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Abstracts of Oral and Poster Presentation

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## **Abstract of Oral Presentations**

**Abstract No: OP 002****ASSESSMENT OF KNOWLEDGE AMONG OPERATIVE ROOM PERSONAL OF THE ORTHOPAEDIC THEATRE, NATIONAL HOSPITAL-SRI LANKA ON THE PROPER APPLICATION AND THE USES OF TOURNIQUET- CLINICAL AUDIT**

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**Background**

The tourniquet is a fundamental instrument in the field of orthopaedic surgery, serving as an indispensable tool in achieving a bloodless surgical field, reducing blood loss, and enhancing surgical precision. However, the correct application of a tourniquet is not without challenges, and the consequences of improper use can be grave, potentially compromising patient safety and surgical outcomes.

**Objectives**

Assessment of knowledge among operative room personal of the orthopaedic theatre, NHSL on the application, uses of tourniquet.

**Methodology**

The clinical audit involved 32 participants, including nurses and orderlies who actively engaged in orthopaedic procedures at the orthopaedic theatre in NHSL. A questionnaire consisting of 22 best response questions, prepared in both Sinhala and English, served as the assessment tool. Pre-intervention questionnaire was administered to establish baseline knowledge. Subsequently, a comprehensive lecture conducted to cover tourniquet mechanisms, uses, indications, contraindications, application techniques, cuff selection criteria, cuff pressure management, and tourniquet-related complications. After educational intervention, same questionnaire was re-administered as post-intervention assessment.

**Results**

The clinical audit revealed a significant knowledge gap among participants. On the pre-intervention questionnaire, minimum, maximum and average scores among nurses 7, 15, 10 and among orderlies 4, 8, 7 respectively. Participants encountered significant difficulty in answering indications, contraindications, proper application techniques, and tourniquet-related complications. Post intervention questionnaire the average scores among nurses and orderlies 16 and 13 respectively.

**Conclusion**

Knowledge among the operating theatre staff regarding the tourniquet use is inadequate. Continuous educational programs are imperative to address knowledge deficiencies, enhance patient safety, and maintain high standards of orthopaedic care.

**Abstract No: OP 005****A STUDY ON PATIENT TRANSFERRING METHODS BETWEEN BED AND STRETCHER IN EMERGENCY DEPARTMENTS AND ASSOCIATED HEALTH RELATED INJURIES TO HEALTH CARE WORKERS, IN SRI LANKA**

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**Background**

Patient transfer in between bed and stretcher is a frequent practice in the Emergency Departments (ED). Injuries to healthcare workers (HCW) can occur due to existing methods. Safe and effective methods are needed to be introduced among HCW.

**Objectives**

Aim is to evaluate existing methods, knowledge regarding safe and effective methods and identify injuries occur to HCWs in EDs.

**Methods**

Descriptive cross-sectional analysis was conducted among HCWs in EDs of NH- Kandy, TH- Peradeniya and DGH-Nuwaraeliya by using self-administered questionnaires with the consent.

**Results**

Two hundred and fifty-one HCW participated. The mean age of participants was 37.5 years. Females (56.2%) were more than males (43.8%). Majority of the participants were nursing officers (30.3%) remaining were health assistants (17.1%), attendants (2%) and medical officers (27.1%), PG trainees (19.5%) and consultants (4%). The most commonly used method was the use of bed sheets for patient transfer (86.5%). Of the participants 36.7% had training for proper patient transfer, even though they had substantial working experience. Knowledge regarding use of correct methods for patient transfer varied. Majority (75%) had good knowledge, and some (17.5%) had fair knowledge. Injuries were frequent (33.5%), predominantly backache and muscle pain. Most participants (66.7%) knew advanced methods, mainly about sliding boards and sheets. Majority emphasised the need for advanced methods (94.4%) and expressed the need for special training (98.4%).

**Conclusion**

Introduction of advanced and safe patient transferring methods is mandatory to health care workers in the EDs, it is not only to safeguard patients but also health care workers.

**Abstract No: OP 009****IDENTIFICATION OF NEW ENTRANTS TO THE UNIVERSITY OF PERADENIYA  
AT RISK OF PSYCHOLOGICAL MORBIDITY USING A NEWLY DEVELOPED  
SCREENING TOOL**

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**Background**

Psychological wellbeing is important to face daily challenges, which is crucial in the field of higher education. It has been observed that some students are more vulnerable to challenges encountered during their university life.

**Objective**

To identify students at risk of psychological morbidity using the newly developed screening tool.

**Methods**

All new entrants selected to the University of Peradeniya in 2023 participated in the study. The tool has been previously developed and validated by the authors to identify university students at risk of developing psychological morbidity. The tool consists of 20 Likert scale items and three yes/no questions. Students who answer “Yes” to any one of the three yes/no items and score above 50% for Likert scale items are considered to be vulnerable to developing psychological morbidity. The responses for Likert Scale type items were analysed using SPSS 25.0 package.

**Results**

The response rate was 83.4% (2627). Twenty-seven percent of students (705) were identified as being vulnerable for development of psychological morbidity. They demonstrated issues in a variety of areas. They were mainly academic, financial, social, and adaptation problems and due to substance misuse. Twenty-eight (0.01%) students were taking treatment for a psychiatric illness, while seven students (0.003%) had attempted suicide during the previous year.

**Conclusion**

Approximately 27% of students were screened as being vulnerable to psychological morbidity indicating a need for an intervention programme to support such undergraduates.



**Abstract No: OP 011****KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING AVAILABLE OPTIONS  
FOR LABOUR ANALGESIA AMONG HEALTH CARE PROVIDERS IN RDHS  
AREA**

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**Background**

Childbirth is a profoundly painful experience, often overlooked in Sri Lanka despite improvements in pain management standards. No studies have assessed knowledge and attitudes regarding pharmacological and non-pharmacological labour analgesia options available in the country.

**Objectives**

This cross-sectional study, conducted in October 2023, aimed to evaluate the knowledge, attitude, and practice of labour analgesia options among healthcare providers in the Kandy district.

**Methods**

Participants included doctors, nurses, and midwives directly involved in normal vaginal deliveries at hospitals under the Regional Director of Health Services in Kandy. A structured questionnaire covered socio-demographics, knowledge, attitudes, and practices. Data were collected through self-administered questionnaires, analysed using SPSS and presented through tables and graphs.

**Results**

Among the 71 participants, 76.1% were female, and 23.9% were male. Professionals consisted of 37.7% doctors, 55.1% nurses, and 7.2% midwives. The findings unveiled varying knowledge and attitudes regarding labour pain relief options, with 97.2% of healthcare providers acknowledging the necessity of pain relief during labour. However, barriers, such as lack of awareness of the pharmacological and non-pharmacological methods among parturients (12.9%) and also medical professionals (35.7%), alongside challenges arising from cultural norms (9.4%), financial constraints (7.8%), and limited availability (23.4%) of methods like epidural anaesthesia in peripheral hospitals, impeded the widespread utilization of labour analgesia.

**Conclusion**

This study emphasizes educating healthcare providers in Kandy RDHS area, Sri Lanka, to enhance labour analgesia, stressing the need for improved awareness for better childbirth pain management.

**Abstract No: OP 012****FACTORS CONTRIBUTING TO DELAYED SURGICAL MANAGEMENT OF  
CARPAL TUNNEL SYNDROME**

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**Introduction**

Carpal tunnel syndrome (CTS) is a condition caused by compression of the median nerve in the wrist, resulting in pain, numbness, and reduced hand function. Surgery is often recommended for moderate-severe cases, and delayed management can be caused by various factors.

**Objectives**

This study aims to explore factors contributing to delayed presentation of CTS.

**Methodology**

This retrospective study was conducted from June 2022 to February 2023. Data were collected on demography, duration of symptoms, Bland criteria, preoperative pain and numbness, and reasons for delay.

**Results**

The study included 88 participants, with a mean age of  $51.3 \pm 11.4$  years. According to the duration of symptoms, participants were categorized into 3 groups, <6 months, 6 to 12 months, or >12 months. Most participants had symptoms >12 months (58%). Prolonged medical management (45.5%), lack of knowledge (25%), and diagnostic delay (23.9%) are the most common reasons for delay. Other reasons include reluctance for surgery, alternative treatments, non-presentation, and prolonged physiotherapy. Preoperative pain and numbness did not show significant differences between the groups with different durations of symptoms. Bland criteria were only compatible with clinical features in 44 (50.0%) cases.

**Conclusion**

The study found that prolonged medical management, lack of knowledge, and diagnostic delay were the main reasons for the delay. The severity of the condition increases with the duration of symptoms. Duration of symptoms should be considered when deciding on management, and efforts should be made to improve early diagnosis and referral to surgical intervention for CTS.

**Abstract No: OP 013****NON-OPERATIVE MANAGEMENT OF ACUTE APPENDICITIS IN A SINGLE SURGICAL UNIT**

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**Background**

There are emerging research articles about non-operative management of acute appendicitis (AA). Non-operative management was followed by us for AA for several years.

**Objectives**

To assess success of non-operative management of AA.

**Methods**

All AA patients were assessed with history, symptom duration, signs, severity, modified Alvarado score, CRP (C-reactive protein), WBC (white blood cells) and US (ultrasound Scan). Depending on above findings, indication for appendicectomy (for example ruptured /obstructed appendix or late presentation of deteriorating high-risk patients) or non-operative management (with cefuroxime and metronidazole mainly) was determined. All patients were assessed twice daily. If deteriorating/no improvement, appendicectomy was indicated.

**Results**

There were 41 patients in this study from 20/12/2022-28/03/2023. Males: females 25(61%):16(39%). Ages ranged from 5 to 66 years, with 13 (32%) in the 11–20-year group and 10 (24%) in the 41-50 year group. Fifteen (36.6%) patients presented on day one of symptoms, nine (22%) on day two, ten (24.4%) on day three and seven (17%) after three days.

Migrating pain was seen in 16 (39%), anorexia 26 (63.4%), nausea 30 (73.2%), RIF (right iliac fossa) tenderness in 41(100%), rebound tenderness 23 (56%), pyrexia 17 (41.5%), WBC  $>10 \times 10^9/L$  30 (73.1%), neutrophilia 13 (37.1%), raised CRP 37 (90.2%). We observed following signs: Pointing 16 (39%), Dunphy 14 (34.1%), Rousing 16 (39%), Psoas 11(26.82%), Obturator 10(24.3%). Non-operative treatment was successful in 36 (87.8%) patients. Appendicectomy was required only in 5 (12.2%). One patient had previous appendicitis.

**Conclusion**

Non-operative management was successful in 87.8% of our patients. Use of antibiotic therapy and close review is recommended to treat AA and to decide operative management for those who do not readily responding to antibiotics.

**Abstract No: OP 014****A DESCRIPTIVE STUDY OF PATIENTS ADMITTED FOLLOWING MOTORBIKE ACCIDENTS TO NATIONAL HOSPITAL COLOMBO**RGVK Rajapakse

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**Background**

A road traffic accident (RTA) is any accident involving at least one road vehicle in motion on a public road or private road to which the public has right of access, resulting in at least one injured or killed person. RTAs pose a significant public health concern, especially among young motorcyclists.

**Objectives**

To comprehensively investigate and analyse the demographic characteristics, accident patterns, injury outcomes, and associated factors among motorcycle riders involved in accidents.

**Methods**

The study involves a descriptive cross-sectional design conducted in the accident service unit and neurosurgical unit at the National Hospital in Sri Lanka. The study includes all eligible motorbike accident patients admitted between July and September 2021. Data collection through a structured questionnaire after obtaining informed consent.

**Results**

The study involved 433 participants with a mean age of  $33.04 \pm 10.67$  years, primarily male (85.9%), and most wore protective equipment (96.2%). They mainly rode TVS Scooty (40.9%) and Bajaj (32.0%). Accidents commonly caused head (24.5%) and left lower limb injuries (22.5%), often occurring at night (67%). Careless driving (67.4%) was the leading cause. There was significant association between age and night-time accidents ( $p=0.039$ ) and head injuries and the time of accident (day or night) with an emphasis on understanding the contributing factors ( $p=0.005$ ).

**Conclusion**

The research underscores the substantial influence of demographic and behavioural factors on accident occurrences, emphasizing the importance of targeted interventions for improved road safety and outcomes.

**Abstract No: OP 016****KNOWLEDGE, ATTITUDES, PRACTICES AND THEIR ASSOCIATED FACTORS REGARDING ANTIBIOTIC USE DURING PREGNANCY AMONG ANTENATAL CLINIC ATTENDEES AT A TERTIARY CARE CENTRE IN KANDY, SRI LANKA**

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**Background**

Identifying factors behind antibiotic misuse in pregnant women is crucial for effective interventions in combating antibiotic resistance in both mothers and neonates.

**Objectives**

To describe knowledge, attitudes, and practices, along with associated factors, regarding antibiotic use during pregnancy among antenatal clinic attendees of a tertiary care hospital in Kandy.

**Methods**

This cross-sectional study was conducted among antenatal clinic attendees at Teaching Hospital Peradeniya, using a validated, self-administered questionnaire, between June and July of 2023. Knowledge (K-score), attitude (A-score) and practice (P-score) scores were calculated and compared across groups.

**Results**

Of the 383 participants, the majority were below 30 years; 98 (25.6%) had higher education and 116 (30.3%) were employed. Most (325, 82.8%) claimed to know what ‘antibiotics’ are. The median K-score was 5.00 (IQR 2.00 – 8.00) out of 17. The median A-score was 4.00 (IQR 3.00 – 4.00) out of six and the median P-score was 6.00 (IQR 5.00 – 6.00) out of seven. The K and A scores were higher among those with higher education, were employed, and or had a higher monthly household income. The P score did not differ across the groups.

The majority (229, 59.8%) identified amoxicillin as an antibiotic, while 163 (42.6%) misidentified paracetamol as one. The majority agreed that pregnant (347, 90.6%) women need to see a doctor before taking antibiotics. Common cold (65, 51.6%) was the commonest condition for taking antibiotics.

**Conclusion**

Although the overall knowledge regarding antibiotic use during pregnancy was not satisfactory, pregnant women had good attitudes and practices toward antibiotic use during pregnancy.

**Abstract No: OP 017****A CLINICAL AUDIT OF OPERATIVE NOTE DOCUMENTATION IN ORTHOPAEDIC PRACTICE AT NATIONAL HOSPITAL SRI LANKA**

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**Background**

Operative notes are the only record of a surgical procedure. The importance of accurate, comprehensive operative notes cannot be overstated. They serve as a critical communication tool among healthcare professionals, ensure continuity of care, and serve as the primary medico-legal record of a surgical procedure. Ensuring their completeness and accuracy is essential.

**Methodology**

From June 2 to July 10, 2023, 100 orthopaedic operative notes were audited at NHSL, using a pre-validated checklist under 3 main categories: "General Details," "Surgical and Post-op Parameters". Checklist included elective vs. emergency, patient identity, date, time, duration, legibility, procedure name, side, mode of anaesthesia, anaesthetist, surgeon, assistant, prophylactic antibiotics use, patient position, incision, operative findings, procedure, samples taken, implant details, drains, details of closure, blood loss, and tourniquet details (pressure, duration), antibiotics, analgesics, VTE prophylaxis, weight-bearing status, and follow-up plan. Two independent observers reviewed each note.

**Results**

Over 90% of notes documented the date but omitted the procedure time and duration, 56% of notes had poor legibility. More than 95% lacked implant details, blood loss, and tourniquet details. Patient position not mentioned in 45% of notes. Intraoperative findings were mentioned in only 32 notes out of 100. Postoperative antibiotics and analgesics were mentioned in all notes. Only 10 notes included information on weight-bearing status and follow-up.

**Conclusion**

To address these common deficiencies and enhance documentation quality, we recommend adopting a standardized operative note template. This template should include key elements identified in this audit to ensure uniformity and completeness. Considering the deficiencies, we have proposed a standardized operative note template.

**Abstract No: OP 018****REPORTED USE OF INTERNATIONALLY POPULAR STUDY TECHNIQUES:  
CORRELATIONS WITH ACADEMIC PERFORMANCE AMONG MEDICAL  
STUDENTS AT UNIVERSITY OF PERADENIYA**

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**Background**

Several study techniques have recently become popular among medical students such as spaced repetition, active recall, flash cards, mind maps and mnemonics.

**Objectives**

To study students' awareness regarding above study techniques, usage, and their correlation with academic performance.

**Methods**

Medical undergraduates of Faculty of Medicine, Peradeniya were involved in this descriptive study, by filling an online questionnaire.

**Results**

Of a total of 134 students, 116 (86.57%), 112 (83.58%), 94 (70.15%), 76 (56.72%) and 36 (26.87%) were using active recall, mnemonics, mind maps, spaced repetition, and flash cards respectively. Of the students, 126(96.03%) were using more than one study technique. All five techniques were used by 14(10.45%), while 25(18.66%), 38(28.36%), 49(36.57%) used two, three and four techniques respectively. Comparing the study techniques used with the marks of the previous semester exam, independent univariate linear regression analysis showed a significance for spaced repetition (SE=2.18, p=0.003). Among the students who obtained grade A for more than 50% of the subjects, mnemonics 46(85.19%) and active recall 45(83.33%) were the most popular while 13 (24.07%) used flash cards. Grade A percentage obtained for the semester exam by the students was analysed with study technique using univariate logistic regression. Flash cards showed a significant negative correlation (OR=0.392, p=0.031).

**Conclusion**

Active recall and mnemonics are the most popular techniques while using combinations are more popular. Spaced repetition users obtained higher average marks. However, active recall and mnemonics were more popular among those who got higher number of A grades, whereas flash cards negatively correlated with percentage of A grades.

**Abstract No: OP 021****IMPACT OF OCCUPATION ON BREAST-FEEDING AMONG FEMALE HEALTH CARE WORKERS IN THE NUWARA ELIYA DISTRICT**

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**Background**

All health workers in Sri Lanka contribute to maintaining high breast-feeding status in the country. However, for female health care workers, balancing maternal responsibilities and work-life is challenged during breastfeeding.

**Objectives**

To describe the impact of work on breast feeding among female healthcare workers with infants aged four months to one year in Nuwara Eliya District.

**Methods**

A cross-sectional descriptive study was conducted in Nuwara Eliya district from May 2021 to July 2021. All eligible mothers working as doctors, nurses, midwives, paramedical staff, supportive health staff and clerical staff members attached to the hospitals and MOH offices in Nuwara Eliya district were recruited. Data were collected using an interviewer-administered pre-tested questionnaire. Ethical approval was obtained from the Ethics Committee of Sri Lanka College of Paediatricians. Data were analysed using computer package SPSS version 22 for Windows. Percentages, proportions, and contingency tables were used for descriptive data.

