiary care centre. No SSI were found in laparoscopic surgeries.

**Conclusion:** This study described a higher prevalence of post appendicectomy SSI following open surgery compared to current literature among paediatric population in a single centre study conducted in Sri Lanka. Hence future studies are essential to establish the clinical measures leading to reduction of SSI following appendicectomy.

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### PP 14

#### **Richter's type of femoral hernia presented with intestinal obstruction: A case report**

*Tharmeesan P.<sup>1</sup>, Kulasekara K.M.M.<sup>2</sup>*

**Introduction:** Femoral hernia is an uncommon groin hernia commonly seen in women. Femoral hernia is protrusion of extraperitoneal fat and peritoneum with or without abdominal content through the femoral canal. Abdominal content can be the part of the omentum or loop of small bowel or a portion of circumference of small bowel which is called Richter's hernia and present with irreducibility, obstruction and strangulation.

**Case presentation:** 73 years old female presented with abdominal pain, nausea, vomiting and absolute constipation for 5

days. On examination the abdomen was distended with mild diffuse tenderness with absent bowel sound and groyne examination for hernia orifices was unremarkable. Blood investigations were unremarkable. Abdominal X-ray and ultrasound examination revealed features of intestinal obstruction. Computerised tomography showed dilatation of small bowel starting from left inguinal region. Exploratory laparotomy was undertaken. Intra operatively a part of circumference of small bowel trapped in femoral canal with dilatation of small bowel proximal to it. Slight traction helps to reduce the herniated bowel which found healthy and hernia defect was repaired intra abdominally. Postoperative period was uneventful.

**Discussion:** Richter's type of femoral hernia is a rare phenomenon and it is present rarely with features of intestinal obstruction. Clinical finding of irreducible inguinal mass in a patient with intestinal obstruction gives a clue to the cause of obstruction. Rarely intestinal obstruction due to Richter's femoral hernia may present without symptoms and physical findings of groyne hernia.

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## PP 15

**A rare case of transhepatic esophago-cutaneous fistula with malignant transformation due to long standing retained glass foreign body following trauma**

Rodrigo V.E.U.<sup>1</sup>, Thalgasipitiya S.P.B.<sup>2</sup>, Srishankar S.<sup>2</sup>, Dayarathne K.G.<sup>3</sup>, Karunadasa M.S.E.<sup>2</sup>

**Introduction:** Traumatic oesophago-cutaneous fistulas are rare and commonly due to foreign body ingestion and penetrating trauma to the neck. We report a case of lower oesophageal fistula formation

with malignant transformation due to long standing glass foreign body impacted following trauma which was not reported in literature before.

**Case study:** A 49-year-old man presented with painful lump in right hypochondrium and fever with chills for three days and on examination there was a subcutaneous abscess just below the subcostal margin and there was overlying scar he attributed to a glass sheet fallen on him 20 years ago. A computed tomography scan was performed and showed high density linear foreign body with its tip within the oesophageal lumen and associated collection in liver segment iv communicating with subcutaneous abscess. Exploratory laparotomy revealed a 10 cm long glass foreign body forming a transhepatic oesophago-cutaneous fistula complicated with abscess formation. Abscess was drained and glass was removed along with fistula tract and oesophageal end of fistula was ligated. Post-op contrast study was normal and nasogastric feeding was given. Histology revealed squamous cell carcinoma. Feeding jejunostomy was made following failed oral feeding and stenting due to malignant stricture. Unfortunately, patient died later due to chemotherapy induced sepsis.

**Conclusion:** Broken glass injuries can cause serious long-term consequences by penetrating into deeper tissues without much acute symptoms. In suspected cases computed tomography scan is a useful adjunct to identify missed glass pieces.

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## PP 16

**Rare and Lethal Differential Diagnosis for Acute Appendicitis: Acute Mesenteric**

## **Ischemia due to superior mesenteric artery thrombosis**

*Rodrigo V.E.U.<sup>1</sup>, Weerawardhane M.G.L.<sup>2</sup>*

**Introduction:** Due to the rarity of the condition acute mesenteric ischemia (prevalence 0.1%) remains an underrated differential diagnosis for acute appendicitis associated with higher mortality (71%-90%). It can be due to embolic or thrombotic arterial occlusion, venous thrombosis or non-occlusive processes like vasospasm. We present a case of intraoperatively diagnosed acute mesenteric ischemia with bowel necrosis due to superior mesenteric artery thrombosis clinically suspected as acute appendicitis. Anticoagulation, embolectomy, revascularization, bowel resection and anastomosis are the management options depending on the severity and time of presentation.

**Case study:** A 41-year-old male with diabetes and hypertension presented with acute central abdominal pain later localising to the right lower quadrant associated with nausea and vomiting. Clinical diagnosis of acute appendicitis was supported with elevated inflammatory markers and ultrasonic findings. He underwent open appendicectomy. Intraoperatively there was around 10 cm segment of gangrenous distal ileum with evidence of impending perforation. Appendicectomy with segmental resection of gangrenous bowel and end to end ileo-ileal anastomosis was performed. Patient had an uneventful recovery and histology revealed non inflamed appendix and full thickness ischemic necrosis of ileal segment. Post operatively done mesenteric angiogram showed terminal superior mesenteric artery thrombosis. Cardiac and Hematological evaluation was normal and the patient was started on anticoagulation therapy.

**Conclusion:** Acute mesenteric ischemia is a rare life-threatening condition which is difficult to diagnose due to nonspecific symptoms. High index of suspicion in case of abdominal pain out of proportion to

signs, CT angiography supports early diagnosis and prompt treatment is important to prevent morbidity and mortality due to bowel necrosis, perforation and sepsis.

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## **PP 17**

### **Evaluation of a cohort of paediatric patients with acute appendicitis comparing histopathological and clinical diagnosis in a tertiary care hospital in Sri Lanka**

*Ratnayake R.M.C.S.B.<sup>1</sup>*

**Objective:** To describe the histologically negative appendicectomy rates in paediatric patients in a single Centre study in Sri Lanka and to establish the incidence among each sex. Current Sri Lankan literature is scarce in this topic. Hence this study is described.

**Methodology:** This is a descriptive retrospective study of a case series conducted in a single centre (Lady Ridgeway Hospital for Children in Colombo) from March to August in 2023. This study included 25 patients who had undergone appendicectomy. Study evaluated all the histology reports of the specimens considering histologically confirmed disease and negative results and the incidence of the disease among each sex.

**Results:** Patient's mean age was 9.35 years with the youngest case was 2 years and 8 months old and the oldest case was 12 years and 7 months old. Male to female incidence was 3:2 respectively. Pre operative ultrasound scans were done in 18(72%) cases and others were only based on clinical and biochemical findings (elevated white blood cell). Biochemical markers were performed in all the cases. Elevated white blood cells (WBC) were evidenced in all (100%) of cases. Histopathologically acute

appendicitis were evidenced in 12(48%), acute suppurative appendicitis in 7(28%), perforated appendicitis in 4(16%) and non inflamed appendix was identified in 2(8%) of cases. Both histologically negative appendix (8%) and incidence of appendicitis in each sex were tallied with current literature.

**Conclusion:** Negative appendectomy carries an unnecessary surgical morbidity especially to a paediatric patient. Even though the negative appendectomy rate in this study was tallied with the current literature, future studies and measures are essential to further diminish the negative appendectomy rates in Sri Lanka among paediatric population.

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## PP 18

### **Factors associated with knowledge regarding digital eye strain among banking assistants in Colombo district**

*Gunawardana D.S.K.D.<sup>1</sup>, Jayewardana D.M.<sup>2</sup>, Gunawardana M.D.U.B.<sup>3</sup>*

**Introduction /Objective:** Digital eye strain (DES) has emerged as the most common occupational health concern in the current era. This study aimed to assess the level of knowledge regarding DES and its associated factors among banking assistants in Colombo district.

**Design:** A descriptive cross-sectional study was done

**Setting:** Randomly selected banks in the Thimbirigasyaya divisional secretariat area

**Methods:** 372 banking assistants selected by systematic sampling. Data were collected using a structured pretested self-administered questionnaire. Statistical Package for Social Sciences (SPSS) version 21.0 was used. Questions were categorised as ‘must know’, ‘good to know’ and ‘nice to know’ and given 10,5, and 2 marks respectively. The cut off of 60 marks were predetermined following expert opinion.

Knowledge level was described using descriptive statistics and associations were evaluated using Chi square test at 5% significance level. Odds ratio was used as the effect measure.

**Results:** The response rate was 94.08%. Among participants, 65.4% had satisfactory knowledge. The mean knowledge score was 65.62 (SD 19.17). Being a male [ $p=0.045$ , OR(95%)=1.84(1.03-3.28)], a graduate [ $p=0.004$ , OR(95%)=2.34(1.32-4.15)], DES being identified [ $p=0.043$ , OR(95%)=1.82 (1.02-3.26)] and having favourable digital device usage practices [ $p<0.001$ , OR(95%)=9.06(4.18-19.63)] were significantly associated with presence of satisfactory knowledge.

