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"Steering Towards Sustainable Professional Development In Healthcare"

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BOOK OF ABSTRACTS

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BOOK OF ABSTRACTS

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ORAL PRESENTATIONS

Abstract No : OR 1

ASSESSING MEDICAL PROFESSIONALS' KNOWLEDGE AND ATTITUDES TOWARD ARTIFICIAL INTELLIGENCE TOOLS IN CLINICAL PRACTICE.

R M T Chathuranga[1], L D W Gunawardane[1], R K G N S De Silva[1]

[1]*TH Badulla*

Introduction:

The integration of artificial intelligence (AI) in healthcare is gaining traction due to its potential to improve diagnostic and treatment processes. This study aims to evaluate doctors' proficiency and perspectives on specific AI tools, including IBM Watson Health, Google Health AI, Aidoc, Viz.ai, and Butterfly Network. Understanding their familiarity and opinions is crucial for the successful implementation of these technologies in clinical practice.

Methodology:

Data were collected via an online questionnaire administered to medical professionals across various specialties. The survey assessed participants' familiarity with the selected AI tools and their perceptions regarding AI's effectiveness in different healthcare domains, including diagnostic accuracy, treatment planning, patient monitoring, and biomedical research.

Results:

Among the 121 doctors surveyed, familiarity with AI tools was notably low: 102 were not familiar with IBM Watson, 75 with Google Health AI, 102 with Aidoc, 90 with Viz.ai, and 119 with Butterfly Network. Perceptions of AI's effectiveness varied; while 51% believed AI was not helpful for diagnostic accuracy, a substantial 43% regarded it as effective for treatment planning. Conversely, a significant 86% acknowledged AI's effectiveness in patient monitoring, and an overwhelming 98% recognized its value in biomedical research. Notably, 97.2% of respondents expressed a strong desire for proper training sessions on AI to enhance their understanding and utilization of these tools.

Conclusion:

The findings reveal critical gaps in familiarity with AI tools among doctors, emphasizing the necessity for targeted educational initiatives. The strong interest in training indicates a willingness among medical professionals to embrace AI technologies. Addressing these gaps through comprehensive training programs will be essential for fostering confidence and competence in the use of AI in clinical practice, ultimately improving patient care and outcomes.

Abstract No : OR 2

ACCURACY OF PREOPERATIVE ULTRASOUND IN DIAGNOSING ACUTE APPENDICITIS: A SINGLE-CENTER RETROSPECTIVE STUDY

A Samarasinghe[1], RMT Chathuranga[1], SUD Samarasinghe[2], DRTC Dassanayake[1]

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Introduction:
Appendicectomy is a common surgical procedure, often aided by preoperative ultrasound. This study evaluates the accuracy of preoperative ultrasound in diagnosing acute appendicitis in patients with clinically confirmed right iliac fossa tenderness.

Methods:
A retrospective analysis from January 2024 to April 2024 included 71 patients undergoing appendicectomy. Histological investigation post-surgery served as the gold standard. Preoperative ultrasound reports were reviewed to assess accuracy, categorized as positive, negative, or not performed. All the 71 patients were histologically positive for acute suppurative appendicitis. Chi-square was applied.

Results:
Among 60 cases with preoperative ultrasound, 22 were correctly identified as acute appendicitis, 38 as negative, and 11 were not performed. A significant p-value of 0.009 rejected the null hypothesis that all histologically positive cases would be ultrasonically positive.

Discussion:
Ultrasound's diagnostic accuracy varied, influenced by operator experience and technical factors, highlighting its subjectivity. Despite initial utility, discrepancies with histological findings underscore limitations. Further studies should standardize protocols, improve operator training, and explore adjunctive diagnostics for appendicitis.

Conclusion:
This study underscores cautious reliance on preoperative ultrasound in acute appendicitis diagnosis. Clinical judgment remains crucial when ultrasound results are inconclusive. Continued research is essential to refine ultrasound techniques and validate its diagnostic role in appendicitis management.

Abstract No : OR 3

PREVALENCE OF EXERCISE-INDUCED BRONCHOCONSTRICTION AND ITS EFFECT ON ASTHMA CONTROL, AMONG CHILDREN WITH ASTHMA AT A TERTIARY CARE CHILDREN'S HOSPITAL IN SRI LANKA.

Wijesundara S.C.[1], de Silva S.S.C. [2], Wickramasinghe V.P. [3]

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[2]Lady Ridgeway Hospital for Children, Colombo
[3]Faculty of Medicine, University of Colombo

Background:
Exercise-induced bronchoconstriction (EIB) is a common manifestation in asthmatics leading to activity limitation and poor quality of life. The prevalence of which is noted to be variable according to the study population and method used to ascertain EIB.

Objectives:
This study was done to assess the prevalence of EIB and effect of asthma control on it, among children with asthma in a tertiary paediatric centre.

Methods:
A descriptive cross-sectional study,conducted from November 2020 to November 2021, among diagnosed asthmatics attending the clinics at Lady Ridgeway Hospital for Children. Simple random sampling done. Asthma control test (ACT) questionnaires were used to categorise asthma control. Following baseline spirometry, a treadmill exercise challenge was conducted, with post-exercise spirometry to diagnose and classify EIB severity.

Results:
A total of 185 were analysed from 225 recruits, mean age of the sample was 10 (+/- SD 2.32) years with 98(53%) male and 87(47%) female. The prevalence of EIB was 33.5% (62). Out of those 87.1% (54/62) was mild and 12.9% (8/62) was of moderate severity.
According to the age-appropriate ACT scores, 20.5% (38/185), 57.3% (106/185) and 22.2% (41/185) were fully, partially, and uncontrolled respectively.A statistically significant association with asthma control and EIB was not found ($p = 0.357$).

Conclusion:
The study did not show a significant association between asthma control and EIB.

Abstract No : OR 4

KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING AWARENESS AND PREVENTION OF HOSPITAL ACQUIRED INFECTIONS AMONG NURSES AT TEACHING HOSPITAL PERADENIYA

Hettiarachchi S.H. [1], Peiris P.L.I. [1], Gunasekara G.V.R.Y.[1], Kodithuwakku A.C.[1], Bamunuhendra B.M.S.N.[1], Bandara J.M.R.P.[1]

[1] *Faculty of Medicine, University of Peradeniya*

Background:
Hospital-acquired infections (HAIs) are acquired at a healthcare facility which were neither present nor incubating at the time of admission. They pose significant health challenges globally, increasing morbidity and mortality. Nurses play a critical role in preventing HAIs.

Objectives:
We aimed to assess the knowledge, attitudes, and practices of staff nurses at Teaching Hospital Peradeniya regarding HAIs prevention and awareness and to correlate the level of knowledge with their practices towards infection prevention.

Method:
A cross-sectional descriptive study was conducted among 274 Nurses. Data were collected using a structured self-administered questionnaire regarding knowledge, attitudes and practices on HAIs. Data were analyzed using IBM SPSS 29.

Results:
We found that 51.8% of nurses had good knowledge (>70%) of HAIs, 68.6% exhibited positive attitudes (>70%), and 94.9% demonstrated good practices (>70%) in HAI prevention. There were no significant association between mean knowledge, attitudes and practices scores towards gender, age, or years of work experience. Statistically significant differences in mean knowledge and practices scores were found between different wards($p<0.05$). A significant association was observed between mean attitude scores and nurses' education type ($p < 0.05$), with graduate nurses exhibiting more favourable attitudes. A positive correlation was found between knowledge and practice scores ($\rho = 0.144$, $p < 0.05$), demonstrating that higher knowledge levels were associated with improved practices.

Conclusions:
Despite good practices, nurses demonstrated insufficient knowledge of HAIs. Continuous in-service education is essential including infection control sessions and self-directed learning. Higher KAP scores observed among nurses in specialized units underscore the benefits of targeted training.

Abstract No : OR 5

DETERMINANTS OF JOB SATISFACTION AMONG DOCTORS IN A NATIONAL HOSPITAL IN SRI LANKA: A CROSS-SECTIONAL STUDY

Ranatunge AJLSU[1], Naranwala TMDN[1], Rimsiya MMF[1], Chinthaka GK[1], Wijayagurusinghe OWPB[1], Tennakoon TMAH[1]

[1]*Faculty of Medicine, University of Peradeniya*

Background:
Job satisfaction is essential for effective healthcare delivery, influencing both professional retention and patient care quality. Understanding factors contributing to doctors' satisfaction can help improve healthcare settings and reduce brain drain in Sri Lanka.

Objective:
To assess the level of job satisfaction among doctors at a national hospital in Sri Lanka and identify the factors that influence their satisfaction.

Method:
The study at National Hospital Kandy used a cross-sectional descriptive design including 110 participants, ranging from house officers to consultants across various specialties. Data were collected using the Standard Short Minnesota Satisfaction Questionnaire and analysed with IBM SPSS Statistics 27 with Spearman's correlation to assess relationships between job satisfaction domains (work itself, work environment, leadership management, interpersonal relationships, pay and benefits) and overall job satisfaction. The Mann-Whitney U and Kruskal-Wallis tests were used to compare job satisfaction across different groups (age, gender, experience, marital status, specialty, and job position), with a significance level set at $P \leq 0.05$.

Results:
The findings indicate that 85.5% of doctors were satisfied with their jobs. The highest satisfaction was in interpersonal relationships, and the lowest in pay and benefits. The work itself had the strongest correlation with job satisfaction ($r = 0.848$, $p < 0.001$). Demographic factors like age, gender, and marital status had no significant effect, while job position and specialization did.

Conclusion:
Targeted strategies to address work-related needs, manage workload, and improve compensation could enhance job satisfaction and retention of medical professionals in Sri Lanka, improving healthcare delivery and population health.

Abstract No : OR 6

ASSESSING MOTHERS' KNOWLEDGE AND APPLICABILITY OF CLINICAL INDICATORS OF SUCCESSFUL INITIATION OF BREASTFEEDING AND ITS ASSOCIATION WITH POSTNATAL WEIGHT GAIN IN A DESCRIPTIVE CROSS SECTION OF INFANTS ATTENDING A TERTIARY CARE WELL BABY CLINIC IN PERADENIYA.

Neelalogan T. [1], Jayanetti S.N. [1], Hettiarachchi H.A.C.J [1], Suraweera H.S. [1], Perera A.D.P [1], Wangdi M. [1], Dissanayake P.V.[1]

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Background:
Successful initiation of breastfeeding is essential to ensure the growth and development of children. The clinical indicators used to assess breastfeeding initiation have limited research on their validity. This study focuses on four indicators of initiation of breast feeding: urine output, meconium colour change, contralateral let down reflex and sleep duration after feeding.

Objectives:
The study aims to evaluate breastfeeding mothers' awareness of clinical indicators, assess their effectiveness in predicting weight gain by two weeks.

Methods:
A descriptive cross-sectional study was conducted with 220 mother-neonate pairs at a well-baby clinic in Peradeniya, Sri Lanka, during postnatal check-ups at two weeks. Data were collected using a self-administered questionnaire and analysed with IBM SPSS software version 29.

Results:
Most mothers knew about optimal urine output (82.7%), sleep duration (84.1%), and let-down reflex (65.5%), but only 39.1% knew stool colour change. Significant associations were found between urine output ($p=0.001$) and the contralateral let-down reflex ($p=0.045$) with postnatal weight gain. Better weight gain was linked to >6 urine outputs/day (OR = 13.16), stool colour change by day five (OR = 2.91), and let-down reflex (OR = 2.76). Sleeping ≥2 hours after a feed reduced weight gain (OR = 0.48).

Conclusion:
Overall, 59.1% of mothers answered three or more out of four questions assessing knowledge of key breastfeeding indicators correctly, with no significant difference in mean knowledge scores based on parity ($p=0.284$) and education level ($p=0.123$), highlighting existing knowledge gaps. Regular urine output, timely stool colour change, and the let-down reflex were linked to higher odds of weight gain, while sleeping ≥2 hours reduced the odds. A significant association was found between optimal urine output and the contralateral let-down reflex with acceptable weight gain.

Abstract No : OR 7

ADULT PATIENTS' KNOWLEDGE, ATTITUDES, AND PRACTICES REGARDING LONG-TERM PRESCRIBED DRUGS AT TEACHING HOSPITAL PERADENIYA.

Jayasinghe P. K. D. R. G[1]., Wickramaarachchi W. A. S. M.[1], Chathurangi D.[1], Kumarasinghe R. M. U. K. H.[1], Choden R.[1], Abeyagunawardena S.[1]

[1]*Faculty of Medicine, University of Peradeniya*

Background:

Adherence to long-term medications is key in managing chronic illnesses, and poor health literacy leads to adverse health effects.

Objectives:

This study evaluates adult patients' knowledge, attitudes, and practices regarding prescribed drugs at Teaching Hospital Peradeniya, examining their understanding, adherence, and relationship with education or socioeconomic status.

Method:

A cross-sectional descriptive study was conducted at a medical clinic, Teaching Hospital Peradeniya, recruiting 396 patients all of who received the same health education. An interviewer-administered questionnaire was used to assess knowledge, attitudes, and practices toward prescribed long-term drugs and aggregated scores were compiled. Associations with educational, income, and employment status were analysed using one-way ANOVA and Kruskal Wallis's H tests.

Results:

Among 396 participants, 264 were females (66.7%) and the mean age was 62.77. A majority (68%) were unemployed, with a monthly income below Rs. 100,000 (57.8%). Most were educated up to Ordinary levels (76%). The majority had good attitudes (98.7%) and practices (89.1%). However, knowledge scores (27.3%) were lacking. Medication identification was primarily by appearance (37.37%) and frequency of intake (32.32%). Most lacked compliance because of housework (32.3%). A significant positive association of knowledge scores with education ($P<0.001$), income ($P<0.001$), and employment status ($P=0.045$) was noted. Only practice scores were positively associated with educational level ($P<0.01$).

Conclusions:

The study found despite low knowledge, the patients had good attitudes and practices. Higher education levels, employment statuses, and household income correlated with better knowledge scores. Therefore, awareness programs to improve health literacy and targeted interventions for vulnerable groups will further improve adherence to long-term medications.

Abstract No : OR 8

AN AUDIT TO EVALUATE THE APPROPRIATENESS OF REQUESTING PT/INR TEST AT NIGHT LAB IN NATIONAL HOSPITAL-KANDY: A CROSS SECTIONAL STUDY

Damayanthi EJP[1],Athauda SB[1]

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Objectives:

PT/INR is a basic coagulation test done to assess the activation of extrinsic pathways by tissue factor. This audit was done to identify the appropriate use of PT/INR test at night lab as an emergency test and to analyse whether test results were appropriately utilized for diagnosis and management. Education of the use of ISTH BAT's score to identify patients who are at increased risk of bleeding is also targeted. Thereby, this aims to lower the health care cost by reducing unnecessary ordering of tests while improving patient care.

Method:

A descriptive cross-sectional study was done on 130 PT/INR requests received to the night lab from 20/ 02/2023 to 27/02/2023 from 4 pm -8 am.

Results:

Out of PT/INR tests evaluated, 32% request were with real indications such as bleeding, on warfarin treatment, liver derangement, suspected bleeding disorder while 68% were not indicated as emergency basis.21% of total are requested for pre operative assessment for next day routine surgeries and all were ordered by house officers.

Out of the requests having real indications,70% were for the patients with bleeding but the severity was not assessed with ISTH BAT's Bleeding score.32% of tests were not performed due to regent unavailability at that period indicating the justified indications of request were mandatory.

Conclusion:

Majority number of PT/INR requests to the night lab at National Hospital-Kandy as emergency basis were identified with inappropriate indications.

Abstract No : OR 13

MORPHOMETRIC EVALUATION OF HAND INDEX: DIVERSITY AMONG THE SEXES IN THE 6th TO 8th DECADES OF LIFE

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Background:
A detailed knowledge of the population, age, and gender-specific data on biometric features of the hand is important in anthropometry, forensic identification, and clinical perspectives. Despite its significance, there's a paucity of existing knowledge concerning the precise details of hand morphometry. The objective of this preliminary study was to evaluate sex differences in hand dimensions and hand index data in a group of the elderly Sri Lankan population.

Methods:
A total of 65 cadaveric subjects (male: n=34; female: n=31) with an age span of 58–76 years, without any congenital anomalies, trauma, or history of surgical procedures of the hand were selected for the study. Hand length (HL) and hand breadth (HB) of the right hand, were measured according to standard anthropometric procedures using a digital sliding caliper capable of measuring to the nearest 0.01mm as follows: HL: straight distance between midpoint of a line connecting radial styloid and ulna styloid processes and tip of the middle finger; HB: straight distance between most prominent point outside of the lower epiphyses of second metacarpal and fifth metacarpal bones. Hand index calculated as (HI)= HB/HLx100 and classified according to the Krogman index. All these data were obtained from the right-hand dominant subjects. Data were expressed as mean ± SD.

Results:
HL (male:17.92±2.01cm; female:16.53±0.73cm), HB (male:8.33±0.53cm; female:7.51±0.45cm), HI (male:47.43; female:45.52) were significantly ($P<0.01$) larger in males compared to females. The predominant hand phenotype in males was mesocheri (35.3%) followed by brachicheri (29.4%) and dolichocheri (23.5%) Whereas in females predominant hand phenotype was dolicocheri (38.7%) followed by mesocheri (32.3%) and brachicheri (22.6%). Hyperdolichocheri was absent among female subjects indicating a sex difference in hand phenotype.

Conclusion:
Evidence shows a clear variation in hand morphometry among different populations, sexes, and age groups across the world. Therefore, it is important to establish sex-specific normative values valid for a particular population in which it would be more precisely applicable. This preliminary study highlights the significance of establishing such norms for Sri Lankans which would be useful in establishing personal identity in forensic investigations, estimating hand surface area in skin grafting in reconstructive surgeries, and in designing handheld tools from ergometric perspectives.

Abstract No : OR 14

TO ASSESS THE IMPACT OF FACTORS SUCH AS INHALER TECHNIQUE ERRORS, TRIGGERING FACTORS, AGE, AND GENDER ON ASTHMA CONTROL IN A CLINIC-BASED POPULATION IN KANDY

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[1]*Faculty of Medicine, University of Peradeniya*

Background:
Asthma control is vital for good quality of life. Inhaler technique errors and exposure to triggering factors are key factors that can compromise the control.

Methods:
A descriptive cross-sectional study included males and females aged 18 and older, diagnosed with bronchial asthma and using inhalers. Patients with chronic obstructive pulmonary disease or comorbidities were excluded. Asthma control over the past month was assessed per GINA guidelines, and inhaler technique errors were evaluated using a verified checklist. Exposure to triggers in the past month was also recorded.

Results:
Of 217 predominantly female patients (73.7%) with a mean age of 57.4 years, 87.6% had incomes below 50,000, studied up to secondary school education (70%), and had a family history in 42.9%. Regarding inhaler technique errors, dry powder inhalers were used by 79.3% and had a high error rate in technique (76.6%) compared to 45.5% for Meter Dose Inhalers. Common inhaler technique errors were observed in vital steps. regarding exposure to triggers, 63% were exposed during the past month. Of them, house dust exposure (79.72%) and infections were the commonest. regarding asthma control, 63% were in the uncontrolled category. Uncontrolled asthma was predominant in patients exposed to triggers (74.3%) and showed a significant association ($p=0.02$). inhaler technique errors and a significantly higher number of uncontrolled asthma patients ($p=0.04$) and most of them were in the younger age group ($\leq$50). Those who had both factors too had significantly a higher number of uncontrolled asthma ($p=0.02$).

Conclusions:
In a clinic-based population receiving regular treatment, uncontrolled asthma is a major concern, primarily due to exposure to triggers. Additionally, errors in inhaler technique significantly contribute to this issue. This highlights the need for prospective follow-up and a revision of management strategies.

Abstract No : OR 16

KNOWLEDGE, ATTITUDES AND PRACTICE AMONG HEALTH CARE PROFESSIONALS IN REPORTING ADVERSE DRUG REACTIONS IN SELECTED PRIMARY, SECONDARY AND TERTIARY CARE UNITS IN KANDY DISTRICT

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Background:
Adverse drug reactions (ADRs) reporting is essential for the pharmacovigilance system which ensures the patient safety. It is a responsibility of healthcare professionals (HCPs) to report ADRs.

Objective:
This study was aimed to assess knowledge, attitudes and practise among health care professionals in reporting ADRs in selected primary, secondary and tertiary care units in Kandy district and identify factors affecting ADR reporting.

Method:
A descriptive cross-sectional study was conducted in selected tertiary, secondary, and primary care hospitals in the Kandy district using a self-administered pre-tested questionnaire. The sample (N = 205) was selected using convenient sampling among doctors, nurses from medicine, surgery, obstetrics and gynaecology, and paediatric wards, along with pharmacists from five hospitals. Knowledge, attitudes, and practices regarding ADR reporting were evaluated. Data were analysed with SPSS software using descriptive statistics and parametric tests.

Results:
Findings indicated that the majority of HCPs had an average knowledge, good attitudes (93.65%) with the nurses showing the highest percentage (95.8%) and poor practice (69.67%) of reporting ADRs. The groups of HCPs having work experience >20 and 35-49 working hours per week showed higher means of attitude. Pharmacists showed the highest marks for practice, and the good practice was associated with awareness of the reporting process and knowing whereabouts of the reporting forms.
Conclusion**:** Good attitudes among majority indicated the potential to improve ADR reporting. Interventions to enhance the knowledge and practice of ADR reporting, awareness of reporting process and ADR reporting forms could enhance the ADR reporting and ensure patient safety.

Abstract No : OR 17

USE OF ASIA-ISCOS CHART TO RECORD NEUROLOGICAL FINDINGS OF SUSPECTED SPINAL CORD INJURY PATIENTS PRESENTED TO EMERGENCY TREATMENT UNIT OF NATIONAL HOSPITAL KANDY – A CLINICAL AUDIT

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Background:

Spinal cord injuries (SCI) are a common form of trauma in emergency departments, with an incidence of approximately 15 per million individuals annually. Initial assessment of suspected SCI involves categorization using the American Spinal Injury Association (ASIA) Impairment Scale, the gold standard for evaluating SCI. In order to ensure consistency of documentation of findings, ASIA International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI) chart was introduced in 2019.

Objectives:

This audit aimed to evaluate the documentation of neurological findings of suspected SCI patients according to the ASIA international standards for neurological classification of spinal cord injury and to improve this documentation by implementing the ASIA-ISCOS chart in the Emergency Treatment Unit (ETU) at the National Hospital Kandy.

Methodology:

A clinical audit cycle was conducted. A retrospective study assessed the frequency of documentation of neurological findings according to the ASIA ISNCSCI in suspected spinal cord injury patients. Subsequently, medical officers attached to the Neurosurgical Unit I at National Hospital Kandy were trained on documentation of the examination findings using the ASIA-ISCOS chart. A prospective study then evaluated the impact of this intervention.