**Results**

The response rate was 96.4% (n=137/142). Out of 137, 48% (n=65/137) quit exclusive breastfeeding before 6 months. Education level, family income or work category (doctor, nurse, junior staff) has no effect on early change of exclusive breast feeding. Need to attend work is the given reason by half of them (37/65). However, the majority (64%, n=42/65) used complimentary feeding instead of formula feeding. Of the mothers 41 (30%) totally stopped breastfeeding after returning to work and all of them did it before starting their night shift. Only 36% (n=24/137) mothers had refrigerators to store milk, and 15% (n = 21/137) had a place to feed or express breast milk at work. Seven mothers (5%) experienced conflict with peer workers due to breast feeding.

**Conclusion**

Exclusive breast feeding in the study group is significantly lower (52%), compared to Sri Lankan value (82%). Providing adequate support and facilities to continue breastfeeding while working is necessary.



**Abstract No: OP 022****PREVALENCE OF DEPRESSION, ANXIETY AND STRESS AND ASSOCIATED FACTORS AMONG MEDICAL STUDENTS OF FACULTY OF MEDICINE, UNIVERSITY OF KELANIYA**

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**Background**

It has been revealed that medical students experience high levels of stress, anxiety, and depression due to stressful workload, inadequate sleep which leads to issues such as poor performance, decreased empathy etc. Therefore, it is important to raise awareness among educators and students about the prevalence of mental illnesses among medical students and provide those in need with support and timely interventions.

**Objective**

To assess the prevalence of depression, anxiety, and stress and associated factors among medical students of Faculty of Medicine, University of Kelaniya.

**Methods**

A descriptive cross-sectional study was done among a total of 355 undergraduate students following the MBBS programme (a sample across all five batches under voluntary basis) at the Faculty of Medicine, University of Kelaniya. A self-administered questionnaire to collect sociodemographic information and the validated Sinhala version of the Depression, Anxiety & Stress Scale (DASS-21) was administered to the participants during November 2019 and December 2020 using a google form.

**Results**

Majority of the participants reported no depression (76.06%), anxiety (77.75%) or stress (89.86%). Chi-square tests revealed no statistically significant association between depression and year of study or academic grade achieved. However, ANOVA tests indicated significantly higher levels of stress, depression, and anxiety among students in the final year of the MBBS programme compared to other batches.

**Conclusions**

Significantly higher levels of stress, anxiety and depression were reported among students in the final year of the MBBS programme. But needed to improve this study to collect accurate data to minimize bias for sample collection.

**Abstract No: OP 025****MOLECULAR EPIDEMIOLOGY OF SARS-COV-2 INFECTIONS IN THE CENTRAL PROVINCE OF SRI LANKA: AN ANALYSIS FROM NOVEMBER 2020 TO MARCH 2022**

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**Background**

The frequent mutation in Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) has resulted in the emergence of many variants, which claimed more than 6 million lives, globally. Genomic sequencing has an important role in monitoring the viral evolution and the emergence of variants.

**Objectives**

The study describes the molecular epidemiology of SARS-CoV-2 infections in the Central Province of Sri Lanka over a period of two years.

**Methods**

Nasopharyngeal/oropharyngeal swabs collected from people suspected of SARS-CoV-2 infection from November 2020 to March 2022 were tested for the virus using standard RT-qPCR assay. A total of 252 SARS-CoV-2-positive samples with Ct value less than 25 from the Central Province of Sri Lanka were sequenced following the standard protocols (Oxford Nanopore Technology, UK) and the bioinformatics analysis was done using EPI2ME Agent software.

**Results**

Sri Lanka experienced three major waves of COVID-19 during the study period. From November 2020 to March 2021, the outbreak was driven by the B.1.411 lineage of SAR-CoV-2 in the study area. The subsequent waves were due to B.1.1.7 and B.1.617.2 lineages. Apart from the parental lineages of Alpha, Delta and Omicron, their sub lineages such as Q.8, AY.28, AY.104, BA.1.15, BA.1.18, BA.2 and BA.2.10 along with other lineages such as B.1, B.1.1, B.1.189 and B.1.428 circulated in the study area.

**Conclusion**

The large outbreak that began in early October/November 2020 in the study area, was due to the spread of a SARS-CoV-2 lineage, B.1.411, specific to Sri Lanka until the end of March 2021, when B.1.1.7 emerged and became the dominant lineage followed by B.1.617.2.

*The authors would like to acknowledge Peradeniya Medical School Alumni Association-UK (PeMSAA-UK), University of Peradeniya (URG-CG-2021/22/56/M) and the University of Hong Kong for funding.*

**Abstract No: OP 029****STEMI DIAGNOSIS AND THROMBOLYSIS WITH TENECTAPLASE TIME IN ACCIDENT AND EMERGENCY UNIT, TEACHING HOSPITAL KALUTARA: A RETROSPECTIVE AUDIT**

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**Background**

International guidelines emphasize the timely thrombolysis or primary percutaneous coronary intervention (PCI) for ST-elevation myocardial infarction (STEMI). The European Society of Cardiology (ESC) recommends STEMI diagnosis within 10 minutes of the first medical contact and thrombolysis within 10 minutes of diagnosis. This study assesses adherence to these targets in Teaching Hospital Kalutara.

**Objectives**

This audit aims to assess the extent to which STEMI diagnosis and thrombolysis administration occur within recommended timeframes.

**Methodology**

Retrospective data collection spanned from March 3 to May 3, 2023. STEMI patients treated with Tenecteplase were included. Data on the first medical contact time, STEMI diagnosis time, and thrombolysis time were obtained from bed head tickets.

**Results**

Among 54 patients, 51.1% were diagnosed within 10 minutes of the first medical contact, but only 25.9% received thrombolysis within 10 minutes of diagnosis. Reasons for delay included diagnostic uncertainties requiring repeated ECGs and specialist opinions, as well as the need for blood pressure control prior to thrombolytic administration.

**Conclusion**

While over half of the patients achieved timely STEMI diagnosis, thrombolysis administration within recommended timeframes was lacking.

**Recommendations**

We recommend interventions to improve ECG interpretation skills, streamline the availability of specialist opinions through digital media, and provide education regarding timely blood pressure control. We recognize the need for a STEMI registry and further audits to enhance care standards.

**Abstract No: OP 032****DETECTION OF CORONAVIRUSES IN BOTH BATS AND HUMANS IN A COMMON ENVIRONMENT DURING THE COVID-19 PANDEMIC IN THE CENTRAL PROVINCE OF SRI LANKA**

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**Background**

Bats are the native host for multiple viruses including coronaviruses (CoV). Since the start of the COVID-19 pandemic, studies on bat CoV have gained prominence as bats are identified as an evolutionary source for human CoV. The recent SARS-CoV-2 has been traced to bats. Phylogenetically, the genetic identity of SARS-CoV-2 is 96.1% identical to a bat CoV strain, *Rhinolophus affinis* RaTG13.

**Objectives**

In this study, we aim to identify the presence of CoV in both native host, bats and humans co-existing in the same environment during the COVID-19 pandemic.

**Methods**

Sampling was done from two different time points in the Royal Botanical Gardens, Peradeniya, the Central Province of Sri Lanka. A total of 39 human nasal swabs were collected in January 2022 and 31 bat guano/ faeces were collected from June to September 2022. All sampling was done during the COVID-19 pandemic. Samples were analysed using a conventional PanCoV nested RT-PCR.

**Results**

Of samples collected during the COVID-19 pandemic, CoV positivity was detected in 23% (9/39) human samples and in 45% (14/31) bat guano. Randomly selected bat guano were sequenced and identified as a bat CoV belonging to the Betacoronavirus genus and *Nobecovirus* subgenus. However, the high percentage of CoV positivity (23%) in humans is unexpected since all participants were vaccinated against SARS-CoV-2 and had also received a booster dose (Pfizer 3rd dose).

**Conclusion**

It appears that during the COVID-19 pandemic even with vaccination against SARS-CoV-2, humans were infected with CoV in the native host and bats in the same environment. Sequencing data of the human CoV is required to identify whether these CoV are similar to the bat CoV detected from the same environment.

*Financial assistance from the University of Hong Kong for laboratory reagents is acknowledged.*

**Abstract No: OP 045****RETROSPECTIVE STUDY ON ADVERSE PERINATAL OUTCOMES IN PREGNANCY ASSOCIATED WITH COVID-19**

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**Background**

Pregnant women are more vulnerable to severe infections such as COVID-19 because of the physiological and immunological changes during pregnancy. Evidence suggests that pregnancy-related COVID-19 infection raised the chance of unfavourable birth outcomes.

**Objectives**

The purpose of this study was to assess the perinatal outcomes like low birth weight (LBW), pre-term birth (PTB) and admission to neonatal intensive care unit (NICU) of pregnant women who were infected with COVID-19 infection during their pregnancy.

**Methods**

This retrospective study was conducted in Teaching Hospital Peradeniya between May to September 2021. All the pregnant women infected and non-infected with COVID-19 infection who were admitted during the study period was included into the study. Data was analysed using SPSS version 25.

**Results**

In COVID-positive group, 23 (33.3%) out of 69 were reported with LBW incidents, whereas 232 (19%) out of 1221 were reported in COVID-negative group ( $p=0.007$ ). In the COVID-positive group, 11.5% had spontaneous preterm births (PTB), and 10.14% had iatrogenic PTB out of 69 cases. The COVID-negative group had 4.17% spontaneous PTB and 2.78% iatrogenic PTB out of 1221 cases, with p-values of spontaneous and iatrogenic PTBs as 0.011 and 0.005, respectively. Three babies (4.3%) out of 69 were admitted to the NICU in the COVID-positive group, whereas only 2 babies (0.16%) out of 1221 were admitted in the COVID-negative group ( $p=0.001$ ).

**Conclusion**

Pregnant women infected with COVID-19 are at increased risk for spontaneous and iatrogenic PTB, occurrence of LBW and NICU admission.

**Abstract No: OP 049****COMPARATIVE STUDY HIGHLIGHTING THE CONCORDANCE AND DISCORDANCE RATES OF FROZEN AND PARAFFIN SECTIONS FOR BREAST SENTINEL LYMPH NODE BIOPSIES IN NATIONAL HOSPITAL KANDY**

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**Background**

Frozen sections provide rapid diagnosis that guide in per operative decision making. Both cytological diagnosis on crush, touch smears and frozen section diagnosis are given intra operatively since paraffin sections take time.

**Objectives**

Analysing concordance and discordance of breast sentinel lymph node biopsies to improve the accuracy of frozen section diagnosis.

**Methods**

A retrospective study was done with data extracted from archives in the pathology department of National Hospital Kandy regarding breast sentinel lymph node diagnoses given over a period of 10 months from 01.01.2023 to 31.10.2023. The paraffin section diagnosis done on remaining lymph node tissue sent for frozen was taken as the gold standard to assess the concordance and discordance rates for smears and frozen sections.

**Results**

Totally, 34 cases of sentinel lymph node biopsies were received during this period, from surgical units of the same hospital. The diagnosis on smears and frozen sections were same as for the paraffin section in 33 cases. In one case, a positive for tumour diagnosis was given for all touch, crush smears and frozen section but the paraffin section was negative. Overall concordance rate was 97.06%. The discordance rate was 2.94%.

**Conclusion**

Results of this study are similar to those cited in various articles published. The cause for discrepancy was identified to be histotechnological problems due to poor smear quality and poor-quality frozen sections with staining artefacts and frozen section artefacts. Employing skilled personnel with periodic training programmes for staff will further improve the accuracy of frozen section diagnosis.

**Abstract No: OP 054****REPORTED OUTCOMES AND SATISFACTION WITH MANAGEMENT OF ADOLESCENT IDIOPATHIC SCOLIOSIS (AIS) PATIENTS - SINGLE UNIT EXPERIENCE**

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**Background**

Adolescent Idiopathic Scoliosis (AIS) has non-operative and operative management options. The first one relies on patient education, counselling, and bracing. Operative methods achieve balance and fusion. Both approaches yielding satisfactory outcomes. The Scoliosis Research Society Score-22r (SRS-22r) is commonly used to assess these outcomes.

**Objective**

To characterize the scoliosis patients in our unit and compare their reported outcomes and satisfaction with management.

**Methodology**

All registered AIS patients from 2015-2021 in our clinic, except who awaits surgery, and with a minimum of 2-year follow-up, were included in the study. Data were collected from patient case notes and AIS register retrospectively. After commencing treatment, SRS-22r questionnaires were completed at first, 12<sup>th</sup>, and 24<sup>th</sup> month, for patients who had non operative (Group-1) and operative (Group-2).

**Results**

Among 113 patients, 69 had non-operative management. Females predominated in both groups. Group 1's mean age was 15.57, Group 2's was 16. Cobb's angles were 39.5 (Group 1) and 67.35 (Group 2). Almost all Group 1 patients had Risser's stage < IV (98.55%), while in Group 2, 90.32% had  $\geq$  IV.

Mean SRS-22r scores for Group 1 were 60, 79.7, and 86.1 at the 1st, 12th, and 24th months; for Group 2, 60, 79.7, and 86.1 ( $p < 0.05$ ). Cobb's angles at presentation correlated with difference in score (between first and 24<sup>th</sup> month) negatively in group 1 ( $\rho = -0.715$ ) and positively in group 2 ( $\rho = 0.624$ ). Main domains showing score improvement were self-image, mental health, and satisfaction in both groups.

**Conclusion**

Appropriately selected management options had showed satisfaction and positive patient-reported outcomes in AIS patients in our unit.

**Abstract No: OP 060****AN AUDIT ON MONITORING OF PATIENTS ON LITHIUM AT THE PSYCHIATRY OUT-PATIENT CLINIC, TEACHING HOSPITAL, PERADENIYA**

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**Background**

Lithium may cause toxicity due to its narrow therapeutic window. Therefore, monitoring is required.

**Objectives**

To determine whether the routine monitoring of the patients' prescribed lithium meets the recommendations given in Maudsley Prescribing Guidelines (MPG) 14<sup>th</sup> edition.

**Method**

The audit criteria were developed according to MPG, according to which lithium levels have to be monitored at initiation and months 3, 6, 12, 18 and following dose adjustments. Monitoring of FBC, ECG and renal functions are at 6, 12 and 18 months. A consecutive sample of 100 patients who were on regular lithium for more than 18 months was selected. Data was gathered retrospectively from clinic records.

**Results**

As medication initiation was carried out while in-ward, the clinic records did not contain baseline investigations. Serum lithium levels were monitored at 3 months in 50%, at 6 months in 77%, at 12 months in 45%, and at 18 months in 38% of patients. FBC levels were monitored at 6 months in 68%, at 12 months in 35%, and at 18 months in 27% of patients. EGFR levels were monitored at 6 months in 7%, at 12 months in 2%, and at 18 months in 3% of patients. ECG was monitored at 6 months in 1%, at 12 months in 9%, and at 18 months in 4% of patients. Serum creatinine levels were monitored at 6 months in 37% of patients, at 12 months in 20%, and at 18 months in 15% of patients. Only in 24% of the instances, lithium level was monitored following a dose adjustment.

**Conclusions**

Monitoring patients on Lithium does not meet the set guidelines. This may be due to lack of a mechanism to remind clinicians about monitoring. An investigation recording format will be introduced and a re-audit will be done following recommendations.



**Abstract No: OP 062****PARENTAL AWARENESS ON DIABETIC KETOACIDOSIS AND  
HYPOGLYCAEMIA IN CHILDREN WITH TYPE 1 DIABETES MELLITUS IN  
KANDY DISTRICT**

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**Background**

Type 1 diabetes mellitus (T1DM) is an autoimmune disorder leading to absolute insulin deficiency. Suboptimal management of T1DM can result in short-term and long-term complications, with diabetic ketoacidosis (DKA) and hypoglycaemia being the most common. Parental awareness is a crucial determining factor in the prevention and timely management of these complications.

**Objectives**

To assess the level of parental awareness on DKA and hypoglycaemia in children with Type 1 diabetes mellitus in Kandy, Sri Lanka.

**Methods**

Parents/guardians of children below 15 years of age, diagnosed with Type 1 Diabetes Mellitus were included in the study. Parental awareness was obtained through self-administered, standard questionnaires during their clinic visits at Sirimavo Bandaranayake Specialized Children's Hospital in Peradeniya. A validated questionnaire used in a previous study and standard modified Gold and Clark questionnaire were used as DKA and hypoglycaemia questionnaires respectively.

**Results**

A total of 210 parents completed the questionnaires (52.38% females, 47.62% males). The mean awareness score for DKA was 2.167 (SD=4.727) out of a possible 14 points and the awareness levels were categorized as poor (82.38%, n=173), moderate (4.28%, n=9), and good (13.33%, n=28).

For the knowledge assessment on hypoglycaemia, 93.8% (n=197) scored 50% or more out of a total of 11 points, while 6.19% (n=13) scored less than 50%.

**Conclusion**

Our study revealed satisfactory awareness of caregivers on hypoglycaemia with unsatisfactory knowledge on DKA, which unravels the timely requirement in upgrading parental awareness of this important childhood chronic disease.

**Abstract No: OP 063****ANALYSING PATIENT SATISFACTION AND HEALTH FACTORS IN ACUTE PAIN MANAGEMENT: AN AUDIT OF LONG BONE AND HIP FRACTURE CASES AT TEACHING HOSPITAL JAFFNA**

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**Background**

Effective acute pain management is crucial for patients with fractures of long bones and hip especially in cases causing significant pain and discomfort.

**Objectives**

To assess the influence of past medical and surgical history, as well as comorbidities on perceived satisfaction with acute pain management among fracture patients at the Surgical wards of Teaching Hospital Jaffna.

**Methods**

A descriptive cross-sectional study involving 120 participants aged 12 years and above was conducted. Patients with fractures in long bones and hip, receiving acute pain management within the first 12 hours of admission were included. The level of pain was measured using the Numerical Rating Scale. Perceived satisfaction was calculated across 11 aspects, with total scores ranging from 0 to 33. Statistical analysis, including t-tests and ANOVA, were performed using SPSS 21.

**Results**

Of the 120 participants, 70 were male and 50 were female. Age distribution included 14.1% below 20 years, 18.3% above 60, and others between 20-60 years. The mean satisfaction score was 22.11. Irrespective of past medical history the mean satisfaction score was 22.10. Individuals with past surgical history had a mean satisfaction score of 21.30, while those without were 22.30. No significant association was found between perceived satisfaction and past medical history ( $p=0.957$ ), past surgical history ( $p=0.227$ ), or individual comorbidities.