**Conclusions:** One third of participants did not have satisfactory knowledge on DES. Interventions must be done in addressing this knowledge gap among bank assistants considering the significantly associated factors.

**Key words:** Digital eye strain; banking assistants; knowledge on digital eye strain, Colombo district

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## PP 19

### **Suprascapular nerve entrapment: A rare case of suprascapular nerve neuropathy** *Vinothan S.<sup>1</sup>*

**Introduction :** The suprascapular nerve carries sensory fibres from glenohueral and acromioclavicular joints and provides motor supply to the supraspinatus and infraspinatus muscles. Entrapment of the suprascapular nerve occurs at suprascapular or spinoglenoid notch.



**Presentation of the case :** 35 year old lady presented with the right shoulder joint pain and restricted shoulder movement for 5 years and there was a 5 cm firm non tender lump over the back of the right shoulder. Right shoulder joint MRI showed 4.8 x2.8 x3.8 cm cystic lesion at the spinoglenoid notch suggestive of ganglion cyst with suprascapular nerve neuropathy and infraspinatus muscle atrophy. Nerve conduction revealed right suprascapular nerve neuropathy. Serous fluid filled cyst was identified during exploration at spinoglenoid notch and cystectomy was done. Following surgery her symptoms improved and completely recovered.

**Discussion:** The common cause for suprascapular neuropathy is trauma. Rarely the suprascapular nerve is injured by compression from masses such as ganglionic cyst or tumour.

In our patient suprascapular nerve entrapment occurs in the spinoglenoid notch as a result of ganglionic cyst. This causes atrophy of the infraspinatus muscle which leads to weakness in the abduction of the shoulder joint. Shoulder joint pain is unusual but it could have occurred because of the mass effect of the cyst.

**Conclusion:** Suprascapular nerve entrapment is a rare disorder among the upper limb neuropathies. The symptoms varies depending on the site of entrapment of the nerve. Usually complete recovery occurs following decompression and physiotherapy.

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## PP 20

### **Rare presentation of papillary thyroid carcinoma in branchial cleft cyst**

*Vinothan S.<sup>1</sup>*

**Introduction:** First branchial cleft cyst anomalies are less than 1% among branchial cyst anomalies. Papillary thyroid carcinoma

is the commonest thyroid malignancy and it is seen in the 3<sup>rd</sup> to 4<sup>th</sup> decade of life.

**Presentation of a case :** 46 year old lady presented with left sided 2 x 2 cm cystic lump for 2 years duration. FNAC revealed cyst contents only. CT scan showed hypoattenuating cystic lesion with mildly enhancing wall at left side upper neck measuring 1.6 x1.3 cm suggestive of type II first branchial cleft cyst. Cyst excision was done and histopathology revealed branchial cyst with papillary thyroid carcinoma. Ultrasound scan of the thyroid gland was normal but the patient underwent total thyroidectomy and the histology has showed a papillary micro carcinoma at the left lobe of the thyroid gland with no lymphovascular or extra vascular invasion.

**Discussion :** Papillary Carcinoma of the thyroid can also arise from ectopic thyroid tissue. Ectopic thyroid tissue can be found in a first branchial cleft cyst as the thyroid gland originates between the first and second pharyngeal pouches. Primary carcinoma of thyroid gland with the cervical lymph node metastasis which resembles branchial cyst is also another possibility.

**Conclusion:** As the lesion in the thyroid gland is papillary microcarcinoma with no lymphovascular and extravascular invasion the possibility of metastatic deposit to a lymph node is unlikely and it is most likely to be a carcinoma arising from ectopic thyroid tissue in a branchial cleft cyst.

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## PP 21

### **A rare case of stone in an ureterocele extending into the bladder**

*Vinothan S.<sup>1</sup>*

**Introduction:** Ureterocele is a cystic dilatation of the terminal ureter either within the bladder or extending into the urethra. It identified antenatally or postnatally in children and rarely in adults because of urinary tract infection (UTI) or obstruction.

**Presentation of Case:** 42 year old male presented with the right lower abdominal and loin pain for one year. Investigations revealed oxalate crystals in urine analysis, normal renal function and suprapubic opaque lesion on abdominal radiograph suggestive of intravesical stone. CT scan revealed dilated lower part of the right ureter with 3.4 x 1.8cm size stone extending intravesically with mildly dilated right system suggestive of ureterocele stone. Rigid cystoscopy showed intravesical stone extending through the right ureteric orifice which cannot be detached from the bladder wall and a bulge on the bladder mucosa adjacent to it.

Deroofing of the ureterocele done with longitudinal incision over the bulge with the monopolar diathermy and stone was mobilised. The stone was removed with vesicolithotomy.

**Discussion:** The stone was mobilised easily from ureterocele and was not dealt with endourology due to unavailability and limited theatre time. There was no infection at the time of procedure. Patient discharged without any complication.

**Conclusion:** Intravesical ureterocele managed by endoscopic deroofing without secondary reconstruction revealed excellent result and is the least invasive approach and can successfully decompress the ureterocele.

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## PP 22

### **Management of a spontaneous gastric perforation in a 30 year old adult in Sri Lanka**

*Ratnayake R.M.C.S.B.<sup>1</sup>, Ranasinghe L.A.<sup>2</sup>*

**Introduction:** Gastric perforation is a surgical emergency with high morbidity and mortality. Spontaneous gastric perforation is very rare with normal anatomy. The published data on this topic is scares. Hence this case report is described.

**Objectives:** To describe a rare spontaneous onset gastric perforation with normal anatomy of an adult.

**Design and setting:** This is an observational study performed in the national hospital of Sri Lanka Colombo 10.

**Methodology:** Diseased individual was followed up from initial presentation through pre operative, intra operative and to the postoperative period. In addition, patients were evaluated in subsequent clinic visits up to one year period.

**Case report:** A 30 year old previously healthy asymptomatic man presented to surgical casualty in National Hospital of Sri Lanka complaining of sudden onset generalised abdominal pain associated with vomiting for one day duration. He had no past surgical history. The clinical examination noted tachycardia and features suggestive of peritonitis. He was haemodynamically stable on admission. Erect chest x ray revealed air under the diaphragm. Despite of initial resuscitation patient was deteriorated. Hence patient underwent an emergency exploratory laparotomy. There were food particles inside the peritoneum with gross contamination and the culprit was a perforation noted at the body of the stomach. Other bowel survey and rest of the peritoneum was normal. Primary repair of the defect was done with an omental patch and peritoneum thoroughly washed with normal saline. Multiple biopsies were taken from the edges of the defect. Histology revealed chronic inflammation without any dysplasia. Post operative period was uneventful. Despite of a single day of ICU stay patient recovered with no follow up complications after one year.

**Conclusion:** Spontaneous onset gastric perforation best managed by damage control surgery with primary repair and peritoneal irrigation.

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<sup>2</sup>Consultant surgeon, National Hospital of Sri Lanka, Colombo 10, Sri Lanka

## PP 23

### **Acute transverse myelitis in a 10-year-old girl diagnosed early with an excellent outcome: a case report.**

Manamperi D.M.M.<sup>1</sup>, Mahapatuna S.D.<sup>2</sup>, Karunaratne S.M.I.P.<sup>3</sup>, Mudunkotuwa S.<sup>3</sup> Somaratne T.<sup>4</sup>

**Introduction:** Acute transverse myelitis (ATM) is a rare inflammatory demyelinating disorder with acute onset of motor, sensory and autonomic dysfunction. Early diagnosis and treatment gives a better outcome without residual neurological sequelae. We report a 10-year-old girl who presented to Sri Jayewardenepura General Hospital with acute hemiparesis, timely diagnosed and underwent early plasmapheresis with excellent outcome.

**Case Presentation:** A 10-year-old girl presented with sudden back pain followed by bilateral lower limb weakness and progressively inability to walk over a day. She also had retention of urine for more than 12 hours. Her neurological examination revealed markedly reduced power in both lower limbs. Both hip joints had power of grade two and the knee and the ankle joints had passive movements with immobility against resistance. Ankle reflexes were preserved, knee joint reflexes were barely preserved with upwards plantar reflexes. She was complaining of a tingling sensation in lower limbs. However, a definite sensory level could not be demarcated. The MRI scan of the spine was performed within four hours of admission which showed acute transverse myelitis in lower thoracic spinal cord extending from T8 to T12. The first dose of steroids was given promptly. She underwent five cycles of plasmapheresis at Lady Ridgeway Hospital. A dramatic recovery was seen within two weeks of the onset. She walked unaided without long standing neurological deficits.

**Conclusion:** Timely diagnosis and commencing early plasmapheresis could give an excellent outcome in acute transverse myelitis in children.

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## PP 24

### **Dengue fever occurring concomitantly with paroxysmal cold haemoglobinuria in a 7-year-old Sri Lankan boy: a case report.**

Manamperi D.M.M.<sup>1</sup>, Mahapatuna S.D.<sup>2</sup>, Karunaratne S.M.I.P.<sup>3</sup>, Mudunkotuwa M.S.P.<sup>3</sup>, Gunaratne S.<sup>4</sup>, Somaratne T.<sup>5</sup>

**Introduction:** Paroxysmal Cold Haemoglobinuria (PCH) or Donath-Landsteiner Haemolytic Anaemia (DL-HA) is one of the rare subtypes of Autoimmune Haemolytic Anaemia (AIHA). PCH accounts for a third of cases of autoimmune haemolytic anaemia in children. We present a unique case of a 7-year-old boy who presented with symptoms of haemolytic anaemia confirmed to have paroxysmal cold haemoglobinuria with concomitantly acquired dengue fever (DF) during the hospital stay at the Sri Jayewardenepura General Hospital.