Results:

In the retrospective study, 19 suspected SCI patients were identified, with documentation ASIA grade in 15.8% (n=3) of cases. After implementing the form, the prospective study documented 18 suspected SCI cases, with documentation of the ASIA grade rising to 61.1% (n=11).

Conclusion:

Implementing the ASIA-ISCOS chart significantly improved documentation of examination findings in suspected SCI patients according to the ASIA-ISNCSCI, increasing adherence from 15.8% to 61.1%.

Abstract No : OR 18

IMPLEMENTATION OF A REVISED HEAD INJURY OBSERVATION CHART WITH A DEDICATED GCS TABLE: A CLINICAL AUDIT AT THE PROFESSORIAL SURGICAL UNIT, TEACHING HOSPITAL PERADENIYA

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Background:

Head injuries are among the most common traumas encountered in emergency departments (ED). The NICE guidelines for head injury management (CG176) recommend serial neurological observations, including Glasgow Coma Scale (GCS), pupil size/reactivity, limb movements, respiratory rate, heart rate, blood pressure, temperature, and oxygen saturation. For patients with an initial GCS of 15, observations should be documented half-hourly for 2 hours, hourly for 4 hours, and 2-hourly thereafter. The Ministry of Health Sri Lanka's standard observation chart (Health 46) lacks a designated section for recording GCS components, potentially hindering compliance.

Objectives:

This study aimed to evaluate the frequency of GCS documentation during head injury observation and assess the impact of implementing a revised head injury observation chart with a dedicated GCS table.

Methodology:

A retrospective study assessed GCS documentation frequency. Following this, a revised chart inclusive of GCS components was introduced, alongside staff education. A prospective study evaluated GCS documentation after implementation.

Results:

In the retrospective phase, only 13.04% (3/22) of patients had GCS documentation adhering to NICE guidelines. Post-intervention, adherence improved to 58.62% (17/29) in the prospective phase.

Conclusion:

Implementing a revised head injury observation chart with a dedicated GCS table significantly improved compliance with NICE guidelines for serial GCS documentation, increasing adherence from 13.04% to 58.62%.

Abstract No : OR 19

EPIDEMIOLOGY AND CLINICAL FEATURES OF SNAKE BITE ENVENOMING IN MAHIYANGANAYA, SRI LANKA

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[1]*Department of Medicine, Base Hospital, Mahiyanganaya*
[2]*Department of Clinical Medicine, University of Colombo*

Background:

Sri Lanka has a high rate of snake bites, compared to most other countries. Scant data exists on epidemiology and clinical features of snake bite envenoming in Mahiyanganaya, Sri Lanka.

Objectives:

Evaluation of epidemiology and clinical features of snake bite envenoming in Mahiyanganaya, Sri Lanka.

Methods:

This prospective-cross-sectional-observational study was conducted at Base-Hospital, Mahiyanganaya from December 2023 to July 2024. Offending snakes were identified when victims brought specimens. If a specimen was not available, the snake was identified by the victim referring to preserved specimens and photographs. Clinical details were recorded.

Results

One hundred and forty-five snake bite patients (mean age-43 years, SD-16.4) were included. Sixty-three (43.4%) were farmers. Ninety-nine offending snakes were identified as 59 (59.6%) hump-nosed pit vipers, 4(4.0%) Russell's vipers, 2(2.0%) common kraits, 2(2.0%) green-pit vipers, 1 cobra (1.0%) and 31(31.3%) medically unimportant snakes. Out of 68 of identified medically important snake bites, 59 were hump-nose pit viper bites (86.8%). Thirty-four (23%) live snakes were identified and released.

Eighty-five (58.6%) bites occurred at the night. Finger 31(21.4%), foot 68(47.6%) and toe 24(16.8%) were common bite-sites. Overall, 101(69.7%) had local swelling, 23(15.9%) had haemorrhagic blisters and 10(6.9%) had prolonged WBCT. Seven (4.8%) had elevated serum creatinine and 6(4.1%) developed neurotoxicity. Eighteen (12.4%) were given polyvalent antivenom and one died.

Conclusions:

Snake bite envenoming caused substantial morbidity, mainly from hump-nosed pit viper. Risk factors included walking, outdoor activities and occupation. Swelling, coagulopathy, nephrotoxicity and neurotoxicity were reported, depending on the species implicated. It is possible that many snake bites could be prevented by using appropriate footwear.

Abstract No : OR 20

EVALUATION OF SURGICAL SITE INFECTIONS IN PATIENTS FOLLOWING CAESAREAN SECTION IN THE PROFFESORIAL OBSTETRICS AND GYNAECOLOGY UNIT, TEACHING HOSPITAL KURUNEGALA (THK)

Kularatna D, Rizmiya MNF, Alagoda BJB, Kothalawala M

Background:

Caesarean section, a common obstetric procedure essential for maternal and neonatal health. While it reduces mortality and complications, it carries risks such as post-operative wound infections. This study examines the incidence, risk factors, and outcomes of surgical site infections (SSIs) following caesarean sections in the Professorial Obstetrics and Gynaecology unit at THK, focusing on promoting the rational use of prophylactic antibiotics.

Method:

This prospective study, conducted over two months (July–August 2024), included 144 patients.

Objectives:

The key objectives of this study were to evaluate the current practice and effectiveness of prophylactic antibiotics on the incidence of surgical site infections in patients undergoing cesarean section.
To identify risk factors for surgical site infections.
To evaluate current practice against the internationally accepted guidelines in use of prophylactic antibiotics.

Results:

SSI incidence was 6.25%, with 80% occurring after emergency caesareans due to poor pre-operative preparation and prolonged labor. The common antibiotic regimen was intravenous cefotaxime 1g and metronidazole 500mg for 24 hours, followed by oral cefuroxime 500mg and metronidazole for 5 days. Findings highlight the need for standardized prophylactic antibiotic guidelines to prevent SSIs and curb resistance.

Conclusion:

The study emphasizes refining prophylactic antibiotic practices in caesarean sections to establish evidence-based guidelines and promote antibiotic stewardship. This audit showed a reduction in the rate of postoperative infection complications comparable to international levels. However, our practice of using prolonged antibiotics may be unnecessary and may even add to the burden of antibiotic resistance. We recommend reviewing our practice to bring it to the standard of international guidelines.

Abstract No : OR 21

KNOWLEDGE, ATTITUDES, AND PERCEPTIONS OF ARTIFICIAL INTELLIGENCE AMONG MEDICAL STUDENTS OF THE UNIVERSITY OF PERADENIYA, SRI LANKA

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Background:
Artificial Intelligence (AI) is transforming healthcare by enhancing diagnosis, treatment, patient care, and administrative efficiency. Despite its potential, many universities in South and East Asia lack structured AI education, leaving students to acquire knowledge independently.

Objective:
This study assessed the knowledge, attitudes, and perceptions of AI among medical students at the University of Peradeniya, Sri Lanka.

Methods:
A pre-tested, self-administered online questionnaire was distributed to all medical students from first to final years. Descriptive statistics were analyzed using SPSS.

Results:
The response rate was 37.4% (n=507), with most respondents (57.69%) being first-year students. Among respondents, 59% were female. Awareness of AI in healthcare was high (89.5%), and 91% had used generative AI tools for academic work, including ChatGPT (97.8%), Copilot (11%), and BARD (10.1%). While 23.8% rated their knowledge as very good or good, 47.1% considered it satisfactory. There is significant association between gender and knowledge ($p<0.05$). There is a significant association between study year and knowledge. These tools were primarily learned via social media (65.1%), family or friends (60%), and self-study (53.6%). Participants cited benefits like availability (78.1%), cost savings (66.7%), and efficiency (56.8%), but raised concerns about data privacy (75.1%), ethics (72.4%), and security risks (66.9%).

Conclusions:
Despite high awareness and AI usage, structured education on AI is lacking. Because of that, participants' knowledge on AI is less. Formal education should be established since respondents use AI for medical education.

Abstract No : OR 22

THE USAGE AND EFFECTIVENESS OF ANATOMY LEARNING RESOURCES AMONG PRECLINICAL MEDICAL UNDERGRADUATES

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Introduction:
Traditional resources like textbooks and dissections are essential for understanding anatomy, while digital resources offer convenience but raise reliability concerns.

Objectives:
To describe the usage and effectiveness of anatomy learning resources among pre-clinical medical undergraduates

Methods:
A cross-sectional descriptive study was conducted among a batch of pre-clinical medical undergraduates over three semesters. A validated questionnaire with 7-point Likert scale assessed learning resource preferences and effectiveness. End-semester anatomy scores were used as performance data. Data were analyzed using Friedman ANOVA and Spearman's correlation.

Results:
A female preponderant population (58.6%) with a median age of 22±1 years, showed a high preference in using lecture notes in all three semesters. However, preference for mobile apps across three semesters decreased ($p<0.001$), while unchanged for anatomy textbooks ($p=0.372$), and dissection/prosections ($p=0.417$). Preferences for peer learning ($p<0.001$), YouTube usage ($p<0.001$), lecture notes ($p=0.014$), and internet resources ($p=0.18$) increased. The use of anatomy textbooks and lecture notes exhibited weak but significant correlation with performance ($\rho=0.289$, $p<0.001$; $\rho=0.194$, $p=0.003$). Those who used dissection/prosections also showed a very weak but significant correlation with performance ($\rho=0.147$, $p=0.023$). No significant correlations with performance for internet resources ($\rho=0.086$, $p=0.186$) and mobile app use ($\rho=0.060$, $p=0.359$). The median performance scores declined over three semesters: 67±14, 58±13.5, and 57±14 in Semesters 1, 2, and 3 respectively.

Conclusions:
Despite a shift towards alternative methods, authentic methods remain essential for successful anatomy education. The decline in median performance scores highlights the need to explore effective digital resource usage as a supportive method to address this gap.

Abstract No : OR 25

HEMODYNAMIC RESPONSE TO INTRA-MYOMETRIAL VASOPRESSIN DURING GYNECOLOGICAL LAPAROSCOPIC SURGERY: A PROSPECTIVE OBSERVATIONAL STUDY

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Background:
Intra-myometrial vasopressin injection is a commonly used technique to reduce blood loss during gynaecological laparoscopic surgeries. However, its systemic effects, particularly on hemodynamic parameters, remain understudied.

Objectives:
This study aimed to evaluate the hemodynamic response to intra-myometrial vasopressin administration in patients undergoing laparoscopic hysterectomy (TLH) or myomectomy. (LM)

Methods:
A prospective observational study was conducted at the Teaching Hospital Peradeniya, Sri Lanka, over a period of 6 months. ASA I patients aged 40-50 years were included. All patients received intra myometrial vasopressin prior to dissection. Hemodynamic parameters, including heart rate, blood pressure, and electrocardiogram, were monitored continuously before, during, and after vasopressin injection.

Results:
A total of 43 patients were enrolled. The mean age of the participants was 45.12 years. Commonest indication for surgery was menorrhagia with a mean haemoglobin level of 9.13mg/dl. The most common systemic side effects observed were bradycardia and hypertension. One patient experienced cardiac arrest, but no fatalities were reported. A rise in systolic blood pressure with a mean rise of 22.74 mmHg of systolic blood pressure and mean diastolic blood pressure rise of 8.34 mmHg were noted.

Conclusions:
Intra-myometrial vasopressin administration can induce significant hemodynamic changes, primarily bradycardia and hypertension. While the increase in blood pressure may not be clinically significant in healthy ASA I patients, it is crucial to monitor hemodynamic parameters closely during and after vasopressin injection to detect and manage potential adverse events.

Abstract No : OR 26

PREVALENCE OF ANAEMIA AND OUTCOME OF RESTRICTIVE TRANSFUSION PRACTICE IN A COHORT UNDERGOING TOTAL LAPAROSCOPIC HYSTERECTOMY FOR BENIGN INDICATIONS

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Background:
Anaemia is a common haematological disorder affecting mortality and morbidity of the surgical population.[(1)] The prevalence of preoperative anaemia in patients undergoing gynaecologic surgery remains unknown, including its effect on postoperative morbidity.[(2)]

Objectives :
This cohort study aims to investigate the prevalence of anaemia and evaluate the consequences of implementing a restrictive transfusion protocol on patient outcomes.

Methodology:
A prospective analysis was conducted on women who underwent TLH for benign indications at a tertiary care hospital between January 2023 and August 2024. All patients received preoperative oral iron therapy and intra-myometrial vasopressin during surgery. The restrictive transfusion protocol was based on current guidelines, with a threshold haemoglobin level of 7 g/dL for red blood cell transfusion.[(2,3)] Postoperative complications, length of hospital stay, and post operative complications were also assessed.

Results:
143 patients were studied. Mean age was 44.2 years and 88% did not have any co-morbid diseases. Commonest surgical indications were adenomyosis(45%) and leiomyoma (32%). The prevalence of anaemia in the cohort was 73.6%. 2 patients received peri-operative transfusions with a Hb of less than 7. None of the patients required post operative transfusions and were discharged within 24 hours. Mean duration of capnoperitoneum was 48 mins. There were 2 patients with post operative wound infections 2 readmissions due to urinary tract infections.

Conclusion:
Anaemia is prevalent among women undergoing TLH for benign indications, affecting nearly two-thirds of the patients in this cohort. Implementing a restrictive transfusion protocol appears to be safe, with no increase in postoperative complications.

Abstract No : OR 27

AIRWAY ASSESSMENT KNOWLEDGE AMONG ANAESTHETISTS IN CENTRAL PROVINCE, SRI LANKA

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Background:
Anaesthetists in Sri Lanka undergo a standardized 6-month training program but practice in diverse clinical settings, potentially leading to variations in airway assessment knowledge and practices.

Objectives:
Aim is to assess the knowledge of airway assessment among anaesthetists in the Central Province of Sri Lanka, identify knowledge gaps, and evaluate the utilization of airway assessment scoring systems.

Methods:
A self-administered web-based questionnaire was distributed to anaesthetists in the Central Province. The questionnaire collected demographic data and knowledge of airway assessment techniques and scoring systems, including Mallampati score, MACOCHA score, MTAC, and LEMON assessment. Data was analysed using Excel.

Results:
A total of 171 anaesthetists participated, with mean age of 42 years with experience from 8 months to 31 years. Majority (97%) regularly assessed and documented airway assessment. While most participants demonstrated good knowledge of the Mallampati score , their understanding of newer assessment methods like MACOCHA, MTAC, and LEMON scores were limited, with only (43.6%), (27.3%), and (57.9%) having knowledge of these, respectively. There was no difference in knowledge or barriers according to the place of work. Majority of respondents identified that the inadequate guidance as what to read (n=30,65.2%), inadequate time to study (n=17,37%) and unavailability of equipment (n=13,28.3%) as barriers to improve their knowledge.

Conclusion:
The study highlights lack of understanding and utilization of newer scoring systems and presence of easily correctable barriers. There is a need for continuous education and training to enhance the knowledge and application of airway assessment techniques among anaesthetists in the Central Province.

Abstract No : OR 28

FACTORS AND TECHNIQUES ASSOCIATED WITH ERCP WITH PERIAMPULLARY DIVERTICULUM: RESULTS FROM TERTIARY CARE CENTRE

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Background:
Endoscopic Retrograde Cholangiopancreatography (ERCP) for patients with periampullary diverticulum (PAD) is a challenge .PAD is found in 9-32% of patients who undergo ERCP. Several endoscopic studies have revealed the association between PAD and CBD stones. Objective of this study is to examine the factors and techniques related to successful and safe ERCP in patients with PAD

Methods:
Retrospective descriptive study was conducted in professorial unit CSTH analysing the records of patients undergoing ERCP from November 2022 to June 2024. For each patient were analysed data regarding sex, age, and indication to ERCP, Cannulation rate and endoscopic treatment. The difficult cannulation rate, technical success rate, clinical success rate and adverse events were compared between patients with or without PAD.

Results:
391 records were analyzed and 22(5.6%) patients were detected with PAD. (male-11 (50%) , mean age- 60)
Indications for ERCP were CBD stones (n=312) , Others (n=79)
Success rate -95.5%, Procedures done (balloon sweeping, stone extraction...etc)
Patients with PAD had higher Rate of failed cannulation compared with patient without PAs

Conclusion:
Our data show that ERCP is safe procedure also in patients with PAD with good success rate and low complications when performed by experienced Endoscopist

Abstract No : OR 29

A DESCREPTIVE STUDY ON THE TIME AND COST EFFECTIVENESS OF PATIENT ATTENDING THE DIABETIC CLINIC AT THE NATIONAL HOSPITAL KANDY FROM OUTSIDE KANDY

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Background:

The prevalence of diabetes in Sri Lanka is on the rise contributing to increased morbidity, mortality, and burden on the health care system. Access to specialized diabetes care is critical for effective disease control.

Objectives:

Evaluating the cost and time effectiveness of travel as well as the severity and complications of diabetes, in patients attending the Diabetic Clinic at the National Hospital Kandy (NHK) who are traveling from outside Kandy.

Methods:

A cross-sectional descriptive study of Diabetic patients attending the Diabetic clinic NHK presenting form out of Kandy.

Results:

A total of 429 diabetic patients attending the Diabetic Clinic at the NHK were analyzed, of whom 285 (66.4%) were from outside Kandy. The mean total cost for travel among those residing within Kandy was LKR 242.85 (ranging between LKR 0 – 3600) and the mean total cost among those residing outside Kandy was LKR 360.92 (ranging between LKR 38 – 2400) ($p = 0.007$). The mean total travel time among Kandy(49.48min) and residing outside Kandy(125.13min) ($p = 0.001$). There was a statistically significant difference in mode of transport among those riding in Kandy and residing outside Kandy ($p = 0.001$). There was no significant difference in macrovascular complications and microvascular among Kandy and residing outside Kandy.

Conclusion:

There is a significant increase in the cost for travel and other associated costs, including overnight stays and higher time-consuming travel for clinic visits for those residing outside Kandy. This highlights the need for decentralization of diabetic care in regional hospitals with enhanced resource allocation.

Abstract No : OR 31

ANALYSIS OF ANAESTHETIC AND SURGICAL OUTCOME OF PAEDIATRIC CLEFT PALATE AND CLEFT LIP REPAIR AT A NEWLY ESTABLISHED REGIONAL CENTRE AT A DISTRICT GENERAL HOSPITAL IN SRI LANKA

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Background:

Paediatric cleft lip and cleft palate repair (PCLCPR) is a complex maxillofacial surgery requiring specialized anaesthesia and surgery expertise. Anaesthesia for such surgery is considered high risk due to the shared airway, difficult intubation with a high risk of aspiration, and associated syndromic anomalies. In January 2023, a system upgrade to improve perioperative care of PCLCPR was performed at District General Hospital, Nuwara Eliya (DGHN), by training and uplifting services and establishing a regional PCLCPR centre.

Objectives:

Analysis of the anaesthetic and surgical outcome following PCPCLR surgeries following a system upgrade at DGHN.

Methods:

Data of all PCLCPR cases at DGHN were collected from January 2023 to January 2024.

Results:

There were 23 PCLCPRs (palate repair-14, lip repair-9). The mean age was 13 months (range 12-14) for palate repair and 4.5 months (range 3-8) for lip repair. The average procedure duration was 125 minutes for palate repair and 95 minutes for lip repair. The average hospital stay was 3 days. There were no major anaesthetic complications except for one case each of intraoperative bronchospasm, laryngospasm, and delayed recovery. Only two cases required monitoring in the paediatric ward HDU. Surgical complications included two cases of wound dehiscence (palate), one infection (lip), and one instance of excessive scarring (lip). There was no mortality or morbidity at one month, and all repairs demonstrated sound functional and aesthetic outcomes.

Conclusions:

A highly acceptable overall outcome has been achieved following PCLCPR following a newly system-upgraded regional centre without mortality and minimal morbidity.

Abstract No : OR 32

INSERTION OF THE CYSTIC DUCT: PATTERN AND DISTANCE FROM THE HILAR CONFLUENCE – AN IMAGING STUDY

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Background:

Cystic duct (CD) is the part of the extrahepatic biliary tract that connects gallbladder to common hepatic duct (CHD). The site of connection is variable and is important during cholecystectomy.

Objectives:

We aim to analyze the CD insertions and measure the distance from the hilar confluence to the insertion.

Methods:

This descriptive study was conducted at Faculty of Medicine, University of Peradeniya and Suwasewana Hospitals Pvt Ltd, Kandy. Magnetic resonance cholangiopancreatography (MRCP) images performed for diagnostic purposes from June 2023 to April 2024 were retrieved from image library. Incomplete, low-quality images and those with structure overlays and blurs were excluded. An experienced radiologist and an anatomist reviewed all images. CD insertion site was detected, and distance between hepatic confluence and CD insertion measured in millimeters. Descriptive analysis and student t-test were used.

Results:

Nineteen (female-52.6%) samples were selected with a mean age of 49.4 years (SD-14.9) ranging from 28 to 81. Out of the samples, 4 CDs inserted to left side of CHD (lateral-3, posterior-1), 14 inserted to the right side (lateral-2, posterior-6, anterior-6). Of these, 7 had parallel-low insertion and one had high fusion. One specimen showed CD draining into the confluence.

Mean distance from hilar confluence to the CD insertion site was 28.9mm (SD-12.3, range 11.7-61.5), with no significant difference between genders (p=0.966).

Conclusions:

Commonly CD is inserted to the right side of CHD, either anteriorly or posteriorly. There is a large variation in the CD insertion distance from hepatic hilum with no gender difference.

Abstract No : OR 33

EVALUATION OF ORAL CANDIDAL LESIONS IN TYPE 2 DIABETES MELLITUS PATIENTS ATTENDING THE DIABETIC CLINIC OF TEACHING HOSPITAL PERADENIYA

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Background:
It is well established that Type 2 Diabetes Mellitus (DM) patients are more susceptible to oral candidal lesions.

Objectives:
This study aimed to determine the prevalence of oral candidal lesions in Type 2 DM patients and assess the contributing risk factors.

Method:
A descriptive cross-sectional study was conducted with 352 Type 2 DM patients, aged over 18 years, who had been undergoing treatment at Teaching Hospital, Peradeniya. Diagnosis was confirmed using clinical photographs and cytological specimens stained with Periodic Acid-Schiff (PAS).

Results:
Surprisingly, only 17.6% (63/352) of participants had oral candidal lesions, namely, Denture Stomatitis (DS) (4.0%), Erythematous Candidiasis (EC) (3.4%), Pseudomembranous Candidiasis (PC) (3.1%), and Chronic Hyperplastic Candidiasis (CHC) (2.8%). Except for CHC, the other lesions were observed at lower frequencies compared to existing literature. Regarding site distribution, PMC (72.7%) and EC (58.3 %) were most often found on the dorsum of the tongue, while CHC (80%) was primarily observed on the buccal mucosa. DS (100%) lesions were exclusively located on the hard palate. All patients were unaware of the presence of their lesions. The Binary Logistic Regression Analysis indicated that gender and history of denture wearing were statistically significant coefficients with males having a higher risk (OR=3.160) and denture wearers at increased risk (OR=2.348) of developing oral candidal lesions. Other analyzed independent factors, including ethnicity, glycemic level, age, years of treatment and concurrent occurrence of other NCDs did not show significant coefficients.