**Conclusions**

This study indicates that past medical and surgical history, as well as specific comorbidities, do not significantly impact perceived satisfaction with acute pain management among patients with long bone and hip fractures. The majority of patients expressed satisfaction, particularly with early analgesic administration and non-medical intervention.

**Abstract No: OP 065****OUTCOME AUDIT ON WEIGHT LOSS PROGRAM AND ADHERENCE TO HIGH-INTENSITY LIFESTYLE INTERVENTIONS AMONG OVERWEIGHT AND OBESE PATIENTS ATTENDING THE MEDICAL NUTRITION CLINIC, DISTRICT GENERAL HOSPITAL, NUWARAELIYA**

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**Background**

Obesity is a growing societal challenge associated with a range of physical and psychological illnesses. The American Association of Clinical Endocrinology (AACE) and Sri Lanka Obesity guidelines have established weight loss targets and recommended high-intensity lifestyle interventions for therapeutic benefits.

**Objectives**

The present study aimed to evaluate the effectiveness of weight loss programme and investigate the adherence of overweight and obese patients to high-intensity lifestyle interventions.

**Methods**

A descriptive cross-sectional study was performed from October 1 to October 31, 2023. Overweight and obese patients aged over 18 with a goal of 10% weight reduction and intensive lifestyle intervention who completed six months were included. Data were obtained from patient clinic records and via an interviewer-administered questionnaire.

**Results**

Thirty patients 70% females (n=21) and 30% males (n=9) were included. All patients had one or more obesity-related complications. Of the patients, 76.7% (n=23) have lost weight, while 23.3% (n=7) have gained weight. The average weight loss by weight losers is 6.6% over six months. Out of weight losers, the recommended weight reduction was achieved only by 30% (n=9) of patients. The adherence to regular follow-up, low-energy-balanced diet, and exercise recommendations was 60%, 66.7% and 36.7%, respectively. Poor self-discipline was the most common cause of non-adherence.

**Conclusion**

Although the majority of patients have achieved clinically significant weight loss within six months, the percentage who achieved target weight loss is inadequate. Appropriate strategies are needed to improve patient adherence to intensive lifestyle interventions for weight reduction.

**Abstract No: OP 071****IMPACT OF SLEEP QUALITY ON WOMEN'S SUBFERTILITY: A MATCHED CASE-CONTROL STUDY IN TEACHING HOSPITAL PERADENIYA**

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**Background**

The study explores the relationship between sleep quality and female subfertility, particularly in relation to sleep related factors. There may be a link between sleep quality and subfertility.

**Objectives**

To investigate the connection between sleep quality and female subfertility in developing countries. Using the Pittsburgh Sleep Quality Index (PSQI), focusing on seven key components.

**Methods**

In a matched case-control study from June to August 2023, 30 confirmed subfertile women (cases) and 30 fertile women (controls) were enrolled at the Teaching Hospital Peradeniya. Data on demographics, socio-economic status, and sleep parameters were collected. The Pittsburgh Sleep Quality Index (PSQI) was used to collect information about sleep quality as research tool.

**Results**

The Pittsburgh Sleep Quality Index (PSQI) was used to evaluate the quality of sleep in both cases and controls. Although there were minor differences in mean values across seven sleep components, including subjective sleep quality, sleep latency, and duration, statistical analyses indicated no significant differences between the two groups. Both cases and controls reported similar patterns in sleep latency (in minutes) and sleep duration (in hours). The distribution of individuals classified as having "Good" or "Poor" sleep quality based on the PSQI revealed no major differences between cases and controls.

**Conclusion**

The study does not reveal a significant link between sleep quality and subfertility in women. The lack of statistical differences in sleep components and similar distributions of "Good" and "Poor" sleep quality between cases and controls suggest that sleep patterns may not be a major factor in subfertility for this population. Further research should explore additional contributing factors for a more comprehensive understanding.

**Abstract No: OP 076****ISCHEMIA-MODIFIED ALBUMIN: IS IT A PROMISING MARKER IN ACUTE CORONARY SYNDROME?**

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**Background**

Acute coronary syndrome (ACS) is a leading cause of mortality globally, posing diagnostic challenges in emergency settings. This study evaluates the role of Ischemia Modified Albumin (IMA) as a biomarker for ACS detection, emphasizing its association with demographic factors and lipid profiles.

**Objectives**

To assess the efficacy of IMA in diagnosing ACS and its correlation with age, gender, ethnicity, BMI, and lipid profiles.

**Methods**

A prospective cohort study was conducted on 330 ACS patients at Teaching Hospital, Peradeniya, Sri Lanka, from 2015 to 2019. IMA levels were measured using a colorimetric assay. Statistical analyses explored the relationships between IMA concentrations, demographic variables, and lipid profiles.

**Results**

The average serum IMA concentration was 0.252 AU with a range of 0.008 AU to 0.67 AU. There was no significant gender difference in overall IMA levels ( $p=0.063$ ), but males under 59 showed higher IMA levels than females ( $p=0.033$ ). Obese males exhibited significantly higher IMA levels than obese females ( $p=0.009$ ). IMA concentrations were significantly higher in NSTEMI ( $0.284 \pm 0.115$  AU) and STEMI patients ( $0.263 \pm 0.129$  AU) compared to those with unstable angina ( $0.221 \pm 0.119$  AU). A positive correlation was observed between serum IMA and lipid profiles, notably with total cholesterol ( $r=0.262$ ,  $p=0.009$ ) and LDL cholesterol ( $r=0.280$ ,  $p=0.006$ ).

**Conclusion**

IMA is a promising biomarker for ACS, demonstrating variable concentrations influenced by gender, age, and BMI. The significant correlation with lipid profiles, particularly LDL-Cholesterol, underscores its potential in ACS risk assessment and management. These findings advocate for personalized diagnostic approaches in ACS, considering individual patient demographics and comorbidities.

**Abstract No: OP 081****THE EFFECTS OF L-THEANINE-CAFFEINE COMBINATION ON SELECTIVE ATTENTION IN SLEEP-DEPRIVED YOUNG ADULTS: A DOUBLE-BLIND, PLACEBO-CONTROLLED CROSSOVER STUDY**NGS Nawarathna<sup>1,2</sup>, DI Ariyasinghe<sup>3,4</sup>, TL Dassanayake<sup>1,4,5</sup>

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**Background**

L-theanine is a non-protein-forming amino acid found in tea (*Camellia sinensis*). Caffeine is found in tea and coffee. These two compounds are claimed to enhance attention. Sleep deprivation impairs attention and automobile driving.

**Objectives**

To determine the effects of the L-theanine-caffeine combination on neurobehavioral measures of selective attention in a traffic-scene-related reaction task in acutely sleep-deprived healthy adults.

**Methods**

In a double-blind, placebo-controlled, counterbalanced, 2-way crossover trial in a group of 38 (22 males) sleep-deprived healthy young adults (age: 20-30 years), we assessed the effects of the combination of 200 mg L-theanine+160 mg caffeine in comparison to placebo on accuracy and speed in a computerized traffic-scene-related reaction task, where the participants had to respond to imminent traffic accident scenes while ignoring more frequent safe scenes. The participants underwent the task before and 50 minutes after dosing.

**Results**

Compared to the improvement caused by placebo, the L-theanine-caffeine combination significantly improved percentage of correct responses ( $D=2\%$ ,  $p=0.013$ ). Neither treatment significantly changed the false alarms ( $p>0.05$ ). Compared to pre-dose values, reaction time for accident scenes was improved by 51.5ms by the L-theanine-caffeine combination ( $p=0.001$ ) and by 13.7ms by the placebo ( $p=0.023$ ). The treatment x time interaction was also significant ( $F_{1,37}=0.28$ ,  $p=0.003$ ). The pre-post-dose improvement of reaction time caused by L-theanine-caffeine combination was significantly greater than that of placebo (difference=37.9ms,  $p=0.003$ ).

**Conclusion**

L-theanine-caffeine combination improves the accuracy and speed of selective visual attention in sleep-deprived individuals performing traffic scene-related reaction tasks. This implies that the combination may have practical benefits for sleep-deprived drivers.

*Financial assistance from University of Peradeniya Research Grant (Grant No URG/2023/13/D) is acknowledged.*

**Abstract No: OP 082****COMPARISON OF SUTURE MUCOPEXY AND HAEMORRHOIDECTOMY WITH REGARD TO POST OPERATIVE COMPLICATIONS**WDS De Silva<sup>1</sup>, AS Samarasinghe<sup>1</sup>, SUD Samarasinghe<sup>2</sup><sup>1</sup>Base Hospital, Diyathalawa<sup>2</sup>University of Peradeniya**Background**

Many therapeutic options exist for the treatment of symptomatic haemorrhoids. Suture Mucopexy technique is one of them.

**Objectives**

In this study, we aimed to evaluate the effectiveness of the suture mucopexy procedure by comparing with haemorrhoidectomy.

**Methods**

This is a prospective observational study. Forty patients with grade 3 haemorrhoids presented to surgical clinic of Base Hospital Diyathalawa from November 2022 to April 2023 were assigned to receive suture mucopexy (n=20) or haemorrhoidectomy (n=20). Post operative complications and duration of hospitalization were assessed during post operative period until discharge, at post op 2<sup>nd</sup> week, and at post op 1 month.

**Results**

According to Numeric Rating Scale, in suture mucopexy group, 85% of patients had a pain score of 6-8 on day1 and 60% had 4-5 on day 2. In haemorrhoidectomy group, 85% of patients had a pain score of 3-5 on day 1 and 70% had 2-3 on day 2. Only 25% and 10% complained pain at 2 weeks and 1 month post operative respectively in mucopexy group. Only 15% and 5% complained pain at 2 week and 1 month respectively in haemorrhoidectomy group. Following mucopexy 30% discharged on day 2, 30% discharged on day 3, 30% discharged on day 4. Following haemorrhoidectomy 60% discharged on day 2, 28% discharged on day 3. Pain is more in mucopexy group during post operative period until discharge. No significant difference between in long term complications. Duration of hospitalization is less in haemorrhoidectomy group.

**Conclusion**

Suture mucopexy group had more complications and long hospital stay. Small sample size and being observed only for one month were the limitations of this study. Further studies have to be done including large sample size and larger observation period.



**Abstract No: OP 086****IMPROVING PRECONCEPTION CARE AT NAWATHISPANE MOH AREA, RDHS  
NUWARA ELIYA**

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**Background**

Sri Lanka's preconception care focuses on medical care and lifestyle changes for a healthy pregnancy and baby, yet only 20–25% of coverage is achieved in Nuwara Eliya District.

**Objectives**

Hence, this implementation study was carried out to improve the pre-conceptual care coverage (PCCC) of MOH-Nawathispane (2020–2021).

**Methods**

Initially, secondary data gathered in the electronic reproductive health management information system (eRHMS) was analysed from 2018–2019 to assess the current performance of PCCC. National indicators for pre-conceptual care were used to determine the percentage of newly married couples who underwent pre-conceptual screening and attended two pre-conceptual sessions. A root cause analysis (RCA) was carried out to identify causes for poor PCCC through focus group discussions with the public health midwives (PHMs). Based on the outcome of the RCA, several parallel interventions were undertaken; capacity building of PHMs, awareness programmes for marriage registrars and *Grama Niladharis* through the active participation of divisional secretariat, and an additional district registrar. The national PCC programme was modified by adopting lean management principles aligning with the national scope and objectives. Participants were health-promoted to disseminate the importance of PCC among the newlyweds. Active participation was encouraged, and feedback was obtained. The programme participation from each PHM area was monitored, and the best performing PHMs were appreciated. The data from eRHMS (2020–2021) was analysed using SPSS (Ver. 26).

**Results**

There was a statistically significant increase in PC in 2020 (75.7%;  $p < 0.01$ ;  $N = 246$ ) and in 2021 (71.3%;  $p < 0.01$ ;  $N = 196$ ) compared to 2019 (38.8%).

**Conclusion**

In conclusion, the organized efforts undertaken through this interventional study have uplifted the PCCC in MOH-Nawathispane during 2020–2021. In general, tagged health and non-health sector interventions will be beneficial in improving PCCC.



**Abstract No: OP 093****ASSESSING THE IMPACT OF FOCUSED EDUCATIONAL INTERVENTIONS ON THE RATIONALIZATION OF ROUTINE CLINICAL INVESTIGATION ORDERS AMONG INTERN MEDICAL OFFICERS IN A SURGICAL UNIT – TWO PHASE SINGLE CENTRE STUDY**

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<sup>2</sup>Teaching Hospital, Peradeniya

**Background**

Addressing needless clinical investigations had been critical for optimal resource allocation in Sri Lanka's resource-constrained healthcare sector. The project, which had lasted from 1st August to 31st August 2023, had aimed to examine the effect of focused educational interventions on the rationalization of clinical investigation orders.

**Objectives**

The purpose of this study had been to assess how successful educational interventions had been at rationalizing full blood count (FBC), C-reactive protein (CRP), serum creatinine (S. Cr), and blood urea (BU) tests among intern medical officers in a single-centre surgical unit.

**Methods**

This two-phase study was initiated with a comprehensive baseline data collection over first two weeks in August 2023, involving 527 patients and establishing a pre-intervention baseline for FBC, CRP, S. Cr, and BU orders. Subsequent daily 10-minute teaching sessions and clinical guidelines posters had aimed to enhance decision-making skills according to the clinical status of the patient and guidelines.

The second phase had involved the analysis of an additional 417 patients during the last two weeks in August 2023. A two-tailed chi-square test in IBM SPSS had compared clinical investigation frequencies before and after interventions. Exclusion criteria had ensured the focus on non-intensive care scenarios.

**Results**

Statistical analysis had revealed a significant reduction in unnecessary FBC requests post-interventions ( $p < 0.05$ ). Similar reductions had been observed for CRP and S. Cr, while BU analysis had shown no statistical significance.

**Conclusions**

Educational initiatives had positively impacted clinical investigation rationalization, signifying enhanced resource utilization. Qualitative insights had complemented quantitative assessments. In resource-constrained settings, this study had emphasized the pivotal role of educational interventions in optimizing healthcare practices. Recommendations for further studies had aimed to bolster generalizability. We further would like to recommend assessing the two phases according to the clinical cases rather than time durations.

**Abstract No: OP 097****BLOOD ORDERING AND UTILIZATION EFFICIENCY IN ELECTIVE SURGICAL PATIENTS: RETROSPECTIVE SINGLE CENTRE STUDY**

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**Background**

Blood crossmatching and transfusion guidelines and protocols can help save resources. In Sri Lankan surgical practice standardized indices are crossmatch to transfusion ratio (C/T)  $\leq 3.0$ , transfusion probability (%T)  $\geq 30\%$  and transfusion index (TI)  $\geq 0.5$ .

**Objectives**

The goal of this study was to evaluate crossmatch and the use of whole blood products in general surgical procedures.

**Methods**

A retrospective cross-sectional study of 157 patients who underwent general surgical procedures during the period from October 2022 to April 2023 at Base Hospital Diyatalawa was done. Data were collected from the hospital records. Crossmatch to transfusion ratio (C/T ratio), transfusion probability (%T) and transfusion index (TI) were evaluated. Patients who underwent massive transfusion and the patients who needed preoperative Hb correction (Hb  $< 8.3\text{g/dL}$ ) excluded from the study.

**Results**

Of a total of 157 patients, 85.3% were under general anaesthesia. A total number of 210 units were crossmatched for 157 patients, while only 7 units were transfused for 4 patients. Overall indices for the study population are CT ratio of 26.3:1, %T of 2.54% and TI of 0.05.

**Conclusion**

This study demonstrates that several surgical procedures in practice, including thyroidectomy, cholecystectomy, and appendicectomy, involve unwarranted crossmatching where grouping and screening is adequate. We further urge that this issue be studied further and a scientific strategy for blood consumption be implemented.

**Abstract No: OP 099****MATERNAL COPPER DEFICIENCY: A HIDDEN RISK FACTOR OF LOW BIRTH WEIGHT**

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**Background**

Copper is crucial for various metabolic pathways. Copper deficiency can adversely affect foetal growth. In Sri Lanka, inadequate consumption of animal-based foods due to socio-cultural influences contribute to copper deficiency during pregnancy. Limited information exists on connection between maternal serum copper levels and low birth weight (LBW) in Sri Lanka.

**Objective**

To investigate the association between copper deficiency during pregnancy and LBW in a cohort of mothers attending to Teaching Hospital Peradeniya (THP), Sri Lanka.

**Methods**

A nested case-control study was conducted at THP, involving 539 mothers before completing 20 weeks of gestation, with 520 followed up until delivery. Maternal serum copper levels were measured using Atomic Absorption Spectrometer. Levels below 112 µg/dL and 165 µg/dL in first and second trimesters were defined as "copper deficiency". Birth weight <2.5kg was considered LBW. Case-control matching included age, parity, gestational age, pre-pregnancy body mass index, and gestational weight gain, resulting in 64 cases with 45 matched controls. The association between LBW and maternal copper deficiency was analysed. Odds ratios (OR) were presented with 95% confidence intervals (CI).

**Results**

The mean maternal serum copper levels measured during first and second trimesters were 185.2±29.8µg/dL and 182.4±24.6µg/dL, respectively. Among the study sample, 13.5% were having copper deficiency. The prevalence of LBW in study sample was 14.1%. Odds of having copper deficiency was higher among the mothers who gave birth to LBW babies (OR, 5.0; 95% CI, 1.2-25.6).

**Conclusion**

The results of this study show a higher prevalence of babies with LBW delivered by mothers with copper deficiency.

**Abstract No: OP 108****RETROSPECTIVE STUDY OF PERIOPERATIVE MANAGEMENT OF  
DIAPHRAGMATIC HERNIA.**

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**Background**

Congenital diaphragmatic hernia (CDH) is a complex congenital anomaly associated with high morbidity and mortality. This retrospective study aims to analyse the pre-operative characteristics and post-operative outcomes of patients with CDH over a five-year period at a tertiary care children's hospital in Sri Lanka.

**Objectives**

To assess the demographic characteristics of CDH, analyse postnatal management practices of CDH, investigate the prevalence of additional congenital abnormalities in CDH patients, and assess preoperative and post operative complications associated with CDH.

**Methods**

A retrospective analysis of medical records of CDH patients treated at Sirimavo Bandaranayake Children's Hospital-Peradeniya from 2018-2023 was conducted. Key variables assessed included demographic details, pre-operative characteristics, extent of pre-operative interventions, concurrent comorbidities, surgical approaches, perioperative management, and post-operative outcomes.