**Case Presentation:** A 7-year-old previously healthy boy born to non-consanguineous healthy parents presented to the emergency department with a history of fever for 3 days, yellowish discolouration of eyes and passage of cola coloured urine since one day. The clinical diagnosis was haemolytic anaemia and investigations were arranged. The positive Coomb's test and a positive Donath-Landsteiner antibodies confirmed the diagnosis of PCH. PCH was managed

with intravenous fluids, regular blood transfusions with regular monitoring of haematological indices. Since the child was symptomatic with ongoing haemolysis multiple blood transfusions were given to maintain the haemoglobin at a level of 8g/dl. He was fever free for almost three days. Fever recurred by day 5 of hospital admission. Dengue NS1 Antigen test became positive confirming a hospital acquired dengue infection. The baseline haematocrit and subsequent haematocrit values help to determine the fluid rate given in dengue infection. In this instance we had to resort to monitoring the vital parameters and serial ultrasonography to detect early plasma leakage. He proved to be having dengue fever with acute PCH.

**Conclusion:** This case report emphasises the importance of considering PCH as a differential diagnosis in children presenting with acute haemolytic anaemia while presenting a previously not reported situation of managing dengue fever in the presence of active PCH with management strategies applied to ensure a successful outcome.

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## Poster Presentation – Session 03

### PP 25

#### **Hydrostatic reduction of intussusception in children- Retrospective analysis of a single unit experience.**

*Fayas M.H.M.<sup>1</sup>, Sooriyarachchi C.<sup>1</sup>*

**Background:** Intussusception is common admission to paediatric surgical unit. Various treatment options available and practised like hydrostatic, pneumatic reduction as well as surgical correction in complicated patients.

**Objectives:** This study aimed to determine the effectiveness and safety of hydrostatic saline reduction as a treatment of intussusception in children.

**Design and Setting:** Descriptive cross sectional study done on patients who has undergone hydrostatic saline reduction for intussusception in Lady Ridgeway Hospital, Ward 07, from June-2022 to June – 2023.

**Methodology:** Diagnosis confirmed by ultrasound scan done by paediatric radiologists. Patients with peritonitis, perforation underwent surgical treatment.

Appropriate investigations and resuscitations done. Informed written consent taken from parents and prepared for general anaesthesia. Keeping on left lateral position 20/22 Fr foley catheter inserted into rectum and 25-30ml of water inflated. Catheter connected via a line to the 500 ml of warmed normal saline bottle which is suspended 3 feet above patient's level. Saline was allowed to run freely to the rectum under the effect of gravity. Reduction of intussusception monitored by real time USS. A maximum of 3 times with each lasting 3 minutes attempted. Patient's clinical condition monitored.

Age, gender, outcome of procedure were collected as data and analysed.

**Results:** Out of 44 patients who underwent the procedure, 32 (73%) male and 12 (27%) were female. Age range was 4 months to 4 years with a mean age of 14 months.

Successful reduction noticed in 37(84%) patients. Two patients developed recurrences which were also treated successfully by the same procedure. No serious complications encountered.

**Conclusion:** Hydrostatic saline reduction is an effective and safe method of treatment for paediatric intussusception with a success rate more than 80%. We recommend this as the first line treatment for uncomplicated intussusception patients.

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### PP 26

#### **Laparoscopic cholecystectomy in a peripheral hospital in Sri Lanka- A retrospective analysis**

*Fayas M.H.M.<sup>1</sup>, Jayasundara J.M.L.B.<sup>1</sup>*

**Objectives:** To analyse the experience of laparoscopic cholecystectomy in view of improving the outcome of surgery.

**Designs and Settings:** Descriptive cross-sectional study of all the patients who underwent laparoscopic cholecystectomy at District General Hospital, Polonnaruwa during the period of May-2022 to May-2023.

**Methodology:** Patients' age, gender, indication for surgery, intra operative findings and postoperative complications were collected as data for retrospective analysis.

**Results:** This study included 47 patients with 74%(n=35) female and 26%(n=12) male. Age range was 17 to 72 years. Indication for surgery was symptomatic gallstone disease in 70%(n=33), acute or chronic cholecystitis in 21%(n=10), common bile duct stones in 6%(n=3) and gallbladder polyp in 4%(n=2).

Intra operative difficulties noticed in 31% (n=15) of cases, which included adhesions with adjacent organs 15%(n=7), difficulty in

identification of Callot's triangle 6% (n=3) and bile, stone spillage 11%(n=5). Out of 47 cases 12%(n=6) converted to open surgery due to extensive adhesions, difficult anatomy and technical problems like malfunctions of diathermy and light source. Postoperative complications were noted in 17%(n=8) of cases, which are 8.5%(n=4), 6.3%(n=3) and 4%(n=2) Clavian Dindo grade I, II, III complications respectively. Importantly bile duct injuries are not encountered.

**Conclusion:** Outcomes of Laparoscopic Cholecystectomy in District General Hospital, Polonnaruwa is comparable to local and international standards except for slightly higher conversion rate. Continuous training for knowledge and skills to everyone who involve in Laparoscopic Cholecystectomy can further improve the outcome.

*<sup>1</sup>District General hospital, Polonnaruwa, Sri lanka.*

## PP 27

### **A case of contrast artefact on serum capillary electrophoresis**

*Dharmawardena C.<sup>1</sup>, Vithanage N.<sup>2</sup>, Wakista O.<sup>3</sup>*

**Introduction:** Pseudo-paraproteins can be visualised as abnormal peaks in serum capillary electrophoresis.

A patient under evaluation for possible multiple myeloma with a past medical history of rheumatoid arthritis and bilateral lung crepitations was admitted due to altered level of consciousness. Her serum was analysed by capillary zone electrophoresis using the automated SEBIA minicap system for a monoclonal gammopathy.

An alarming unusual bifid alpha 2 peak amidst a background of residual acute inflammation with no evidence of a monoclonal-gammopathy was seen warranting repeat testing.

**Methodology and results:** Inquiry into recent medical history revealed intravenous

contrast administration for contrast enhanced computed tomography of chest just minutes prior to sample collection for electrophoresis.

Second run following a window period revealed no significant bifid alpha 2 pattern suggesting the contrast material had cleared off supporting the possibility of contrast artefact in the first electrophoretogram.

**Discussion:** This case highlights the importance of prompt interpretation of electrophoretogram results to avoid incorrect reporting of pseudoparaproteins. Contrast material can interfere significantly in electrophoresis. In addition this highlights the importance of thoughtful timing of sample collection to get meaningful results avoiding unnecessary further testing.

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## PP 28

### **Purple Urine Bag Syndrome: An Unusual Presentation of Urinary Tract Infection**

*Perera M.I.D.<sup>1</sup>, Janaka K.V.C.<sup>1</sup>, Manojkumar K.<sup>1</sup>, Hassan M.H.M.<sup>1</sup>*

**Introduction:** Purple urine bag syndrome (PUBS) is rare disease entity, occurs predominantly in constipated women, chronically catheterized and associated with bacterial urinary infections that produce sulphatase/phosphatase. The aetiology is due to indigo (blue) and indirubin (red) or their mixture that becomes purple discoloration

**Case Description:** She is a 88 years old patient with diabetes mellitus, hypertension, CKD, ischaemic heart disease and has been bed bound for 1 month following a neck of femur fracture presented with reduced urine output and dark urine for 2-3 days. Patient



was on an indwelling urinary catheter. She didn't have a fever and her oral intake was normal. She had a history of on and off constipation. She had not opened bowel for five days. On examination she was afebrile and not pale. There were bilateral few crepts in her lungs. Her abdomen was soft. PR 98 bpm with good volume, BP 120/89 mmHg. Investigations - WBC 8.21; Hb 11.2; platelets 483; UFR pus cells 15-20; red cells 2-3; CRP 45; blood urea 55; serum creatinine 132; urine culture positive for *Klebsiella pneumoniae*.

During the ward stay her urine output was maintaining. But the urine colour became purple(fig 1).She was diagnosed to be having purple urine bag syndrome and was given antibiotics according to ABST pattern,and the catheter discoloration settled with treatment.

**Conclusion:** PUBS is a rare presentation of underlying urinary tract infection.It is important to recognize this condition and treat urinary tract infections with appropriate antibiotics, along with catheter and bag change results in complete resolution of the colour of urine.