Conclusion:
The study found that 17.6% of participants had oral candidal lesions, with males and denture wearers being at significantly higher risk. It highlights the need for routine intraoral examinations, early detection, and awareness in this at-risk group to manage these lesions effectively.

Abstract No : OR 34

A CLINICAL AUDIT ON THE MENTAL HEALTH REFERRALS IN BASE HOSPITAL-RIKILLAGASKADA DURING A PERIOD OF NINE MONTHS.

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Background: The referral system is a mainstay of seeking mental health opinion worldwide. The psychiatry unit at Base Hospital-Rikillagaskada receives a significant number of referrals seeking specialized psychiatry opinion throughout the year.

Objectives: To describe the pattern of mental health referrals, to assess mental health interventions and further follow up.

Method: Clinical data was gathered retrospectively from the clinic records from July-2023-March-2024.

Results: Out of the total of 160 referrals, 53.75 % (n=86) were females and 46.25 % (n=74) were males. The peak age group was 18-45y (41.25%, n=66).

The sources of referrals were the medical ward (62.5%, n=100), followed by surgical (11.85%, n=19), pediatric (8.75%, n=14), and gynaecology and obstetrics wards (7.5%, n=12).

The leading reasons-for-referrals were suicidal and deliberate self harm attempts (30%, n=47), followed by behavioral disturbances (19.37%, n=31), depressive symptoms (16.25%, n=26), medically unexplained symptoms (15%, n=24) and domestic violence (8.75%, n=14). Significantly, 27.65 % (n=13) of the suicidal and deliberate self-harm attempts were from below 18y age group.

The leading psychiatric diagnosis were depression in 35.62% (n=57), emotionally unstable personality in 29 % (n=18.12), and alcohol dependence in 17.5 % (n=28).

Management wise, 3.75 % (n=6) needed step-up care at a tertiary-care unit. Specialized psychiatry management was offered with follow up for 86.87 % (n=139) at the clinic. 14.37% (n=23) needed treatment of their partners.

Conclusion: Deliberate self-harm and suicidal attempts were the most commonly seen referrals to the psychiatry unit BH-Rikillagaskada, and they required urgent attention. Depression, emotionally unstable personality, and alcohol dependence were the commonly seen mental health issues indicating the need for active interventions to improve the public mental health.

Abstract No : OR 35

KNOWLEDGE, ATTITUDE AND PRACTICES ON HYPERTENSIVE DISORDERS OF PREGNANCY AMONG PREGNANT WOMEN: A CROSS-SECTIONAL STUDY IN A TERTIARY CARE CENTRE

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Background:
Hypertensive disorders of pregnancy(HDP) are the leading cause of maternal deaths in Sri Lanka. Patients' knowledge on HDP, attitudes and practices on prevention and management are important for better outcome.

Objective:
To assess the knowledge, attitude, and practices on HDP among pregnant women.

Methodology:
Sociodemographic information and data on knowledge, attitude, and practices regarding HDP were collected using a pretested interviewer-administered questionnaire from 157 pregnant women attending obstetric clinics, Teaching Hospital Peradeniya. Knowledge was considered good if they scored >80%. Attitude and practice were considered positive and good respectively if scored >50%.

Results:
Mean age of the study group was 30±5 years. Median period of amenorrhea was 28 weeks(IQR:19-35). While 75% were educated above GCE A/Ls, only 36% were employed. The mean knowledge score was 83%, however, only 34% had knowledge on all red flag signs of preeclampsia. Although 93% had a positive attitude, only 22% adhered to good practices. The proportion of women with good knowledge was greater in those who were educated above A/Ls(82%vs18%;p=0.001), and in those with a monthly income above Rs.60,000(58%vs42%;p=0.036). No associations were identified with attitudes or practices. Among 84 women who were not practicing recommended salt intake, 80% had knowledge on avoiding excess salt with regard to hypertension.

Conclusion:
Awareness on red flag signs of preeclampsia was poor while having satisfactory overall knowledge. Practices were not in keeping with the knowledge. Further interventions are indicated to improve knowledge on red flag signs and to address factors for not adhering to good practices.

Abstract No : OR 36

IMPACT OF THROMBOLYSIS TIMING ON FUNCTIONAL RECOVERY: A COMPARATIVE ANALYSIS OF ONSET-TO-NEEDLE TIMES WITHIN 3 HOURS AND BETWEEN 3-4.5 HOURS

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Introduction:

Intravenous thrombolytic therapy is widely accepted as the treatment of choice for acute ischemic stroke, exhibiting both safety and effectiveness.

Objectives:

This study aimed to evaluate the functional recovery of stroke patients treated with intravenous thrombolytic at discharge, comparing patients with onset-to-needle times within 3h to those treated between 3-4.5h.

Methodology:

This retrospective study was conducted at the Professorial Medical wards of the Teaching Hospital, Peradeniya. Functional recovery was assessed using the Modified Ranking Scale (mRS), Barthel Index (BI), and National Institutes of Health Stroke Scale (NIHSS). Data were extracted from the Peradeniya Stroke Registry for the period from January 18, 2017, to December 31, 2023. Categorical variables for the mRS, BI, and NIHSS scores were analyzed using Chi-square tests.

Results and Discussion:

Among 76 thrombolyzed patients, 46 had onset-to-needle times within 3 hours, while 30 were treated between 3-4.5 hours. At discharge, recovery outcomes measured by NIHSS and mRS did not differ significantly between the groups (NIHSS: 76 patients, $P = 0.292$; mRS: 56 patients, $P = 0.089$). However, BI scores differ significantly ($P = 0.006$), indicating better recovery with earlier intervention. Notably, within the 3-hour group, 30 of 46 patients (65.2%) showed independence, while 16 of 46 (34.8%) showed dependency based on BI scores. In the 3-4.5h group, 16 of 30 patients (53.3%) achieved independence, while 14 of 30 (46.7%) remained dependent after thrombolysis.

Conclusions:

While accompanying three indices, significant p-value of BI emphasizes improvement of certain aspects of recovery with early medical intervention while suggesting the possibility of utilization of BI as a part of complement of assessments for effective advocacy of seeking timely medical attention.

Abstract No : OR 37

COLORECTAL CANCER: HISTOLOGICAL AND DEMOGRAPHIC PERSPECTIVES FROM A SRI LANKAN COHORT

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Background:
Colorectal cancer was Sri Lanka's third most common cancer (7.6%) and the fourth leading cause of cancer mortality (6.7%).

Objectives:
Study the colorectal cancer histological variables and demography.

Methods:
A retrospective analysis was conducted on colorectal cancer patients (n=570) who underwent surgical treatment, with histological specimens processed at the National Hospital of Sri Lanka. This study utilized data from histopathology reports spanning 2019 to 2023. Key variables related to tumor demographics, histology, and invasive patterns were systematically analyzed using Chi-square tests and correlation analyses employing Pearson's R and Spearman correlation tests.

Results:
In our study, 46.1% (n=263) of patients were aged 65-84 years, with a male majority (54.6%, n=311). Left-sided tumors (n = 252) were more common than right-sided (n=147) and rectal tumors (n=169). Invasive Adenocarcinoma was the most prevalent histology (93.2%, n=531). 52.8% of patients were classified as N0. Many patients had fewer than 12 lymph nodes harvested (42.3%, 13(±8.276), n=241). The sigmoid colon was the most commonly affected site (34.6%, n=197), followed by the rectum (25.4%, n=145). Most tumors were exophytic (46.1%, n=263), with subserosal extension (55.6%). The most common surgical procedures were Sigmoid Colectomy (31.2%) and Anterior Resection (28.8%). Most patients exhibited lymphatic invasion (40.4%, n=230) and venous invasion (32.5%, n=185).

Conclusion:
Our study highlights the prevalence of left-sided tumors and invasive adenocarcinoma among older patients, with notable rates of lymphatic and venous invasion. The findings underscore the need for improved surgical management, particularly regarding lymph node harvesting, to understand disease progression better and optimize treatment outcomes for colorectal cancer patients.

Abstract No : OR 38

OPTIMIZING LYMPH NODE HARVEST IN COLORECTAL SURGERY: INSIGHTS FROM A TERTIARY CARE CENTER IN SRI LANKA

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Background:
Colorectal carcinoma guidelines (NCCN Clinical Practice Guidelines in Oncology, Colorectal Cancer) recommend harvesting at least 12 lymph nodes for accurate status assessment, highlighting their significance in prognosis and survival amid the increasing global incidence of colorectal cancer.

Objectives:
To assess the total lymph node harvest and to see whether there is an association between the side of the colon and number of lymph nodes harvested, T stage, N stage and intermediate histological risk factors which dictates prognosis.

Methodology:
The study retrospectively analysed (n=570) colorectal cancer patients treated at the National Hospital of Sri Lanka. Data was collected from histopathology reports from 2019 to 2023, focused on total lymph nodes harvested. Non-parametric tests were carried out to find significant associations such as Kruskal-Wallis Test and Chi-Square Test.

Results:
The study revealed an average of 14 lymph nodes harvested (mean = 13.81, SD = 8.276). Significant differences in harvest counts were identified based on the "Side of Tumor" ($p < 0.001$) and "Site of Tumor" ($p < 0.001$), noting higher yields on the right side compared to the left ($p = 0.003$, $H = 9.088$). Strong associations between lymph nodes harvested and perineural invasion (144.470, p=0.000) and vascular invasion ($p = 0.000$) were detected.

Conclusion:
This study highlights the importance of harvesting lymph nodes in colorectal cancer for accurate lymph node status assessment. With an average of 14 nodes harvested, we confirm adherence to guidelines. The significant differences based on the tumor side underline the need for targeted harvesting strategies, which can improve prognostic accuracy and potentially enhance patient outcomes.

Abstract No : OR 39

INDICATIONS, DIAGNOSTIC CONTRIBUTION AND RADIATION DOSE OF CHEST COMPUTED TOMOGRAPHY IN LADY RIDGEWAY HOSPITAL FOR CHILDREN

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Background:
Computed tomography (CT) is an essential cross-sectional imaging modality in detailed assessment of thoracic diseases in children. CT carries a risk of radiation and needs extensive efforts to limit radiation exposure.

Objectives:
This study aimed to evaluate indications, radiation dose, and contribution of chest CT for diagnosis and follow-up of thoracic diseases in Lady Ridgeway Hospital for children.

Methods:

A retrospective analysis of indications, contribution, and dose indices of CT chest was conducted in 449 subjects. The data analysed according to the <5kg, 5<15kg, 15<30kg, 30<50kg, and 50>80kg weight categories. Indications and contribution of chest CT for diagnosis and follow-up were calculated in percentages. Median Dose-length product (DLP) and CT dose index volume (CTDIvol) for each weight category were compared with international dose reference levels.

Results:

The most common indication for chest CT was infectious diseases. CT chest contributed to diagnose in 76%(n=341) and follow up in 24% (n=108) of children with chest diseases. CTDIvol and DLP in all weight categories ranged from 1.5 – 10mGy and 23 – 402.8mGy.cm. Median values of CTDIvol in our institution were comparable to the CTDIvol in Malaysia but, well above the DLP in Malaysia. Both of median values of DLP and CTDIvol in our study were significantly higher than the dose levels in Korea, United States and European countries.

Conclusion:

CT plays a major role in the diagnosis and management of chest diseases in children. Correct timing is important tailored to the specific indication. Study results highlight the need for the implementation of dose-reduction strategies. Further studies are needed including multicentre studies to establish national diagnostic reference ranges.

Abstract No : OR 41

DOUBLE BURDEN OF MATERNAL MALNUTRITION IN A COHORT OF PREGNANT MOTHERS FROM KANDY DISTRICT: IMPACT ON BIRTHWEIGHT

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Background:
The double burden of malnutrition, defined as coexistence of undernutrition and overnutrition within same cohort, is a global issue affecting pregnancy. Maternal nutritional status significantly influences birth weight, yet the combined impact of under- and overnutrition assessed by maternal body mass index (BMI) remains underexplored at national level.

Objective:
To investigate the association between maternal underweight, overweight and obesity with low birth weight (LBW) and macrosomia, in a cohort of pregnant mothers attending Teaching Hospital Peradeniya, Sri Lanka.

Methods:
A prospective cohort study was conducted, recruiting 546 mothers with a singleton pregnancy who delivered at term were categorized as underweight, normal, obese and overweight, based on BMI. BW<2.5kg was considered LBW and BW>3.5kg was considered macrosomic. The association between LBW and macrosomia with maternal undernutrition and overnutrition was analyzed. Risk ratios (RR) were presented with 95% confidence intervals (CI).

Results:
The mean BMI was 22.7±4.0kgm^{-2} with 14.3%, 22.3% and 5.0% are underweight, overweight and obese, respectively. There is 1.1 times higher risk of delivering LBW babies among underweight pregnant mothers (RR: 1.10, 95% CI: 1.04 - 1.16). Risk of delivering LBW babies was lower among overweight (RR: 0.68, 95% CI: 0.59 – 0.80) and obese (RR: 0.49, 95% CI: 0.32 – 0.77) pregnant mothers. Risk of delivering macrosomic babies was 3.2 times higher among overweight pregnant mothers (RR: 3.24, 95% CI: 2.22 – 4.75) and 4.5 times higher among obese pregnant mothers (RR: 4.53, 95% CI: 2.89 – 7.11).

Conclusion:
In studied cohort, risk of delivering LBW babies was higher among underweight mothers Similarly, overweight and obesity increases the risk of delivering macrosomic babies.

Abstract No : OR 42

NATIONAL BURDEN OF NON-COMMUNICABLE DISEASE (NCD) HOSPITALISATIONS IN SRI LANKA: A TIME-SERIES AND GEOSPATIAL ANALYSIS OF INDOOR MORBIDITY AND MORTALITY REPORT (IMMR) DATA FROM 2004 TO 2022

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Background:
Though an NCD epidemic is suspected in Sri Lanka, evidence synthesis based on routine national surveillance data is lacking.

Objectives:
We aimed to assess the temporal and geospatial patterns of NCD morbidity in Sri Lanka over the last two decades.

Methods:
NCDs were operationalized as cardiovascular diseases, cancers, diabetes mellitus and chronic respiratory diseases. Only adults over 17 years were included. Secondary data analysis was done by extracting indoor admission data from IMMR and mid-year population estimates. Crude and age-standardised all-cause and cause-specific admission rates were computed. Kernal density mapping was done. R studio and ArcGIS pro software were used for analyses.

Results:
Crude all-cause admission rate of NCDs increased from 2700 to 3500 per 100000 between 2004 and 2022. Throughout this period, the male admission rate for NCDs predominated over females, with the gap widening after 2012. This pattern was seen among 50-69 years and over 70-years patient cohorts, whereas among 17-49 years, the female admission rate was continuously higher than males. The highest rise in hospitalization was seen among the over 70-years group. After adjusting for age, the male admission rate for all-cause NCDs remained higher than the females. Among age-standardized, cause-specific hospitalization rates, cardiovascular diseases had the highest burden, followed by chronic respiratory illnesses. Age-standardised cancer-related hospitalizations spiked from 250 to 750 per 100000. The regional burden of different NCDs was majorly concentrated among Western, Central, Sabaragamuwa, North-Central and Southern provinces.

Conclusions:
NCD burden in Sri Lanka has surged over the last two decades with the largest impact on males and older persons. Morbidity of different NCDs showed a significant geographical overlap.

Abstract No : OR 44

A STUDY ON EPIDEMIOLOGY AND OUTCOME OF HEAD INJURY IN A SINGLE EMERGENCY CENTRE IN SRI LANKA

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Background:
Head injury (HI), a major burden in Sri Lanka with an incidence of 309 per 100,000, contributes to significant healthcare costs, disabilities, and mortality. This study aims to investigate on the epidemiology and outcome of HI in a single trauma Centre in Sri Lanka

Objectives:
1. To identify the demography of head injury
2. To evaluate the surgical intervention vs conservative management in relation to positive non – contrast computed tomography (NCCT) finding and patients outcome on discharge

Methods:
This is a retrospective cohort study. Patients over 16 years with HI who underwent (NCCT) brain at the Accident and Emergency Department of National Hospital, Kandy (11/2023 – 01/2024) were included.

Results:
Among 374 admissions, 60.2% (225) were transfers, while 39.8% (149) were direct admissions. The majority were males (68.7%), and aged over 65 years (35.3%,). Accidental falls (65%) were the most common cause of HI, followed by road traffic accidents (23.8%). Positive NCCT findings were observed in 33.2% of cases, with intracranial haemorrhages (22.2%), skull fractures (4.8%), and combined injuries (11%) being the main findings.
The severity of HI correlate significantly with positive NCCT findings ($p<0.001$). Among those with positive findings, 29 underwent surgical interventions, and 113 had conservative management, with surgical interventions significantly influencing outcomes ($p<0.001$). The overall mortality rate of the direct admissions was 21.1%.

Conclusion:
HI in this study predominantly affected males and the elderly, with accidental falls emerging as the leading cause—a notable deviation from existing literature. Positive NCCT findings were significantly associated with injury severity and influenced management strategies.

Abstract No : OR 46

A CLINICAL AUDIT ON THE PATTERN OF SUICIDAL AND DELIBERATE SELF-HARM ATTEMPTS DURING PAST 12 MONTHS IN THE CATCHMENT OF BASE HOSPITAL-RIKILLAGASKADA.

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Background:
Suicidal and deliberate self-harm (DSH) attempts are major health concerns in the developing world including Sri Lanka. It was observed that this trend is particularly remarkable in the catchment of Base Hospital- Rikillagaskada which comprises largely of farming community.

Objectives:
To identify the demographic patterns, seasonal variation, and modes of suicidal and deliberate self-harm attempts in the catchment of Base Hospital- Rikillagaskada to determine appropriate clinical interventions that could be implemented in future.

Method:
Clinical data was gathered retrospectively using hospital admission records of suicidal and deliberate self-harm attempts during the consecutive 12 months until 30th November 2024.

Results:
Out of a total of 129 patients, 55% (n= 71) were males and 45 % (n= 58) were females. The age ranged from 14-92 years, while the peak age group was 18-44 years (56.5 %, n=73) followed by <18 years group (23%, n=30). The highest number of attempts were recorded in February (14%, n=18).
Significantly, 52% (n=68) of the attempts were due to agrochemical poisoning, while 36% (n=47) were due to pharmaceutical overdose. Other modes included hanging- 4.6% (n=6), other chemical poisoning- 3.1% (n=4) and plant poisoning - 0.7% (n=1). Out of all pharmaceutical overdoses, 42.5 % (n=20) were due to paracetamol overdose, while 10.6% (n=5) were due to overdose of psychiatric medication.

Conclusion:
Suicidal and deliberate self-harm attempts were found to be highest in young-middle age group while commonest methods were agrochemical poisoning and pharmaceutical overdose. The peak occurrence was found to coincide with the peak farming season of the area with higher agrochemical use. Limiting easy access to agrochemical and pharmaceutical agents should be considered as effective clinical interventions.

Abstract No : OR 48

INTRODUCTION OF A NOVEL TEMPERATURE MONITORING CHART FOR ICU PATIENTS: A ONE PAGE FRAMEWORK FOR VISUALIZING SEPSIS PROGRESSION

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Background:
Sepsis requires timely intervention, and fever is a critical early sign. Conventional ward charts are inadequate for ICU care.

Objective:
To implement and evaluate the effectiveness of a novel temperature monitoring chart in enhancing sepsis detection and improving patient outcomes.

Methodology:
A specialized temperature monitoring chart was designed with new components, including daily white blood cell counts(WBC), C-reactive protein(CRP) levels, culture positivity, invasive line duration and color-coded antibiotic guide along with temperature monitoring. The chart was first piloted in the ICU, Teaching Hospital, Peradeniya. Its usability, impact on sepsis detection, and effectiveness in improving patient management were evaluated. Feedbacks were gathered from 47 staff members (18 doctors and 29 nurses) through a structured questionnaire.

Results:
All respondents (100%) reported that the chart's specific elements, including spaces for WBC, CRP, and culture results, as well as colour-coded antibiotic management, were beneficial for patient care. Additionally, 97.9% of participants found the invasive line duration monitoring useful. The majority (61.7%) stated that the chart reduced the time required to monitor clinical status, while 95.8% believed it provided a more accurate representation of patients' conditions than the previous chart. None of the participants preferred the old chart. The colour-coded antibiotic guide was particularly commended for enhancing clarity and usability.

Conclusions:
The novel chart provides a concise overview of patient status, integrating key parameters for early sepsis detection and timely treatment. It outperforms conventional fever charts, enhancing sepsis management. With overwhelmingly positive feedback, it holds significant potential for broader implementation across ICUs and improving sepsis care with further refinements.

Abstract No : OR 49

IMPACT OF RELIGIOUS CHANTING ON POST OPERATIVE PAIN ON LAPAROSCOPIC CHOLECYSTECTOMY - INTERIM ANALYSIS OF A DOUBLE BLINDED RANDOMIZED CLINICAL TRIAL (SLCTR/2024/031)

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Background:
Multi-modal analgesia during surgery with non-pharmacological interventions is a novel area to study.

Objectives:
This randomized control trial is to assess the impact of intra-operative religious chanting on postoperative pain in patients undergoing laparoscopic cholecystectomy.

Methods:
Thirty-four patients (Total study target: 60) undergoing elective laparoscopic cholecystectomy were randomly divided into two groups. Religion specific chanting (Group A) and blank audio file (Group B) were played from the induction of anaesthesia until extubation using a noise cancelling headphone. The surgeon, aneasthetist, patient, and data collectors were blinded. Routine analgesic regime was used during intra and post operative periods in all patients. Post operative pain using a numeric scale was assessed at 2-, 6-, 12-, 18-, 24- and 36-hours.

Results:
Study included 23 females and 11 males with a mean age of 45.4 years. Majority of patients were Buddhists (58.8%). Biliary colic (55.8%) was the commonest indication for surgery. Patients scored a median score of 8 (scale of 1 to 10) to state the importance of religious chanting in their lives. 71.5% of subjects were visiting religious places of worship on a regular basis. Mean pain scores at 2 hours (A=4.00, B=5.40, P=0.90), 6 hours (A=2.46, B=4.00, P=0.017), 12 hours (A=1.31, B=3.10, P=0.004), 18 hours (A=1.15, B=2.65, P=0.013), 24 hours (A=1.11, B=1.62, P=0.301), and 36 hours (A=0.25, B=0.83, P=0.311)

Conclusion:
Religious chanting demonstrates significant positive impact on post operative pain and could be used as an adjunct to post operative analgesia.