**Results**

The research involved 63 patients, with 42 (68.3%) being male. Left-sided CDH constituted 90.2% of the cases. The majority (65.1%) were intubated following delivery and managed in the ICU. Additional congenital abnormalities were seen in 75.8%, with cardiac defects being the most prevalent. More than half (54.8%) had pre-operative pulmonary hypertension, and 43.5% required inotropic support. The majority (79.6%) underwent open surgical repair. The one-month mortality rate stood at 38.1%. Of the patients, 54.7% required ventilation for five days or more, and 44.4% needed postoperative inotropic support. Postoperative pulmonary hypertension was found in 50.9% of cases.

**Conclusion**

This study demonstrates a male predominance for CDH, with left-sided defects being most common. The high morbidity and mortality rates indicate the need for improved management strategies and continued research to enhance outcomes for this complex congenital anomaly.

**Abstract No: OP 102****ANATOMICAL LANDMARKS IN RELATION TO MASTOID EXPLORATION:  
IMPLICATIONS FOR SAFE SURGICAL PROCEDURES**

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**Background**

The human middle ear, nestled within the petrous temporal bone, is a highly specialized structure crucial for auditory function. Safe surgical interventions necessitate understanding of orientation and fundamental parameters governing surgical access.

**Objective**

Establish a comprehensive data bank regarding critical bony distances, distance from inner surface of the superior bony canal wall to the tegmen, posterior bony ear canal to the anterior sigmoid sinus wall, posterior outer surface of the bony ear canal to the lateral semicircular canal, outer surface of the bony ear canal to the lateral semicircular canal, which are vital for safe surgical approaches.

**Methods**

A retrospective cohort study was conducted at the Radiology Department of National Hospital, Kandy. Data analysis involved 60 Computed tomography studies retrieved from the Picture Archiving and Communication System. CT head images were meticulously examined for parameter measurements.

**Results**

The minimum distance from the inner surface of the superior bony canal wall to the tegmen averaged 7.2 mm (min: 1.6 mm). The distance from the posterior bony ear canal to the anterior sigmoid sinus wall averaged 12 mm (min: 1.2 mm). The distance from the posterior outer surface of the bony ear canal to the lateral semicircular canal averaged 4.4 mm (min: 1 mm). The distance from the outer surface of the bony ear canal to the lateral semicircular canal averaged 20.4 mm (min: 16.8 mm).

**Conclusion**

These findings highlight crucial distances aiding surgeons in selecting appropriate instrument sizes for mastoid exploration, mitigating potential complications, and ensuring favourable surgical outcomes.

**Abstract No: OP 111****AUDIT ON CAESAREAN SECTION RATES IN A BASE HOSPITAL IN KANDY DISTRICT USING ROBSON TEN GROUP CLASSIFICATION**

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**Introduction**

Rising rates of cesarean sections (CS) is a current global health concern since it increases total health cost as well as maternal mortality and morbidity. Optimum rate of CS should be individualized to each unit to achieve better maternal and neonatal outcomes. The Robson Classification system (RCS) is proposed by the WHO for assessing, monitoring, and comparing CS rates within healthcare facilities over time, and between facilities.

**Objective**

To analyse deliveries in the particular unit according to RCS in view of optimization the rates of CS.

**Method**

A prospective perinatal audit was conducted in base hospital Gampola starting from 11<sup>th</sup> September to 10<sup>th</sup> November 2023. Data was collected using web-based database (intrapartumaudit.org) and manual database to ensure data quality.

**Results**

During the above time frame, 348 deliveries reported of which 171 (49.14%) were CS. Group 5 (past CS) was the main contributor (77), while Group 2 (nulliparous elective CS and inductions) and Group 10 (pre-term CS) contributed respectively by 37 and 20. Group 4 (multiparous women without previous CS who underwent induction or elective CS) contributed by 12. Other groups contributed each less than 10. Results were analysed and compared with RCS and WHO multi-country survey data.

**Conclusion**

A higher rate of past CS (22.1%) was detected where <10% was expected. Nulliparous elective CS and inductions (71) were higher than spontaneous onset of labour (41). Elective CS in multiparous women with previous normal deliveries (10 of 42), indicated poor previous experience in vaginal delivery or probability of pre-labour CS in view of performing tubal ligation as a contraceptive method. Avoidance of vaginal birth after CS (VBAC) and vaginal breech deliveries also contributed to increased CS. According to Robson guide, CS can be minimized by reducing unindicated nulliparous inductions and nulliparous elective CS, while trying to increase vaginal deliveries in multiparous women without previous scars. The possibility of performing VBAC can also be considered. A re-auditing can be performed after these changes are implemented.

**Abstract No: OP 121****IMPROVING PREOPERATIVE ASSESSMENTS AT TEACHING HOSPITAL  
PERADENIYA: A RESEARCH INSIGHT**

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**Background**

This research addresses the imperative to elevate the efficiency and patient-centred nature of preoperative assessments by anaesthetists at Teaching Hospital Peradeniya. The study, conducted in February and March 2023, meticulously evaluates existing practices in key areas namely, self-introduction, airway assessment, and communication, with the objective of refining anaesthetist approaches.

**Objectives**

The primary objectives of this research are to comprehensively evaluate and enhance the quality of preoperative visits. Key focus areas include, refining the process of self-introduction, elevating airway assessment practices and improving the communication of preoperative instructions and risks. The overarching goal is to cultivate a patient-centric approach, ensuring optimal care and satisfaction throughout the perioperative journey.

**Methodology**

Structured assessments were employed during a two-month data collection period at Teaching Hospital Peradeniya. Quantitative analysis facilitated by Excel compared anaesthetists' performance of preoperative visits against the Royal College of Anaesthetists (RCOA) recommendations.

**Results**

Positive aspects included, high scores in anaesthetist-patient rapport (88.4%), thorough blood pressure examinations (87%), and pulse examinations (100%). Effective time management during preoperative visits was also noted. Identified opportunities for improvement lay in, self-introduction (13%), airway assessment (62%), communication of preoperative instructions (44%) and risks (1.5%).

**Conclusion**

In conclusion, the research highlights the potential for targeted interventions such as regular training sessions and developing check lists, thereby enhancing the overall effectiveness of preoperative visits. The proposed interventions aim to encourage a more comprehensive and patient-centred approach, ultimately contributing to improved perioperative care at Teaching Hospital Peradeniya. Regular monitoring and getting adapted for these interventions, based on ongoing feedback and performance reviews, will be essential for sustained improvement.

**Abstract No: OP 124****A PROSPECTIVE LONGITUDINAL COHORT STUDY ON ONE YEAR OUTCOME OF POST COVID INTERSTITIAL LUNG DISEASES PATIENTS**

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**Background**

Post covid interstitial lung disease (ILD) is a known complication of SARS-Cov-2 disease. We assessed clinical and physiological outcomes of post COVID ILD Patients after one year of diagnosis.

**Objectives**

To evaluate one year clinical and physiological outcome of post covid ILD patients.

**Methods**

This is a prospectively longitudinal cohort study of patients diagnosed with post covid ILD managed in respiratory unit, National Hospital Kandy. Patients were clinically assessed with dyspnoea severity with mMRC scale and 6mwt, physiologically assessed with spirometry and DLCO.

**Results**

The cohort consisted of 32 (elderly population 18) consecutive post covid ILD patients of 18 males and 14 females. Comorbidities were observed among 59%, with 31% having diabetes mellitus. Initial disease severity was classified according to initial oxygen requirement, 31% of the patients having very low severity (on face mask) and 37% having high severity (on HFNC or NIV). After one year, 27 out of 32 patients had clinically improved based on mMRC dyspnoea scale (value improvement of 3 to 1/0). Among the patients with lower improvement, 80% of them are elderly patients. A marked improvement was seen in 6mwt, only 6% of patients showing significant desaturation. Mean FVC improvement was from 45% to 73%. DLCO improvement was lower with mean improvement of 49% to 53 %.

**Conclusion**

Most patients with post-COVID ILDs showed significant improvement after one year, in terms of symptomatology, oxygen saturation and 6mwt. However, improvement of DLCO was minimum, when compared to clinical recovery.



**Abstract No: OP 129****COMPARISON OF EFFICACY OF THE SPLIT DOSE REGIMEN AND THE STANDARD BOWEL PREPARATION REGIMEN FOR COLONOSCOPY**

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**Background**

Optimal bowel preparation is vital for the safety and efficacy of colonoscopy. The efficacy of bowel preparation remains a problem worldwide. Most centres in Sri Lanka use 4L of polyethylene glycol (PEG) interspersed with similar amount of clear liquids as a single dose. Some centres use split dose regime where 2L of PEG is prescribed in the evening prior to the study and the other 2L is prescribed next morning.

**Objective**

To compare the efficacy of the split dose regime in comparison to the single dose regimen.

**Methods**

An interventional study design (non-randomized, non-blinded) was used. Patients awaiting colonoscopy were assigned in to the two arms. Those who were unable to consent, had previous large bowel resections or diagnosed with bowel motility disorders were excluded. Patients were admitted the day before the procedure and administered bowel preparation accordingly. One of the investigators inquired regarding compliance. During the procedure, the colonoscopist graded the bowel preparation in each colonic segment according to a validated scale, Boston Bowel Preparation Score (BBPS).

**Results**

Fifty-four patients were in each group. Thirty-four of them were females. Mann-Whitney U test was used to compare the distributions. Split dose regime showed a statistically significant difference in BBPS compared to continuous regime in all 3 segments of the colon (right:  $p=0.005$ , transverse:  $p<0.001$ , left:  $p<0.001$ )

**Conclusions**

The split dose bowel preparation regimen is superior to continuous regimen in its efficacy of bowel preparation in all colonic segments.

**Abstract No: OP 131****KNOWLEDGE AND AWARENESS ON CENTRAL VENOUS CATHETER CARE BUNDLE AMONG INTENSIVE CARE UNIT NURSES; A SINGLE UNIT PILOT STUDY**

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**Background**

Central venous catheters (CVCs) are widely used in intensive care units (ICUs). CVC care bundles are introduced to minimize catheter related blood stream infections (CRBSI), since it is the commonest complication with CVCs.

**Objectives**

Assess the knowledge and awareness on CVC care bundle among ICU nurses.

**Methods**

This pilot study was carried out among nursing officers in ICU, Teaching Hospital, Peradeniya. A structured self-administered questionnaire was used to assess knowledge and awareness through self-description. Data was analysed using simple statistical analysis.

**Results**

Data was collected from 18 nursing officers. Among respondents, only 2 had more than 10-year experience in ICU care while 66.6% (12/18) had less than 5-year experience. 55.5% (10/18) were very familiar with the concept and components of CVC care bundle. Changing intervals of CVC site dressings were correctly stated by 27.7% (5/18) for intact clean transparent dressing and 94.4% (17/18) for gauze dressing. Recommended time durations for replacing administration sets for blood products, lipid emulsions and liquids were correctly indicated by 88.8% (16/18), 50% (9/18), 72.2% (13/18) respectively. Majority 61.1% (11/18) thought CVC should not be replaced regularly, but rather only when it is indicated. Of the respondents, 44.4% (8/18) were very meticulous about the documentation related to the CVC care and 88% (16/18) indicated they always perform thorough assessment of CVC site. However, majority (94.4%) have not received a specific training on CVC bundle. Commonest issues in adhering were lack of time and insufficient resources. Most respondents are updating their knowledge through experiences (88.8%, 16/18).

**Conclusion**

Knowledge and awareness on CVC care bundle should be improved, while continuing professional training among involved personals regularly in the unit.

**Abstract No: OP 134****CHALLENGES FACED BY THE PARTICIPANTS OF THE RAPID RESPONSE TEAM DURING THEIR ACTIVITIES AT A PAEDIATRIC TERTIARY CARE HOSPITAL IN SRI LANKA**

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**Background**

Rapid response activities are critical in medical emergencies in hospital settings. Effective rapid response in paediatric healthcare settings requires a coordinated and well-trained team, clear communication and standardized protocols, and access to appropriate resources and support.

**Objectives**

To describe the challenges faced by the participants of the rapid response team during their activities at a paediatric tertiary care hospital in Sri Lanka

**Methods**

A descriptive cross-sectional study was conducted among 278 staff members working in Lady Ridgeway Hospital Colombo. A self-administered questionnaire prepared to focus on challenges faced during Rapid Response Team (RRT) activities, was used as study instrument for data collection. Convenient sampling was done. A descriptive univariate analysis was conducted.

**Results**

All the participants had adequate competency in performing chest compressions. Of the participants 50.71% (n=141) were competent in intubation. Majority, (61.9%, n=172) had stated that they had to face various interruptions while providing chest compressions. Majority of the participants had experienced efficient teamwork during RRT activities. Of the study participants, 49.3% had experienced encouraging each other during RRT activities and 40.6% (n=113) of the participants were assigned with a member role. Of the participants, 59.4% (n=165) had stated that there was satisfactory communication between team members and 40.6% (n=113) of the participants believed that the process of updating knowledge among members was not satisfactory.

**Conclusions**

It is appropriate to pay more attention on improving proper communication and coordination of RRT during APLS training programmes. Participation in APLS programmes among staff members should be promoted.

**Abstract No: OP 137****PIONEERING SURGICAL EXPERIENCE IN PAEDIATRIC PERCUTANEOUS NEPHROLITHOTOMY IN SRI LANKA**

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**Background**

Paediatric percutaneous nephrolithotomy (PCNL) represents a distinct surgical challenge due to the unique anatomical and physiological considerations in children. The scarcity of perinephric fat, heightened susceptibility to blood loss, and the potential for adjacent visceral damage necessitates tailored approaches. In Sri Lanka, we embarked on a ground-breaking journey to refine the PCNL technique for paediatric patients, deviating from conventional adult procedures. This study aims to share our pioneering experiences and insights with our medical community.

**Objectives and Methods**

In this retrospective analysis spanning from February 2022 to October 2023, we reviewed data from sixteen paediatric patients. Our surgical approach closely mirrored standard PCNL procedures, albeit with necessary paediatric-specific adaptations. Intraoperative fluoroscopy and postoperative day one X-ray KUB guided stone clearance evaluation. Demographic information, stone characteristics, and intraoperative findings were recorded and statistically analysed using SPSS 21.

**Results**

The study encompassed a mean age of 7.5 years, an average weight of 21.15 kg, and a female-to-male ratio of 2.2:1. The average stone size was 1.59 cm. Prone position PCNL was performed in 15 out of 16 cases, with a mean procedure time of 45 minutes. Dilation ranged from 18Fr to 30Fr, with 50% dilated up to 24Fr. Nine out of 16 cases were managed without a tube. Our stone clearance rate reached an impressive 100%, accompanied by minimal complications, and patients typically achieved discharge by the second day post-surgery.

**Conclusion**

Our pioneering experience in paediatric PCNL has yielded favourable outcomes with minimal complications. This procedure proves safe and effective for children with large renal stones, offering the advantage of single-session stone clearance.

**Abstract No: OP 138****EXCLUSIVE BREASTFEEDING PATTERNS IN KANDY AND NUWARA ELIYA DISTRICTS, SRI LANKA**

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**Background**

Exclusive breastfeeding (EBF) is crucial for infants' health in their first six months. Achieving high EBF rates faces challenges in various regions. Understanding specific regional patterns and determinants is crucial for effective public health interventions. This research investigates breast feeding patterns among infants under 6 months in Kandy and Nuwara Eliya districts.

**Objectives**

This study aims to describe breastfeeding patterns among 3–6-month-old infants, focusing on EBF prevalence, influential factors, district-wise comparisons, and the impact of economic crises on breastfeeding decisions.

**Methods**

A cross-sectional study surveyed 690 mothers in selected communities. A structured questionnaire collected data on breastfeeding practices, socio-demographics, maternal knowledge, and the recent economic crisis's effects. Questions were gathered socio-economic data and analysed with SPSS software, exploring impacts on breastfeeding like work and milk affordability.

**Results**

Throughout the recommended 6 months, 79.7% of participants embraced EBF, while an impressive 95.1% initiated breastfeeding within the first hour. Employment challenges led 101 mothers to cease breastfeeding, significantly linked to economic constraints ( $p < 0.001$ ). The analysis hinted at differing EBF rates between Kandy (77.38%) and Nuwara Eliya (83.33%) without firmly establishing statistical significance ( $p = 0.124$ ). Working mothers had significantly higher odds of practising EBF (adjusted OR = 4.314,  $p < 0.001$ ).

**Conclusion**

The study highlights the commendable EBF prevalence but unveils hurdles like employment-related constraints and financial barriers affecting sustained practices. Tailored interventions addressing economic constraints and supporting working mothers are crucial for sustained EBF practices and better infant health outcomes in these Sri Lankan communities.

**Abstract No: OP 139****A CLINICAL AUDIT TO ASSESS THE INDICATIONS AND FINDINGS OF HYSTEROSALPINGOGRAPHY DONE IN A TERTIARY CARE HOSPITAL**JJKH Udupihille<sup>1</sup>, ACB Gunawardhana<sup>2</sup>, ND Wickramasinghe<sup>3</sup><sup>1</sup>Department of Radiology, Faculty of Medicine, University of Peradeniya<sup>2</sup>National Hospital, Kandy<sup>3</sup>Teaching Hospital, Peradeniya**Background**

Hysterosalpingography (HSG) is a procedure commonly used in the diagnostic approach for female patients with subfertility. It is useful to assess the anatomy and pathologies in the cervix, uterine cavity, Fallopian tubes and patency of the Fallopian tubes. The audit was done at Teaching hospital Peradeniya for a period of nine months from January 2023 to September 2023.

**Objectives**

To assess the common indications of HSG performed in Department of Radiology during the study period. To evaluate the findings of HSG performed in Department of Radiology during the study period.

**Methods**

The indications and the findings of all the HSGs done during the study period were collected retrospectively from the archives of the Department of Radiology, Teaching hospital Peradeniya. The sample size was 121. Data were entered in to an excel spread sheet and analysed according to the indications and outcome of the procedure.

**Results**

Out of 121 investigations, 93 (76.8%) had been performed to assess the patients with primary subfertility, 24 (19.8%) for secondary subfertility, 3 (2.4%) for tubal patency following surgical procedures and one to assess a utero-cutaneous fistulous tract.

Out of 121 investigations, 87 (71.9%) studies were normal and 34 (28.1%) were abnormal. Twenty-four (70%) tubal pathologies and six uterine pathologies (17.6%) were found in abnormal studies.

**Conclusion**

The most common indication for HSG was primary subfertility. Majority of HSG's were normal. The commonest pathological finding was tubal pathology which is consistent with international studies but there was a higher percentage of tubal pathology in comparison to other studies.