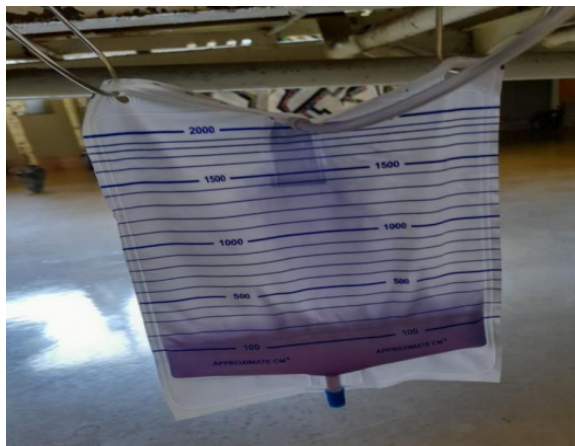


Fig 1:Showing Purple Colour Urine

<sup>1</sup>Sri Jayawardenapura General Hospital, Sri Lanka.

## PP 29

### Emerging threat of colistin-resistance among Carbapenem-resistant *Klebsiella pneumoniae* in Sri Lanka

Somasiri G.W.D.<sup>1</sup>, Wijesinghe C.N.<sup>1</sup>, Karunanayake L.<sup>2</sup>, Jayatilleke K.<sup>1</sup>

**Objectives:** Colistin is one of the limited effective antibiotics available to treat carbapenem-resistant *Klebsiella pneumoniae*. Colistin resistance in *Klebsiella pneumoniae* was not reported in Sri Lanka until now. A cluster of Carbapenem-resistant *Klebsiella pneumoniae* is analysed.

**Method:** A cluster of 6 patients who had Carbapenem-resistant *Klebsiella pneumoniae* are analysed here for possible associated factors.

**Results:** Among the patients admitted to a tertiary care hospital in Western province of Sri Lanka from May to October 2022, six healthcare associated infections were due to carbapenem-resistant *Klebsiella pneumoniae* showing high minimum inhibitory concentration for colistin with broth microdilution (ranged from 8µg/mL to >64µg/mL). These were isolated from three blood cultures, an endotracheal tube aspirate, aspirate from an iliac fossae collection, and peritoneal fluid at a re-do laparotomy.

Five were males between 37 to 60 years. Four were diagnosed with diabetes mellitus and chronic kidney disease. The only female was 81 years old and was previously healthy. All were treated with carbapenems prior to the detection of these isolates. Further, four were treated with colistin for 10 days, 14 days, 8 days and 3 days respectively for catheter-associated urinary tract infection, ventilator-associated pneumonia, catheter-related bloodstream infection and organ/space surgical site infection. Two (prostatic abscess and enterocolitis), were not treated with colistin prior to sample collection.

Different antibiotics were used for treatment depending on the sensitivity. Five succumbed to their infections and only one survived through the sepsis did not regain consciousness during the hospital stay.

**Conclusion:** Common pathogens such as *Klebsiella pneumoniae* are becoming resistant to colistin, leaving us with no effective antibiotic to treat severe infections.

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<sup>2</sup>*Medical Research Institute, Sri Lanka.*

### PP 30

#### **Field level interventions to address caregiver burden of palliative care patients: A case report**

*Shanaz M.T.Q.F.<sup>1</sup>, Dilrukshi W.D.<sup>2</sup>*

**Background:** Caregivers of patients who are undergoing palliative care play a vital role in providing support, assistance, and care needed for those patients. They contribute to improving patient's overall well-being in providing medical needs, symptom monitoring, emotional support and providing nutritional care. While doing these the caregiver experiences many burdens.

**Case Description:** 55-year-old Mr. X, was taking care of her sister who was receiving palliative care following chemotherapy for Endometrial Cancer. He is a chef by profession, is married and is with two children. Since his sister is unmarried, he took the responsibility of taking care of her. With time he started experiencing financial challenges due to direct expenses for her and on indirect costs such as getting leave to attend to her medical needs. He also worried about the time he lost which would otherwise be spent with his nuclear family and friends. He perceived that the accompanied stress started to impact his physical health as well. Patient was cared for by a Public Health Nursing Officer (PHNO) and she noticed that the caregiver had features of depression and had an open discussion with him. PHNO provided counselling for him and advised to attend caregiver training sessions. To decrease their financial burden, she linked the family with donors and social services officials. Regular follow ups were done and medications were arranged to be delivered to the home from local hospitals.

**Conclusion:** Caregiver burden is a serious issue that can have a significant impact on

both the caregiver's well-being and the quality of care they provide to the patient. Field health palliative care services must include this domain. Multiple strategies can be implemented by field staff for addressing the caregiver burden in relation to palliative care.

**Key words:** Caregiver burden; Palliative care; Field services; Field interventions

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### PP 31

#### **A case of Insulin hypersensitivity in a 23-year-old Diabetic patient**

*Darshika K.T.<sup>1</sup>, Subasinghe S.A.S.P.<sup>2</sup>*

**Introduction:** Insulin is the lifeline for patients with Type 1 Diabetes. Other diabetic patients also need Insulin during periods of critical illness and when their beta-cell reserves decline eventually. Allergy to Exogenous Insulin is an extremely rare phenomenon especially after introduction of recombinant Insulins. Incidence of Insulin allergy ranges from 0.1 - 7.1% and none were reported from Sri Lanka so far.

**Case:** This 23-year-old female patient was diagnosed with Diabetes at the age of 18 years with osmotic symptoms without ketoacidosis with FBS – 372 and HbA1C – 12%. Her C- peptide level is normal (1.6 ng/ml) and GAD antibody level is normal (2.26 IU/ml). She had poor control with oral hypoglycaemic drugs hence started on Insulin. She developed redness at the injection site soon after 1<sup>st</sup> dose of Insulin and later developed macular papular exanthem associated with pruritus at injection sites but she continued to use it. She had 2 episodes of severe allergy with shortness of breath and generalised urticaria but none was managed as anaphylaxis. Along with allergy she started to have severe lipoatrophy at the injection sites as well.

She underwent Skin prick testing for 4 types of Insulin which was positive. But her serum IgE level is normal. Currently she is on oral hypoglycemic agents under anti-histamine cover with marginal glycaemic control.

**Conclusion:** It is important to realise that patients can develop allergy to Insulin even though it is rare and early identification and evaluation is important in view of arranging desensitisation.

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## PP 32

### Clinical characteristics, treatment patterns and prognosis of pyelonephritis in a medical ward – A Retrospective Study

Manojkumar K., Janaka K.V.C., Perera M.I.D., Hassan A.H.M., Wickramanayaka L.D.

**Introduction:** Pyelonephritis is a bacterial infection of kidney parenchyma that can be organ and/ or life-threatening and that can often lead to scarring of the kidney. Timely diagnosis and management of acute pyelonephritis has a significant impact on patient outcome.

**Objectives:** To determine the prevalence, age, gender, presentation, comorbidities, treatment, and outcomes of patients diagnosed with pyelonephritis.

**Methodology:** A single centre retrospective cohort study was performed involving 31 participants who were diagnosed with pyelonephritis at the Medical Ward at Sri Jayawardenapura General Hospital, from 1<sup>st</sup> July 2022 -30<sup>th</sup> June 2023.

**Results:** The prevalence of pyelonephritis was 1% among all admissions. Among them, 93% were females. 90% of the presentation was fever. The commonest risk factor was diabetes in 78%, renal stones in

11.1% and 18.5% had no underlying comorbidities. UFR was positive in 80%, urine culture was positive among 58% and 7% had positive blood culture. The commonest organism was E.coli isolated in 88.2% and 88.8% were sensitive to IV Gentamicin and 70% were sensitive to oral Co-amoxiclav. The average duration of hospital stay was 7 days with the commonest complication being AKI in 10% of the patients. There were 2 deaths directly related to urosepsis. Readmission was seen within 3 months among 7% of the patients.

**Conclusion:** In conclusion, the majority of the patients had diabetes which means that they need good glycaemic control. The majority of patients had urine culture positive for E.coli sensitive to IV Gentamicin, so it's a good choice for poorly responding pyelonephritis but toxicity profile and monitoring of renal function needs to be considered.

## PP 33

### Prevalence, presentation, treatment and outcome of patients with hyponatremia – Cohort Study

Hassan M.H.M.<sup>1</sup>, Janaka K.V.C.<sup>1</sup>, Manojkumar K.<sup>1</sup>, Perera M.I.D.<sup>1</sup>, Wickramanayaka L.D.<sup>1</sup>

**Introduction:** Hyponatremia is defined as serum sodium concentration below 135 mEq/L which is further categorised as mild, moderate & severe when the serum sodium levels are 134-130, 129-120 & <120 mEq/L respectively.

**Objectives:** To determine the prevalence of hyponatremia in relation to age and gender, associated risk factors for the development of severe hyponatremia and outcomes of treatment given.

**Methodology:** Single centre retrospective cohort study was performed involving 149 participants who were diagnosed with hyponatremia at the Medical Ward at Sri Jayawardenapura General Hospital, from 1<sup>st</sup> November 2022 - April 31<sup>st</sup> 2023.