Abstract No : OR 50

AUDIT ON EXTRAVASATION OF CONTRAST MEDIUM DURING COMPUTED TOMOGRAPHIC (CT) SCANS AT A TERTIARY-CARE HOSPITAL IN SRI LANKA

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Background:
Extravasation of contrast occurs during injection of contrast material during cross-sectional imaging, in which contrast enters the surrounding soft tissue instead of the vein to which cannula is inserted. Even though this is not a common adverse effect of contrast imaging, the morbidity it follows could affect patients significantly.

Objectives:
Objectives were to study the adequacy of documentation and the incidence of contrast extravasation among patients who underwent contrast-enhanced CT (CECT) scans at Teaching Hospital Peradeniya (THP) from January 2018 to April 2024.

Methods:
Available records of the CT scans done at THP were taken as the source for data collection.

Results:
During the study period, 39 patients had extravasation of contrast. The percentage of extravasation out of the total number of CECT scans conducted, was 0.2%. There were significant deficits in documentation regarding the details on extravasation of contrast. Overall, 25% of the data was not recorded, including 60% of the indication for imaging, 20% of contrast volume injected & 36% of complications following extravasation of contrast. Almost 2/3 of patients who had extravasation of contrast had a larger (18G) cannula. Out of the 39 patients who had extravasation, only 2 patients had cellulitis and only 1 of them required intravenous antibiotics. Around 90% of patients recovered with conservative management strategies such as administration of ice packs and elevation of the affected area.

Conclusion:
The incidence of contrast extravasation was compatible with existing data. However, in our cohort, significant complications were encountered less. This study also highlights the importance of proper documentation to carry out further studies.

Abstract No : OR 51

IMPACT OF MATERNAL PRE-CONCEPTUAL BODY MASS INDEX (MP-BMI) AND GESTATIONAL WEIGHT GAIN (GWG) ON OFFSPRING ADIPOSITY IN SOUTH ASIAN POPULATION

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Background:
Maternal adiposity gives rise to pathological alterations in glucose metabolism and adipose tissue in offspring. Both MP-BMI and GWG are highly associated with increased adiposity in offspring.

Objectives:
To estimate the relationship of MP-BMI and GWG with neonatal adiposity.

Methods:
725 mother- infant pairs were recruited from Teaching Hospital Peradeniya for a cross-sectional study. Maternal demographic and medical details were collected by an interviewer administered questionnaire. Neonatal anthropometric measurements and Skin Fold Thickness (SFT) of the term neonates were measured at delivery. Kruskal Wallis test and Spearman Correlation tests were used for data analysis.

Results:
The mean age of the mothers was 29. 4 (± 5.02) years and their median MP-BMI and GWG were 23.8 (± 6.60) kg m^{-2} and 9.00 (± 7.50) kg respectively. 14.8%, 49.4% and 35.8% of the mothers were underweight, normal weight, and overweight respectively. MP-BMI showed significant positive correlation with neonatal birth weight (NBW) ($r = 0.122$, $p = 0.001$) and total SFT ($r = 0.278$, $p = 0.001$) while, GWG showed significant positive correlation only with NBW ($r = 0.128$, $p = 0.001$). A significantly higher median NBW was seen in neonates born to overweight mothers than underweight mothers ($p < 0.05$). The median total SFT is significantly higher in neonates born to overweight mothers than normal weight mothers ($p < 0.05$). NBW and SFT of triceps were significantly higher in neonates born to mothers with high GWG (> 14 kg).

Conclusion:
Higher MP- BMI and GWG > 14 kg are associated with increased neonatal adiposity.

Abstract No : OR 52

EVALUATION OF CORONARY ARTERY BYPASS GRAFT PATENCY BY COMPUTED TOMOGRAPHY CORONARY ANGIOGRAPHY.

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Background and objectives:
Computed tomography coronary angiography (CTCA) is performed after coronary artery bypass graft (CABG) surgery to assess graft patency with minimal invasion.

Methods:
All CTCAs were done using 64-row MDC. Out of 1334 patients who underwent CTCA, 60 of them had it for post CABG coronary and graft evaluation.

Results:
The mean age was 63.41± 8.17 years, 16 (25.39%) were women, 32 (53.3%) had hypertension and 27 (45%) had diabetes and dyslipidaemia each. The mean duration from CABG to angiography was 10.96 years. A total of 202 grafts in 60 patients were evaluated, with a median of 3.36 grafts per patient. Majority 111 (54.9%) were venous grafts. Sixty (29.7%) were left internal mammary artery (LIMA), 10 (4.9 %) were right internal mammary artery (RIMA) and 21 (10.3%) grafts were from radial artery.

Out of 56 affected grafts, 53 grafts (26.2%) were occluded and 3 (1.48%) were stenosed. Thirteen percent (12/91) of all arterial and 39.63 % (44/111) of all venous grafts were affected (P <0.0005). Most grafts were anastomosed to the left anterior descending (58/202, 28.71%) artery, whilst grafts supplying the right coronary (24/45, 53.3%,) were predominantly diseased than grafts to the circumflex (1/5, 20%) or left anterior descending (LAD) (7/58, 12.0%) arteries.

Conclusion:
CTCA can be used to evaluate bypass graft patency non-invasively and grafts to LAD has the highest patency rates.

Abstract No : OR 53

MASK-WEARING FOR RESPIRATORY TRACT INFECTIONS AT AN OUTPATIENT SETTING IN A TERTIARY CARE CENTER IN THE POST-COVID-19 PERIOD.

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Background:
Mask-wearing is a crucial method for preventing Covid-19 transmission and it can be used as a transferable skill if the public understands its rationale.

Objectives:
To assess the knowledge, attitudes and practices regarding mask-wearing for respiratory tract infections (RTI) in an outpatient department (OPD) setting.

Methods:
A cross-sectional descriptive study was conducted in April 2024 among 423 OPD visitors aged 18 to 75 at Teaching Hospital Peradeniya, using a validated, self-administered questionnaire. Participants' mask-wearing practices were observed during the interview. Knowledge score was calculated and compared across groups.

Results:
Of the 394 participants with valid responses having a mean age of 34.1y (SD 13.9y), majority were 273(69.3%) females. The knowledge score (KS) ranged from 6 to 18 out of 19 (Median = 15.00, IQR = 13-16). The KS was significantly associated with educational status ($p<0.05$, Kruskal Wallis test). Completed vaccination course was associated with a negative attitude towards mask-wearing. On declared practices, 222(56.3%) stated they wore masks at all times when associating with someone with RTI and 287(72.8%) when they had symptoms of RTIs. However, on observation, only 56 (21.5%) of the 261 participants with RTI or accompanying someone with RTI wore masks.

Conclusion:
While the knowledge and declared practices on mask-wearing appear to be satisfactory, there is a gap in the declared and observed practice of wearing masks for RTIs in the post-Covid-19 period.

Abstract No : OR 54

A COMPARATIVE ANALYSIS OF CANDIDA PRESENCE IN PATIENTS WITH ORAL SUBMUCOUS FIBROSIS (OSF) AND HEALTHY CONTROLS

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Background:
OSF is a premalignant lesion, in the oral cavity, which is common in Asian population. Overgrowth of *Candida*, predispose to the etiopathogenesis of premalignant lesions, worsening them to oral malignancies.

Objectives:
To compare the *Candida* species, quantity of *Candida* colony forming units (CFU/ ml) between OSF patients and healthy controls.

Methods:
28 of healthy controls and 28 of OSF patients were recruited from the Oral Medicine Clinic of Dental Teaching Hospital Peradeniya. Samples were collected by oral rinsed technique using normal saline and then centrifuged. The pellet was redissolved in phosphate buffered saline and 25 µl of the dissolved pellet was inoculated on to Candida Hi Crome agar and incubated overnight at 37 °C. Colonies were counted and gram staining and germ tube test were also done. Mann Whitney U test was used for the data analysis.

Results:
The mean age of the participants was 46 years (± 13.39). 82.1 % were men and 17.9 % were females in both study groups. 78.60% of OSF patients and only 53.6% of the controls yielded *Candida* on culture. There was a statistically significant higher *Candida* CFU/ml in OSF patients (median *Candida* CFU/ml = 1860) than the controls (median *Candida* CFU/ml = 40) ($p = 0.006$). *C. albicans* was the most predominant specie in the cohort. In both study groups, *C. albicans*, *C.krusei* and *C.glabarata* were isolated.

Conclusion:
As *Candida* growth is significantly high in OSF patients, it might be an etiologic factor in malignant transformation in OSF patients compared to the healthy controls.

Abstract No : OR 55

AWARENESS AND ATTITUDES TOWARDS CARDIOPULMONARY RESUSCITATION AMONG ADULTS ACCOMPANYING PAEDIATRIC PATIENTS AT THE SIRIMAVO BANDARANAIKE SPECIALISED CHILDRENS' HOSPITAL, PERADENIYA

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None of the mentioned authors have any author affiliations.

Background:
Out-of-Hospital Cardiac arrests (OHCA) are a major issue in health systems due to the urgency of treatment when events occur. Bystander cardiopulmonary resuscitation is a crucial part of the management of OHCA, underscoring the importance of public knowledge and favourable attitudes towards CPR.

Objectives:
This study assessed the awareness and attitudes towards cardiopulmonary resuscitation and identified the influencing factors, among the adults accompanying paediatric patients at the Sirimavo Bandaranaike Specialised Children's Hospital.

Method:
A cross-sectional descriptive study by using a consecutive sampling technique, involving 407 adults who were accompanying paediatric patients, that visited the OPD of the Sirimavo Bandaranaike Specialised Children's Hospital was done. A pre-tested self-administered, structured questionnaire was used as the primary tool for data collection. Knowledge was then categorized as "satisfactory" and "not satisfactory", and attitudes were also categorized as "favourable" and "unfavourable", using a 50% cut-off score for both values.

Results:
Among 407 participants, our findings show that only 16.2% of participants could be considered to have satisfactory knowledge, however 51.1% of participants could be considered to have favourable attitudes, towards CPR. Prior CPR training, occupation and educational level were determined to affect CPR knowledge, and gender and educational level, were determined to affect attitudes towards CPR.

Conclusion:
CPR knowledge is insufficient, and attitudes are not satisfactory, among the general public. We conclude that workshops should be carried out to increase the probability of positive outcomes to OHCA events, and recommend that CPR skills too, be assessed in future studies.

Abstract No : OR 56

AWARENESS OF BREAST CANCER AND PRACTICES ON SELF BREAST EXAMINATION AMONG UNDERGRADUATES OF FACULTY OF MEDICINE, UNIVERSITY OF PERADENIYA; A CROSS SECTIONAL STUDY

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Background:

Breast cancer is a leading cause of mortality affecting women. Awareness of risk factors, warning signs and breast self- examination (BSE) is vital for early detection. Medical students, as future doctors, should be thorough about above to educate patients.

Objective:

To determine awareness of breast cancer and practices on BSE among medical students of Peradeniya.

Method:

This cross-sectional study was conducted among 406 male and female medical undergraduates. A pre-tested questionnaire in which the knowledge level was assessed by a scoring system was used as the study tool. Jamovi 2.4.6 was used for data analysis and presented using inferential and descriptive statistics.

Results:

Overall 29.56% of participants had good awareness of early warning signs and risk factors of breast cancer. 46.55% had good knowledge of BSE technique. Statistically significant association was demonstrated between participants' awareness of early warning signs and risk factors with age, batch and ethnicity where the awareness was higher among participants with increased age, senior batches and in Tamil ethnic group. Interestingly, significant association between knowledge and gender was not demonstrated. Most identified risk factor was first-degree relative with breast cancer (91.80%) and the most identified early warning sign was breast lump (93.30%). Internet was the commonest source of knowledge (54.40%). BSE was performed at random intervals by most participants (77%). The main barrier to perform BSE is absence of symptoms (62%). There is a significant deficit in participants' ability to recall risk factors or warning signs compared to recognizing the same factors.

Conclusion:

This study reveals that awareness level of breast cancer risk factors and early signs among medical undergraduates is suboptimal but knowledge on BSE is satisfactory. Social media plays a key role in spreading awareness which can be used in future awareness programs. Addressing barriers to BSE is essential to promote BSE as a self-screening tool.

POSTER PRESENTATIONS

Abstract No : CR 01

A CASE REPORT- DESCENDING NEUROPARALYSIS WITH BULBAR PALSY FOLLOWING RUSSELL'S VIPER (*Daboia russelii*) ENVENOMATION

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Introduction

The Russell's viper (*Daboia russelii*) is responsible for 30–40% of all snakebites and the most life-threatening bites of any snake in Sri Lanka. A wide range of clinical effects have been reported in Russell's viper envenoming. The incidence of recognised clinical features of Russell's viper envenoming are local envenoming 92%, coagulopathy 77%, neurotoxicity 78% and renal failure 18%.Treatment of persistent coagulopathy with fresh frozen plasma is a debatable topic in Russell's envenoming. This case depicts about a Russell viper bite with systemic envenoming including myotoxins,coagulopathy,neurotoxicity with descending neuroparalysis with bulbar palsy who completely recovered after administration of 30 vials of antivenom.This case also highlights a debatable area in coagulopathy management with fresh frozen plasma administration, rather that repeating antivenom.

Case Report

A 54-year-old male presented 3 hours following witnessed Russell viper bite complicated with coagulopathy, myotoxins, and neurotoxicity with bilateral complete ptosis, difficulty in swallowing, drooling, nasal speech but no arm or leg weakness. On examination GCS 15/15,conscious, rational, bilateral complete ptosis with complex ophthalmoplegia with equally reactive pupils ,no facial palsy. But impaired bilateral palatal movements and gag reflex. Eight hours following the bite, the patient developed respiratory distress with a rate of 28pbm with clear lungs on auscultation. Due to respiratory distress with bulbar palsy, the patient was managed in an intensive care unit with oxygen support. Patient was completely recovered after administration of 30 vials of antivenom and correction of persistent coagulopathy was aided by fresh frozen plasma administration.

Conclusion

A Russell viper bite constitutes a medical emergency. The potential improvement in persistent coagulopathy with fresh frozen plasma administration is notable in this scenario. Bulbar palsy-related descending neuroparalysis is an uncommon occurrence, underscoring the significance of this case. Recognizing it promptly can aid in identifying and addressing potential respiratory failure in future cases.

Abstract No : CR 02

FROM COUGH TO CRISIS: SUBCUTANEOUS EMPHYSEMA AND PNEUMOMEDIASTINUM IN AN ADOLESCENT

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Introduction

Spontaneous pneumomediastinum is a rare condition in children, with an incidence of 1 in 44,500 emergency visits.

Case Report

A 13-year-old male presented with acute facial, neck, and chest swelling following a severe coughing episode, with a 3-day history of fever and productive cough. On examination, subcutaneous crepitus was detected over the neck and chest, the trachea was central, and no pneumothorax was noted. Auscultation revealed right lower lung crackles, with stable hemodynamics and no airway compromise. Investigations revealed right lower lobe pneumonia on point-of-care ultrasound, with chest X-ray showing right lower lobe consolidation and bilateral subcutaneous emphysema. CT confirmed extensive subcutaneous emphysema and pneumomediastinum. Esophageal rupture was clinically excluded, and the etiology was presumed to be infectious, supported by neutrophilic leukocytosis. Investigations for pertussis, retroviral infections, tuberculosis, and COVID-19 were initiated. Management included oxygen via face mask, intravenous ceftriaxone, nebulization, and chest physiotherapy. High-flow oxygen and invasive procedures were avoided. Symptoms resolved with conservative treatment, and the patient had a favorable outcome.

Conclusion

This case highlights the importance of recognizing pneumomediastinum and subcutaneous emphysema in children after severe coughing episodes due to mild lower respiratory tract infection. Conservative management, with a focus on treating the underlying cause, can achieve excellent outcomes in such cases.

Abstract No : CR 03

LIFE-THREATENING AIRWAY OBSTRUCTION FROM PREVERTEBRAL HEMATOMA IN A WARFARIN USER POST-MINOR TRAUMA

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Introduction:
Airway obstruction is a rare but potentially fatal complication. This case emphasizes the critical challenges of managing airway emergencies caused by a prevertebral hematoma in a warfarinised patient, highlighting the need for prompt action and teamwork in the ED.

Case Report
A 57-year-old female on warfarin for atrial fibrillation presented to the ED after a fall, with no initial loss of consciousness or neurological symptoms, and only a right frontal hematoma. Shortly after, she developed acute stridor and hypoxia, escalating to a "can't ventilate, can't oxygenate" scenario. Despite no visible external injuries, emergency airway management with oxygen-driven bag-mask ventilation was initiated. Intubation attempts revealed a Cormack- Lehane Grade 4 view. An emergency tracheostomy was performed during CPR after cardiac arrest, which was successfully reversed. Imaging confirmed a prevertebral hematoma as the cause of obstruction. Warfarin effects were reversed with intravenous vitamin K and fresh frozen plasma. Collaborative efforts with ENT and hematology specialists resulted in conservative ICU management. The patient recovered fully, and the tracheostomy was later removed.

Discussion:
This case highlights the critical need for rapid recognition of airway emergencies, especially in anticoagulated patients. It also underscores the importance of systematic airway management and multidisciplinary coordination in critical situations. Prevertebral hematoma should be considered in anticoagulated patients with airway obstruction after minor trauma. Early detection and intervention are vital for favorable outcomes.

Abstract No : CR 06

BASAL CELL ADENOMA OF PAROTID GLAND; A RARE DISEASE ENTITY

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Introduction

Basal cell adenoma of the parotid gland is a rare benign neoplasm representing 1-3% of all salivary gland tumors. Accurate diagnosis is essential to prevent complications and ensure optimal outcomes.

Case Report

We report a case of a 50-year-old female who presented with a five-year history of a painless lump over the right parotid gland, which showed notable enlargement over the past three months. Ultrasound revealed a well-defined lesion in the superficial parotid gland, and fine-needle aspiration cytology suggested pleomorphic adenoma. The patient underwent a superficial (conservative) parotidectomy without perioperative or postoperative complications. Histopathological examination, however, confirmed basal cell adenoma.

Discussion

This case highlights the importance of a systematic approach, including imaging, cytology, and histology, for accurate diagnosis and management of parotid gland neoplasms. Early recognition and intervention are key to achieving favorable outcomes.

Abstract No : CR 08

ABSENCE OF THE GALLBLADDER NECK AND CYSTIC DUCT: A CASE REPORT

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Introduction

Gallbladder is a globular-shaped, blind-ended sac that stores and concentrates bile. It has a fundus, body, and neck and connects to the common hepatic duct (CHD) through the cystic duct. Variations in gallbladder anatomy are important to surgeons during cholecystectomy, either open or laparoscopic in order to prevent iatrogenic injury or complications.

Case report

During a research project at Department of Anatomy, Faculty of Medicine, University of Peradeniya, a variant gallbladder insertion was observed in a 90-year-old Sri Lankan female cadaver. Union of right anterior hepatic duct (RAHD) and left hepatic duct (LHD) formed the hepatic confluence. Right posterior hepatic duct (RPHD) drained into LHD. Gallbladder was inserted directly into hepatic confluence by the proximal part of the body without a neck or cystic duct. There was no CHD, and the common bile duct continued from the confluence. Maximum diameters of the gallbladder opening to the confluence, common bile duct, RAHD and RPHD are 28.75, 19.56, 12.15 and 13.75 mm respectively.

Discussion

Congenital anomalies in the extrahepatic biliary tract are rare and are often found during cholecystectomy. Commonly, the body of the gallbladder narrows to become the neck and gives rise to the cystic duct which has a diameter of 2-3 mm. Index case presents a rare gallbladder variation of an absent cystic duct and gallbladder neck with a large opening of the gallbladder to the confluence. This may be due to a defect in the development of the pars cystica of the hepatic diverticulum.

Abstract No : CR 09

PERIPARTUM CARDIOMYOPATHY – CHALLENGES IN DIAGNOSING

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Introduction

Peripartum cardiomyopathy (PPCM) is an idiopathic cardiomyopathy presenting with Heart failure (HF) secondary to left ventricular (LV) systolic dysfunction towards the end of pregnancy or in the months following delivery, where no other cause of HF is found.

Case Report

A 30-year-old woman with a history of atrial septal defect closure in 2012 presented on postpartum day 15 with significant vaginal bleeding, orthopnea, and exertional dyspnea. She had previously been admitted during her third trimester with breathing difficulties and treated for presumed lower respiratory tract infection. On postpartum day 5, she was readmitted with bilateral lower limb swelling, which was attributed to normal physiological changes in pregnancy after thorough investigations. On both occasions, her cardiac evaluations were normal. During this third admission, despite treatment for secondary postpartum hemorrhage and anemia, her respiratory symptoms persisted. Physical examination revealed bibasal lung crepitations and mild bilateral ankle edema. A chest X-ray showed pulmonary edema, and echocardiography revealed a reduced left ventricular ejection fraction (LVEF) of 40%, confirming peripartum cardiomyopathy (PPCM). She was admitted to the cardiac intensive care unit and treated with bromocriptine, carvedilol, captopril, spironolactone, and intravenous furosemide. Her condition improved, and a follow-up echocardiogram on the seventh day showed LVEF improvement to 50%.

Conclusion

This case emphasizes the importance of comprehensive cardiac evaluation in peripartum patients, especially when heart failure symptoms are overshadowed by other clinical presentations. It also highlights that undiagnosed PPCM can be aggravated by secondary insults to cardiac function, such as postpartum hemorrhage.

Abstract No : CR 10

A CASE OF MESENTERIC CYSTIC LYMPHANGIOMA

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Introduction

Mesenteric cystic lymphangiomas (MCL) are rare congenital anomalies caused by a blockage in the development of lymphatic vessels. These cysts are most commonly diagnosed in infants, with a significant proportion identified either at birth or within the first two years. MCLs are rarely found in adults and typically present with vague symptoms such as a growing soft mass and abdominal swelling. Fewer than 1% of MCLs occur in the mesentery, retroperitoneum, or omentum. The condition is thought to arise from abnormal growth and dilation of lymphatic sacs that do not form proper connections with venous structures due
to developmental issues.

Case Report

A 1- year- old female patient presented with a history of intermittent fever for one month, Vomiting and diarrhea for two days, complained abdominal distension. USS abdomen as initial imaging found a large cystic lesion with septations and suspected to be a lymphatic malformation or an ovarian lesion. CECT abdomen revealed non enhancing large Multilocular cystic lesion with multiple septations that occupies the whole abdominal cavity and pelvis. The lesion was displacing abdominal contents posteriorly and laterally. Multiple blood vessels were noted traversing through the lesion. No evidence of infiltration and no ovarian mass lesions were noted.

Conclusion

Lymphangioma is generally asymptomatic, however, it can present as abdominal distension and mass effect on the rest of the abdominal organs as in this case. The diagnostic approach by ultrasound and CT allows pre operative assessment and surgical planning.

Abstract No : CR 11

A CASE OF SCLEROSING MESENTERITIS

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Introduction

Sclerosing mesenteritis is a rare, inflammatory condition that affects the mesentery. It is characterized by fibrosis (scarring), inflammation, and sometimes fatty changes in the mesenteric fat. The exact cause is unclear, but it may be linked to autoimmune processes or previous abdominal surgeries or infections. Symptoms can vary, including abdominal pain, bloating, and digestive issues.