**Abstract No: OP 142****Community Based Study on Prevalence and Risk Factors of Childhood Injuries and Awareness on Prevention of Injuries among Primary Caregivers of Children in Galle District, Sri Lanka**

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**Background**

Childhood injuries represent a significant public health concern with far-reaching consequences for children and their families that require urgent attention. These injuries, often preventable, not only pose immediate physical and emotional challenges but can also have lasting impacts on a child's development and well-being.

**Objectives**

To describe the prevalence, characteristics, and risk factors of childhood injuries and to describe the awareness on injury prevention among primary caregivers of children in Galle District of Sri Lanka

**Methods**

A descriptive cross-sectional study was conducted in five randomly selected MOH divisions in Galle District. Children up to 18 years of age were selected as study population. Children had history of developmental delay and mentally subnormal individuals were excluded. 600 child-caregiver pairs were recruited and collected data through interviewer administered questionnaire.

**Results**

Prevalence of injuries was 47.3% (95% CI=43.2-51.4). Majority were observed in urban environment (n=180: 57.2%). Accidental falls were the most commonly observed injury type. Children in preschool and below age groups (n=339: 56.5%) were more prone to injuries. Majority of injuries had occurred during the evening (n=166: 52.5%). Injury risk factors were not detected in majority of the houses (n=360: 60.1%). Unprotected playing areas were noted as the most commonly identified risk factor in domestic premises (n=168: 28%). A significant association was noted between the educational status below O/L of the mother and experiencing injuries ( $X^2=3.04$ ;  $p=0.04$ ). Poor knowledge among parents regarding prevention of accidents significantly associated with children being prone to experience accidents ( $X^2=11.26$ ;  $p=0.004$ ).

**Conclusions**

Tendency of experiencing injuries by children can be minimized through improving knowledge on prevention of accidents among parents and care givers. Child safety targeted health promotion interventions should be implemented.

**Abstract No: OP 144****VARIATIONS OF HENLE'S GASTROCOLIC TRUNK: A CADAVERIC STUDY**

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**Background**

Henle's gastrocolic trunk is a tributary of the superior mesenteric vein (SMV) and it is at risk of injury during colonic and pancreatic resections. It's formed by 3 tributaries (gastric, colic, and pancreaticoduodenal branches) and empties into SMV from its right side at the inferior border of the pancreas.

Multiple studies have shown variability in the presence of the trunk, the number, and the types of tributaries merging to form the trunk. The identified tributaries are right colic vein (RCV), middle colic vein (MCV), accessory middle colic vein (aMCV), superior right colic vein (SRCV), anterior superior pancreaticoduodenal vein (ASPDV), anterior inferior pancreaticoduodenal vein (AIPDV) and the right gastroepiploic vein (RGEV).

**Objectives**

To describe the variation of the tributaries involved in the formation of Henle's trunk, as it is important for safe surgical dissections and to avoid catastrophic bleeding in gastro-intestinal and hepatobiliary surgeries.

**Methods**

Fifteen preserved cadavers in the Department of Anatomy, Faculty of Medicine, University of Peradeniya were studied during routine dissection of the abdomen, SMV was identified, its tributaries were traced with mapping of the venous tree draining into the SMV including the Henle's trunk.

**Results**

Henle's trunk was present in all cadavers. RGEV was the commonest tributary (93.33%) followed by ASPDV (86.33%), RCV (73.33%), AIPDV (20%), MCV (13.33%) and Ileocolic (6.67%). There were 7 venous combinations forming the Henle's trunk with RGEV+RCV+ASPDV (33.33%) being the commonest combination. In 6 cadavers (40%) only 2 tributaries joined to form the Henle's trunk. Unlike in previously reported studies, a new tributary of the trunk, the ileocolic vein was found in one of the cadavers.

**Conclusion**

The Henle's trunk as described in multiple prior studies shows a vast variation in its tributaries. further studies involving a greater number of specimens are required to properly understand and categorize these variations, as evidenced by this study describing a previously unseen variation.



**Abstract No: OP 147****TREATMENT-SEEKING FOR UPPER RESPIRATORY TRACT INFECTIONS  
WITH AN EMPHASIS ON ANTIBIOTIC USE**

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**Background**

Antibiotic use in upper respiratory tract infections (URTI) is one of the commonest reasons for antibiotic misuse.

**Objectives**

To describe the patterns and associated factors for treatment-seeking for URTIs with an emphasis on antibiotic use.

**Methods**

A self-administered questionnaire-based study was conducted among 343 members of the general public (129, paper-based questionnaire) (214, online questionnaire) between October and November 2022. A URTI was defined as having at least one or a combination of the following symptoms: runny nose, nasal congestion, sore throat, sneezing, low-grade fever.

**Results**

Three hundred and eleven (90.7%) participants acknowledged to seeking treatment “always or sometimes” for URTIS. Most sought treatment from private dispensaries 234 (75.3%), followed by government hospital OPDs (n=51, 16.4%) due to disruption of day-to-day activities (168, 54.02%). The majority (190, 61.1%) expected a cure while 116 (37.3%) expected relief from symptom/s. Only 86 (27.7%) stated they request for antibiotics frequently while 60 (19.3%) said they do it rarely. Of the 343 participants, 159 (46.4%) identified viruses as the commonest cause of URTIs while 102 (29.7%) identified bacteria. Further, 172 (50.1%) identified antibiotics as drugs that can kill or inactivate bacteria, 54 (15.7%) identified antibiotics as drugs that can kill or inactivate viruses while 64 (18.1%) identified antibiotics as drugs that can kill and inactivate any pathogen. Ninety (26.2%) participants stated they intended to change their place of seeking treatment to government hospitals due to the economic crisis.

**Conclusion**

Our study highlights the need for providing appropriate education on treatment and symptomatic relief to patients with URTIs.

**Abstract No: OP 151****CHARACTERISTICS ASSOCIATED WITH SUCCESSFUL TREATMENT OUTCOME IN CHILDREN WITH OVERWEIGHT AND OBESITY AT A TERTIARY CARE OBESITY MANAGEMENT CLINIC IN SRI LANKA**MGDVK Kiridana<sup>1</sup>, VT Oorloff<sup>2</sup>, GU Vidanapathirana<sup>2</sup>, NS Kalupahana<sup>3</sup>, S Tennakoon<sup>4</sup><sup>1</sup>Department of Paediatrics, Faculty of Medicine, University of Peradeniya<sup>2</sup>Department of Medical Laboratory Science, Faculty of Allied Health Sciences, University of Peradeniya<sup>3</sup>Department of Physiology, Faculty of Medicine, University of Peradeniya<sup>4</sup>Department of Community Medicine, Faculty of Medicine, University of Peradeniya**Background**

Interventions for successful weight management in overweight and obese children have only shown low or short-term positive effects.

**Objectives**

We aimed to identify medical, demographic, and lifestyle factors associated with z-BMI reduction in children with overweight or obesity who underwent a 6-month clinic-based obesity management program.

**Methods**

Anthropometric variables including relative weight, height, body mass index (BMI) for age, z-BMI, and waist circumference were described using means with 95% confidence intervals in subjects aged 2 to 15 years who underwent a 6-month obesity management program. Adherence to lifestyle modification was evaluated under the categories of diet, physical activity, and behavioural aspects. Logistic regression was applied to create an explanatory model.

**Results**

Out of 401 subjects, 94 (23.44%) completed follow-up. Eighty subjects (85.1%) achieved a mean z-BMI reduction of  $1.981 \pm 0.584$ . Logistic regression returned a model with screen time and food craving as explanatory variables for changes in BMI. Compared to screen times over 4 hours, screen time of 1-2 hours (OR 16.42, 95% CI 1.048-25.74) and 2-4 hours (OR 8.526, 95% CI 1.174-61.935) were positively associated with loss of BMI and “no food craving” (OR 0.084, 95% CI 0.009-0.792) was a protective factor.

**Conclusion**

Strategies to minimize food craving behaviour and screen time are needed to enhance the effectiveness of weight management interventions.

**Abstract No: OP 152****EFFECT OF LIFESTYLE MODIFICATION INTERVENTION ON CARDIO-METABOLIC PARAMETERS IN CHILDREN WITH OVERWEIGHT AND OBESITY, ATTENDING A TERTIARY CARE WEIGHT MANAGEMENT CLINIC.**

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**Background**

Childhood obesity is a known risk factor for adverse cardio-metabolic outcomes throughout the life of an individual. A multidisciplinary approach based on lifestyle modification intervention remains the mainstay of managing affected children.

**Objectives**

We aimed to evaluate the effect of lifestyle modification intervention on cardio-metabolic health of overweight and obese children.

**Methods**

A retrospective cohort study was performed on 54 children who underwent a lifestyle intervention program for 6-12 months, inclusive of a low-carb, high-protein diet, 1 hour of daily exercise, and screen time <2 hours a day. BMI, waist circumference (WC), total body fat percentage (TBF), blood pressure (BP), liver scan, and laboratory tests (lipid profile, liver enzymes) were analysed before and after the lifestyle intervention. Paired T-test was mainly used for statistical analysis.

**Results**

Significant reductions in the BMI Z-score (0.38), WC, and TBF following the intervention ( $p=0.000$ ,  $p=0.04$ ,  $p=0.028$ ) were found, while systolic BP and LDL showed significant improvements ( $p=0.018$  and  $p=0.000$ ). HDL and triglycerides also improved but, without statistical significance. The reduction of BMI significantly predicted the LDL reduction. The ALT level increased proportionately to the severity of non-alcoholic fatty liver (NAFLD) ( $p=0.021$ ). Although insignificant, the degree of NAFLD demonstrated an overall regression. ALT and AST showed a significant decline with the treatment.

**Conclusion**

Even a modest reduction in the BMI Z-score can result in a clinically significant improvement in some aspects of cardio-metabolic outcomes, helping motivate and counsel children and their parents to reduce weight irrespective of achieving a normal BMI.

## **Abstracts of Poster Presentations**

**Abstract No: PP 004****GREEN RUSH TO THE ER: TRANSIENT ACCELERATED IDIOVENTRICULAR RHYTHM INDUCED BY CANNABIS ABUSE – A CASE REPORT**

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**Introduction**

Cannabis abuse poses cardiovascular risks, leading to acute coronary events, arrhythmias, sudden cardiac deaths, cerebrovascular diseases, and vasculopathies.

**Case report**

A 23-year-old male smoker (0.5 pack years) with alcohol consumption of 6 units/week and a family history of ischemic heart disease presented with central tightening chest pain, sweating, palpitations, and shortness of breath. They appeared shortly after trying cannabis in the form of hashish (*Cannabis sativa L*). He had stable vital parameters. Initial ECG revealed wide complex ECG with regular rhythm (rate of 75 bpm) and absent P waves (accelerated idioventricular rhythm [AIVR]). There were discordant ST and T changes. Repeat ECG an hour later depicted sinus rhythm (rate 60 bpm) without ischemic changes. Troponin I was 6845 ng/L (99th Cutoff < 19 ng/L). 2D Echocardiogram revealed 60% ejection fraction with no regional wall motion abnormality. Mild coronary artery disease with no occlusion was noted in his angiogram. He was loaded with aspirin, clopidogrel and atorvastatin. Subcutaneous enoxaparin 1mg/Kg twice daily was continued for 5 days. He recovered and was discharged with dual antiplatelets, atorvastatin, bisoprolol and enalapril due to high risk of subsequent acute coronary event.

**Discussion and conclusions**

AIVR as a reperfusion arrhythmia post-coronary occlusion is crucial, especially when elevated troponin levels indicate myocardial injury. The potential link between cannabis and transient coronary vasospasm, evident in the absence of angiographic occlusion, highlights the need for comprehensive patient history exploration. This rare presentation underscores the importance of integrating knowledge about cannabis-induced coronary events into clinical assessments, enabling timely collaboration with cardiology for effective management.

**Abstract No: PP 007****A STUDY ON STRESS AND COPING STRATEGIES OF MEDICAL STUDENTS IN POST COVID-19 ERA IN SRI LANKA**

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**Background**

Stress is a factor known to affect any undergraduate. During the post-COVID-19 era, Sri Lankans had to face an economic crisis on top of the post covid effects.

**Objectives**

The aim is to assess the stress levels and different coping strategies among Sri Lankan medical undergraduates during the post-COVID-19 era.

**Method**

This descriptive study assessed the stress level with a Perceived Stress Scale and the effectiveness of coping mechanisms using a validated questionnaire.

**Results**

Of 98 participated students, (n=74, 75.51%), (n=17, 17.35%), (n=7, 7.14%) of the students had moderate, high, and low-stress levels respectively and (n=38, 40.4%), (n=31, 67.1%), (n=20, 21.3%) of the students felt well coping, neutral, and poorly coping respectively when assessed subjective coping abilities.

Social disconnection is the most common stressor (n=67, 68.37%). Concentration difficulties, current political and security situation, and disrupted internet connection contributed to stress in (n=64, 65.31%), (n=64, 65.31%), and (n=50, 51.02%) respectively.

Economic problems, difficulty in understanding online lectures, and family problems had a significant negative correlation (p=0.03).

Coping strategies used were listening to music (n=61, 62.2%), sleeping for longer periods (n=60, 61.2%), talking with friends (n=57, 58.2%), and smoking (n=1, 1%).

Students with hobbies and frequent alteration of studying subjects had better coping with stress. Higher average exam marks were seen with the students who were coping well with stress (p=0.001).

**Conclusion**

The majority of students had moderate stress. Social disconnection, political unrest, concentration difficulties, and internet connection problems were common stressors. Regardless of economic and family problems students achieved a satisfactory academic performance.

Students with hobbies and frequent alteration of studying subjects had better coping with stress. Better exam performance was seen among students who were coping well with stress.

**Abstract No: PP 010****DEVELOPMENT OF AN INTERVENTION PROGRAMME TO SUPPORT NEW-ENTRANTS TO THE UNIVERSITY OF PERADENIYA WHO ARE AT INCREASED RISK OF PSYCHOLOGICAL MORBIDITY**

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**Background**

Psychological stability is important to meet academic goals and societal expectations effectively, especially as young adults. Research reveals that a considerable proportion of new entrants to the University of Peradeniya are vulnerable to developing psychological morbidity.

**Objective**

To develop an intervention program to support new-entrant students at the University of Peradeniya.

**Methods**

A focus group discussion (FGD) was held with a group of 12 experts using an interview guide. Participants were encouraged to provide views on what needs to be included in an intervention programme to improve the psychological wellbeing of new entrants. Findings from thematic analysis of the FGD, results obtained after administering the tool to identify students at risk, and published literature were used to formulate an intervention programme. The developed programme was improved with administrative authorities and then implemented. Subsequently, feedback was obtained from students, resource persons and administrators about the programme.

**Results**

The intervention programme consisted of a common programme for all students, and a specific component for students identified to be at risk. The common programme focused on increasing awareness on wellbeing among all students and specific programme was developed based on student needs. This programme was implemented among undergraduates from all nine faculties during 2023 with high student participation and staff support. In the feedback, the interventions have been rated high.

**Conclusions**

An evidence-based intervention programme was developed for new entrants with general and specific components. The program was found to be feasible, well accepted, and received positive feedback.

**Abstract No: PP 015****VISUOSPATIAL AND VERBAL MEMORY IN RATED CHESS PLAYERS: A CONTROLLED STUDY**

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**Background**

The game of chess involves multiple cognitive domains, of which an important aspect is visuospatial abilities, necessitating the analysis of the arrangement of pieces. The International Chess Federation (FIDE) rating system dynamically evaluates players' performance, reflecting their standing in competitive chess.

**Objectives**

To compare memory profiles between FIDE-rated chess players and non-chess players.

**Methods**

Using a counterbalanced cross-sectional design, we evaluated visuospatial and verbal memory in 64 FIDE-rated chess players, individually matched with 64 controls by age, sex, and education. Participants (15-45 years, native Sinhala speakers) underwent a standard neuropsychological assessment of visuospatial memory (Rey-Osterrieth Complex Figure, ROCF), verbal memory (Rey Auditory Verbal Learning Test, RAVLT), and general intelligence (Raven's Progressive Matrices). The performance was compared using independent sample t-tests.

**Results**

Except for RAVLT trial A3 and the learning rate, all the outcome measures favoured better performance in chess players. However, significant differences were observed only in RAVLT trial A6 – memory retention ( $p=0.028$ ), A7 – delayed recall ( $p=0.031$ ), and retroactive interference ( $p=0.005$ ). In a subsidiary analysis, ROCF delayed recall negatively correlated with the FIDE rating ( $B=-0.37$ ,  $p=0.023$ ).

**Conclusion**

Our findings indicate chess players have a general memory advantage, particularly in verbal memory. Consistent with some previous studies, this could be attributed to domain-specific improvement in visuospatial memory rather than providing a broader benefit. Furthermore, numerical abilities, visuospatial analytical skills, and executive control—rather than mere recall—appear to be important in chess. Simultaneously evaluating other cognitive functions will provide further insights into the cognitive underpinnings of chess.



**Abstract No: PP 020****A CASE OF TUBERCULOUS PYOMYOSITIS IN FOREARM**

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**Introduction**

Primary infection of muscular tuberculosis (TB) at flexor compartment of forearm in an immunocompetent patient is a rare presentation. Current literature has few case reports about muscle involvement of TB.

**Case report**

A 53-year-old male presented with gradually enlarging painful lump in the right elbow for one year. He had no constitutional symptoms. There is no history of trauma to the elbow. He is a chronic smoker of 3.3 pack years. Examination revealed 6x5x4 cm lump at radial aspect of proximal right forearm with no features of inflammation. Impaired elbow flexion was noted with intact distal neurovascular function.

Ultrasound scan revealed well defined heterogeneously hyperechoic fluid filled lesion without increased vascularity. His septic screen was negative and ESR was 12mm. His chest x-ray revealed right upper zone cavities. Mantoux test was positive. His sputum AFB was negative. MRI of the forearm revealed well defined lesion with no invasion of adjacent tissues. White caseous material was found during exploration of the lump. There was no evidence suggestive of neoplasm or extension to bone or joint. automated nucleic acid amplification rapid assessment test of pus was positive for mycobacterium tuberculosis. Anti-TB treatment and physiotherapy was initiated.

**Discussion**

TB muscular cold abscess is an extremely rare presentation. The estimated incidence is 0.015-2% of extrapulmonary involvement. Therefore, a high level of clinical suspicion, is necessary. All case reports of TB pyomyositis in literature had excellent outcome with drainage of abscess, debridement of devitalised tissue and anti-TB drugs.