**Results:** Prevalence of Hyponatraemia was 5.8% out of 2538 admissions. Among them, 53.3% were males, 46.6% were females. The mean serum sodium level on admission was 125.8mmol/L. The GCS at admission was 15/15 in 87.8% of the patients while mild (GCS 15-11), moderate (GCS 11-8) and severe (GCS  $\leq$  8) impairment was noted in 4.7%, 3.3%, 4.1% respectively. Of all patients, mild, moderate, severe hyponatremia was observed in 32.4%, 52.7%, and 14.9% respectively. Majority 44.6% were treated with 0.9% NaCl % and only 2.0% were given 3% NaCl only. Out of the participants 83.1% had complete recovery and the rest had other complications not related to hyponatremia.

	Mild Hyponatraemia		Severe Hyponatraemia	
	ARB/ ACEI	ACEI/ ARB +HCT	ARB/ ACEI	ACEI/ ARB +HCT
Mean	130.9	131	113	108
SD	2.9	0.7	4.3	7.5

**Conclusions:** In conclusion it was observed that in severe hyponatraemia significant reduction of sodium is observed in combination of HCT than ACEI/ARB alone. Most had complete recovery following 0.9% NaCl and no patients were given oral salt.

<sup>1</sup>Sri Jayawardenapura General Hospital, Sri Lanka.

#### PP 34

##### **A retrospective analysis of hydrostatic reduction of intussusception in children, a single unit experience**

Kumari L.E.D.I.<sup>1</sup>, Tharmeesan P.<sup>1</sup>, Samadhi N.D.S.J.<sup>2</sup>

**Introduction:** Intussusception is one of the most common cause of intestinal obstruction in infants and a common cause of paediatric surgical emergency.

**Objective:** This study was conducted to evaluate patient's demography, clinical presentation and outcome in the hydrostatic reduction of intussusception in children.

**Design:** A retrospective analytical study

**Setting:** The study was conducted in a Paediatric Surgical Unit at Lady Ridgeway Hospital for Children – Borella, over a period of 18 months from December 2021 to May 2023.

**Methodology:** A total number of 52 patients who admitted with acute abdominal pain and had ultrasonography evidence of intussusception were included in the study. The children with haemodynamic instability and features of peritonitis were excluded from the study. Saline reduction was performed in the theatre with ultrasonography assistance.

**Results:** The majority of our study population were males (67%) and mean age of presentation was 2 years. Most of the patients presented after 24 hours (42.3%) & 48 hours (46.2%) from the onset of symptoms. Abdominal pain was the predominant symptom and 20 (38.5%) patients had passing of typical red currant jelly stools. Ileo-colic intussusception was the commonest type (90.4%) and 3 patients (5.8%) were identified with pathological lead points. The success rate of saline reduction of intussusception was 86.5% (N= 45).

**Conclusion:** Hydrostatic reduction of intussusception in children is an effective method of management in early presented patients & patients without features of complicated intestinal obstruction.

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#### PP 35

##### **Role of Magnetic Resonance Cholangiopancreatography (MRCP) in**

## **Patients Presenting with Obstructive Jaundice**

*Kottegoda G.<sup>1</sup>, Padmakeerthi G.<sup>2</sup>, Deen A.<sup>3</sup>, Kannangara D.<sup>4</sup>, Chinthaka H.<sup>5</sup>, Gunawardena S.<sup>6</sup>*

### **Objectives**

Obstructive Jaundice (OJ) is diagnosed based on clinical features, liver function tests and abdominal ultrasonography. For a more specific pre-operative diagnosis of choledocholithiasis or biliary strictures, invasive procedures such as endoscopic retrograde cholangiopancreatography (ERCP) or percutaneous transhepatic cholangiography (PTC) is required. MRCP is a useful and non-invasive recent addition to specifically identify patients who require invasive procedures. This study aims to identify the role of MRCP as an aid in clinical decision-making in patients with OJ.

### **Methodology**

A retrospective analysis of patients presenting with OJ, who underwent a non-contrast MRCP at a surgical unit at Sri Jayawardenapura General Hospital was included. Purposive sampling was used to gather data from June 2019 to June 2023 and analysed using SPSS.

### **Results**

Eighty-five adult patients (mean age 52.2 years), 42 males (49.4%) and 43 females (50.6%) were included. MRCPs showed that 54 (63.5%) patients had cholelithiasis (multiple calculi in 46 (85.1%), a single calculus in 8 (14.9%) and a dilated cystic duct in 8 (9.4%). Common bile duct (CBD) stones were noted in 24 (28.2%) and dilated CBDs in 32 (37.6%); the mean diameter of CBDs was 16mm. Biliary tree mass lesions suggestive of cholangiocarcinoma in 4 (4.7%) and liver cysts in 7 (8.2%). Features of gallbladder adenomyomatosis in 2 (2.3%). A dilated pancreatic duct in 3 (3.5%) with pancreatic neoplasms in 3 (3.5%). None of the patients reported any short-term or intermediate adverse events following MRCP.

## **Conclusion**

MRCP has a high diagnostic yield with minimal complications in patients with OJ. Availability and cost are leading drawbacks of MRCP.

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## Poster Presentation – Session 04

### PP 36

#### **A descriptive study on the median nerve thickness in adults who are coming to tertiary care hospitals in Sri Lanka.**

*Bamunuarachchi V.D.<sup>1</sup>, Abeywardhana D.K.<sup>1</sup>, Wijayawardhana K.W.S.M.<sup>2</sup>*

**Introduction:** Median nerve entrapment results in neuropathies including Carpel Tunnel Syndrome (CTS). Ultrasound (US) has been useful in determining the anatomy of the median nerve and in diagnosing CTS. Compared to electrodiagnostic studies, US are less invasive and cost-effective. In imaging median nerve syndromes, USS is useful in examining carpal tunnel syndrome, a triad of palmar bowing of the flexor retinaculum ( $>2$  mm beyond a line connecting the pisiform and the scaphoid), distal flattening of the nerve and enlargement of the nerve proximal to the flexor retinaculum.

**Objectives:** To describe the median nerve thickness of the normal population of Sri Lanka and to determine a reference value for the future research studies in order to use ultrasound in diagnosing CTS.

**Methodology:** Descriptive cross-sectional study with a sample size of 200 patients above 18 years of age with healthy hands who visited to department of radiology in Sri Jayewardenepura General Hospital. Patients with hypothyroidism, diabetes mellitus and pregnancy with gestational age more than 12 weeks were excluded.

**Results:** Out of 200, the majority (60%) were male with mean age of  $48 \pm 16.7$  years. Majority, ( $n=155$ , 77.5%) were right hand dominant. The mean surface area of the median nerve was  $0.10 \pm 0.16$  cm<sup>2</sup>. The mean anteroposterior and mediolateral diameters of the right median nerve was  $2.07 \pm 0.64$  mm and  $5.83 \pm 1.06$  mm respectively. In left it was  $2.04 \pm 0.53$  mm and  $5.68 \pm 0.97$  mm. Median nerve surface area has no significant association with both

genders or hand dominance. Age  $>40$  years was significantly associated with the higher surface area of the right median nerve ( $p < 0.05$ ). 5.5% had bifid median nerve.

**Conclusion:** Ultrasound measurement of the Cross-Sectional Area of the median nerve is important to determine neuropathies including carpal tunnel syndrome. Further studies are needed to determine the cutoff values for accurate CTS diagnosis.

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### PP 37

#### **A rare case of pelvic actinomycosis**

*Karunaratna S.M.G.<sup>1</sup>, Bandara P.M.<sup>2</sup>, Ranatunga R.J.K.L.D.<sup>3</sup>, Wijerathna C.<sup>3</sup>*

**Introduction :** Actinomycetes are a group of Gram-positive anaerobic bacteria of the genus *Actinomyces*, with *Actinomyces Israeli* being the most prevalent species. It is endogenous and exists in the oral flora and is a common inhabitant of the female genital tract. So the infection is considered opportunistic and requires a breach in the mucosal lining. After gaining access to deeper tissues, they proliferate in the form of branching filamentous rods, producing suppurative abscesses and granulomas.

Pelvic actinomycosis is rare and often forms mass invasion to the structures in the pelvic cavity, which is easily misdiagnosed as ovarian malignant tumour.

**Case report :** A 63-year-old lady presented to surgical casualty complaining abdominal pain for 3 weeks duration, which was recently associated with low grade fever and altered bowel habits for 3 days.

Ultrasound scan revealed a heterogeneous mixed cystic and solid lesion with internal foci of calcification and vascularity in the

right adnexa. CECT demonstrated a right side tubo ovarian abscess with inflammatory narrowing of the right ureter.

Emergency laparotomy + TAH+ BSO done. Intra operative findings included lateral hydrosalpinx and a right adnexial mass involving the sigmoid colon, terminal ileum with infiltration in to the ovary, without capsular breaching. No macroscopic evidence of ovarian malignancy and small pus discharge from the lesion was sent for culture and ABST. Rest of the abdomen and pelvis appeared normal.

Surgical consultant attended and biopsy taken from sigmoid lesion and sent for histology.

Tissue biopsy report was compatible with a pelvic actinomycosis infection.

Patient was treated with ciprofloxacin and clindamycin and was recovered uneventfully.