Case Report

43 years old female initially investigated for abdominal lump. Ultrasound demonstrated right adnexal lesion with fibroid uterus. CECT abdomen noted left adnexal irregular mass lesion with multiple mesenteric soft tissue lesions with mesenteric haziness. Radiological appearance was suggestive of an ovarian carcinoma with multiple mesenteric deposits. TAH and BSO with omentectomy done and histology revealed ovarian fibroma and no malignancy. Subsequent CECT done and found to have mesenteric mass like lesions with multiple soft tissue nodular component without interval changes compared to the previous study. Radiological appearance represents features of sclerosing mesenteritis.

Conclusion

When sclerosing mesenteritis occurs with other abdominal pathology it gives suspicious appearance of mesenteric deposits of malignancy specially with ovarian lesions.

Abstract No : CR 13

A CASE OF CHONDROSARCOMA WITH EXTENSIVE LUNG METASTASIS.

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Introduction

Chondrosarcomas are a diverse group of malignant cartilage-forming tumors, primarily affecting older individuals. These tumors may develop either independently or as a result of transformation from a pre-existing benign cartilage tumor. On imaging, chondrosarcomas typically display a characteristic "ring-and-arc" pattern of chondroid matrix mineralization and may show aggressive features such as bone lysis, deep endosteal scalloping, and extension into surrounding soft tissue. Representing 20-25% of all bone cancers, chondrosarcomas are the third most common malignant bone tumor, following myeloma and osteosarcoma. In patients over 75 years old, they are the most frequently encountered primary bone malignancy.

Case Report

A 74-year-old female having history of posterior cranial fossa tumor excision and currently evaluated for multiple lung lesions noted in chest x-ray. Patient is having bilateral lower limb weakness. CT detects Numerous calcified and enhancing nodules in upper and lower lobes of bilateral lungs. Node size ranging from a few millimeters to 1cm. 3.4cm x 3.8cm x 4.2cm size expansile lesion is noted in the right iliac bone. Lesion is associated with soft tissue components and matrix calcifications. Similar lesions are noted in the left sacrum in the ala region, coccyx and L3 vertebra. In the L3 vertebra vertebral body, left pedicle, lamina and spinous process are involved. Associated soft tissue components extend to the bony spinal canal with severe spinal canal limitation and cauda equina compression.

Conclusion

Chondrosarcoma is the most common primary malignant bone tumor in the elderly population. This can present with multiple calcified lung metastases and bone metastasis. As this patient with spinal, bone and lung metastasis.

Abstract No : CR 14

VOGT-KOYANAGI-HARADA SYNDROME MIMICKING SYSTEMIC LUPUS ERYTHEMATOSUS - ANALYSIS OF A UNIQUE CLINICAL PRESENTATION OF PANUVEITIS

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Introduction

Vogt-Koyanagi-Harada syndrome(VKH) is a rare autoimmune disorder with diverse ocular, neurological and dermatological manifestations. This case initially resembled Systemic Lupus Erythematosus(SLE), but later evolved into VKH.

Case Report

A 44 year old male presented with oral ulcers, non-scarring alopecia, poliosis,recurrent styes and progressive impairment in visual acuity and sensorineural hearing loss(SNHL). No other clinical evidence of rheumatological disease was noted. Ophthalmological assessment revealed anterior uveitis, whitish fluffy lesions in iris, cellular aqueous humor, bilateral vitritis and choroidal nflammation suggestive of panuveitis.

Investigations showed immune thrombocytopenia, positive antinuclear antibodies(ANA,1:640, nuclear homogeneous and nucleolar mixed pattern), negative anti-ds DNA antibodies, normal complement levels and marginally elevated inflammatory markers. Tests for other differential diagnoses (sarcoidosis, Behcet's disease, tuberculosis(TB), syphilis, lymphoproliferative neoplasms) were negative. Fundus Fluorescein angiography(FFA) excluded retinal vasculitis and detachments.

Conclusion

Initial clinical presentation along with positive ANA and immune thrombocytopenia resembled SLE, but presence of panuveitis without retinal vasculopathy led to consideration of an alternative diagnosis. As audiovestibular disorders are well-recognized in SLE, presence of SNHL did not essentially exclude SLE. Diagnosis of VKH was made based on auditory and dermatological manifestations alongside typical ocular involvement (International committee revised criteria - 2001). Panuveitis is a distinct clinical entity with well-defined etiologies that need exclusion before diagnosing VKH as the cause. Patient was treated with corticosteroids and immunomodulatory therapies which led to resolution of visual and hearing impairment. VKH syndrome is well associated with panuveitis and systemic manifestations that must be distinguished from SLE with chorioretinopathy. Both conditions share certain clinical similarities, but their therapeutic approaches differ. Patients with VKH also require close monitoring for evolution of other autoimmune associations.

Abstract No : CR 15

ASYMPTOMATIC PULMONARY TUBERCULOSIS LEADING TO SYSTEMIC VASCULITIS – AN UNUSUAL PRESENTATION

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Introduction

Tuberculosis (TB) is a well-recognized cause of secondary vasculitis due to its chronic course and underlying complex interplay between inflammatory cytokines. While local cerebral vasculitis in TB meningitis is commonly described in literature, asymptomatic pulmonary TB leading to systemic vasculitis with multiorgan involvement is rarely reported.

Case Report

A 46 year old woman presented with asymmetrical inflammatory oligoarthritis affecting large peripheral joints, tender discrete skin lesions and multifocal neurological deficits in extremities alongside constitutional symptoms that developed over 4 weeks. Clinical examination revealed biphasic crepitations over upper zones despite patient denying respiratory symptoms.

Investigations showed elevated inflammatory markers(ESR-98mm/hr, CRP-66), positive mantoux test(16mm, but no bacteriological confirmation of TB in sputum including GeneXpert tests) and fibrotic nodules with focal tree-in-bud appearance, shotty lymph nodes in aortopulmonary window in high-resolution CT chest. Histopathology of skin lesions and sural nerve revealed lobar panniculitis, epithelioid histiocytes forming vague granulomas with vasculitis indicative of erythema induratum and necrotizing vasculitis in epineural arteries ,axonal loss with multinucleated inflammatory cells respectively. Neuro Electrophysiological studies were suggestive of mononeuritis multiplex. Investigations for underlying rheumatogical disorders including extended primary and secondary vasculitis screening were negative. The final diagnosis was asymptomatic pulmonary tuberculosis, erythema induratum, inflammatory polyarthritis(Poncet disease) and histologically proven systemic vasculitis leading to mononeuritis multiplex. Patient was commenced on antituberculous treatment with a short course of steroids which led to complete resolution of skin lesions and polyarthritis with partial resolution of neurological deficits.

Conclusion

TB should always be considered as a potential etiology in complex clinical cases with multiorgan involvement particularly in countries like Sri Lanka where TB is highly prevalent. Awareness of its varied presentations as illustrated here is vital for early detection.

Abstract No : CR 16

AMPHETAMINE TOXICITY LEADING TO SIGNIFICANTLY DELAYED PRESENTATION OF ACUTE MYOCARDIAL INJURY - UNVEILING CLINICAL AND MEDICOLEGAL CONSIDERATIONS – A CASE REPORT

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Introduction

Amphetamine abuse is a common encounter in current clinical practice due to increased trend of recreational drug use particularly among the younger population. Though the effects of amphetamine use are evident within hours, we report a case of amphetamine induced delayed acute myocardial infarction with important clinical and medicolegal considerations.

Case Report

A 24- year- old male presented with ischemic chest pain and sympathetic overactivity following amphetamine ingestion(appropriately 30-50mg of recreational amphetamine preparation) 48 hours prior to the admission. ECGs revealed extensive ST elevations in inferior and anterior leads,thus involving multiple vascular territories, with eleveted troponins.(21ng/ml) Coronary angiography showed normal epicardial coronary circulation with no evidence of vasculitis. Cardiac MRI showed post infarction changes without cardiomyopathy. Extensive metabolic, thrombophilic and vasculitic screening for young onset myocardial infarction were negative.Toxicology screening with extended analysis didnot detect cocaine or amphetamines in urine.

Discussion

Amphetamines, being structurally similar to catecholamines and dopamine cause tachyarrthymias, coronary vasospasms, microvascular dysfunction, rarely toxic myocardial necrosis and coronary vasculitis. Studies have shown that clinical effects and peak plasma concentrations of amphetamines appear in 1-3 hours post ingestion with highest detection rates in toxicology screening. In contrast, our patient has developed significantly delayed myocardial ischaemia with minimal neuropsychological symptoms 48 hours after the ingestion, despite negative urine toxicology screening. Coronary angiography and cardiac MRI findings concluded Myocardial Infarction with Non Obstructive Coronary Arteries(MINOCA) possibly due to vasospasms and microvascular dysfunction possibly induced by amphetamines and other non-identified adulterants. This case underscores the importance of excluding other etiologies in young patients with acute coronary events, particularly when the timing of illicit drug use does not align with the onset of ischemia and critically appraising the limitations of toxicology screenings in these situations.

Abstract No : CR 17

A CASE OF IDIOPATHIC INTRACRANIAL HYPERTENSION PRESENTING WITH ACUTE ONSET HEADACHE AND DIPLOPIA

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Introduction

Idiopathic intracranial hypertension (IIH) is a rare condition characterized by increased intracranial pressure in the absence of hydrocephalus or space occupying lesion, with normal cerebrospinal fluid composition. Chronic headache is the most common presenting symptom, but rarely can present with acute symptoms.

Case report

A thirteen year old previously healthy girl presented with one day history of severe headache, double vision (diplopia), vomiting and photophobia. She had no prior history of chronic headache, fever, visual disturbance or other neurological symptoms. Past medical history was unremarkable and not on any medications. Examination revealed an overweight girl (BMI of 23.3Kg/m^2) with bilateral sixth cranial nerve palsy and papilloedema. Rest of the examination was unremarkable.MRI brain and orbits showed features of raised intracranial pressure without a mass lesion and MRV study excluded cerebral venous thrombosis. Blood investigations including TSH and ANA reports were normal. Lumbar puncture showed raised opening pressure of 30 cmH2O, and CSF analysis was normal. After removing 10 ml of CSF, the symptoms were reduced. She was started on acetazolamide and topiramate, leading to significant improvement of symptoms and signs within one month.

Discussion

This case demonstrates an atypical acute presentation of IIH, contrasting the more common chronic headache and visual disturbance pattern. The absence of chronic symptoms highlights the importance of considering IIH in patients with papilloedema and diplopia, even if they present acutely. Early diagnosis and treatment are critical to prevent long term complications such as vision loss. In this case, timely intervention led to significant clinical improvement.

Abstract No : CR 18

AXILLARY ARTERY THROMBOSIS FOLLOWING ANTERO-INFERIOR GLENOHUMERAL DISLOCATION: A RARE CASE REPORT

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Introduction

The glenohumeral joint stands out as the most commonly dislocated joint necessitating treatment in the emergency department (ED). Axillary artery injury due to shoulder dislocation is reported to be rare at a rate of 1–2%. Isolated acute anteroinferior dislocations without accompanying fractures causing axillary artery thrombosis are exceedingly rare, with limited published literature.

Case Report

A 51-year-old male presented following a fall was diagnosed to have isolated left antero-inferior glenohumeral dislocation. Upper limb neurology was noted normal but Radial & ulnar pulses were found to be absent with absent pulse oximetry readings of the left hand. Peripheral pulses remained absent despite successful reduction of the gleno-humeral joint. Arterial doppler demonstrated absent flow in the radial and reduced flow in the brachial & ulnar arteries. Exploration of the axillary artery revealed a 15mm contused segment with a thrombus in the third part of the axillary artery just distal to the Pectoralis minor. Contused segment was resected, and end-to-end primary anastomosis was performed obtaining satisfactory flow. At the 6 month follow up patient was found to be having normal range of motion without any vascular complications.

Conclusion

Although rare, axillary artery thrombosis should be ruled out during primary assessment of any case of shoulder dislocation. Early detection & prompt surgical intervention can result in successful outcomes and avoid the magnitude of disability to patients.

Abstract No : CR 19

A RARE CASE OF ECTHYMA GANGRENOSUM CAUSED BY METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS IN A CHILD WITH VARICELLA ZOSTER INFECTION

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Introduction

Ecthyma gangrenosum is a dermatological condition characterized by vesicles which rapidly evolve in to pustules and necrotic ulcers with erythematous borders. It is most commonly caused by *Pseudomonas aeruginosa* in immunocompromised patients. It can also be caused by other gram negative bacteria, although its association with gram positive bacteria is rare. We report a rare case of ecthyma gangrenosum caused by Methicillin Resistant *Staphylococcus aureus* (MRSA), occurring in a child with a Varicella Zoster viral (VZV) infection.

Case report

A previously healthy 6 year old boy is presented with a gross varicella zoster infection and had been receiving oral acyclovir since the second day of illness. Despite treatment, his fever and the skin lesions worsened, with vesicles progressing to pustules surrounded by erythematous borders and necrotic centers. He was critically ill but remained hemodynamically stable. Blood investigations revealed elevated CRP levels (201mg/dl) and neutrophil leukocytosis, though repeated blood cultures were negative. Swab cultures from skin lesions confirmed MRSA. He was treated with intravenous vancomycin followed by oral clindamycin, along with local application of mupirocin to the skin lesions. The lesions healed gradually over six weeks.

Discussion

Ecthyma gangrenosum is commonly associated with pseudomonas sepsis. Other bacterial and non-bacterial organisms should also be considered in the differential diagnosis which could be lifesaving as treatment differs with the involved organism.

Abstract No : CR 20

ASPERGILLOMA WITH UNILATERAL HORNER SYNDROME – AN UNUSUAL PRESENTATION

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Introduction

Horner syndrome classically presents with partial ptosis, miosis and facial anhidrosis due to a disruption in the sympathetic nerve supply. Preganglionic Horner syndrome is an ominous sign due to its association with pulmonary malignancies. The causes of Horner syndrome can be divided according to the anatomical location of disruption. We present a patient with unilateral Horner syndrome with an Aspergilloma of the right lung.

Case Report

A 60-year-old male construction worker presented with pleuritic type chest pain, dry cough and lethargy for four weeks. He had no haemoptysis, fever, night sweats or loss of weight. There was no contact or past history of Tuberculosis. He was an ex-smoker with 10 pack years of smoking. On examination he had right side partial ptosis with miosis. There was clinical evidence of a consolidation in the right-side upper zone of the lung. His eosinophil count was 1.53*10^3/uL and chest X-ray revealed a large round opacity in the right apex. Contrast enhanced CT thorax revealed a thin-walled cavity with an intracavitary mass in the upper lobe of the right lung consistent with intracavitary aspergilloma. Bhroncoalveolar lavage studies showed characteristic septated hyphae. Aspergillus IgE levels could not be performed.

Discussion

In this case, the cause for the Horner's syndrome could be erosions of sympathetic trunk, compression or surrounding oedema due to a mass lesion. Aspergilloma masquerading as a Pancoast tumor, causing Horner syndrome is a rare presentation and only few cases have been reported. Our patient responded well to antifungal treatment.

Abstract No : CR 21

INFECTIVE ENDOCARDITIS MASQUERADING AS MENINGITIS

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Introduction

Infective endocarditis is a disease with variable presentations and multi-systemic manifestations. We report a case of infective endocarditis presenting as meningitis.

Case report

A 55-year-old healthy male presented with subacute onset fever, headache and confusion following a recent orthopedic surgery of the hand. He was febrile, confused and had neck stiffness. Pupils were bilaterally 3mm, and there was no papilledema. He had right sided sensory inattention, but the rest of the neurological examination was unremarkable. Hemodynamic parameters were stable. A pansystolic murmur radiating to the axilla was heard in the apex. His full blood count revealed neutrophil leukocytosis, and had a CRP of 109mg/dL. Blood culture was positive for *Enterococcus faecalis.* Neuro-imaging of the brain with CT and MRI scans showed heterogeneously hypodense mass lesion involving left posterior parietal, temporal and occipital regions with multiple hemorrhagic foci and perilesional oedema, without evidence of neoplasm. Transthoracic echocardiogram revealed mild mitral regurgitation and multiple irregular masses attached to the anterior mitral valve leaflet. Cerebrospinal fluid analysis showed evidence of bacterial meningitis. A diagnosis of mitral valve infective endocarditis with septic cerebral emboli was made. He was treated with IV Vancomycin and Ampicillin for 42 days following which his inflammatory markers and blood cultures were negative, and the vegetation size was reduced. He made a marked recovery since the treatment.

Conclusions

The clinician should have a high degree of suspicion for infective endocarditis in high-risk patients with atypical presentations. Early diagnosis and treatment ensure a favorable prognosis.

Abstract No : CR 22

USE OF POCUS FOR EARLY DIAGNOSIS OF EMPHYSEMATOUS PYELONEPHRITIS IN THE EMERGENCY DEPARTMENT IN A YOUNG FEMALE WITH SEVERE DIABETIC KETOACIDOSIS

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Introduction

Emphysematous Pyelonephritis (EPN) is a lethal infection of the kidney leading to gas formation and necrosis of the renal parenchyma, collecting system and perirenal tissue. Poorly controlled diabetes mellitus and urinary tract obstruction are the major risk factors. It is common in females. Delayed diagnosis and mismanagement report 25-42% mortality. This is a case report in which Point-of-care ultrasound (POCUS) was used as a bed side imaging modality in the Emergency Department (ED) to aid quick diagnosis of EPN.

Case Report

A 22-year-old female who defaulted treatment for type 2 Diabetes Mellitus, presented to ED following fever and dysuria for 3 days. She had severe back pain with renal angle tenderness. Her initial assessment directed towards severe diabetic ketoacidosis with stable circulatory parameters. POCUS in ED showed enlarged Left kidney and upper pole was obscured with gas shadows suggestive of EPN. An urgent NCCT KUB confirmed Type 3 Left EPN involving upper pole and interpolar region of renal parenchyma and gas in perinephric space extending around the spleen. Patient underwent an urgent Left nephrectomy and recovered from sepsis.

Conclusion

POCUS has 69% of specificity in detecting EPN. Artefacts generated between gas and renal tissue due to high acoustic impedance is called “dirty shadowing” or reverberation artifacts referred to as “a-lines" was the characteristic feature found in EPN in this patient. The other imaging features described are B lines, comet-tail artifacts and the “falls” sign. Although POCUS is not indicated immediately in pyelonephritis, high risk patients might benefit KUB POCUS in ED.

Abstract No : CR 24

TRACHEAL INJURY FOLLOWING BLUNT NECK TRAUMA

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Introduction

Blunt neck trauma composes only 5% of traumatic injuries to the neck. Road traffic accidents are the most common cause of blunt neck trauma. While vascular injury occurs in approximately 1% of patients with blunt neck trauma, Blunt laryngotracheal injuries occur in less than 0.5% of blunt trauma patients. Both diagnosing and Treating neck trauma is a challenge.

Case Report

Here we report a case of a 64 years old male who was a three wheel driver presented with blunt trauma to the neck following toppling of the vehicle. He presented with left side neck pain, difficulty in breathing. On examination he had subcutaneous emphysema of left side neck with left pneumothorax. Initially he was managed for pneumothorax with IC tube insertion.Post IC tube insertion didn't resolve his symptoms and developed impending respiratory airway obstruction due to expanding soft tissue swelling. He was managed for suspected tracheal injury with establishment of a definitive airway. Videolaryngoscopy- guided awake endotracheal intubation was done successfully saving the life of the patient. On day 1 he underwent contrast enhanced CT of neck , chest found to have approximately 2.5cm long linear oblique tear in lower trachea involving anterior and right lateral wall. Lower end 2.5cm proximal to carina. Extensive surgical emphysema noted in anterior and lateral soft tissues in imaged part of neck, chest and medial compartments of imaged arms in fairly symmetrical distribution. Marked pneumomediastinum noted. Linear undisplaced fracture noted in neck of left 1st rib laterally, left side 2,4,5,6 th ribs anteriorly. Patient was managed in an intensive care unit with sedation and ventilation and transferred to Cardiothoracic surgery opinion on day 4 and found to have healing tracheal mucosa during the rigid bronchoscopy.

Conclusion

Blunt neck trauma is rare and can be life-threatening, requiring prompt diagnosis and management. This case demonstrates the successful treatment of a 64-year-old male who sustained a tracheal tear and associated injuries following a vehicle accident. This case highlights the importance of early recognition, airway management, and a team-based approach in managing rare and complex injuries like tracheal trauma.

Abstract No : CR 25

HAEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS IN EXPANDED DENGUE SYNDROME: A CASE REPORT

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Introduction

Hemophagocytic lymphohistiocytosis (HLH) is a rare sequel of dengue characterized by infiltration of organs including bone marrow, liver and spleen by macrophages following hyperactive immune response. Expanded dengue syndrome being uncommon with dengue can interfere with early diagnosis of HLH.

Case report

A 29-year-old previously healthy female with seropositive dengue fever was readmitted after being discharged with fever spikes and diagnosed to have fluid leakage. She developed respiratory distress with a right-sided pleural effusion. She had type 1 respiratory failure, thrombocytopenia (26,000/mm³) and high liver enzymes (ALT 395 U/L, AST 957 U/L). Patient was managed for fluid overload with secondary pneumonia and acute liver injury and treated with intravenous antibiotics, N-acetylcysteine and liver failure regime. Due to persistent fever and thrombocytopenia, elevated triglycerides and ferritin (150000U/L) and bone marrow aspirate confirmed the diagnosis of HLH, IV dexamethasone 12 mg daily was started. She was intubated due to worsening respiratory distress. High fever managed with cooling methods and hydroxychloroquine. She was weaned off and extubated after 3 days. Intermittent CPAP/HFNO given. On the 6th day of steroids, recrudescence of fever and positive blood cultures for drug resistant Acinetobacter were noted. Dexamethasone dose was reduced to 8 mg and tailed off. IV colistin was added. IV immunoglobulin short course was given. She was discharged home after 28 days with complete recovery.

Discussion

HLH triggered by dengue and expanded dengue syndrome was successfully managed owing to vigilant suspicion. Timely diagnosis with fulfillment of HLH criteria leads to treatment without delay achieving complete recovery. Early recognition with a high degree of suspicion and prompt treatment is paramount in improving survival in HLH.

Abstract No : CR 29

A RARE CAUSE FOR DEVELOPMENTAL DELAY WITH HYPOTONIA – A CASE REPORT OF CONGENITAL DISORDER OF GLYCOSYLATION TYPE 1A

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Introduction

Congenital Disorders of Glycosylation (CDG) represents a complex group of inherited metabolic conditions characterized by impaired protein and lipid glycosylation. CDG type 1a (CDG-Ia), caused by phosphomannomutase 2 (PMM2) gene mutations and it is the most common subtype which is inherited autosomal recessively. This disorder disrupts N-linked glycoprotein synthesis, leading to multi-systemic developmental complications affecting neurological, muscular, and metabolic functions.