**Abstract No: PP 024****NORMATIVE PREDICTED VALUES FOR F-WAVES IN SRI LANKAN ADULTS  
ADJUSTED FOR HEIGHT, SEX, AGE AND LIMB LENGTH**

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**Background**

F-waves are used to measure nerve conduction along the entire length of motor axons and useful in diagnosing peripheral neuropathies. The International Federation for Clinical Neurophysiology recommends F-wave norms for different populations.

**Objectives**

To establish norms for F-wave latencies adjusted for height, age, sex and limb length for median, ulnar, peroneal, and tibial nerves in Sri Lankan adults.

**Methods**

We recorded F-waves in 105 Sri Lankan adults (66 men; age: 20-60 years), in 207 median, 208 ulnar, 210 peroneal and 210 tibial nerves. Age, sex, height, and upper/lower limb length were recorded as determinants of F-wave latency. We generated four predictive multiple linear regression models for each nerve, adding the determinants stepwise, where the first block comprising height, the second adding age, the third adding limb length (for upper limb nerves) or sex (for lower limb nerves); and the final block adding limb length (for lower limb nerves) or sex (for upper limb nerves).

**Results**

The best regression models for median ( $R^2=0.651$ ) and ulnar ( $R^2=0.680$ ) nerves had height, age, and upper limb length as predictors. The best model for tibial nerve ( $R^2=0.683$ ) had height, age, and sex. The best model for peroneal nerve ( $R^2=0.528$ ) had height, age, sex, and lower limb length ( $p<0.001$  in all models). All models had height as the best predictor.

**Conclusion**

Our regression-based models explained 53–68% of the variance of F-wave latencies. Using equations, we developed an Excel-based calculator to produce individualized F-wave predicted values and standard scores, so that clinical neurophysiologists can interpret patient data easily and accurately.

**Abstract No: PP 026****A RARE CASE OF SHOULDER PAIN: PRIMARY SYNOVIAL CHONDROMATOSIS**

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**Introduction**

Primary synovial chondromatosis is a rare benign neoplastic condition causing joint pain. Diagnosis may be difficult since initial X-rays may not show any abnormalities, leading to misdiagnosis and ineffective treatment.

**Case report**

A 23-year-old man presented to the orthopaedic clinic with right shoulder pain for 3 years. The pain was worse when he played cricket or lifted heavy objects. On examination, reduced range of motion was observed in comparison to the unaffected side. Clinical tests for various shoulder conditions were negative, and there was no neurovascular compromise. Initial X-rays did not show any abnormalities. Conservative treatments such as analgesics and physiotherapy were given, but they were not successful. After three months follow up, a subsequent X-ray revealed multiple calcific densities over the shoulder joint, indicating synovial chondromatosis. A CT scan confirmed the primary synovial chondromatosis and the patient underwent open surgical excision, during which over 100 loose bodies were removed. The pathology report confirmed the diagnosis and showed no signs of malignancy. Postoperatively, the patient wore a sling for comfort and underwent graded mobilization with physiotherapy. At the six-month follow-up, there was no recurrence of the condition, and the patient reported good functional recovery.

**Discussion and conclusions**

Synovial chondromatosis of the shoulder is a rare cause of shoulder pain that can mimic other conditions. Clinicians should maintain suspicion for unusual causes of shoulder pain and consider repeat imaging or specialist orthopaedic referral if seemingly appropriate treatment is ineffective.

**Abstract No: PP 027****AETIOLOGY, SEVERITY AND OUTCOME OF PATIENTS ADMITTED WITH ACUTE PANCREATITIS IN A SINGLE SURGICAL UNIT**

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**Background**

Acute pancreatitis (AP) has numerous causes and is associated with significant mortality/morbidity depending on severity.

**Objectives**

To assess aetiology, severity, and outcome of patients with AP

**Methods**

All patients admitted with AP from 01/11/2022 to 31/10/2023 were assessed with history, symptom duration, signs, severity, modified Glasgow score, amylase, CRP (C-reactive protein), WBC (white blood cells) and USS (ultrasound Scan). Patients were diagnosed and categorized according to Revised Atlanta Criteria (RAC). Mild pancreatitis patients were managed with supporting therapy inward and moderately severe category were treated in ICU (Intensive Care Unit).

**Results**

There were 32 patients in this study. Males: females 28(88%):04(12%). Age ranged 18-60 years (mean 39), with 19 (59%) in 18–40-year group and 13 (41%) in 41-60 year group. Twelve (38%) patients presented day one of symptoms, 08 (25%) day two, 05 (16%) day three and 7 (21%) >3 days. Three were acute on chronic, 02 were recurrent, and 27 were first attack. All had epigastric pain and tenderness. Raised amylase in 27/32 (84%). USS diagnosed 24/32 (75%) cases. RAC showed 31 mild and 01 moderately severe case. Possible causes were alcohol 16 (50%). Gallstone 03 (09%), trauma 01 (03%) and unknown 12 (38%). All patients recovered. Patients with gallstone underwent laparoscopic cholecystectomy.

**Conclusion**

A male dominant disease (88% males). Alcohol was the main cause of pancreatitis (50%). Majority (97%) were mild cases in this study. USS detected only 75% of cases, so negative scan does not exclude acute pancreatitis. Compared to world literature obscured aetiology 38% is too high and more expensive investigation tools are necessary to identify causes to treat and prevent further episodes.

**Abstract No: PP 028****OVEREXPRESSION OF P16 PROTEIN IN A COHORT OF SRI LANKAN PATIENTS WITH CERVICAL CANCER**

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**Background**

p16 protein is recognized as a surrogate marker of human papilloma virus (HPV) infection (sensitivity = 90%). According to the worldwide data HPV infection has > 90% involvement in the pathogenesis of cervical carcinoma. Positive staining of p16 or overexpression ("block" staining means strong nuclear and cytoplasmic expression in a continuous segment in squamous epithelium, involving basal and parabasal layers) correlates with oncogenic HPV infection. Cytoplasmic only staining, diffuse blush / weak intensity staining, and other focal / patchy patterns should be considered as negative.

**Objectives**

The aim was to evaluate the p16 positivity in a cohort of cervical squamous cell carcinoma and how it differs from the worldwide data. The aetiology of non-HPV-associated squamous cell carcinoma in Sri Lanka is yet to be investigated.

**Methodology**

Data were extracted from archives retrospectively for 2 years from 01/01/2021 to 31/12/2022. Sections from formalin fixed paraffin embedded blocks, which were diagnosed with squamous cell carcinoma on H and E were immunohistochemically assessed for p16 expression. Cases with negative p16 controls and controls with positivity other than block positivity were excluded.

**Results**

Twenty-one patients with cervical carcinoma were analysed. The age ranges from 50 to 80 years (Mean age 63). Out of 21 specimens, 11 showed block positivity for p16 (52%).

**Conclusion**

This study reveals that only 52% cervical carcinoma shows p16 over expression. This is a relatively low percentage when compared with worldwide data. Thus, there is a significant proportion of cervical carcinoma which the exact aetiology is unknown. However, a future study with larger sample size and patients from different provinces has to be carried out to get a better understanding regarding the p16 overexpression of cervical carcinoma in Sri Lankan population.

**Abstract No: PP 030****SIGMOID VOLVULUS IN AN ADOLESCENT FEMALE: A CASE REPORT**

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**Introduction**

Sigmoid volvulus is a rare cause of intestinal obstruction in children and adolescent population. It's considered a disease of the elderly. Predisposing factors for sigmoid volvulus are Hirschsprung's disease, congenital anomalous fixation of the colon, and chronic constipation.

**Case report**

A 13-year-old female presented with three days history of colicky abdominal pain, gradual distension of the abdomen with vomiting. Clinical examination revealed gaseous distension of the abdomen without features of peritonism. A plain abdominal radiograph showed massively dilated colonic loops occupying central and left upper abdomen with typical "Coffee Bean" appearance. Ultrasound scan was unremarkable except for gas filled bowel loops. A large bowel volvulus was diagnosed with clinical and imaging findings. She underwent emergency laparotomy and found to have a sigmoid volvulus. The sigmoid colon was distended and oedematous with no perforation or gangrene. Resection of the redundant colon was performed followed by primary anastomosis. She recovered uneventfully and doing well at reviewing after 1 month of the surgery.

**Discussion and conclusions**

Sigmoid volvulus is an uncommon problem in children and adolescents and surgeons should maintain a high index of suspicion, in order not to miss the diagnosis, in a child presenting with features of intestinal obstruction as any delay in instituting treatment has a devastating effect on morbidity as well as mortality. Typical "Coffee Bean" appearance is not always present but highly suggestive of sigmoid volvulus. Early diagnosis and aggressive treatment will ensure better prognosis.

**Abstract No: PP 031****STUDY ON DEMOGRAPHY AND PATTERNS OF THORACIC TRAUMA  
ADMISSIONS TO A SINGLE TERTIARY CARE CENTRE**

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**Background and Objectives**

Thoracic trauma is a significant burden to the public health system. Identification of demography and patterns of thoracic trauma is important in management and taking preventive measures. This study analyses demographic patterns of thoracic injuries in patients presenting to a single tertiary care centre.

**Methods**

A prospective observational study was conducted, and data was collected from 61 patients over a period of 2 months in a tertiary health care centre.

**Results**

Sixty-one patients were included in the study and of them 88.5% (n=54) were males. The mean age was 45.8 years. Accidental falls were the commonest (45.9%, n=28), when compared to a previous multicentre study which showed more automobile accidents. The rest were automobile accidents (36%, n=22), assaults (11.5%, n=7) gunshot and stab injuries (4.9%, n=3). Fifty-seven (93.4%) were blunt traumas and 4 (6.6%) were penetrating traumas. Injury patterns were rib fractures (93.4%, n=57), pneumothorax (32.8%, n=20), haemothorax (27.8%, n=17), lung contusions (18%, n=11), flail segments (4.9%, n=3), cardiac injuries (4.9%, n=3), and vascular injuries (1.6%, n=1). We observed more incidence of blunt trauma compared to previous multi-centre study. Majority were managed conservatively (57.4%, n=35), intercostal tube insertion (31.1%, n=19), emergency thoracotomies (8.1%, n=5), rib fixation (3.2%, n=2) and one percutaneous coronary intervention.

**Conclusion**

Majority of patients were middle aged males and falls and automobile accidents were the most common causes of thoracic injuries. rib fractures, pneumothorax and haemothorax were the commonest patterns of injuries. Most of them were managed conservatively.

**Abstract No: PP 033****HANDHELD LASER-INDUCED MACULOPATHY (HLIM): A CASE REPORT  
HIGHLIGHTING COGNITIVE BIAS AND LOOMING NATIONAL ISSUE**

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**Introduction**

Handheld lasers can cause significant damage to the eyes, leading to permanent visual impairment. Loose regulations regarding these devices contribute to their widespread availability, increasing the risk of accidents or intentional misuse. The challenge is exacerbated as diagnoses will be masked by cognitive biases. To best of knowledge this is the first published case report in Sri Lanka.

**Case report**

A 14-year-old boy experienced sudden blurry vision following exposure to a welding arc. Initially managed as "Arc-Eye", the blurring persisted, leading to a referral to our institution. The visual acuity in the right and left eyes was recorded as 0.3 and 0.6 Log MAR, respectively, with a fundus examination revealing scattered linear pigmented lesions distributed in the macula of both eyes.

Preliminary assessment by the primary ophthalmologists' lead to a working diagnosis of "Welder's maculopathy". Later, with fundus imaging, OCT compared with the literature evidence pointed towards diagnosis of HILM. Digital case records shared with experts<sup>2, 3</sup> reached a group consensus diagnosis of HLIM. Detailed probing of his father revealed, he witnessed his son shining a laser pointer, a factor previously overlooked.

**Discussion and conclusions**

This case highlights the impact of cognitive biases, particularly anchoring bias, on decision-making. The clinicians' decision was initially influenced by an anchoring bias, leading to a wrong working diagnosis. Later clinical cognitive sophistication outsmarted anchoring bias. HLIM poses a significant risk of retinal damage from thermal energy, there is a need to raise awareness among the public about the dangers associated with their improper use. This case report serves as a wake-up call to healthcare professionals, emphasizing the importance of clinical cognitive sophistication to mitigate cognitive biases.



**Abstract No: PP 034****A RARE CASE OF PAPILLARY THYROID CARCINOMA ARISING IN A STRUMA OVARI**

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**Introduction**

Struma ovarii (SO) is a monodermal teratoma composed >50% or exclusively of benign thyroid tissue. This is a rare germ cell tumour accounting for 2% of all mature teratomas. Papillary thyroid carcinoma (PTC) arising in a SO is an even rarer, occurring in less than 5% of SO cases. We report a case in a 53-year-old female who was investigated for lower abdominal pain found to have a PTC arising in a SO.

**Case report**

A 53-year-old woman presented with lower abdominal pain for one month duration. US scan abdomen revealed left side complex ovarian cyst. CA125 level was normal. Total abdominal hysterectomy and bilateral salpingo-oophorectomy was performed. Macroscopically, the left ovary showed a 25mm diameter multiloculated cyst. Sectioning showed cystic and solid areas with a focus of warty papillary projections. The initial microscopic examination revealed an ovarian cyst composed of benign thyroid tissue. Further sampling from the papillary areas revealed a neoplasm 6mm microscopically composed of well-formed papillae lined by follicular epithelial cells showing characteristic nuclear features of papillary carcinoma. Scattered psammoma bodies are present. No other teratomatous areas were present. Diagnosis of PTC arising in a Monodermal mature Teratoma was made, FIGO stage 1A. Postoperatively, the patient was surveilled for primary thyroid carcinoma and excluded possible metastasis to ovary.

**Discussion and conclusion**

PTC arising from SO is rare. However, proper sampling of an ovarian cyst from solid areas is important in the correct diagnosis. The complete surgical excision of stage IA tumours shows a good prognosis.

**Abstract No: PP 038****BILATERAL PRIMARY ADENOCARCINOMA OF THE SEMINAL VESICLES  
PRESENTING AS A BLADDER GROWTH AND OBSTRUCTIVE UROPATHY: A  
CASE REPORT**

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**Introduction**

Primary adenocarcinoma of seminal vesicles is a rare malignancy with around 60 reported cases. We describe the case of a 56-year-old man, the sixth reported case of bilateral primary adenocarcinoma of seminal vesicles.

**Case report**

A 56-year-old, male presented with dysuria and a normal prostate on DRE. Flexible cystoscopy revealed a growth in the right lateral wall of the trigone involving vesico-ureteric orifice while ultrasound KUB showed a bladder tumour with B/L hydronephrosis and hydroureter. Histology from TURBT samples revealed a poorly differentiated carcinoma involving the bladder wall. CECT KUB+IVU showed a bladder lesion without any local infiltration, lymph node or distant metastases. A radical cystoprostatectomy with an ileal conduit was performed. Histology showed a moderately differentiated adenocarcinoma involving seminal vesicles and infiltrating through bladder serosa, muscle wall up to submucosa. The bladder mucosa, B/L ureters, prostate, prostatic urethra and the resection margins were free of tumour. Immunohistochemistry report revealed positive CK-7, GATA-3 with negative CK-20, PSA, CDX-2 confirming the diagnosis of primary adenocarcinoma of the seminal vesicles.

After postoperative recovery he was referred to oncology for adjuvant radiotherapy and hormonal therapy.

**Discussion**

Primary adenocarcinoma of seminal vesicles should be considered as a cause when evaluating bladder masses. Lack of specific symptoms hinders its differentiation from local infiltration of seminal vesicles by adenocarcinomas in prostate, bladder and colon. As definitive diagnosis is only made retrospectively with histopathology and immunohistochemistry of the resected specimen, this should be considered a differential diagnosis when evaluating a male with urinary symptoms.

**Abstract No: PP 040****COMPARATIVE STUDY ON THE PREVALENCE OF COMORBIDITIES AMONG PATIENTS WITH END-STAGE KIDNEY DISEASE AND APPARENTLY HEALTHY PATIENTS REFERRED TO THE RESTORATIVE DENTISTRY UNIT, NATIONAL HOSPITAL KANDY, SRI LANKA.**

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**Background**

End stage renal disease patients are referred to Restorative Dentistry Clinics to optimise their oral health prior to renal transplantation. They need comprehensive dental care including periodontal, endodontic and other kinds of restorative dentistry treatments. The presence of comorbidities in these patients may demand additional care from dental surgeons.

**Objectives**

The objective of this study was to compare the prevalence of comorbidities among end stage kidney disease (ESKD) patients and apparently healthy patients referred to the Restorative Dentistry Unit, National Hospital Kandy, Sri Lanka

**Methods**

This was done as a retrospective study at the Restorative Dentistry Unit, National Hospital Kandy. Data were collected on patients presented between 2017-2021. ESKD patients were taken as the case group and dental trauma patients as the control group, Chi-square and Fischer's Exact tests were used for comparisons.

**Results**

Out of 274 ESKD patients, 185 were males and 89 were females, with a mean age of 42.29 years (SD=12.658).

The prevalence of hypertension ( $p<0.001$ ), aortic stenosis ( $p=0.031$ ), aortic regurgitation ( $p<0.001$ ), mitral stenosis ( $p=0.002$ ), mitral regurgitation ( $p<0.001$ ), tricuspid regurgitation ( $p<0.001$ ), diabetes mellitus ( $p<0.001$ ), Cushing disease ( $p=0.029$ ), and depression ( $p=0.031$ ) was significantly higher in ESKD patients compared to normal individuals.

The association is very strong for hypertension ( $\Phi=0.492$ ), mitral regurgitation ( $\Phi=0.560$ ), tricuspid regurgitation ( $\Phi=0.385$ ), and diabetes mellitus ( $\Phi=0.286$ ).

**Conclusions**

A majority of ESKD patients are males in the 41-50 age group. The prevalence of hypertension, cardiac valvular defects, diabetes mellitus, Cushing disease and depression is significantly higher in ESKD patients compared to the general population.

**Abstract No: PP 041****A CASE OF TUBERCULOSIS PRESENTING AS PSEUDO-BEH CET'S DISEASE**

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**Introduction**

Behcet's disease (BD) is a small vessel systemic vasculitis presenting with recurrent orogenital ulcers and skin diseases. Several other conditions including hypersensitivity reaction to *M. Tuberculosis* (TB), can mimic BD, a condition known as Pseudo Behcet's (PB).