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### PP 38

#### **A rare presentation of portal vein thrombosis: A case report**

Wickramadewa B.W.U.<sup>1</sup>, Sirisena W.G.R.C.K.<sup>2</sup>, Perera S.<sup>3</sup>

**Introduction:** Acute idiopathic portal venous system thrombosis is an uncommon but serious condition which has high morbidity and mortality. Patients may present with common non-specific symptoms but lacking the specific symptoms of portal vein thrombosis.

**Case Description:** 26-year-old male with no pre-existing illness presented with mild abdominal pain which was initially treated as acute gastritis. After two weeks of initial presentation, he was diagnosed with acute thrombosis in the portal venous system with

a significant proportion of small bowel infarction.

**Discussion:** Presentation of portal vein thrombosis may be acute or chronic. Acute non-malignant non-cirrhotic portal vein thrombosis usually presents with abdominal pain, fever and with scanty ascites, if the superior mesenteric vein is also involved, signs of peritonism and haematochezia secondary to small bowel infarction may be evident. However, our patient presented with a mild non-specific abdominal pain which mimicking an episode mild acute gastritis. Other possible causes such as gallstones disease, acute pancreatitis were excluded. However, as the symptoms progressed over a period of more than a week beyond a simple benign condition a CECT was done and thereby the patient was diagnosed as acute portal vein thrombosis. Following extensive investigations, all possible causes predisposing portal vein thrombosis also were excluded.

**Conclusion:** The gravity of the complications and diversity of presentation spotlights the need for a high index of suspicion in patients presenting with symptoms attributable to portal vein thrombosis even if there are no risk factors or precipitating conditions, in order to prevent disastrous complications.

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### PP 39

#### **Evaluation of immediate renal functions following kidney transplantation-single unit experience**

Fonseka H.F.D.G.D.<sup>2</sup>, Arudchelvam J.<sup>1</sup>, Gunewardene Y.V.P.<sup>4</sup>, Liyanage D.M.<sup>4</sup>, Sanjeev V.<sup>3</sup>, Sancheevan S.<sup>3</sup>, Harivallavan N.<sup>2</sup>, Gowcikan N.<sup>2</sup>, Goonaratne T.D.<sup>1</sup>, Cassim R.<sup>1</sup>, Wijeyaratne M.<sup>1</sup>



**Introduction:** Kidney transplantation (KT) is the best mode of renal replacement therapy in end stage renal failure patients. Having knowledge of immediate post-operative renal functions is important for early intervention and management.

**Objective:** To acquire knowledge about immediate post-operative renal functions of kidney transplant patients.

**Study design:** Descriptive retrospective study

**Study setting:** University Vascular and Transplantation Surgical Unit, National Hospital Sri Lanka

**Methodology:** Post-operative renal functions including immediate urine output (initial 2 hours after ureteral anastomosis to the bladder) and post-operative day one serum creatinine (Scr) dropping tendency of the patients who have undergone kidney transplantation in university vascular and transplantation surgical unit, National Hospital Sri Lanka from April 2021 to April 2023 were analysed retrospectively using SPSS.

**Results:** 60 patients (male: female = 41:19) were included in this study with a mean age of 45.3 Years (17-66). 33(55%) patients had undergone live donor KT(LDKT) and 27(45%) patients had undergone deceased donor KT(DDKT). Median total ischemia time(TIT) in LDKT was 59 minutes(38-373) and in DDKT it was 372 minutes(109-770). Median immediate urine output (UOP) in LDKT was 450 ml(15-1700) and in DDKT it was 75 ml (5-750).

Post-operative day one average reduction in Scr in LDKT was 44.7% (0.1-68) and in DDKT it was 28%(6-40). TIT was significantly associated with immediate UOP and Scr drop ( $p = 0.0001$ ).

**Conclusion and discussion:** TIT in LDKT was considerably low with compared to DDKT. Therefore, in LDKT immediate post-operative UOP and Scr reduction were significantly better than DDKT.

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## PP 40

### **Descriptive study of patients presented with peripheral non-atherosclerotic arterial diseases (NAADs)**

*Fonseka H.F.D.G.D.<sup>2</sup>, Arudchelvam J.<sup>1</sup>, Gunewardene Y.V.P.<sup>4</sup>, Liyanage D.M.<sup>4</sup>, Sancheevan S.<sup>3</sup>, Sanjeev V.<sup>3</sup>, Harivallavan N.<sup>2</sup>, Gowcikan N.<sup>2</sup>, Goonaratne T.D.<sup>1</sup>, Cassim R.<sup>1</sup>, Wijeyaratne M.<sup>1</sup>*

**Introduction:** Peripheral non-atherosclerotic arterial diseases (NAADs) (eg: Buerger's disease, cystic adventitial disease and fibromuscular dysplasia) are a heterogeneous group of uncommon conditions that occur in individuals without atherosclerosis.

**Objective:** To acquire knowledge of these conditions for proper diagnosis and management.

**Study design:** Descriptive retrospective study

**Study setting:** Teaching Hospital Anuradhapura and University Vascular and Transplantation Surgical Unit, National Hospital Sri Lanka

**Methodology:** Data of the patients with peripheral arterial diseases without risk factors for atherosclerosis (diabetes, hypertension, dyslipidemia) , presented to two vascular units including demography, risk factors, presentation, pulse status and imaging findings were analysed using SPSS.

**Results:** 24 patients(all males) were included with mean age of 43.8 years(25-61).All patients were smokers with

a mean 7.6 pack years(0.1-20). 13(54%) patients had intermittent claudication and 16(%) had tissue loss. 6(25%) patients had supra inguinal disease (SID) with 2(8%) aortic diseases. 18(75%) patients had infra inguinal disease (IID). Among IID patients, 8(33%) had superficial femoral disease, 5(20%) had popliteal disease and 5(20%) had tibioperoneal disease. Patients with IID had a significant amount of tissue losses (p=0.045) compared to SID patients.

**Conclusion:** NAADs common among middle age male patients. All were smokers. Most of the patients had IID. Patients with IID are associated with a significant amount of tissue loss (p=0.045) compared to patients with SID. Further studies are recommended to estimate the proportion of NAADs and to evaluate the outcome of management.

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## PP 41

### A Rare Case of Intra Oral – Buccal Dirofilarial Worm Granuloma

*Sanjeyan J.<sup>1</sup>, Lamahewage A.<sup>2</sup>*

**Introduction:** Dirofilariasis is a zoonotic filarial nematode infection primarily of dogs, cats, and other carnivores. Human infections are associated with two main species, *Dirofilaria repens* and *Dirofilaria immitis*, both transmitted by mosquito vector. This disease manifests in two major clinical syndromes pulmonary dirofilariasis and subcutaneous or ocular dirofilariasis.

**Case presentation:** A One year and eight month old boy presented with buccal intra-oral lesion on the right side, which had been noted for a month and it was gradually increasing in size. It doesn't cause any symptoms except the foreign body

sensation. Per oral and bimanual examinations revealed an oval, firm, sub-centimetre, non-tender, submucosal lump with smooth surface. Ultrasonography showed a 5cm x 6cm lump containing a coiled hyperechoic structure in the middle. Complete excision was performed through an intra oral approach under general anaesthesia and the incision was primarily closed. The excised granuloma contained a long live worm inside and histology confirmed it as worm granuloma. Patient had uneventful recovery.

**Discussion:** Even though this is one of the rare conditions, it should be considered as one of the differential diagnoses in patient presenting with similar lumps, especially in the paediatric population. There is no specific medical treatment for dirofilariasis, but the complete excision is curative.

**Keywords** Dirofilariasis, zoonosis, filarial nematode, granuloma

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## PP 42

### Postoperative antibiotic practice following appendicectomy and short-term outcomes -an audit

*Sanjeyan J.<sup>1</sup>, Lakshani D.H.J.P.U.<sup>2</sup>, Perera R.<sup>3</sup>*

**Introduction and objectives:** Acute appendicitis is the most common abdominal surgical emergency in the world which requires abdominal surgical procedure, with lifetime risk of 8.6%in males and 6.9%in females. Sri Lankan outcome and usage of antibiotic is not well studied.

**Methodology:** All patients who underwent emergency appendicectomy over a period of 6 months from November2022 to April2023 at a District General Hospital were included and analysed in two groups, postoperative antibiotic used vs not used. However

perioperative prophylactic single dose of antibiotic was used in all patients.

**Results:** 128 patients (females;53.9%) with median age of 21 years (range:6-73 years) underwent emergency appendicectomy. Majority were open surgeries(95%,n=122). Postoperative antibiotics used in 94 patients(median age-20 years;range 6-73 years) and not used in 34 patients(median age-23;range 6-66 years). Antibiotics used group vs not used group; female sex 50%(n=47) vs 64.7%(n=22); alvarado-score  $\geq 7$  in 79.8%(n=75) vs 47.1%(n=16); leukocytosis(WBC $>10,000/\mu\text{L}$ ) in 92.6%(n=87) vs 76.5%(n=26) and 6.4%(n=6) vs 8.8%(n=3) had comorbidities. All complicated appendicitis(n=23), 68 macroscopically uncomplicated appendicitis and 3 normal appendixes were treated with postoperative antibiotics.