Case Report

A 5-year-old girl was initially presented at the age of six months with global developmental delay and multiple clinical manifestations. Clinical examination revealed profound hypotonia and characteristic facial dysmorphism including a short nose, long philtrum large ears, strabismus and hepatomegaly .Comprehensive metabolic screening was done and genetic testing confirmed a heterozygous pathogenic variant in PMM2 gene which is consistent with CDG type 1a. Additional complications developed while the condition progressed including moderate intellectual disability, recurrent respiratory infections, acute liver failure followed by chronic liver cell disease with coagulation abnormalities, chronic myopathy and seizures. As current treatment remains supportive the child is managed conservatively focusing on supportive care, nutritional supplementation, and multidisciplinary intervention to address neurological, hematological and developmental challenges.

Conclusion

This case highlights the complex clinical spectrum of CDG-Ia, emphasizing the importance of early diagnosis, comprehensive multidisciplinary management, and genetic counseling. Management should be intensified with worsening neurological symptoms, growth failure, cardiac issues, endocrine problems and abnormal lab values requiring urgent care. While current treatment remains supportive, ongoing research into potential therapeutic interventions offers hope for improved patient outcomes in this rare genetic disorder.

Abstract No : CR 30

GENICULAR ARTERY EMBOLIZATION OF KNEE JOINT: AN EMERGING TREATMENT STRATEGY IN INTRACTABLE OSTEOARTHRITIS

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Introduction

Osteoarthritis (OA) of the knee is a common cause of pain and disability among aging adults. While surgical intervention of Total knee replacement is definitive, it is invasive and carries risks. Genicular artery embolization (GAE) emerges as a minimally invasive alternative for patients unsuitable for surgery or who have failed conservative treatment.

Case report

This case report, the first from Sri Lanka, involves a 60-year-old woman with Kellgren-Lawrence score grade IV OA of left knee for treated conservatively for 20 years with no sustainable pain relief. Despite severe pain with a score of 7/10 on Numerical Pain Score (NPS) and worsening quality of life, she refused knee arthroplasty. Imaging confirmed joint space narrowing and localized OA without fractures or ligament injuries. GAE was chosen as the treatment option. Under 1% lidocaine local anesthesia, access was obtained to the left common femoral artery. Selective and super selective angiogram identified the descending, superior, and inferior genicular arteries with contrast blush corresponding to the areas of pain. Embolization of inferior and superior medial genicular arteries were performed using 100-250-micron Polyvinyl Alcohol microembolization material. A final angiogram confirmed successful embolization. Patient was discharged the same day with no immediate complications.

At one-month, significant pain reduction with 2/10 on NPS and improved mobility. By 6 months, minimal pain and a dramatic improvement in functionality, with no pain medications.

Conclusion

This case report highlights the feasibility of utilizing GAE as a promising treatment for advanced OA knee, in a Sri Lankan setting effectively alleviating pain and improving physical function.

Abstract No : CR 31

GUILLAIN BARRE SYNDROME PRESENTING AS ACUTE HEMIPARESIS –A CASE REPORT

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Introduction

Guillain- Barre Syndrome is an acute inflammatory polyneuropathy due to autoimmune response against peripheral nerves. It is usually preceded by respiratory or gastrointestinal infections. According to the current American Society for Apheresis guideline GBS is a category one indication for therapeutic plasma exchange (TPE) while Intravenous Immunoglobulin (IvIg) is a convenient therapeutic option compared to TPE.

The classical presentation of GBS is symmetrical ascending paralysis, however many clinical variants have been identified. Asymmetrical GBS is a rare clinical variant, and this is a case of asymmetrical GBS successfully treated with TPE.

Case Report

Five year old baby girl known patient with bronchial asthma and well controlled with medications presented with left sided lower limb weakness. She was treated for lower respiratory tract infection one week before the presentation.

On admission she was conscious and her vitals were normal. The nervous system examination revealed reduced tone, power as well as reflexes in left sided upper and lower limbs. There is marked impairment in lower limbs compared to upper limbs.Her sensory and cranial nerve examination findings were normal. Even though her non-contrast computed tomography brain and CSF reports were normal, nerve conduction study concluded as acute motor axonal neuropathy (AMAN) type GBS. Patient was referred for TPE as no improvement despite treatment with IvIg for five days duration.

One volume of plasma exchange was performed using 5% albumin as replacement fluid. Blood priming was done in each procedure as patients' weight was <20kg. There was marked clinical improvement after three cycles of TPE, and she was discharged after five cycles of TPE.

Conclusion

TPE is a well-established treatment modality to accelerate disease recovery in patients with typical clinical presentation of GBS while this case report highlights the prompt diagnosis and initiation of TPE in relatively rare clinical variants of GBS.

Abstract No : CR 32

ISOLATED GASTRIC NECROSIS FOLLOWING CRYSTAL METHAMPHETAMINE ABUSE

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Introduction

Methamphetamine abuse (ICE) is an upcoming major public health concern in Sri lanka. Methamphetamine is a potent central nervous system stimulator, cardiovascular stimulant and can result in striking behavioral and cognitive changes. Here we describe an unusual presentation of isolated gastric necrosis following methamphetamine abuse.

Case Report

A 30-year-old gentleman presented to the medical ward with altered mental status, abdominal cramps with several episodes of coffee ground emesis following 4 points of crystal methamphetamine abuse 3 days back and referred for surgical opinion. On admission GCS was 14/15, afebrile, dehydrated, high BP 170/100 with tachycardia 110 bpm. On abdominal examination symmetrical grossly distended abdomen with tenderness and guarding mainly over left hypochondrium. But no rigidity or rebound tenderness.

Laboratory investigations revealed elevated WBC $18*10^6$/L, metabolic acidosis with PH 7.32, low $HCO3^-$ 15 mmol/L. Rest of the initial investigations were within range. Lateral decubitus X ray shows pneumoperitoneum

Emergency exploratory laparotomy done. Midline laparotomy and opening into the peritoneal cavity. Grossly contaminated peritoneal cavity with gastric secretion with food particles found. Peritoneal survey and a thorough peritoneal lavage done.

Necrosed proximal stomach involving fundus, body up to the antrum. 3 gastric perforations noted in body near the antrum. Small and large bowel and solid organ surveys are normal.

Procedure- Left lobe of the liver mobilized with dissecting left triangular ligament. Distal demarcation line in the antrum divided with linear cutter staplers. Proximal stomach divided 2 cm below the GOJ junction. Distal and proximal stomach anastomosis done with 25mm circular stapler. pyloromyotomy and pyloroplasty done. Grossly contaminated and necrosed omentum excised. Feeding jejunostomy inserted. Post op ICU care given and recovery was uneventful.

Discussion

Visceral ischemia should be considered in adult patients with a history of Methamphetamine abuse who present with abdominal pain and vomiting.

Abstract No : CR 33

AN UNUSUAL PRESENTATION OF PERIANAL ABSCESS AS ANTERIOR ABDOMINAL MASS

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Introduction

Supralevator abscess is a rare form of anorectal disease which is present as anterior abdominal pain due to extra peritoneal inflammation.

Case Report

A 75-year-old old male patient presented with lower abdominal pain and abdominal mass over 2 weeks duration. Pain was dull aching type of moderate intensity (pain score 7/10) without any radiation. Abdominal examination revealed ill-defined lower abdominal firm mass extending from pubic symphysis to umbilicus without cough impulse. Hernial orifices were normal. Investigations revealed inflammatory markers. Urinary retention was excluded with catheterization.

USS Abdomen showed irreducible anterior abdominal wall hernia extending up to umbilicus with a defect of 4.5cm. Bowel wall perfusion noted. CECT has been planned. And as pain has increased in time planned for exploration with tentative diagnosis of incarcerated hernia. Abdominal wall exploration done as lower midline incision. Deepened to the preperitoneal plane. Findings were necrotic rectus sheath with collection of pus around 400 cc, drained. Abscess has extended to the supralevator plane and towards the right side of rectum. No peritoneal breach.

CECT report came later as an extensive abscess formation involving anterior abdominal wall, R/S of pelvis with B/L ischiorectal fossa and extending into the posterior aspect of the L/S thigh. No CECT finding of prostate abscess. Pus culture ABST showed E.coli which was sensitive to the meropenem, gentamicin. Recovery was uneventful and flexible sigmoidoscopy did not show sinister pathology.

Discussion

Rarity and insidious clinical manifestation of supralevator abscess leads to delayed diagnosis. Early suspicion and imaging leads to better prognosis.

Abstract No : CR 36

SPLENIC AND LEFT GASTRIC ARTERY ORIGINATING FROM SUPERIOR MESENTERIC ARTERY: A RARE VARIATION

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Introduction

Variations in vasculature are expected and planned for before any surgery. It is a well-known fact that the vasculature of the gut varies significantly, as frequently documented in medical literature. Variations in the celiac axis are of utmost importance, given that many major abdominal surgeries rely heavily on this vasculature. Although prior records of the variations mentioned in this case report exist in the available literature, they are seldom detected and proven to be very rare occurrences.

Case Report

A 48-year-old male patient with no comorbidities was evaluated for non-resolving chronic left-sided loin-to-groin pain suggestive of ureteric colic and diagnosed with retroperitoneal fibrosis. The systemic examination was unremarkable, including the abdominal examination, except for a left-sided varicocele. Since all preliminary investigations, including an ultrasound scan (USS) of the abdomen, failed to provide any assistance in the diagnosis, a contrast-enhanced computed tomography (CECT) of the abdomen and pelvis was performed. The CECT of the abdomen and pelvis revealed that the left gastric and splenic arteries incidentally arose from the superior mesenteric artery (SMA).

Conclusion

Knowledge of anatomical variations in vasculature helps anticipate complications and address them during surgery. These variations are particularly important in major surgeries such as esophagectomy, procedures related to the pancreas (Whipple's operation, pylorus-preserving pancreatico-duodenectomy), and surgeries involving the bowel, where decisions are made based on the vasculature.

Abstract No : CR 37

SYNOVIAL SARCOMA OF THE NECK, MIMICKING VAGAL SCHWANNOMA

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Introduction

Synovial sarcomas (SS) are aggressive soft tissue tumors that carry a poor prognosis, especially when they occur in the head and neck region. Classically, SS are found in the lower extremities, and they are seldom seen (less than 0.01% of all head and neck cancers) in the head and neck region.

Case Report

A 17-year-old male patient without comorbidities presented with a history of a right-sided anterior neck lump that had rapidly enlarged over a duration of 2 months. On examination, a firm, hemispherical, smooth-surfaced, non-fluctuating anterior neck lump was noted on the right side, moving with swallowing and located near the midline. Guided FNAC failed to provide a definite diagnosis. Prior Imaging findings had inconclusive evidence. A neck exploration and complete excision of the mass was done to establish a histological diagnosis where the final histological diagnosis was confirmed to be “monophasic synovial sarcoma.”

Conclusion

Although synovial sarcomas are relatively rare in the neck region, awareness of the existence of these tumors is of practical importance for clinicians and pathologists. This knowledge is critical in deciding on surgery, determining incision locations, exploring tissue planes, and achieving proper margins free of tumor.

Abstract No : CR 38

HETEROTOPIC PANCREAS PRESENTING AS ILEO-ILEAL INTUSSUSCEPTION - A RARE CASE

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Introduction

Pancreatic heterotopia refers to pancreatic tissue anatomically separate from the main gland with no vascular or ductal connection. This condition is common in the stomach, duodenum, and jejunum and rare in the ileum. It can lead to intussusception which is telescoping of one intestinal segment into another. While common in children under three years, adult intussusception is rare and accounts for 5% of cases, often causing ischemia and bowel necrosis.

Case Report

A 39-year-old previously healthy male presented with acute abdominal pain and distention. Examination revealed abdominal tenderness. Imaging identified two ileo–ileal intussusceptions. Exploratory laparotomy confirmed two intussuscepted segments in the ileal loop. Histological examination analysis revealed pancreatic tissue in the submucosa of the ileum. Thus, the cause for the intussusception as heterotopic pancreatic tissue was confirmed,–establishing heterotopic pancreatic tissue as the cause.

Conclusion

Heterotopic pancreatic tissue is a rare but critical consideration in small bowel obstruction evaluation. This case highlights the importance of diagnosing intussusception in adult small bowel obstruction.

Abstract No : CR 39

NON-SECRETORY MYELOMA PRESENTING AS AXILLARY LYMPHADENOPATHY WITH AMYLOIDOSIS : A RARE CASE

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Introduction

Multiple myeloma is a plasma cell neoplasm due to the production of monoclonal immunoglobulin with evidence of end-organ damage. Non-secretory myeloma is rare and shows no detectable monoclonal proteins in serum and urine.The incidence of non secretory myeloma is 3 - 5% and the prevalence is 1-2%. Amyloidosis is a rare complication of multiple myeloma due to abnormal plasma cells' production of light chains.

Case Report

A 46-year-old previously healthy male presents with isolated axillary lymphadenopathy. There were no other symptoms detected. CT scan abdomen revealed no hepatosplenomegaly. His haemoglobin was 16.2g/dl. Serum creatinine was normal and serum calcium levels are marginally high. Histological lymph node examination showed CD138 positive plasma cells and eosinophilic homogenous material which was confirmed as amyloid by Congo red stain. There was no monoclonal protein detected on serum electrophoresis. Urine Benz Jones protein and Immuno fixation were negative. Kappa lambda ratio was inconclusive. Abdominal fat pad aspiration showed no evidence of systemic amyloidosis. The initial skeletal survey didn't reveal any lytic lesions in the bone. Bone marrow aspiration showed 10-12% plasma cells. Six months later patient's CT scan showed lytic bone lesions in T3 and T1 vertebral bodies. Therefore the diagnosis of non-secretory multiple myeloma was confirmed.

Conclusion

Non-secretory myeloma is rare and challenging to diagnose, particularly when it presents with unusual manifestations like isolated lymphadenopathy. As in this case detecting amyloid and a series of relevant investigations can direct to the correct diagnosis.

Abstract No : CR 42

SURVIVAL OF A PATIENT WITH RUPTURED HEPATIC ARTERY PSEUDOANEURYSM-A CASE REPORT

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Introduction

Visceral artery aneurysm (VAA) or pseudoaneurysm (VAPA) are rare types of aneurysms (0.1 – 2%). - celiac, hepatic, splenic, superior, or inferior mesenteric arteries and their branches are commonest sites for VAA/VAPA. Among them hepatic artery aneurysm is uncommon (0.002%). These are presented with life threatening hemorrhage due to rupture. Hepatic artery has higher risk of rupture compared to others (80%).

Case Report

Fifty six (56) years old male presented to ETU sudden onset epigastric pain and sob. He was previously diagnosed with hepatic artery pseudoaneurysm and managed conservatively. On examination, the patient had a pulsatile epigastric lump and was clinically pale. However, he was hemodynamically stable. After initial resuscitation we performed a CT angiogram and it shows ruptured aneurysm with hemoperitoneum. Then the vascular team planned to do exploration of the hepatic artery. Intra operatively there was a ruptured common hepatic artery and aneurysm primarily repaired. The open cholecystectomy also performed at the same time. Post operatively patient sent to SICU for further management. Postoperatively the patient developed acute kidney injury and acute liver failure. He was recovered from that and discharged with on day fourteen with minimal complications.

Conclusion

Most of the VAA/VAPA are identified as incidental, unexpected findings on imaging of the abdomen. Ruptured Aneurysms with Hemodynamically unstable patients need urgent intervention after resuscitation. These aneurysms need early elective interventions rather than watchful waiting until it ruptures.

Abstract No : CR 44

ACUTE HAEMORRHAGIC OEDEMA OF INFANCY IN ASSOCIATION WITH MMR VACCINATION: A CASE REPORT

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Introduction

Acute haemorrhagic oedema of infancy (AHEI), also known as Finkelstein's disease, is a rare inflammatory condition that predominantly affects infants and young children from 4 months to 2 years of age.it can be associated with vaccinations, infections, or medications. The condition is characterized by distinctive clinical manifestations, including large, painful ecchymotic skin lesions and peripheral oedema. This case report highlights an instance of AHEI occurring shortly after MMR vaccination.

Case Report

A previously apparently healthy 10-month-old male infant without past history of allergies, presented with acute onset of symmetrical, purpuric medallion shaped skin lesions and significant peripheral oedema which has occurred 5 hours after receiving routine MMR vaccination. Physical examination revealed large, dark purple-red, target-like lesions predominantly distributed on the extremities, accompanied by marked oedema and tenderness of hands and feet. Laboratory investigations showed normal full blood count, slightly elevated CRP. UFR, coagulation profile, liver and renal functions were normal. Dermatology referral was done, and diagnosis was confirmed by consultant dermatologist based on clinical picture. The patient was managed conservatively with close monitoring, Antihistamines and symptomatic treatment. Clinical resolution occurred spontaneously within 10 days, with complete recovery and no long-term sequelae.

Conclusion

This case illustrates a rare but important potential immunological response following MMR vaccination. MMR is a live vaccine and thus MMR induced AHEI is unlikely in this case as it has occurred 5 hours after the vaccination. Careful monitoring, supportive care, and patient education are crucial in managing such rare inflammatory responses.

Abstract No : CR 45

MEGALOBLASTIC ANAEMIA IN EARLY INFANCY: A CASE REPORT

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Introduction

Megaloblastic anaemia in early infancy due to vitamin B12 deficiency is a rare condition. Vitamin B12 deficiency in paediatric populations can cause severe neurological and haematological consequences. During the exclusive breast-feeding period, the only source of vitamin B12 is breast milk. Maternal dietary practices, such as strict veganism, can significantly impact infant nutritional status due to limited B12 sources. This case report highlights the importance of nutritional counselling and monitoring for infants born to mothers following restrictive dietary regimens.

Case Report

A 6-week-old male infant was presented with symptoms of vomiting and poor weight gain. The infant's mother followed a strict vegan diet throughout pregnancy and during breastfeeding, with minimal supplementation. Physical examination revealed pallor and growth retardation. Laboratory investigations demonstrated Haemoglobin 8 g/dL, MCV 100 fL, serum vitamin B12 levels less than 60 pg/mL of both mother and infant. Peripheral blood smears of both mother and infant revealed characteristic megaloblastic changes. Infant was treated with intramuscular vitamin B12 supplementation and dietary counselling was given to the mother. Follow-up assessment in 3 months after treatments demonstrated normalized haemoglobin and MCV with improvement of growth.

Conclusion

This case highlights the critical need for nutritional monitoring and B12 supplementation for mothers following restrictive dietary patterns. Early detection and intervention are crucial in preventing potentially irreversible neurological and haematological complications associated with vitamin B12 deficiency in infants.

Abstract No : CR 46

LATE PRESENTATION OF AN INGESTED FOREIGN BODY IMPACTED IN THE SIGMOID COLON: A CASE REPORT

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Introduction

Accidental foreign body ingestion, common in vulnerable groups such as children, alcoholics, mentally handicapped and elderly wearing dentures, can cause complications like perforation, as seen in this denture-induced colectomy case.

Case Report

A 72-year-old male with diabetes, dyslipidemia, epilepsy, and ischemic heart disease and was on aspirin and clopidogrel. He was presented with intermittent abdominal pain for a week after accidentally swallowing dentures a month earlier. Examination and laboratory investigations were unremarkable, except for a radio opaque foreign body in the sigmoid colon on imaging. Despite bowel preparation and lower GI endoscopy, the denture could not be retrieved due to adherence to the bowel wall. He underwent laparotomy with segmental bowel resection and anastomosis. Postoperatively, he required ICU care for surgical site bleeding, managed with platelets. Gradual recovery followed, and he was discharged a week later after resuming normal oral intake.

Discussion

Foreign body ingestion is common, with most passing without complications, but 10-20% require intervention due to impaction of foreign body in the naturally narrowing area such as pylorus of the stomach and ileocecal region. Dentures, often ingested by the elderly, can cause serious issues like bowel perforation or impaction. Accurate imaging, such as CECT, is crucial for diagnosis and management. Treatment options include observation, endoscopy, or surgery. In this case, unusual place impaction of denture failed endoscopic retrieval necessitated surgical resection of the sigmoid colon, highlighting the importance of timely surgical intervention to prevent complications

Abstract No : CR 47

A CASE OF ATYPICAL SPINAL TUBERCULOSIS: MULTI SEGMENT VERTEBRAL BODY INVOLVEMENT WITH SPARING OF INTERVERTEBRAL DISCS

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Introduction

Spinal tuberculosis (TB) is an extra pulmonary type of TB where the thoracic spine is the most affected. Approximately 5% of all TB patients have spine involvement. Rare cases of atypical presentations without intervertebral disc involvement and non-contiguous multisegmented vertebral involvement have been reported. About 50% of skeletal TB is spinal TB. The incidence of atypical spinal TB is about 2.1%.

Case Report

A 16-year-old girl presented with chronic back pain and constitutional symptoms. She did not have any respiratory symptoms or features of connective tissue disease. She was found to have significant scoliosis deformity but no neurological deficits. She had mild anemia, ESR of 90mm/1st hour and CRP of 90mg/dL. Mantoux test was 14mm positive. CECT chest and abdomen was performed, and it revealed bilateral psoas abscesses and multiple level non-contiguous vertebral body involvement without intervertebral disc involvement. Gene Xpert was positive in the USS-guided pus aspirates from psoas abscess and the diagnosis of spinal TB was confirmed. Commenced on antituberculosis treatment.

Discussion

Atypical spinal TB is defined as compressive myelopathy with no detectable spinal deformity and the absence of radiological appearance of a typical vertebral lesion. Most frequent site is the thoracolumbar junction, and incidence decreases above and below this level. MRI is the preferred imaging modality of choice, but CT with contrast being a distant second. Early diagnosis of spinal TB, especially in its atypical forms, is very important as early pharmacological treatment gives good prognosis and can prevent severe neurological complications.

Abstract No : CR 49

AN ETHMOID SINUS OSTEOMA PRESENTING WITH OCCIPITAL HEADACHE: A CASE REPORT

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Introduction

Osteomas are benign, slow-growing tumors often found in the para nasal sinuses, particularly the frontal and ethmoid sinuses. Usually asymptomatic and discovered incidentally on imaging studies. However, when symptoms do occur, they are typically related to sinus obstruction, pressure effects, or secondary complications such as infection.

Case Report

A young male, presented with a chronic occipital headache which was constant, with occasional exacerbations. No history of trauma, visual disturbances, or nasal symptoms such as congestion, discharge, epistaxis, sinus infections or other neurological complaints.

CECT brain revealed a large well-defined, mixed density, bony mass in the right posterior ethmoid sinus, consistent with osteoma. The lesion was causing mild displacement of nasal septum with evidence of sinus obstruction. There was no evidence of infection, or involvement of the adjacent structures such as dura or cranial vault.