**Case Report**

A 30-year-old female presented with multiple oral and genital ulcers, bilateral lower limb pain and swelling and subacute painful nodules in flexor and extensor surfaces of bilateral lower limbs and palms. There was no history of fever, constitutional symptoms, red eyes, joint involvement, or features of connective tissue diseases. She did not have respiratory symptoms or history of exposure to TB. She was found to have bilateral multiple matted cervical lymph nodes, bilateral palmar pustules, bilateral lower limb superficial thrombophlebitis and painful subcutaneous nodules. The respiratory and abdominal examination was not significant. Her ESR was 119mm/hr, CRP 7 mg/dL, full blood count indices were normal and renal and liver function tests were unremarkable. HIV antibodies were negative and chest X-ray was insignificant. Ultrasound scan neck revealed bilateral multiple cervical lymph nodes with altered architecture. The pathergy test became negative. Mantoux test became strongly positive with 14mm, and lymph node biopsy reported necrotizing lymphadenitis with caseous granuloma formation.

She was started on anti-tuberculosis treatment (ATT) and had symptom resolution after 1 week of treatment. At 2 months follow up, she remained symptom free.

**Discussion**

Cutaneous tuberculosis though rare, has a wide clinical spectrum, and may present as PB, which is difficult to differentiate from BD. PB due to tuberculosis responds well to ATT.

**Abstract No: PP 042****A CASE REPORT ON PULMONARY HYPERTENSION ARISING FROM GRAVES' DISEASE**

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**Introduction**

Pulmonary hypertension (PH) is a life-threatening condition marked by elevated pulmonary arterial pressure, often linked to various causes, including thyroid disorders. However, the connection with thyroid disorders, like Graves' disease (GD), is frequently overlooked. This case report highlights a rare occurrence in Sri Lankan literature, a patient with right heart failure due to PH in the context of undiagnosed GD.

**Case report**

A 44-year-old woman presented with progressive dyspnoea, weight loss, and lower limb swelling. Clinical examination revealed hyperthyroidism signs, including exophthalmos, goitre, and onycholysis. Diagnostics confirmed GD with high free T4, suppressed TSH, thyroid receptor antibodies, and diffuse tracer uptake in isotope scan. Echocardiography indicated right ventricular dilatation and severe PH. Further investigations excluded alternative PH causes. HRCT chest revealed benign lung cysts, while lung function tests were normal. Negative CTPA and V/Q scan ruled out CTEPH, and serological tests eliminated autoimmune and infectious causes. Treatment with antithyroid medications resulted in clinical and echocardiographic improvement, resolving PH.

**Discussion and conclusions**

PH is classified into five groups, and while the association with thyroid disorders, especially GD, is uncommon, it's documented. The exact mechanisms are unclear but may involve autoimmune mediated processes and high cardiac output, leading to endothelial damage and increased pulmonary vasodilatory substrate metabolism. Early recognition and treatment of thyroid-related PH are crucial to prevent irreversible damage. This case underscores considering PH in hyperthyroidism, especially GD, as a potentially reversible cause of PH. Clinicians should be aware of timely diagnosis and treatment, improving outcomes.

**Abstract No: PP 043****NAVIGATING THERAPEUTIC CHALLENGES: SIMULTANEOUS CARDIO-CEREBRAL INFARCTION**

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**Introduction**

Addressing simultaneous cardio-cerebral infarctions, especially in the context of familial hypercholesterolemia (FH), presents a distinctive clinical challenge. This case delves into the complexities of managing a 49-year-old male who experienced acute middle cerebral artery (MCA) and acute myocardial infarctions (AMI), providing insights into the intricate decisions surrounding antithrombotic and anticoagulant initiation in such scenarios.

**Case report**

A 49-year-old male presented with a wake-up stroke (NIHSS-28), displayed tendon xanthomas, and exhibited corneal arcus indicative of FH. Urgent CT brain confirmed MCA infarction. Serial ECGs revealed antero-lateral dynamic ST depressions, and elevated troponin levels with heart wall hypokinesia indicated AMI. Initial antiplatelet therapy complicated matters, leading to cerebral haemorrhage and further neurological deterioration. Delicate decisions involved discontinuing antiplatelets and managing intracranial pressure. Conservative measures resulted in significant improvement. Elevated lipid levels confirmed FH, prompting statin and ezetimibe therapy. Despite a significant family history of young cardiovascular events, none were previously diagnosed as FH.

**Discussion and conclusions**

Simultaneous acute ischemic stroke (AIS) and acute myocardial infarction pose critical challenges, each with a narrow therapeutic window. While individual management is well documented, simultaneous occurrences lack clear guidelines. Delayed intervention in one territory risks irreversible morbidity or death. The use of antiplatelets and anticoagulants in AMI may increase the risk of haemorrhagic conversion in AIS, and AIS thrombolytics may worsen cardiac wall rupture in AMI. The absence of specific guidelines for FH-related simultaneous cardio-cerebral infarctions underscores the rarity and complexity of this presentation. Managing the interplay of antiplatelet, anticoagulant, and thrombolytic therapies necessitates a multidisciplinary approach. The scarcity of guidelines emphasizes the need for further research, advocating a multidisciplinary approach to handle such intricate clinical scenarios.

**Abstract No: PP 044****ENDOSCOPIC MANAGEMENT OF GANGLIONEUROMA OF THE DUODENUM:  
A CASE REPORT**

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**Introduction**

Duodenal ganglioneuromas are extremely rare in adults. They are managed with radical surgery often leading to mortality and morbidity. Endoscopic resection is challenging in terms of accurate diagnosis, staging and resection, but it has advantages in terms of organ preservation and recovery. We present a very rare case of the patient with a duodenal ganglioneuroma managed endoscopically.

**Case report**

A 62-year-old ASA I, MET>4 male was investigated for epigastric pain for 2 months. No melena, pallor, or icterus. Abdominal examination was unremarkable. Haematological and biochemical investigations were unremarkable. Upper gastro-intestinal endoscopy revealed a growth in the second part of the duodenum. CT chest, abdomen and pelvis showed a mass lesion around the duodenal ampulla suggestive of a polyp. No evidence of significant bile duct obstruction or metastasis. Side viewing endoscopy revealed that the lesion was 2.1 x 1.2 cm and away from the ampullary opening. Endoscopic submucosal resection was performed after injecting normal saline. Recovery was uneventful. Histology showed a completely excised benign ganglioneuroma. No features of recurrence at 6 months.

**Discussion**

Although most cases of ganglioneuromas are benign, metastasis and recurrence are a possibility. Diagnosis is difficult due to complex morphology and difficulty to access to the mass. Therefore, conventionally duodenal polyps are managed with pancreaticoduodenectomies. Although evidence for endoscopic resection of duodenal ganglioneuroma is very limited, good outcomes have been achieved.

**Abstract No: PP 046****PANCYTOPENIA COMPLICATED WITH FEBRILE NEUTROPENIA AND SPLENOMEGALY: AN UNCOMMON PRESENTATION OF VITAMIN B12 DEFICIENCY**

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**Introduction**

Vitamin B12 is an integral part of the normal homeostasis of haematopoiesis, central and peripheral nervous systems. Causes of vitamin B12 deficiency are primarily dietary inadequacy, malabsorption/dysmotility syndromes, medication, bacterial overgrowth, and pancreatic insufficiency. Presentations include isolated anaemia or complicated with cytopenia, peripheral neuropathy, myelopathy, and psychiatric symptoms.

**Case report**

We report the case of an 18-year-old non-vegan female presenting with fever found to have culture positive urinary tract infection. Examination revealed peripheral hyperpigmentation and splenomegaly with BMI of 16.4 kg/m<sup>2</sup>. Pancytopenia (WBC 1.87 x 10<sup>9</sup>/L, Hb 5.1 g/dl, platelets 41 x 10<sup>9</sup>/L) with neutropenia (0.64 x 10<sup>9</sup>/L) was detected during evaluation with macrocytosis on blood film. Hypoalbuminemia was also detected. Subsequent bone marrow biopsy revealed hypercellularity, erythroid hyperplasia with megaloblastic change. Diminished vitamin B12 level of 82 pg/mL was detected consequently. Deficiency was attributed to poor nutritional intake due to poor socioeconomic status.

Dramatic improvement was noted after 2 months of treatment with intramuscular vitamin B12 given 1000IU EOD for 6 doses, then continued weekly for 1 month with folate supplementation.

**Conclusion**

Macrocytosis and megaloblastic anaemia are common features of Vitamin B12 deficiency. Uncommon features such as neutropenic sepsis, peripheral skin hyperpigmentation and splenomegaly could be presenting features especially in a young female of adverse socioeconomic circumstance. Near-complete reversal of haematological sequelae of B12 deficiency can be achieved with prompt treatment. Considering the diversity of presentations, awareness of rare presentations of vitamin B12 deficiency will aid in avoiding delay in diagnosis.



**Abstract No: PP 047****ARTERY OF PERCHERON INFARCTION: A GREAT MIMICKER**

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**Introduction**

The thalamus is a deep structure located in the diencephalon, whose arterial blood supply is mainly from four branches of posterior cerebral artery. The artery of Percheron (AOP) is an infrequent variation of thalamic perfusion, occlusion of which presents with a heterogeneous, atypical list of symptoms without focal signs. This contrasts with the typical, easily recognizable focal neurology of other ischemic infarcts. Therefore, AOP infarctions may be misdiagnosed, delayed in diagnosis, or missed altogether. It is a rare, but vital area of neurology that needs to be studied by clinicians to facilitate an overall care for patients.

**Case report**

We report the case of a 59-year-old lady who presented to us with difficulty opening eyes, sleepiness, and difficult arousal. Examination revealed bilateral complete ptosis with bilateral vertical gaze palsy and nystagmus, who's initial NCCT brain was normal. Common differentials of similar presentation were excluded. Subsequent MRI/MRA brain showed diffusion restriction with high T2 and low T1 signal in bilateral paramedian thalami and midbrain indicative of acute infarction consistent with artery of Percheron territory. Anterior and proximal posterior branches of the right middle cerebral artery (MCA) showed irregular luminal narrowing. All other vessels were unremarkable.

**Conclusion**

Our case highlights the importance of high degree of suspicion, early diagnosis, and role of MRI/MRA in the diagnosis when initial CT is normal in an artery of Percheron infarction.

**Abstract No: PP 048****SUPRA CLAVICULAR FLAP REPAIR FOR AN ACQUIRED TRACHEOESOPHAGEAL FISTULA**

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**Introduction**

Acquired, non-malignant tracheoesophageal fistulas (TEFs) results from prolonged ventilation, trauma, caustic ingestion etc. Presentation can vary depending on the fistula location, size, and clinical state of patient. Management options include stenting or surgery.

**Case report**

Thirty-nine years postpartum mother who was ventilated in ICU for bronchopneumonia underwent a tracheostomy. She had recurrent lower respiratory tract infections and was diagnosed with a long segment upper (3cm) tracheoesophageal fistula. A covered self-expanding tracheal stent was inserted, and a nasogastric tube (NG) was kept and followed up. The fistula was non healing and had recurrent haemoptysis warranting surgical management. Nutritionally optimized patient was put under general anaesthesia and left cervical incision made along the left sternocleidomastoid to expose oesophagus. Difficult mobilization of the cervical oesophagus. Thus, transection of trachea with midline sternotomy, previous stent removal and cross-field ventilation established. Careful mobilization and primary double layered suturing of cervical oesophageal defect. Supraclavicular artery based fascio-cutaneous flap mobilized and positioned in between the trachea and oesophagus. The posterior tracheal defect closed with the flap. She was extubated 48 hours after surgery and NG was removed in three weeks. Follow up bronchoscopy at three months showed healing without stricture.

**Discussion and conclusions**

TEFs associated with tracheostomy is preventable. Surgery for long segment TEF is technically challenging and often associated with a prolonged recovery and complications. Supraclavicular flap is a good choice for non-bulky interposition. Preoperative optimization and careful patient selection is mandatory for successful outcome with over 90% fistula healing.

**Abstract No: PP 053****A CASE OF CYSTIC INTRAHEPATIC CHOLANGIOCARCINOMA WITH THE CLINICAL PRESENTATION OF A BENIGN LIVER CYST**

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**Introduction**

Intrahepatic cholangiocarcinoma is a malignant neoplasm with biliary differentiation. There are two subtypes: large duct and small duct differing in clinical presentation. Large duct tumours grow along the bile duct wall forming solid hilar masses with obstructive cholestasis. Small duct tumours present as solid nodules in peripheral hepatic parenchyma. Biliary obstruction is uncommon. CA19.9 is typically elevated.

**Case report**

A 48-year-old man presented with epigastric pain without features of obstructive jaundice. Ultrasound scan revealed a thin-walled intraperitoneal cyst in epigastrium, without ascites. CECT revealed a multicystic exophytic liver lesion without bile duct dilatation. CA 19.9 level was low (0.6 u/ml). Clinically an inflammatory lesion was suspected, possibly a hydatid cyst. Left hepatectomy showed a well-defined cystic lesion with multiple varying sized cysts separated by off-white solid areas on cut sections. Histology revealed a cholangiocarcinoma with irregular glandular structures lined by columnar mucinous epithelium in desmoplastic stroma corresponding to solid areas. Two types of cysts, one lined by a layer of columnar mucinous epithelium with moderately pleomorphic nuclei and other type lined by simple cuboidal epithelium containing bland nuclei are also present. Immunohistochemical stains, CK 7 and CK 19 both are positive. CK 20 is negative.

**Discussion and Conclusions**

Intrahepatic cholangiocarcinoma classically forms solid lesions. Predominantly cystic lesions are very rare. This is a case of small duct cholangiocarcinoma presenting with no biliary obstruction. Clinico-radiological findings with normal CA 19.9 was suggestive of benign hepatic cyst. Histopathology revealed malignant intrahepatic cholangiocarcinoma supported by immunohistochemistry.

**Abstract No: PP 055****CIRCULATION OF RESPIRATORY VIRUSES IN SYMPTOMATIC PATIENTS DURING THE COVID-19 PANDEMIC IN THE CENTRAL PROVINCE**

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**Background**

During the COVID-19 pandemic other respiratory viruses have also been circulated despite the public health measures implemented to mitigate the SARS-CoV-2 spread in Sri Lanka as in other countries in the world.

**Objectives**

This study was undertaken to evaluate the circulation of other respiratory viruses in a sample of symptomatic patients from the Central Province of Sri Lanka.

**Methods**

A total of 608 respiratory samples from COVID-19 suspected patients received to the Virology Laboratory of the National Hospital, Kandy were tested using reverse transcription polymerase chain reaction for SARS-CoV-2 and other respiratory pathogens from January 2021 to October 2022.

**Results**

Of the patients tested, 9.4% patients had laboratory confirmed SARS-CoV-2 infection. The overall detection rate of other respiratory pathogens in these symptomatic patients was 43.5%. Among them rhino / enterovirus was the predominant virus with the detection rate of 13.5%. Respiratory syncytial virus, human coronavirus (C229E, NL63/HKU1), human parainfluenza virus, influenza virus, human bocavirus, human adenovirus, human metapneumovirus and atypical bacteria were respectively 11.5%, 8.7%, 6.7%, 6.4%, 5.9%, 3.8%, 1.3% and 0.8%. Age of the patients infected with rhino/enterovirus ranged from 27 days to 83 years. Among them 71% were children and 29% were adults. Rhino/enterovirus infected patients had fever, cough, cold and sore throat as the predominant symptoms. Shortness of breath and diarrhoea were less common in rhino/enterovirus infected patients.

**Conclusion**

The current findings highlight the importance of diagnosing the other respiratory viruses during the COVID-19 pandemic and these findings help to initiate appropriate management plans.

**Abstract No: PP 056****ALLOPURINOL INDUCED IATROGENIC UROLITHIASIS IN A CHILD WITH LESCH-NYHAN SYNDROME: A CASE REPORT**

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**Introduction**

Lesch–Nyhan syndrome (LNS) is a rare X-linked recessive disorder. LNS is caused by a deficiency in the hypoxanthine-guanine phosphoribosyl transferase (HPRT) enzyme in the purine salvage pathway.

**Case report**

A 3-year-10-month-old boy, born to non-consanguineous parents presented with global developmental delay (GDD), dystonic posture, and self-mutilation behaviour since 2-years of age. He was found to have an orange-coloured urinary deposit, which was identified as ammonium urate crystals. Clinical suspicion of LNS was supported by hyperuricaemic hyperuricosuric state: serum uric acid 525µmol/L (119-327), and urine uric acid/creatinine ratio 2.22 (0.26-0.65) with normal serum creatinine 35µmol/L (30-60). MRI brain demonstrated cerebral atrophy. Red cell HPRT activity was undetectable. Mutation analysis revealed hemizygosity for the variant HPRT1(C.402+1G>A). The xanthine oxidase (XO) inhibitor allopurinol was initiated on confirmation of diagnosis. Two years post initiation of allopurinol he developed renal stones with preserved renal functions. Follow-up urine xanthine 4.332mmol/L and hypoxanthine 5.616mmol/L were above the limits of solubility (3mmol/L), and serum uric acid 85µmol/L (119-327) warranted dose reduction in allopurinol.

**Discussion and conclusions**

A high degree of clinical suspicion with timely investigation of early metabolic clues is very important in early diagnosis and management. His follow-up serum uric acid was low and urine xanthine was above the limits of solubility indicating the dose of allopurinol is too high and xanthine can precipitate as renal stones and may be nephrotoxic. Allopurinol therapy requires vigilant monitoring and dose adjustment to prevent potential complications.

**Abstract No: PP 057****DIAGNOSTIC DILEMMA: THE COMPLEX PAEDIATRIC TRIAD OF HYPERTENSION, HYPOKALAEMIA, AND HYPORENINAEMIC HYPOALDOSTERONISM - A CASE REPORT**

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**Introduction**

Liddle's syndrome (LS) is a rare autosomal dominant disorder marked by a gain-of-function mutation in the epithelial sodium channel (ENaC). This leads to heightened sodium reabsorption in renal tubules, causing urinary potassium wasting, hypertension, and hyporeninaemic hypoaldosteronism. Apparent Mineralocorticoid Excess (AME) is an exceptionally rare autosomal recessive disorder resulting from an 11-beta-hydroxysteroid dehydrogenase enzyme deficiency, sharing similar clinical features.

**Case report**

A 2-year-8-month-old boy, the second born to consanguineous parents, presented with failure to thrive since the age of 6 months. He was found to have refractory hypokalaemia with serum potassium from 1.98 to 2.2mmol/L (3.5-5.3mmol/L) and urinary potassium of 12.6mmol/L, indicating urinary potassium wasting. Hypertension with blood pressure measuring 110/84mmHg (95th-99th centile for his age) was noted. A 2D echo revealed a mildly dilated left ventricle with left ventricular hypertrophy. Ultrasonography of the Kidney-Ureter-Bladder and renal artery Doppler was normal. There was markedly reduced plasma aldosterone concentration <0.5ng/dL (7-30 ng/dL) with reduced renin concentration of 9.3mIU/L (4.2-45.6mIU/L), indicating hyporeninaemic hypoaldosteronism, which warranted the diagnosis of LS or AME, with more or less similar management. Amiloride is the established therapy for LS; however, due to its unavailability, we initiated the alternative regimen, including a potassium-sparing diuretic, an  $\alpha$ -blocker, and KCL. Blood pressure and electrolytes were monitored, with pending genetic studies for a definitive diagnosis.