21(22.3%) of the antibiotics group had postoperative complications and the other group did not have complications. Among the complications group 16(76.1%) were Clavien-Dindo grade- 1 out of which 5(23.8%)surgical site infection and 1(4.7%)antibiotic associated diarrhoea. 2(9.5%) were grade- 2 out of that 1(4.7%) was pneumonia. 1(4.7%) was grade-4; caecal perforation required right hemicolectomy and ICU admission.

**Conclusion:** Infective postoperative complications were high among antibiotic group despite the usage of postoperative antibiotics on higher number of patients with uncomplicated appendicitis. Island-wide study with more data and sub analysis would give better understanding on local status.

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## PP 43

### Left Lower Limb Pain, as a Presenting Symptom in a Patient with Colonic Perforation

*Wickramadewa B.W.U.<sup>1</sup>, Gamage K.<sup>2</sup>, Wijeratne W.<sup>3</sup>*

**Introduction:** Though the colonic perforation usually present with common symptoms sometimes may rarely a retroperitoneal perforation of a bowel may produce symptoms which are not commonly seen in the practice. We present a case of fatal bowel perforation presented with a leg pain as the sole initial presentation.

**Case Description:** 70 years old female patient with a history of suspected bowel malignancy was admitted to the ward with a left sided leg pain and feeling of unwell. On examination mild left loin tenderness and subcutaneous emphysema of the left loin spreading along the lower limb was noted. Following the contrast CT, the diagnosis was confirmed. During surgical exploration a large amount of faecal matter evacuated from the lower limb compartments up to the calf.

**Discussion:** Diseases such as diverticular disease and malignancy may rarely perforate on to the posterior abdominal wall. It may present with subcutaneous emphysema and sometimes with pain, but without other commonly seen symptoms. Early evaluation with contrast CT and early intervention may be lifesaving.

**Conclusion:** Bowel perforation is a serious complication of various kinds of bowel pathologies with a high mortality and morbidity. Furthermore a retroperitoneal perforation may present with unusual symptoms. A high index of suspicion should be raised and prompt evaluation with a thorough history and early radiological investigation is helpful to prevent fatal consequences.

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#### PP 44

##### **An audit of Coagulation tests performed at Sri Jayewardenepura General Hospital SJGH**

*Nirmani P.H.A.S.<sup>1</sup>, Kariyawasan C.C.<sup>2</sup>*

**Objectives:** An audit was conducted on clotting test requests and reports done during a one month period to assess the reasons for the requests and appropriate results.

**Methodology:** A prospective study was done during a period of one month, analysing 1646 clotting tests generated during this time frame. Patient's demographic details, reason for the requests, sample quality and adequacy and reports were entered into an excel sheet and analysed manually.

**Results:** Out of 1646 clotting tests, 513 (33.18%) exhibited prolonged clotting times. Among these 513 tests, 360 (70.17%) were prolonged due to warfarin, 117 (22.8%) were due to CLCD and 32 (6.2%) were due to acute liver pathologies. Out of 513 prolonged clotting tests, only 4 (0.99%) were found to lack a valid clinical reason for their prolongation.

Average sample number for a day is approximately 55 of which 2 (3.6%) samples were under-filled.

**Conclusion:** The low percentage (0.24%) of prolonged results without an indication expresses the overall quality of our reports highlighting the laboratory's commitment to precise diagnostics and patient care with implication for continuous improvement.

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#### PP 45

##### **An Audit on peripheral blood film reports at Sri Jayewardenepura General Hospital (SJGH)**

*Jayaratne H.E.<sup>1</sup>, Kariyawasan C.C.<sup>2</sup>*

**Objectives:** Peripheral blood film (PBF) samples were analysed in respect of availability of request forms, information given and its relevance to the final comment of the report.

**Methodology:** A retrospective analysis was done at the haematology department SJGH using all PBF samples received during the time period of two weeks from 01-08-2023 to 15-08-2023. A total of 150 samples were analysed using Microsoft Excel.

**Results:** 150 PBF samples included 80 female & 70 male patients. There were 138 (92%) adults and 12 paediatric samples (2 from neonates). Request forms were attached with 115 samples (76.6%), out of which 49 (41.7%) had inadequate or no clinical details. Requests were absent in 35 samples (23.33%). EDTA changes were seen in 8 samples (5.3%) with poor clarity. Majority of paediatric requests 10/12 (83.3%) had adequate clinical details. 2/12(16.6%) had no requests. Interpretation relevant to the information in the requests were given in 52/66 (78.78%) of reports. PBF interpretations with possible diagnoses were made even with lack of clinical details in 65% of samples (32/49) and in 54% (19/35) with no requests.

**Conclusion:** As indicated, relevant information in PBF requests have resulted in better and more accurate interpretations of PBF reports, which would aid in diagnosis and management to give a better outcome to the patients. The lack of requests in 24% of samples received is of concern and needs to be addressed.

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## PP 46

### **Factors affecting the early neurological improvement and degree of disability following thrombolytic therapy; An Observational Study From a Sri Lankan Stroke Registry.**

*Wijeweera G.<sup>1</sup>, Madushani T<sup>2</sup>, Gunasekara H.<sup>3</sup>, Kandanaarachchi P.<sup>3</sup>*

**Background:** It has been well established that individuals with early neurological improvement (ENI) after intravenous thrombolysis with Alteplase has a better prognosis in the long run in acute ischemic stroke (AIS). However, which factors influence the recovery in AIS patients with ENI is still unclear.

**Objective:** This study aimed to evaluate the factors affecting severity and early neurological improvement of stroke following the IV-rt PA.

**Methodology:** This is a prospective observational study of a patient cohort of 42 patients with ischemic stroke who received intravenous thrombolysis with rt-PA in Sri Jayawardenapura General Hospital from January 2018 to December 2022. Severity at arrival was calculated and categorised using the National Institute of Health Stroke Scale (NIHSS) and was repeated in 24 hours post-thrombolysis. The outcome was assessed according to the change of the NIHSS score. Change of NIHSS of equal to or more than 4 and the 24hr NIHSS of 1 or 0 was considered early neurological improvement. Modified Rankin Scale (mRS) was calculated 3 months following rt-PA to assess the degree of disability. Factors affecting the outcome were assessed using chi square testing, two-sample T test, Spearman's rank correlation and one-way ANOVA.

**Results:** Early neurological improvement (ENI) following rt-PA was observed in 31 (73.8%) with any amount of improvement in 40 (95.2) and deterioration in 2 (4.8%). A significant correlation was found between improved outcome and the onset to door time ( $p = 0.040$ ) and large artery and lacunar strokes. A significant association

with the neurological deterioration was seen with certain risk factors, including atrial fibrillation (AF) ( $p = 0.003$ ) and congestive cardiac failure ( $p = 0.004$ ) and patients having cerebral infarcts with cardiac emboli ( $p = 0.013$ ). However a significant negative association was found with ENI with the atrial fibrillation. Considering the 3-month mRS score, 32 (82.1%) were independent (mRS 0-2) following rt-PA and there was a significant association with independence and early door to needle time ( $p=0.031$ )

**Conclusion:** Early presentation, early treatment and absence of prior history of cardio-embolism are independent determinants of neurological improvement following thrombolytic therapy.

**Key Words:** Ischemic stroke, Thrombolytic therapy, Global outcome

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## PP 47

### **Ultrasound (USS) guided Angioplasty for a stenosed radio-cephalic arteriovenous fistula (AVF): Novel experience in Sri Jayawardenapura General Hospital (SJGH) as well as in Sri Lanka**

*Samarawickrama L.P.U.<sup>1</sup>, Abeywickrama B.N.<sup>2</sup>, Weerasekara V.R.<sup>3</sup>*

**Introduction:** AVF creation is the gold standard for permanent haemodialysis access in end stage renal disease (ESRD) patients. However, AVF stenosis is common and a main cause for AVF dysfunction. Percutaneous transluminal angioplasty (PTA) under fluoroscopic guidance is the treatment of choice for stenosis and obstruction of AVFs which exposes patient and the staff to radiation. Ultrasound-guided PTA (US-PTA) is useful

alternative which is relatively inexpensive and readily available.

*Hospital, Sri Lanka.*

**Case report:** Middle aged, ESRD patient with a non-functioning radio cephalic AVF presented for assessment. On USS there was significant stenosis 3 cm distal to AVF in efferent cephalic vein with the flow of 272 ml /min without thrombosis.

US-PTA was offered to the patient due to non-functioning DSA machine. Under USS guidance left cephalic vein was accessed using 6F radial sheath distal to the stenotic segment. Balloon catheter (5x40mm) was placed at the stenotic segment over the wire under USS guidance. Balloon dilatation was observed ultrasonically. In post procedure USS, stenotic site showed satisfactory dilatation. Patient underwent dialysis 1 week following the procedure. Following 2 weeks of procedure flow in prior stenotic area was around 501.6 ml/min.

**Conclusion:** We have demonstrated for the first time in SJGH perhaps in Sri Lanka the usefulness of US PTA for correction of AVF in ESRD patients. Advantages include ability to detect functional severity in stenotic area, real time visualisation of fitting of balloon, and real time diagnosis of complications such as rupture. But AVFs with complex vascular anatomy need multiple views for guide wire passage via fluoroscopy. However, this is an effective and safe method which is practised over most of the countries with good success rates. Proper patient selection is key to success.