Discussion

Osteomas found in the paranasal sinuses, especially the frontal and ethmoid sinuses. These only cause symptoms if they grow large enough to obstruct normal sinus drainage or exert pressure on adjacent structures. Chronic occipital headache, an unusual manifestation for an ethmoid sinus osteoma, as headaches from sinus-related issues are generally localized to the forehead, cheeks, or behind the eyes. In this case symptoms may be due to the subtle pressure effect on surrounding structures or the trigeminal nerve branches. Although rare, ethmoid sinus osteomas should be considered in the differential diagnosis of chronic headaches, even those with unusual presentation. This case highlights the importance of imaging in patients with unexplained or atypical headache patterns.

Abstract No : CR 52

ILEAL INTUSSUSCEPTION INDUCED BY SUBMUCOSAL LIPOMA IN AN ADULT – A RARE CLINICAL ENTITY

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Introduction

Intussusception in adults is a rare condition, accounting for less than 5% of all cases, and is often associated with a pathological lead point, most commonly a neoplasm. Unlike in children, adult intussusception requires thorough evaluation to identify the underlying cause. Intestinal lipomas are benign lesions that can lead to intestinal obstruction, but they are infrequent in adults.

Case Report

A 44-year-old male presented with six weeks of gradually worsening right iliac fossa pain. He had no changes in bowel habits or signs of gastrointestinal bleeding. Initial ultrasound suggested a neoplastic lesion. A subsequent contrast-enhanced CT scan revealed small bowel intussusception with a suspected lipoma as the lead point. Exploratory laparotomy revealed a partially resolved ileo-ileal intussusception 100 cm proximal to the ileo-caecal valve. The affected bowel segment was resected, and ileal anastomosis was performed. Histopathology confirmed a benign submucosal lipoma.

Discussion

Adult intussusception is rare and often caused by benign or malignant tumors. Lipomas, particularly submucosal ones, are an unusual but possible cause of intussusception. Preoperative imaging, particularly CT, is crucial for diagnosing the lead point and planning surgery. Surgical intervention is typically required, and laparotomy is often preferred in cases associated with malignancy or unclear etiology.

Abstract No : CR 53

A CASE OF SECONDARY CUTANEOUS ENDOMETRIOSIS WITH A PARAUMBILICAL HERNIA

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Introduction

Endometriosis, a chronic benign condition affecting reproductive-age women, is rarely seen in extra-pelvic locations, with umbilical cutaneous endometriosis being particularly uncommon. This report details a diagnostic challenge involving cutaneous endometriosis associated with a paraumbilical hernia (PUH).

Case Report

A 42-year-old woman presented with a six-month history of a slowly enlarging, occasionally painful umbilical lump, with no gynecological symptoms or menstrual correlation. Physical examination revealed a cough impulse and sub-centimeter non-tender skin nodules in the umbilical region. Ultrasound confirmed a 2.1 cm abdominal wall defect with hernial sac containing omental fat. The patient underwent primary hernia repair, excision of the subcutaneous nodules, and umbilical reconstruction. Intraoperatively, the hernial sac was tightly adhered to the umbilical skin and contained additional subcutaneous nodules. The sac and umbilical skin were excised, and the defect repaired with a polypropylene mesh. Histology confirmed endometriosis in both the sac and umbilical skin. The patient recovered without complications and was referred for gynecological evaluation, which ruled out pelvic endometriosis.

Discussion

Cutaneous endometriosis, particularly with PUH, poses a diagnostic challenge and may mimic abscesses, melanoma, or malignancies. Preoperative MRI can provide detailed assessments but is often unavailable in resource-limited settings. Early diagnosis through clinical suspicion and comprehensive surgical management, including omphalectomy and hernia repair, followed by gynecological evaluation, ensures optimal outcomes.

Abstract No : CR 54

CONGENITAL DIAPHRAGMATIC HERNIA IN ADULTS WITH NONSPECIFIC SYMPTOMS; DIAGNOSTIC CHALLENGE

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Introduction

Congenital diaphragmatic hernia (CDH) is a rare condition typically identified in neonates but seldom seen in adults. The left hemi-diaphragm is most commonly affected, with Bochdalek hernias arising from defective closure of the pleuro-peritoneal membranes.

Case Report

A 64-year-old female presented with a two-year history of nonspecific abdominal pain and regurgitation, previously managed as gastroesophageal reflux disease (GORD). Clinical examination was unremarkable, with no respiratory abnormalities. Upper gastrointestinal endoscopy revealed a twisted stomach, and subsequent computed tomography (CT) imaging confirmed a left diaphragmatic hernia with mesenteric-axial gastric volvulus. Elective laparoscopic repair with mesh was performed successfully, and the patient experienced an uneventful recovery.

Discussion

While CDH is primarily diagnosed in neonates with respiratory distress, adult cases are increasingly recognized, often presenting with vague gastrointestinal symptoms. Delayed diagnosis can lead to severe complications, including strangulation of abdominal viscera or respiratory compromise. This case underscores the importance of considering diaphragmatic hernia in adults with atypical symptoms and highlights the diagnostic value of CT imaging.

Abstract No : CR 55

A SUSPECTED CASE OF IDIOPATHIC GIANT CELL MYOCARDITIS IN A YOUNG MALE: A DIAGNOSTIC AND THERAPEUTIC DILEMMA IN A RESOURCE-LIMITED SETTING

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Introduction

Idiopathic Giant Cell Myocarditis (IGCM) is a rare and fatal cause of myocarditis, predominantly affecting young, otherwise healthy individuals. It is characterized by severe inflammation leading to rapid cardiac deterioration, arrhythmia and cardiogenic shock, often culminating in death without aggressive treatment or cardiac transplantation. Diagnosis is challenging, due to its clinical overlap with other conditions such as lymphocytic myocarditis, isolated cardiac sarcoidosis, infiltrative cardiomyopathies and lymphomatous cardiomyopathies.

Case Report

A 15-year-old boy presented with rapidly worsening dyspnea, abdominal distension and signs of congestive heart failure. Initial investigations revealed left bundle branch block, gross cardiomegaly, right-sided pleural effusion and reducing ejection fraction with progressive ventricular dilatation on serial echocardiograms. Extensive workup excluded viral, autoimmune, infiltrative and malignant causes of myocarditis. Despite the absence of confirmatory endomyocardial-biopsy, a clinical diagnosis of IGCM was made based on evidence of severe cardiomyocyte necrosis (very high and rising titres of troponin I, LDH and CK) and the rapidly worsening disease course. He was treated with high-dose steroids and rituximab, along with heart failure management. However, he deteriorated, succumbed to a fatal arrhythmia and cardiac arrest within a week of presentation.

Discussion

This case signifies the diagnostic and therapeutic challenges of IGCM, particularly in resource-constrained settings where advanced diagnostics like endomyocardial biopsy and Cardiac MRI are not always feasible. The fulminant progression and lack of response to immunosuppressive therapy highlight the importance of early recognition, differentiation between mimics and aggressive intervention. This report emphasizes the need for clinical vigilance and advanced diagnostic resources to improve outcomes in similar contexts.

Abstract No : CR 56

A RARE PRESENTATION OF A NEUROENDOCRINE TUMOR WITH INTESTINAL OBSTRUCTION

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Introduction

Gastrointestinal neuroendocrine tumors (NET) are rare, slow growing tumors, which are usually asymptomatic and mostly identified incidentally or after advancement.

Case Report

A 54-year-old previously well man presented with painful abdominal distension. Erect abdominal X-ray indicated multiple fluid levels in distended bowel loops suggesting acute intestinal obstruction, which settled with enema. However, abdominal ultrasonography done afterwards, revealed a mixed echogenic right iliac fossa mass with normal appendix without intestinal obstruction. Contrast enhanced computed tomography was favoring inflammatory changes involving the ileocecal region with normal chest and pelvis. A colonoscopy revealed an irregular growth at superior ileal opening, where biopsies indicated a low grade NET, strongly positive for Synaptophysin and 1% Ki67 positivity confirming well differentiated WHO grade 1 NET histologically. Right side hemicolectomy with ileocolic anastomosis was performed. Histology of the specimen revealed a 38x26x15 mm cecal tumor, invading through muscularis propria to involve subserosa with positive regional lymph nodes (4 of 10), without vascular invasion. Four months following surgical resection, he had mildly elevated chromogranin A level of 141.45 µg/L (<100) with normal abdominal ultrasonography with complete clinical recovery.

Discussion

Colonic NETs are the second most prevalent advanced gastrointestinal malignancy after colorectal carcinoma. But gastrointestinal NETs are rare in large intestine. Uncommonly, symptoms may appear due to carcinoid syndrome in secreting NETs, large size or metastases. This case describes a rare occurrence of a caecal NET to present symptomatically, at a size <5cm with no distal metastasis or carcinoid syndrome, leading to complete cure with surgical management.

Abstract No : CR 57

TORSION OF UNDESCENDED TESTIS: A RARE CAUSE OF ACUTE INGUINAL PAIN IN ADOLESCENTS

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Introduction

Cryptorchidism is a condition where testicle(s) fail to descend into the scrotum. Undescended testis (UDT) may be located in the upper scrotum, inguinal canal, or abdomen. Around 70% are palpable, while 50% of non-palpable UDT are intra-abdominal, and 15% are absent. Testicular torsion is a surgical emergency that can lead to necrosis if not treated promptly. Symptoms of UDT torsion include localized pain, swelling in the inguinal region, tender lump, and an empty scrotum. Atypical presentations may delay diagnosis and treatment, increasing the risk of adverse outcomes. The abnormal position and lack of fixation of UDT within the scrotum increase its susceptibility to torsion. This case highlights the importance of prompt evaluation and diagnosis.

Case Report

A 13-year-old boy presented with 4 hours of sudden left inguinal pain and a lump. He was afebrile without urinary or bowel symptoms and had no prior evaluation for UDT. Examination revealed a 3 cm × 3 cm firm, fixed, and tender lump in the left groin, with the empty left hemi-scrotum. Basic investigations were normal. Ultrasound scan confirmed torsion of UDT. Surgical exploration showed viable testis, and de-torsion with orchidopexy was performed. Postoperative recovery was uneventful.

Discussion

UDT torsion is rare and often misdiagnosed due to ambiguous symptoms. Salvage rates for UDT torsion are only 10%, compared to 70% for descended testicular torsion when treated within 12 hours. Early evaluation of UDT is critical to avoid delayed diagnosis and adverse outcomes.

Abstract No : CR 58

ATRIAL FIBRILLATION FOLLOWING LOW-VOLTAGE ELECTROCUTION: A CASE REPORT

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Introduction:
Electrocution, whether from high or low voltage, can cause life-threatening injuries, particularly cardiac complications such as arrhythmias and myocardial injury. While sinus tachycardia and premature ventricular complexes become the most common arrhythmias recognized, atrial fibrillation (AF) is rarely reported, especially after low-voltage exposure.

Case Report:

A 38-year-old male with no prior health issues presented to the emergency department (ED) after a low-voltage (230V) electrocution while operating a printing machine. He complained of palpitations and right upper limb pain following the event. His cardiovascular examination revealed an irregularly irregular pulse at 140-150 bpm and a blood pressure of 133/73 mmHg. No signs of heart failure or ischemia were noted. The entry and exit wounds were absent and other systems examination was unremarkable. The 12-lead ECG showed AF without ischemic changes. Cardiac biomarkers, electrolytes, and renal functions were normal. He neither had a past history of palpitations nor other identifiable causes for AF. Despite initial treatment with IV amiodarone 300g bolus, chemical cardioversion failed. Synchronized electrical cardioversion at 150J restored the sinus rhythm. IV amiodarone infusion, IV hydration with crystalloids and continuous cardiac monitoring were continued for the next 24 hours. The patient remained stable and asymptomatic, with a normal echocardiogram the next day. No complications like rhabdomyolysis occurred. He was discharged on day three, and reviewed two weeks later, where he remained asymptomatic with a normal ECG.

Conclusion:
Low-voltage electrocution can precipitate arrhythmias, including rare cases of Atrial fibrillation. Timely ECG assessment and continuous cardiac monitoring are crucial for early detection and management.

Abstract No : CR 59

WHEN PLAY TURNS PAINFUL: VALSALVA MANEUVER GONE WRONG

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Introduction

Subcutaneous emphysema and pneumomediastinum in children are rare but generally benign conditions, often managed with supportive care. They typically result from elevated intrathoracic pressure due to various triggers.

Case Report

A 6-year-old girl presented to the emergency department with a 24-hour history of painful subcutaneous swelling and a "bubbly" sensation in her neck and upper back. She had a recent mild upper respiratory tract infection and reported prolonged balloon blowing the day before symptom onset. Examination revealed extensive subcutaneous crepitus over the neck, chest, upper back, and left arm, with no signs of hemodynamic instability or respiratory distress. Chest radiography demonstrated diffuse subcutaneous emphysema and pneumomediastinum without pneumothorax.

A presumptive diagnosis of pneumomediastinum secondary to increased intrathoracic pressure from a Valsalva maneuver was made. The patient was managed conservatively with supplemental oxygen and close observation in the intensive care unit. Symptoms resolved, and she was discharged in stable condition.

Follow-up high-resolution computed tomography two weeks later confirmed complete resolution, with no underlying structural abnormalities detected.

Discussion

Spontaneous pneumomediastinum in children is often triggered by activities that increase intrathoracic pressure, such as coughing, vomiting, or physical exertion. In this case, balloon blowing likely precipitated the condition. The absence of pneumothorax or complications supported the diagnosis of isolated pneumomediastinum, probably following small airway rupture. Early recognition and conservative management are key, as most cases resolve spontaneously. This case highlights the importance of considering pneumomediastinum in children with acute chest discomfort.

Abstract No : CR 62

NECROTIZING FASCIITIS OF THE ANTERIOR CHEST WALL FOLLOWING VARICELLA ZOSTER VIRUS INFECTION IN AN IMMUNOCOMPETENT ADULT: A CASE REPORT

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Introduction

Chickenpox is a common mild viral infection in childhood caused by the Varicella zoster virus, with rare occurrences in adults. Necrotizing fasciitis is a life-threatening, severe soft tissue infection considered a surgical emergency. It is a rare complication of chickenpox, typically seen in immunocompromised individuals. This report presents a rare case of necrotizing fasciitis in a previously healthy, immunocompetent 19-year-old male following chickenpox.

Case Report

A 19-year-old patient presented with a two-week history of generalized blistering skin eruptions suggestive of chickenpox, which later progressed into pus-discharging lesions on the anterior chest wall, accompanied by high fever and pain despite treatment with acyclovir. On admission, he was hemodynamically unstable and exhibited a necrotic chest wall lesion with purulent discharge, suggestive of necrotizing fasciitis with septic shock. Laboratory findings revealed neutrophilic leukocytosis (leucocytes 23 x 10^3/µL, neutrophils 19 x 10^3/µL) and elevated C-reactive protein (231 mg/L). The patient was immediately resuscitated, started on broad-spectrum antibiotics, and underwent extensive surgical debridement, including removal of necrotic skin, subcutaneous tissue, and the pectoralis major and minor muscles. Repeated debridement, nutritional optimization, and microbiology input supported recovery. Blood and pus cultures were negative, and no immunocompromising conditions were found. The patient underwent successful split-thickness skin grafting two months later.

Conclusion

This case highlights necrotizing fasciitis as a rare but severe complication of chickenpox, even in immunocompetent individuals. Early diagnosis, aggressive surgical intervention, appropriate antibiotic therapy, and nutritional support are critical for recovery.

Abstract No : CR 64

SUBHEPATIC ACUTE APPENDICITIS COMPLICATED WITH PERFORATION AND SUBCAPSULAR LIVER ABSCESS FORMATION: A RARE PRESENTATION OF A COMMON CONDITION

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Introduction

Acute appendicitis is a common surgical emergency, typically diagnosed through clinical evaluation followed by appendicectomy. Subhepatic appendicitis is a rare condition that often leads to delayed diagnosis due to its atypical and nonspecific presentation. Delayed diagnosis can result in severe complications, including rupture, peritonitis with sepsis, and abscess formation. This report presents a case of subhepatic perforated appendicitis complicated by subcapsular hepatic abscess formation.

Case Report

A 25-year-old male presented with a 10-day history of right hypochondriac pain, pleuritic chest pain, and fever. Physical examination revealed guarding in the right hypochondrium and reduced chest expansion. Laboratory findings showed neutrophilic leukocytosis (WBC 18x10^9/L, Neutrophils 15x10^9/L) and elevated C-reactive protein (175mg/L), with normal liver functions. Initial ultrasonography revealed a 4×2 cm liver abscess. Despite intravenous antibiotic therapy, the patient showed no improvement. Contrast-enhanced computed tomography (CECT) of the abdomen revealed a subhepatic retrocecal perforated appendix with a subcapsular hepatic abscess. The patient underwent exploratory laparotomy with subcostal incision, which confirmed the diagnosis of subhepatic perforated appendicitis with abscess formation and appendicectomy with abscess drainage was performed. The patient improved following surgery, and was discharged on postoperative day five.

Conclusion

Subhepatic retrocecal appendicitis is a rare and challenging condition to diagnose due to its atypical presentation. A high index of suspicion is essential, particularly in patients presenting with right hypochondriac pain, sepsis, and an unclear diagnosis. Early intervention is critical to prevent severe complications, and contrast-enhanced computed tomography (CECT) of the abdomen is vital for accurate diagnosis.

Abstract No : CR 65

A RARE CASE OF NECROTIZING PANCREATITIS WITH NORMAL SERUM AMYLASE AND LIPASE

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Introduction

Acute pancreatitis is a common surgical emergency, typically diagnosed by abdominal pain, elevated serum amylase/lipase, and imaging findings. Necrotizing pancreatitis, a severe form with high mortality, usually presents with elevated lipase. Cases with normal levels are exceedingly rare.

Case Report

A 37-year-old male presented with a 1-day history of severe upper abdominal pain and vomiting, along with weight loss and appetite loss over the preceding month. He did not exhibit features suggestive of chronic pancreatitis. He had a history of heavy alcohol consumption. Examination revealed hemodynamic stability and marked epigastric tenderness. Ultrasound showed moderate free fluid with echogenic particles. Emergency laparotomy confirmed necrotizing pancreatitis. Postoperatively, he required intensive care. Despite the severe disease, his preoperative serum amylase and postoperative serum amylase and lipase levels were all found to be normal. Other findings included mildly elevated AST, ALT and CRP. After over a month of hospital care, he was discharged. Follow-up imaging revealed resolving pancreatitis, a pseudocyst, and segmental splenic vein thrombosis. He was not diabetic; however, his random blood sugar level preoperatively was 400 mg/dL, which was corrected.

Discussion

This case underscores the rarity of necrotizing pancreatitis with normal serum amylase and lipase. While serum lipase is considered more specific for pancreatitis, this highlights the need for clinical judgment and imaging, especially in chronic alcohol users. Heavy alcohol consumption, acute-on-chronic pancreatitis, hypertriglyceridaemia, delayed presentation, extensive necrosis, chronic pancreatic insufficiency, and prior pancreatitis are factors linked to normal or mildly elevated amylase and lipase levels in acute pancreatitis.

Abstract No : CR 66

SUCCESSFUL PERIOPERATIVE MANAGEMENT OF WHIPPLE'S PANCREATICODUODENECTOMY AT A RESOURCE-POOR, LOW-VOLUME CENTER IN SRI LANKA

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Introduction

Whipple's pancreaticoduodenectomy is a complex surgery performed for malignant pancreatic lesions at specialized tertiary care centers with high mortality and morbidity. While high-volume centers have better safety outcomes, resource-limited settings can achieve satisfactory results through adaptability.

Case Report

A 59-year-old female, diagnosed with ampullary cholangiocarcinoma (T2N0M0) was awaiting Whipple's pancreaticoduodenectomy. She had chronic rate-controlled paroxysmal atrial fibrillation with limited exercise tolerance. Cardiac assessment with echocardiogram was normal. P-POSSUM mortality was 30% and morbidity 80%. Pre-induction, epidural catheter, and post-induction central venous line and arterial line were established. Laparoscopic Whipple's pancreaticoduodenectomy performed by a General surgeon, was converted to an open procedure towards the end for mobilization of the tumor. Restrictive fluid strategy was adopted during intra operative 8 hours . As patient or fluid warmers, Thromboelastography, cardiac output monitors, and CRRT were unavailable, correction of hypothermia, acidosis, and coagulopathy was carried out in ICU with warm fluids, elective ventilation, conventional coagulation testing and by clinical parameters. She was discharged from the hospital on postoperative day 9. On follow-up at 8 months after surgery, she has excellent functional status and quality of life.

Discussion

Malignant pancreatic lesions are referred to specialized Hepatopancreatobiliary (HPB) centers for multidisciplinary team input including Gastroenterologists, Interventional radiologists, Microbiologists, and Nutritionists. However, in developing countries, access to HPB centers is limited with long waiting lists. This case represents the first Whipple's pancreaticoduodenectomy conducted at this Base Hospital, illustrating that optimal outcomes can be achieved even in low-resource settings. Low-volume, resource-limited centers can still achieve positive outcomes through efficient use of available resources.

The principal author has taken informed consent from the patient to publish this case report as an abstract and there are no conflicts of interest

Abstract No : CR 67

TACROLIMUS TOXICITY LEADING TO ACUTE KIDNEY INJURY AFTER KIDNEY TRANSPLANT- A CASE REPORT

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Introduction

Tacrolimus is an immunosuppressant commonly used in solid organ transplantation to prevent graft rejection. Despite its effectiveness in preventing rejection, it has a narrow therapeutic window, and its nephrotoxic potential requires close monitoring of drug levels and renal function to avoid adverse outcomes, including acute kidney injury.

Case Report

A 24-year-old male patient who underwent live donor kidney transplant was on tacrolimus and MMF as immunosuppressant therapy developed AKI. He experienced headache and tremors which is suggestive of tacrolimus toxicity. Laboratory tests revealed elevated tacrolimus levels of 20ng/mL. Other differential diagnosis like acute rejection and sepsis were excluded by ultrasound imaging and monitoring inflammatory markers. Tacrolimus was withheld and MMF continued. Tacrolimus levels and renal functions closely monitored. Tacrolimus restarted after two days after the blood levels were normalized.

Discussion

Tacrolimus nephrotoxicity is a known complication, particularly when blood levels exceed the therapeutic range. High tacrolimus levels can cause both vasoconstriction of the afferent arterioles and direct tubular toxicity, leading to AKI. In this case, the patient's elevated tacrolimus level, combined with his symptoms pointed to drug-induced nephrotoxicity. The management involved withholding tacrolimus, close monitoring of kidney function and optimum fluid management, leading to a gradual recovery. Early detection and adjustment of tacrolimus dosage are crucial to prevent permanent graft injury. Regular monitoring of tacrolimus levels is essential to balance immunosuppression with nephrotoxicity risk.

Abstract No : CR 69

STRIDOR; AN UNUSUAL PRESENTATION OF METASTATIC LUNG CANCER- A CASE REPORT

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Introduction

Lung cancer remains a significant global health challenge, being a leading cause of cancer-related mortality worldwide accounting for approximately 1.8 million deaths annually, representing nearly 20% of all cancer-related deaths. The high mortality rate can be attributed to late-stage diagnosis, aggressive nature, limited effectiveness of current treatments in advanced stages and lack of awareness.

Case Report

A 54-year-old heavy smoker diagnosed with high grade lung cancer presented with difficulty in breathing, dry cough and progressive stridor. Enlarged hard cervical lymph nodes noted on examination. He required intubation due to respiratory distress. During ICU stay he underwent CECT which revealed primary lung malignancy with loco regional lymphadenopathy with distant metastasis. Unfortunately, he passed away after 48hrs of mechanical ventilation due to respiratory failure.

Discussion

Identifying lung cancer in its early stages is crucial as it significantly enhances the effectiveness of treatment options and overall prognosis. Presenting with airway obstruction symptoms like stridor indicate an advanced stage of the disease where the treatment options are limited, specifically this patient presenting with stridor due to cervical lymph node metastasis giving rise to upper airway obstruction. Therefore, it’s essential to raise public awareness on timely medical evaluation to improve survival rates.

Abstract No : CR 70

A CASE REPORT ON FAT EMBOLISM SYNDROME AND ARDS IN A 17-YEAR-OLD MALE FOLLOWING POLYTRAUMA

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Introduction

Fat embolism syndrome (FES) is a rare but severe consequence of long bone and pelvic fractures. Incidence rate of fat embolism is 0.9% in USA. Prompt detection and comprehensive management are critical in trauma situations to reduce morbidity and mortality.

Case report

A 17-year-old boy arrived at the emergency department after a high-impact car collision with a left acetabular fracture, right pubic rami fracture, left ulnar fracture, and descending colon perforation. He underwent an emergency exploratory laparotomy to correct a gastrointestinal perforation, followed by orthopedic stabilization for fractures.

On day two, he experienced hypoxemia, tachycardia, disorientation, and a petechial rash. Positive urine fat globules, thrombocytopenia, a serum creatine phosphokinase (CPK) level of 16,081 U/L, and chest imaging all pointed to ARDS. Based on Gurd's criteria, FES was diagnosed. He required mechanical ventilation for ARDS, which was treated with lung-protective ventilation, corticosteroids, and supportive treatment. CPK levels rapidly reduced to 715 U/L by day 10, coinciding with clinical improvement.

Discussion

FES in trauma patients can result in life-threatening consequences, including ARDS. Urine fat globules and significantly increased CPK levels can aid in diagnosis. Early implementation of supportive therapy, including ventilatory techniques for ARDS and corticosteroids, is critical. This instance underscores the significance of close monitoring in polytrauma patients for the early diagnosis of FES and its consequence

Abstract No : CR 71

A CASE REPORT ON ACUTE PANCREATITIS OF UNKNOWN ORIGIN IN A 15-YEAR-OLD GIRL

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Introduction

Acute pancreatitis (AP) is uncommon in juvenile patients and presents unique diagnostic hurdles, especially when the cause remains unknown. Idiopathic cases require a thorough investigation to rule out structural, metabolic, genetic, and autoimmune causes. This example demonstrates the difficulties of treating idiopathic pancreatitis in a critical care setting.

Case Report

A 15-year-old girl presented with severe epigastric pain, nausea, and vomiting. Laboratory tests showed elevated serum amylase 1049 (reference range 15 – 110IU/L) and lipase levels 300U/L (reference range 0 – 160U/L), confirming AP. Imaging with abdominal ultrasound and contrast-enhanced CT revealed an edematous pancreas without gallstones, ductal abnormalities, or masses. Extensive laboratory workup ruled out common causes, including hyperlipidemia, hypercalcemia, autoimmune pancreatitis, and infectious etiologies (Lipid profile, serum calcium, antinuclear antibody). Despite comprehensive investigations, no underlying cause was identified, classifying the case as idiopathic pancreatitis.

The patient was admitted to the intensive care unit and treated conservatively, including initial aggressive fluid resuscitation, electrolyte correction, and pain management. Regular monitoring was carried out to detect issues such systemic inflammatory response syndrome (SIRS) and organ dysfunction. She demonstrated remarkable clinical improvement, with symptoms gone after ten days. Genetic testing for hereditary pancreatitis and long-term follow-up were planned.

Discussion

Idiopathic AP in teenagers remains a diagnostic challenge. An organized approach is required to eliminate treatable causes. Genetic and immunological investigations may be critical in determining the underlying causes. Supportive treatment, as provided in this case, is critical for controlling acute episodes and avoiding consequences. This example demonstrates the significance of a multidisciplinary approach in the diagnosis and treatment of idiopathic pancreatitis in young individuals. Continued research and follow-up are critical to improving understanding and patient outcomes.

Abstract No : CR 72

SUB ANAESTHETIC DOSE KETAMINE INFUSION FOR REFRACTORY CHRONIC POST-SURGICAL PAIN: A CASE REPORT

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Introduction

Chronic post-surgical pain (CPSP) significantly impairs patients' quality of life, particularly when refractory to conventional treatment. Ketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, is increasingly recognized for its efficacy in managing refractory pain through sub anaesthetic dosing. This case highlights the successful use of ketamine infusion in a young adult with CPSP following thoracotomy.

Case Report

A 24-year-old university student presented with chronic, debilitating pain six years after an emergency thoracotomy done in July 2017. The pain persisted despite treatment with opioids, antidepressants, NSAIDs , Local applications, interventional modalities, and cognitive behavioral therapy.

Given the refractory nature of his pain, sub anaesthetic intravenous ketamine infusions were initiated. Intravenous ketamine was given at a dose of 0.2mg/kg/hour for 4 hours daily. A three-day consecutive infusion protocol demonstrated significant pain reduction. His pain score was reduced from 9 to 2. Encouraged by this response, a three-week course of intermittent infusions for 9 days was prescribed. The patient experienced substantial improvement in pain intensity and functional status. His medications are currently being tapered under supervision.

Discussion

This case highlights the potential of subanesthetic dose ketamine as a valuable option for CPSP unresponsive to conventional therapies. Ketamine's unique mechanism of action targets central sensitization and reduces hyperalgesia, addressing the pathophysiological basis of chronic pain. While ketamine's benefits are evident, careful monitoring for adverse effects is essential. Further studies are warranted to optimize dosing regimens and evaluate long-term outcomes in CPSP management. This case advocates for integrating ketamine into multimodal strategies for refractory pain.

Abstract No : CR 73

SEVERE ACUTE PANCREATITIS COMPLICATED BY DIABETIC KETOACIDOSIS IN A NON-DIABETIC PATIENT: A RARE PRESENTATION

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Introduction

Acute pancreatitis has an estimated incidence of 56 cases per 100,000 people per year in the UK. While diabetes mellitus is frequently associated with chronic pancreatitis, the occurrence of ketoacidosis (DKA) in non-diabetic patients as a complication of acute pancreatitis is exceedingly rare.

Case Report

We report a case of a 31-year-old male who presented to the Emergency Treatment Unit (ETU) with severe epigastric pain and clinical features of acute abdomen. Laboratory investigations revealed elevated serum amylase levels 1145u/l, and ultrasonography showed peripancreatic collections, confirming acute pancreatitis. The patient was admitted to the intensive care unit (ICU) for aggressive resuscitation and monitoring.

During ICU management, hyperglycaemia (CBS- 215mg/dl), positive urine ketone bodies, and metabolic acidosis (pH – 7.07, HCO_3^- - 2.9, base excess -27.6) were detected, raising suspicion of DKA. Further investigations showed normal HbA1C and lipid profiles, ruling out pre-existing diabetes or metabolic disorders. Treatment included intravenous insulin and aggressive crystalloid hydration, which successfully resolved the ketoacidosis and acute pancreatitis. The patient was discharged to the ward on day five with normal blood glucose levels, without requiring long-term anti-diabetic medications.

Discussion

This case illustrates the rare but significant association between acute pancreatitis and DKA in a non-diabetic individual. Possible mechanisms include acute pancreatic β-cell injury or a stress-induced hyperglycaemic state leading to transient ketoacidosis. This highlights the importance of monitoring for metabolic complications in patients with acute pancreatitis, even in those without a history of diabetes. Prompt recognition and management of DKA in such cases are crucial to ensure optimal outcomes.

Abstract No : CR 74

UNMASKING THE SILENT THIEF OF SIGHT: A CASE OF LEBER HEREDITARY OPTIC NEUROPATHY

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Introduction

Leber hereditary optic neuropathy (LHON) is a maternally inherited condition caused by a mitochondrial DNA mutation. It is an important differential diagnosis of a patient who is being managed as having inflammatory optic neuritis, especially in the context of a poor clinical response to immunotherapy.

Case Report

We came across a 34-year-old army personnel, who had acute onset painless visual impairment of the left eye with subsequent involvement of the right eye after a delay of 2 months. The visual acuity during the first admission was 6/6 on the right eye and he could only count fingers through his left eye. There was temporal pallor noted on fundoscopy of the left eye. Visual field assessment revealed a centrocecal scotoma. By the time both eyes were involved, visual evoked potentials were found to be delayed. Interestingly his MRI brain revealed small optic nerves with T2 high signal intensities bilaterally. He was treated with initially with intravenous methylprednisolone, therapeutic plasma exchange and intravenous rituximab, despite which visual acuity progressed to deteriorate. Ultimately his whole mitochondrial genome sequencing revealed a pathogenic m.11778G>A variant which confirmed the diagnosis of Leber hereditary optic neuropathy.

Discussion

This case highlights the importance of pursuing genetic studies in order to mitigate the cost involved in treating patients with optic neuropathy aggressively. Fourth decade, not being a common age of presentation, a high index of suspicion was required to make a diagnosis of LHON.

Abstract No : CR 76

THE CRACKLING CHEST: A RARE CASE OF HAMMAN SYNDROME

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Introduction

Hamman syndrome is a rare, benign condition usually seen in young adults, in which idiopathic spontaneous pneumomediastinum occurs along with subcutaneous emphysema. It is thought to be triggered by increased intrathoracic pressure.

Case Report

We came across an 18-year-old male presenting with acute onset neck and upper chest swelling with discomfort and mild dyspnea. On examination crepitus was noted in neck and upper chest suggestive of subcutaneous emphysema, which was confirmed with a chest radiograph (CXR). A non-contrast computed tomography of the chest revealed extraluminal gas within the mediastinum, extending to the retropharyngeal and carotid spaces superiorly, and up to the diaphragm inferiorly, with a thin pneumothorax on the left side and extensive subcutaneous emphysema. There was no evidence of pneumopericardium, pneumorrhachis or pneumoperitoneum. Since a cause was not evident, a diagnosis of Hamman syndrome was made. The patient improved with supportive management and a follow-up CXR revealed resolution of the pneumomediastinum and the subcutaneous emphysema.

Discussion

Hamman syndrome is a condition rarely encountered. In patients with co-existing pneumomediastinum and subcutaneous emphysema sinister pathologies such as Boeerhaave syndrome and barotrauma need to be sought after. Hamman syndrome could also be seen among patients with asthma as well as among women in the peripartum period. It usually is a self-limiting condition.

Abstract No : CR 77

LUMBAR APPROACH TO INFERIOR VENA CAVA CANNULATION AS AN ACCESS FOR HEMODIALYSIS – A LIFESAVING OPTION IN A PEDIATRIC PATIENT WITH EXHAUSTED VASCULAR ACCESS: A CASE SERIES

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Introduction

Chronic kidney disease (CKD) in children presents significant challenges, especially in resource-limited settings like Sri Lanka, where access to renal transplantation and advanced interventional radiology is often unavailable. In pediatric end-stage renal disease (ESRD), maintaining effective hemodialysis access is critical. However, complications such as thrombosis, sepsis, and failure of conventional vascular access options may necessitate innovative approaches to ensure survival.

Case Report

We report a series of three pediatric patients with ESRD and exhausted conventional hemodialysis access. These patients, aged 9, 12, and 14 years, had undergone multiple hemodialysis catheter insertions and experienced complications, including catheter thrombosis, sepsis, and failure of peritoneal dialysis, leaving no viable options for standard vascular access. In the absence of advanced radiological techniques, open surgical cannulation of the inferior vena cava (IVC) was performed. The procedures involved retroperitoneal access to the IVC, placement of tunneled vascular catheter, and secure anchoring to prevent migration. Postoperative outcomes were mostly favorable, with successful dialysis achieved in all cases. One patient experienced surgical site bleeding requiring emergency exploration, which was managed effectively. Follow-up showed functional catheter use for six months in all three cases, highlighting the procedure's feasibility in emergency situations.

Conclusions

This case series demonstrates the viability of open IVC cannulation as a last-resort option for hemodialysis access in pediatric patients with exhausted conventional sites. Despite potential risks such as IVC stenosis, the approach offers a life-saving alternative in resource-limited settings. These findings emphasize the importance of innovative strategies in managing pediatric ESRD while awaiting definitive renal transplantation.

Abstract No : CR 78

MELIOIDOSIS PRESENTING AS A SOLITARY ATYPICAL LIVER ABSCESS: A CASE REPORT

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Introduction

Melioidosis is an infectious disease caused by the bacterium Burkholderia pseudomallei, and the clinical presentation of this disease range from asymptomatic infection to severe disseminated abscesses. The hepatic involvement in melioidosis is more commonly seen in disseminated cases and melioidosis presenting as an isolated liver abscess is extremely rare.

Case Report

A 42-year-old diabetic male driver presented with a three-week history of fever. His white blood cell count and C-reactive protein levels were elevated. The abdominal ultrasound showed a heterogeneous echogenic area in liver segment IV A contrast-enhanced CT scan revealed a heterogeneous hypoenhancing mass measuring 6cm X 4.5cm 3.5cm in segment IVb of the liver, along with a non-enhancing extra-hepatic collection extending into the adjacent omentum. The lesion contained multiple small low density areas suggestive of multiple abscesses. The CT characteristics suggested the possibility of an atypical abscess or a neoplastic lesion. His melioidosis antibodies were positive with titre of 1:320..

The patient was initially treated with intravenous meropenem, followed by oral cotrimoxazole. After three months of continued oral antibiotic treatment, the ultrasound scan showed complete resolution of the abscess.

Discussion

Hepatic melioidosis typically presents as multiloculated, multiseptated lesions, with a characteristic honeycomb appearance on both ultrasound and CT scans. Larger lesions may show multiple peripheral radial loculations, a feature known as the "necklace sign". Given the broad spectrum of clinical presentations and the lack of specific symptoms, clinical suspicion and early recognition of rare manifestations like this are crucial for timely diagnosis and treatment, which can significantly reduce mortality, as highlighted in this case.

Abstract No : CR 80

SPONTANEOUS RUPTURE OF HEPATIC HAEMANGIOMA: TIMELY EMBOLIZATION SAVED A LIFE

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Introduction

Hepatic hemangiomas (HH) are common benign vascular liver lesions, usually congenital and non-neoplastic, with cavernous subtypes being the most frequent. These lesions, primarily supplied by hepatic arteries and located in the liver's periphery, may spontaneously rupture or do so following trauma, causing life-threatening complications.

Case Report

A 75-year-old man presented with acute abdominal pain and hypovolemic shock due to a spontaneous rupture of a hepatic hemangioma, leading to massive hemoperitoneum. Imaging revealed a 2.6 x 2.9 x 3.4 cm subcapsular lesion in liver segment III with contrast enhancement, high-density intralesional vessels, and a possible adjacent capsular breach, along with moderate exudative ascites. The liver parenchyma and major vasculature were otherwise normal, except for a common trunk of the celiac and SMA origins.
Emergency trans-arterial embolization was performed, with angiography revealing active bleeding from a tumor blush. Embolization using 350-micron PVA particles successfully halted bleeding and achieved substantial embolic deposition. Post-embolization imaging confirmed reduced arterial supply and tumor staining. The patient’s clinical and biochemical parameters normalized in the ICU, allowing transfer to the ward the next day and discharge on the third day. A follow-up ultrasound 10 days later showed only residual hemoperitoneum. This case highlights trans-arterial embolization as an effective, minimally invasive alternative to surgical resection for ruptured hepatic hemangiomas.

Conclusion

Contrast-enhanced CT is essential for diagnosing ruptured hepatic hemangiomas (HH) and guiding emergency management. Close monitoring of HH, even when asymptomatic, is crucial to prevent potentially fatal rupture complications

Abstract No : CR 82

PREGNANCY COMPLICATED BY A PARAGANGLIOMA: A RARE PRESENTATION

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Introduction

Paragangliomas are catecholamine-secreting, extra-adrenal neuroendocrine neoplasms and are extremely rare during pregnancy. We report a case of a young pregnant mother who presented with hypertension and was found to have an abdominal paraganglioma.

Case report

A 29-year-old previously well primipara mother presented with hypertension at 5 weeks of gestation, which was managed medically. At 36 weeks she developed features of pre-eclampsia, and the baby was delivered by an emergency cesarean section. Persistent hypertension prompted further investigations. CECT abdomen showed a paraganglioma of the organ of Zuckerkandl at the level of the left renal hilum. Resected specimen revealed a well-circumscribed, encapsulated lesion composed of polygonal cells arranged in closely packed nests and a zellballen pattern, containing moderately pleomorphic nuclei and abundant granular pale eosinophilic cytoplasm. Mitotic activity was 5/50 hpf. (Ki 67 2%)

Profound nuclear pleomorphism, atypical mitotic figures, sheet-like growth, tumor cell spindling, necrosis, capsular, vascular, or adjacent tissue invasion was not seen. The tumour cells showed positivity for synaptophysin and chromogranin with S100-positive sustentacular cells around cell nests. A diagnosis of a paraganglioma was made. She is awaiting a CT scan of the head and neck to exclude multiple tumors and genetic testing.

Discussion

Diagnosis of paraganglioma during pregnancy is challenging due to physiological changes and pregnancy-related hypertensive disorders, which may produce similar clinical pictures. Hence, a multidisciplinary team approach is necessary in the management of these patients. Histopathology has a major role in confirming the diagnosis and identifying candidates for molecular testing in these types of rare presentations.

Abstract No : CR 83

ACUTE ST- SEGMENT ELEVATION MYOCARDIAL INFARCTION WITH TWO CULPRIT CORONARY ARTERIES

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Introduction

ST-elevation myocardial infarction (STEMI) is typically caused by acute thrombosis of a single epicardial artery, termed the culprit artery. However, simultaneous acute transmural thrombosis involving two vascular territories is known as double or combined infarction and is infrequently identified during cardiac catheterization.

Case Report

We report a 50-year-old previously unevaluated male patient who presented with ischemic chest pain lasting for three hours. On admission, Electrocardiography (ECG) revealed ST-segment elevation in leads V1-V4 and mild ST-segment elevation with Q wave in L III and aVF. Emergency coronary angiography revealed total occlusion of the mid Left Anterior Descending artery (LAD) and 90% stenosis in the proximal Right Coronary Artery (RCA) with unstable plaque and distal TIMI III flow. Immediate Percutaneous Transluminal Coronary Angioplasty (PTCA) and stenting of LAD was performed. During Primary PCI to LAD, new significant ST-segment elevations in lead II, II, and aVF were observed. Repeat RCA angiography showed progression of proximal RCA lesion leading to total occlusion of mid-RCA. Then immediate PTCA with stenting to RCA was performed. The final angiography result showed TIMI III flow in both arteries.

Conclusions

STEMI involving two culprit vessels during the PTCA is rarely observed and is associated with a significantly increased adverse cardiac event. Hence, it requires prediction, prompt diagnosis and management with revascularization of both culprit vessels concurrently.

Abstract No : OR 15

FOOD INSECURITY IN SRI LANKA

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Introduction:
Sri Lanka is currently experiencing a severe food insecurity crisis due to economic instability, inflation, and agricultural disruptions, leading to challenges in the availability, accessibility, and affordability of nutritious food, particularly affecting vulnerable groups like children, pregnant women, and low-income families.

Objectives:

To analyse food insecurity in Sri Lanka, focusing on undernutrition, and micronutrient deficiencies, and examine how agricultural policy changes and food system disruptions affect food availability and consumption patterns.

Methodology:

Nutritional data was retrieved from WHO databases, and the data on food insecurity, availability, and consumption patterns was sourced from the Family Health Bureau.

Results and discussion:

The findings show a significant increase in undernutrition, with rising rates of stunting, wasting, and undernutrition among children, as well as widespread deficiencies in key micronutrients, especially iron and vitamin A. In 2024, over 10,000 children under 5 were severely undernourished. The highest underweight rate was in Nuwara Eliya, which slightly dropped from 26.4% in 2023 to 25.6% in 2024. The estate sector had the highest malnutrition rate at 42%, compared to rural and urban areas. Food system disruptions, including a 14% drop in rice and cereal production due to fertilizer shortages, and reduced chicken meat and egg production from high feed prices and hatchery closures, have worsened food insecurity and health issues.

Conclusion:

Addressing food insecurity in Sri Lanka requires urgent policy interventions to stabilize food systems, ensure access to nutritious foods, and promote public health initiatives targeting undernutrition.

Abstract No : OR 45

KNOWLEDGE OF ESSENTIAL NEWBORN CARE AMONG HOSPITAL-DELIVERED MOTHERS IN NUWARA ELIYA DISTRICT

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Background

This study assessed maternal knowledge of essential newborn care in Nuwara Eliya district, which has one of Sri Lanka's highest neonatal mortality rates (NMR).
Objectives
The aim was to describe maternal knowledge of essential newborn care and the factors influencing it.

Method

A hospital-based, cross-sectional study was conducted across five hospitals in Nuwara Eliya, involving 275 mothers. Data was collected using a pre-tested, interviewer-administered questionnaire with 50 questions. Knowledge was categorized as poor, satisfactory, or good. Statistical analysis was performed using SPSS.

Results

93.8% of mothers scored above 40 out of 50. However, 66.9% knew babies should be fed on demand, and less than half (48%) knew of the supine sleeping position for infants. Only 39.3% scored fully on cord care, and 38.9% knew not to squeeze enlarged breasts. Additionally, 40.7% and 58.2% knew the purposes of the heel prick test and BCG vaccine, respectively. Furthermore, 62.9% knew to postpone bathing newborns for more than 24 hours. Better knowledge was significantly associated with health sessions by public health midwives (PHMs) (P=0.000), while higher hospital visits were linked to less optimal knowledge (P=0.010). Attending 2 to 3 health sessions was associated with better knowledge than attending more than 3. Some mothers with zero attendance still scored well, suggesting other factors influence knowledge (P=0.026).

Conclusion

Maternal knowledge of essential newborn care was generally strong, but suboptimal in areas like breastfeeding, thermoregulation, cord care, screening, vaccination, and positioning. The study highlighted the key role of PHMs in community-based education to improve maternal knowledge and reduce NMR.