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## Clinical Meetings-2023

01- Mar- 2023	<b>NOVEL APPROACHES FOR TREATING HYPERTENSION</b> Dr G E Wickramanayake-SR Ward 12
08- Mar- 2023	<b>MANAGEMENT OF MASSIVE GASTROINTESTINAL BLEEDING</b> Dr Gayanga kottegoda- Reg Ward 08
15- Mar- 2023	<b>RHEUMATIC HEART DISEASE: FORGOTTEN BUT NOT GONE</b> Dr Yanushka Herath- SR Ward 19
22- Mar- 2023	<b>NOVEL MODALITIES IN MANAGING INFECTIONS</b> Dr Danushka Mendis- SR Microbiology, Dr Menaka Ranaweera- Reg Virology Dr Nisansala Senarathne- Reg- Microbiology
29- Mar- 2023	<b>HYPERTENSIVE DISORDERS IN PREGNANCY</b> Dr Palitha Bandara- SR Ward 02
19- Apr- 2023	<b>CLINICAL PICTURES IN PAEDIATRICS</b> Dr Sameera Mahapatuna- Reg Ward 01, Dr Sameera Jayathilaka- Reg Ward 01
26- Apr- 2023	<b>SLMA Workshop on HEALTHCARE QUALITY &amp; SAFETY</b> Dr Vinya Ariyaratne- President SLMA Dr Wimal Karandagoda- Health care management consultant Dr Sridharan Sathasivam- Deputy Director Planning. Ministry of Health Dr. Ranjan Dias- Consultant Surgeon- University of Sabaragamuwa Dr Alan Ludowyke- Chairman National Authority of Tobacco & Alcohol
03- May- 2023	<b>THE DECISION BETWEEN LIFE &amp; DEATH:CPR</b> Dr R G Sucharitharathna- Reg Ward 17
10- May- 2023	<b>DIABETIC WOUND MANAGEMENT</b> Dr Vijayakumar Vishaghan- Reg ward 15, Dr K P Gajasinghe- SHO Ward 15
17- May- 2023	<b>MANAGEMENT OF DIABETES MELLITUS: CASE BASED DISCUSSION</b> Dr D T Muthukuda- Consultant Endocrinologist
24- May- 2023	<b>FALLS IN THE ELDERLY</b> Dr Suresh Kottegoda- Consultant Cardiac Electrophysician
31- May- 2023	<b>FEVER OF UNKNOWN ORIGIN: A CHALLENGE TO THE PHYSICIAN</b> Dr G Gayathri- SR Ward 06, Dr. M H M Hassan- Reg Ward 06
07- Jun- 2023	<b>MANAGEMENT OF GALLSTONES</b> Dr Jagath Mallawa- Consultant Surgeon Ward 14
14- Jun- 2023	<b>MANAGEMENT OF PREMENSTRUAL DISORDERS</b> Dr Hasny Banu- SR Ward 09
21- Jun- 2023	<b>CASE DISCUSSION ON THROMBOSIS &amp; THROMBOPROPHYLAXIS</b> Dr Chitranga Kariyawasan- Consultant Haematologist
28- Jun- 2023	<b>TUBERCULOSIS PRIMER: ESSENTIAL INSIGHTS FOR HEALTHCARE PROFESSIONALS</b>

	Dr D B P Baranage, Dr K D Ranamali
05- Jul- 2023	<b>VASOACTIVE SUBSTANCES IN SEPSIS</b> Dr N A Mohomad Rizwan- Reg in Emergency Medicine
12- Jul- 2023	<b>NARCOTICS &amp; EFFECTS ON PSYCHOACTIVE SUBSTANCE ON HEALTH</b> Mr U G Midipolawatte- Superintendent of SriLanka Customs Dr Chathurie Suraweera- Consultant Psychiatrist
19- Jul- 2023	<b>PERIOPERATIVE (PERIPROCEDURAL) STROKE</b> Dr Harsha Gunasekara- Consultant Neurologist
26- Jul- 2023	<b>OPHTHALMOLOGY CASES &amp; INTRODUCTION TO ELECTRORETINOGRAPHY</b> Dr S Pavithran/ Dr M Z A Zakky- Registrars in Ophthalmology Dr S. Lindamulage- Medical Officer
31- Jul- 2023	<b>EMERGENCY TREATMENT OF ANAPHYLAXIS</b> Dr Jeevani Rajasinghe- Consultant Anaesthetist
02- Aug- 2023	<b>VERTIGO: ENT SURGEONS PERSPECTIVE</b> Dr Sanjeevani Rupasinghe- Consultant Otolaryngologist
09- Aug- 2023	<b>QUIZ IN COMMON DERMATOLOGICAL CONDITIONS</b> Dr Dananja Ariyawansa- Consultant Dermatologist
16- Aug- 2023	<b>MINIMALLY INVASIVE CARDIAC SURGERIES</b> Dr S Nishanthan- SR Ward 20
23- Aug- 2023	<b>HOW SMALL IS TOO SMALL: ETHICS OF LIFE SUPPORT IN MARGINS OF VIABILITY</b> Dr Medha Weerasekara- Consultant Neonatologist
06- Sep- 2023	<b>ACUTE KIDNEY INJURY</b> Dr Dilukshi Pilapitiya- Consultant Nephrologist
13- Sep- 2023	<b>MAKING SENSE OF COMMON ARRHYTHMIAS</b> Dr Suresh Kottegoda- Consultant Cardiac Electrophysician
15- Sep- 2023	<b>SYMPOSIUM ON SEPSIS</b> Dr Kushlani Jayatilleke- Consultant Microbiologist Dr Jeevani Rajasinghe- Consultant Anaesthetist
20- Sep- 2023	<b>NEUROENDOCRINE NEOPLASM- CASE BASED DISCUSSION</b> Dr Sonali Rodrigo
27- Sep- 2023	<b>X RAY INTERPRETATION IN COMMON CHEST &amp; ABDOMINAL EMERGENCIES</b> Dr Praveen Samarawickrama- Reg in Radiology
10- Oct- 2023	<b>SEXUAL DYSFUNCTION IN MEN</b> Dr Niroshan Senevirathne- Consultant GenitoUrinary Surgeon
11- Oct- 2023	<b>EVOLUTIONARY PERSPECTIVE OF BACK PAIN</b> Dr Himantha Athukorale- Consultant Rheumatologist
17- Oct- 2023	<b>PREANALYTICS- LINKING LAB TO WARD</b>

	Dr Neranjana Vithanage- Consultant Chemical Pathologist
25- Oct- 2023	<b>HOW I TREAT SHORTNESS OF BREATH DURING TRANSFUSION</b> Dr Asanka Godamunne- SR in Transfusion Medicine
01- Oct- 2023	<b>A STRUGGLE TO SLEEP: AN OVERVIEW OF SLEEP APNOEA</b> Dr Sureni Premarathne, Dr Dilan Fernando- Medical Officers Ward 11
22- Nov- 2023	<b>WAAW: WHAT SHOULD YOU KNOW ABOUT IT?</b> Dr Kushlani Jayatilleke- Consultant Microbiologist
29- Nov- 2023	<b>NEPHROLOGY ROUNDS</b> Dr Harshani Perera- Consultant Nephrologist

\* All Lecture videos are available at the facebook group of SJGH clinical society.

\* To join the facebook group of SJGH clinical society :



# Acknowledgement

- Dr Vinya Ariyaratna, SLMA President and the staff of the Sri Lanka Medical Association
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- Dr Gizelle Warnakula
- All sponsors of Annual Scientific Sessions

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# Chairpersons & judges

## Oral Presentations : Chairpersons

Session 1	Dr. Madhawa Karunaratne	Dr. Dilukshi Pilapitiya
Session 2	Dr. Jeewani Rajasinghe	Dr. Harsha Gunasekara
Session 3	Dr. Medha Weerasekara	Dr. Neranjana Vithanage

## Oral Presentations : Judges

Dr. Dhananja Ariyawansa  
Dr. Mihira Manamperi  
Dr. Suresh Kottegoda

## Poster Presentations : Judges

Session 1	Dr. Sanjeevani Rupasinghe	Dr. Dilupani Abeywardena
Session 2	Dr. Dimuthu Muthukuda	Dr. Harshani Perera
Session 3	Dr. Geethal Perera	Dr. Jagath Mallawa
Session 4	Dr. Sonali Rodrigo	Dr. Niroshan Seneviratne

## Reviewers of Abstracts

Dr Jeewani Rajasinghe  
Dr Harsha Gunasekara  
Dr Niroshan Seneviratne  
Dr Chitranga Kariyawasan  
Dr Sonali Rodrigo  
Dr Jagath Herath  
Dr Geethal Perera  
Dr Subhashana Gunawardena  
Dr Sanjeevani Rupasinghe  
Dr Shemmoon Marleen  
Dr Neranjana Vithanage  
Dr Kushlani Jayatilleke  
Dr Shyama Subhasinghe  
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Dr K. V. C. Janaka  
Dr Mihira Manamperi