**Discussion and conclusions**

This case underscores the pivotal role of laboratory investigations in achieving a prompt diagnosis, facilitating tailored therapeutic interventions, and mitigating potential long-term complications in rare paediatric disorders. Genetic confirmation and counselling are crucial.

**Abstract No: PP 058****AUDIT ON MONITORING OF PATIENTS ON CLOZAPINE AT THE OUT-PATIENT CLINIC, UNIVERSITY PSYCHIATRY UNIT, TEACHING HOSPITAL, PERADENIYA**

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**Background**

Clozapine, highly effective in treating schizophrenia and a range of other psychiatric conditions, demands caution due to potentially severe side effects. Regular monitoring of metabolic parameters is crucial to detect and mitigate these adverse effects.

**Objectives**

To study the level of adherence of the monitoring done on patients on clozapine to the global recommendations proposed by the 14<sup>th</sup> edition of Maudsley Prescribing Guidelines (MPG).

**Methods**

The audit criteria were developed following MPG. The data was gathered retrospectively from 100 clinic records of patients prescribed clozapine from 2004-2022 by the Psychiatry Clinic, Teaching Hospital Peradeniya.

**Results**

The sample comprised 100 patients, whose baseline monitoring details were absent on clinic records due to the drug initiation being recorded in the inpatient records. However, of the frequency recommended by MPG, WBC was only monitored 61.39% of the times required within the first 18 weeks, 57.53% of the times required biweekly in the remaining 34 weeks, weight 53.50% of the required times, FBS 11% of the required times, lipids 2.83% of the required times, LFTs 3.50% of the required time and ECG 1.50% of the required times. None of the patients were monitored in all the necessary parameters.

**Conclusion**

The psychiatric unit of the Teaching Hospital of Peradeniya exhibits poor adherence to MGP global standards for clozapine monitoring. Lack of resources and a reminding measure are assumed to be the leading causes for this inadequacy. Remedial actions will be taken, and a re-audit is scheduled in a year to ensure improvement.

**Abstract No: PP 059****AUDIT ON MONITORING OF PATIENTS ON ANTIPSYCHOTIC DRUGS (OTHER THAN CLOZAPINE) AT THE OUT-PATIENT CLINIC, UNIVERSITY PSYCHIATRY UNIT, TEACHING HOSPITAL, PERADENIYA**

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**Background**

The use of antipsychotics increases the risk of metabolic syndrome, emphasizing the need for regular monitoring of metabolic parameters.

**Objectives**

To evaluate if the routine monitoring of patients prescribed antipsychotics complies with the criteria recommended by Maudsley prescribing guidelines, 14<sup>th</sup> edition (MPG).

**Methods**

The MPG was followed in developing the audit criteria. Clozapine was excluded in this study since it has a different side effect profile and recommended monitoring guidelines. Data were collected from the clinic records of 100 patients prescribed antipsychotics between 2020 and 2022 at the Psychiatry Clinic, Teaching Hospital Peradeniya.

**Results**

From the study sample, 44 were on risperidone, 26 on olanzapine, 15 on amisulpride, 08 on quetiapine, and 05 on haloperidol. As medication initiation was carried out in an inpatient setting, the clinic records did not reveal information regarding baseline monitoring. Of the patients on antipsychotic drugs, weight was measured in 2% at 3<sup>rd</sup> month and in 3% after a year, FBS in 5% at week 12 and 9% at year 1, lipid profiles were done in 3% at the 12<sup>th</sup> week and after one year. Annual examinations of blood urea/ serum creatinine levels and FBC were done in 10% and 13% respectively. ECG was monitored in 6% of patients on their admission and liver function test was done in 10% annually. Prolactin was not measured in any patient at prescribed time points.

**Conclusion**

The follow-up monitoring does not meet the required standards. Resource limitation may be a reason for this deficiency. A tool to remind clinicians to review parameters for continued monitoring at designated intervals will be introduced and a re-audit will be conducted after a year.



**Abstract No: PP 061****FACTORS INFLUENCING THE MODE OF SURGERY FOR APPENDICITIS IN A PERIPHERAL HOSPITAL IN GAMPAHA DISTRICT, SRI LANKA**

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**Background**

Laparoscopic appendicectomy is the choice of surgical management for appendicitis, but it may be influenced by various factors, encompassing patient factors, surgeon expertise, available resources, and advancements in medical technology.

**Objective**

To describe the factors influencing the mode of surgery for appendicitis in a peripheral hospital in Gampaha district, Sri Lanka.

**Methods**

A cross-sectional study with an analytical component was done at a surgical unit in a peripheral hospital in Gampaha district with a sample size of 23. Study population included all the patients underwent appendicectomy over a period of three months from July 2023. Informed written consent was taken from the study participants. A pre-validated, interviewer-administered questionnaire with data-extraction-sheet was used for data collection. Factors influencing the mode of surgery were described using frequency distribution.

**Results**

Mean (SD) of the participants was 24 (14). Among them, 69.6% (n=16) were males. Majority of the patients underwent open appendicectomy (82.6%, n=19). The indications for appendicectomy were clinically diagnosed appendicitis (34.8%, n=8), ultrasonically proven appendicitis (43.5%, n=10), and interval appendicectomy (21.7%, n=5). The reasons for choosing open appendicectomy were lack of theatre time (36.8%, n=7), lack of theatre staff (10.5%, n=2), and anticipated technical difficulties of the laparoscopic appendicectomy (52.7%, n=10).

**Conclusion**

Resource availability in the operation theatre played a major role in choosing open appendicectomy over laparoscopic approach. Further analytical studies in the future with larger sample size must be carried out to determine the reasons for the above findings with multivariable analysis.

**Abstract No: PP 064****AN UNCOMMON AND LETHAL SCENARIO: NEUROGENIC PULMONARY OEDEMA FOLLOWING A SUBARACHNOID HAEMORRHAGE**

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**Introduction**

Neurogenic Pulmonary Oedema (NPE) occurs as post-neurological insult, causing sudden pulmonary oedema. NPE is linked to subarachnoid haemorrhage (SAH), traumatic brain injury, seizures, acute spinal cord injury, and brain tumours. We explore a case of NPE arising from SAH in a previously healthy 40-year-old woman. Despite the extreme efforts at ETU, eventually shock-resistant ventricular fibrillation ensued, emphasizing the urgency of swift recognition and multi-organ support.

**Case Report**

Our case involves a patient who experienced a sudden collapse, seizures, and frothy sputum. On arrival, she had an obstructed airway, laboured breathing, low consciousness level (GCS E<sub>2</sub>V<sub>2</sub>M<sub>3</sub>), fine diffuse lung crepitations, tachycardia, and low blood pressure. Initial findings revealed lactic acidosis, low P/F ratio, ST depressions on ECG, and severe left ventricular dysfunction bilateral diffuse B-lines indicating severe pulmonary oedema. The patient was intubated, ventilated and started on inotropes. Imaging showed Fisher Scale Grade 3 SAH and diffuse pulmonary infiltrates. Despite MDT involvement, the patient had shock-resistant ventricular fibrillation and succumbed to cardiac arrest within 2 hours of admission.

**Discussion**

Pathophysiology involves sympathetic discharge and hemodynamic alterations. The discussion implies a delay in recognition and management of this particular case. Common complications of SAH include vasospasm, hydrocephalus, re-bleeding, seizures, cerebral ischemia, and incidence of NPE complicating SAH varies widely between 6-35%. Recommendations include enhanced surveillance, interdisciplinary collaboration, standardized protocols, quality improvement initiatives, and patient education to improve outcomes in NPE cases related to neurological emergencies, particularly SAH.

**Abstract No: PP 066****EVALUATION OF NODAL INVOLVEMENT IN COLORECTAL CANCERS:  
SINGLE UNIT EXPERIENCE**

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**Background**

The lymph node metastasis is a key factor in determining prognosis and further management in colorectal cancer. Increasingly patients with early colorectal cancers and those not fit for major resection undergo local resections, which do not harvest lymph nodes.

**Objectives**

To analyse the pathological features and the nodal involvement of colorectal cancers.

**Methods**

Histopathology reports of patients who underwent colorectal resections from 2018 to 2021 at a tertiary care centre were retrospectively analysed for the nodal involvement. pT3/T4 tumours were further sub-grouped depending on the lymph node harvest (group A  $\leq 12$  nodes, group B  $> 12$ ).

**Results**

A total of 142 patients underwent colorectal resections with curative intent (mean age 62.56 years, range 24-88, female 56.3%). The commonest site of cancer was rectum (47.8%) followed by left colon (26.1%) and right colon (26.1%). The majority of patients (96.5%) had a moderately differentiated adenocarcinoma and 75.4% had locally advanced disease (T3/T4). The mean number of lymph nodes harvested was 13.58 ( $\pm 7.58$ ). The pT stage dependent nodal positivity was as follows: pT1 - 0 %, pT2 - 22.58%, pT3 - 54.74%, pT4- 41.67%. The mean number of positive nodes in T3/T4 tumours were 1.53 and 3.79 in groups A and B respectively. Group B had a statistically significant high nodal positivity ( $p < 0.05$ ).

**Conclusion**

Locally advanced tumours have a higher nodal involvement and harvesting more than 12 lymph nodes increases the possibility of detecting positive nodes.

**Abstract No: PP 067****ONLINE SURGICAL TEACHING DURING COVID-19 PANDEMIC:  
PERCEPTIONS OF UNDERGRADUATE STUDENTS**

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**Background**

Online teaching was introduced to maintain continuity of education during the Covid-19 pandemic. This was adopted for surgical teaching which was a novel experience for students and teachers.

**Objectives**

To evaluate the students' perceptions of online teaching.

**Methods**

A self-administered electronic questionnaire was distributed to final year medical students of Faculty of Medicine, University of Peradeniya who completed the surgical rotation. Questions were based on different aspects of online teaching.

**Results**

A total of 149 students completed the questionnaire (mean age 26.63, female 55.3%). Most students had satisfactory access to an electronic device (78.6%) and internet access (59.7%). The smartphone was the commonest device (65.8%) used for e-learning. Live online lectures were the most preferred teaching modality (68.9%). The majority of the respondents 'agreed' (53.7%) and 'strongly agreed' (9.5%) that online teaching helped to prepare for clinical exams. However, 52.7% of the students felt online teaching cannot compensate for conventional clinical teaching. Thirty three percent felt the lack of practical education will have consequences as a future doctor. Sixty-three percent proposed to continue teaching in a hybrid fashion and 32.2% wanted to revert to conventional teaching once the pandemic is over. Sixty percent claimed that they were multitasking and Facebook was the most common distractor. Most students did not have any health issues, but 42.5% complained of eye strain.

**Conclusion**

Student feedback can help to develop more integrated teaching methods in future and to improve the learning experience.

**Abstract No: PP 068****SEXUAL HEALTH LITERACY LEVEL AMONG SRI LANKAN ADOLESCENTS: A CROSS-SECTIONAL STUDY OF SELECTED URBAN AND RURAL AREAS IN KANDY DISTRICT**

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**Background**

Sexual health literacy (HL) is crucial for overall well-being, however recent studies on adolescents' sexual HL in Sri Lanka are lacking.

**Objectives**

The objective was to describe and compare sexual HL levels among selected adolescents receding in urban and rural areas of the Kandy district, examining associated socio-demographic factors.

**Methods**

This cross-sectional analytical study, conducted in 2022, involved 1690 students aged 14-18 using multi-stage cluster sampling. A self-administered questionnaire based on the HLS-EU validated Sinhala version assessed sexual HL levels. Chi-square tests compared HL levels within urban and rural settings, and logistic regressions identified associated socio-demographic factors.

**Results**

Among 1675 adolescents (49.6% rural, 50.4% urban; 52.5% females, 47.5% males; 59.8% aged 14-16, 40.2% aged 17-18; mean age 14.0 years, 46.4% upper lower socio-economic level), 47.4% exhibited limited sexual HL. Rural adolescents showed significantly higher levels of limited sexual HL. Logistic regression identified urban residence (OR=0.61, p=0.000) and upper age (17-18) (OR=0.65, p=0.000) as negatively associated with limited sexual HL.

**Conclusion**

Similar to another study focused on the Kandy district, this research emphasizes a notable gap in sexual HL. However, it is special that selected rural students in Kandy district have shown limited sexual HL. Special action is needed to develop comprehensive sexual education programs, particularly focusing on rural areas, and to explore factors influencing the observed limited literacy.

**Abstract No: PP 070****IMPACT OF DAYTIME SLEEPINESS AND SLEEP APNOEA ON WOMEN'S SUBFERTILITY: A MATCHED CASE-CONTROL STUDY IN TEACHING HOSPITAL PERADENIYA**SNP Madhurangi<sup>1</sup>, BGMD Yasaratne<sup>2</sup>, MN Jiffry<sup>3</sup>, G Bowatte<sup>4</sup><sup>1</sup> Department of Pharmacy, Faculty of Allied Health Sciences, University of Peradeniya<sup>2</sup> Department of Medicine, Faculty of Medicine, University of Peradeniya<sup>3</sup> Teaching Hospital, Peradeniya<sup>4</sup> Department of Basic Sciences, Faculty of Allied Health Sciences, University of Peradeniya**Background**

The study explores the relationship between Obstructive Sleep Apnoea (OSA) and female subfertility, considering the sleep related factors in reproductive health.

**Objectives**

To study the relationship between daytime sleepiness, obstructive sleep apnoea (OSA), and female subfertility, particularly in developing countries.

**Methods**

In a matched case-control study from June to August 2023, 30 subfertile cases and 30 fertile controls were enrolled. Data on demographics, socio-economic status, and sleep parameters were collected, and statistical analysis utilized chi-square tests and t-tests ( $\alpha = 0.05$ ). STOP-BANG, Berlin and Epworth questionnaires and their translated versions were used as research tools to identify the likelihood of OSA.

**Results**

Significant difference in age at marriage was observed between fertile and subfertile women ( $24.90 \pm 5.65$  vs  $28.10 \pm 5.28$  years;  $p=0.02$ ), indicating a potential association of late marriage with subfertility. Other demographic factors like age, weight, BMI, education level, employment, etc. were not associated with subfertility. 30% of subfertile women had borderline/abnormal day time somnolence as compared to 6.7% of fertile women ( $p=0.02$ ). However, assessments with STOP-BANG and Berlin questionnaires did not reveal a significantly higher prevalence of OSA among subfertile and fertile women (3.3% vs 0% and 3.3% vs 0% respectively).

**Conclusion**

Late marriage links significantly to female subfertility, with more daytime sleepiness. OSA screening showed no difference. STOP-BANG found no OSA correlation, while Berlin noted snoring pattern variability. A p value of 0.02 shows a significant link among OSA risk and Epworth responses. This shows an underexplored link between OSA and female subfertility. Further research and awareness efforts are warranted to enhance interventions and improve overall reproductive healthcare outcomes.

**Abstract No: PP 072****REPAIR OF NEAR TOTAL AMPUTATION OF FOREARM TO A FUNCTIONALLY SATISFACTORY OUTCOME**

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**Introduction**

Hand is a dynamic structure. Once injury occurs functional outcome following replantation/revascularization vary with the level of injury.

**Case report**

A 26-year-old army officer presented with entrapment of the left non dominant forearm in a fan belt of a hand tractor 4 hours after injury. Hand was pale, and cold with no capillary refill and no blood on pinprick. Flexor compartment muscles were crushed, tendons avulsed and segmented from musculotendinous junction. Distal radius, shaft of the radius showed an open fracture associated with exposed carpal bones. During surgery bone alignment was achieved with Orthofix Limb Reconstruction System (LRS). In the radial and ulnar arteries, the crushed segments were around total length around 12 cm. Avulsed non crushed segment of the cephalic vein was taken as a graft and reversed, interposed, and anastomosed to the radial and ulnar arteries. Lateral antebrachial cutaneous nerve was harvested from crushed tissues and grafted to median and ulnar nerves (as six, 6 cm segments to median nerve and four, 5 cm segments to ulnar nerve). Four flexor digitorum profundus tendons and the flexor pollicis longus tendon were grafted separately using avulsed palmaris longus and flexor digitorum superficialis tendons. Postoperative blood flow was satisfactory, SPO<sub>2</sub> of 98%. A supplementary primary thinned superficial inferior epigastric artery-based tube groin flap done to areas with raw muscle and tendon exposure. Flap reversal done 3 weeks later and well accepted. After 3 months sensation of ulnar and median nerves improved. However, tendon adhesion formation and impaired wrist joint movements were noted. Removal and plating were done as a secondary orthopaedic procedure with LRS. Satisfactory wrist range of motion was achieved after MUA and adhesiolysis of tendons. Hand function was assessed using a seven-piece hand evaluation tool.

**Conclusion**

Early intervention with multispecialty approach leads to better outcomes.

**Abstract No: PP 074****PELVI-URETERIC VARICES PRESENTING AS FLANK PAIN: A CASE REPORT**

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**Introduction**

Pelvi-ureteric varices are a rare entity. They may occur as a result of renal vein compression or reflux in renal veins. Although early venous congestion may be asymptomatic, literature suggests that chronic venous congestion leads to flank pain and haematuria.

**Case report**

We present a rare case of pelvi-ureteric varices leading to flank pain encountered in Peradeniya, Sri Lanka. The index case was investigated for chronic left flank pain. Ultrasound (USS) abdomen showed normal kidneys, ureters and bladder with no hydronephrosis or hydroureter. Rest of the abdominal organs were unremarkable. No calculi were detected in the Xray KUB. Colonoscopy was normal up to ascending colon. Contrast enhanced CT (CECT) revealed a few tortuous vessels around the renal pelvis and pelvi-ureteric junction in left kidney with no evidence of compression on the structures. Prominent left renal pelvis was also noted most likely representing an extrarenal baggy pelvis. Communication of tortuous vessels with main vessels was not demonstrable and cause for the varices was not evident on imaging. Associated infection was excluded with clinical and biochemical evaluation. Surgical opinion was suggested for symptomatic relief.

**Conclusion**

After thorough evaluation, all the possible causes of left flank pain were excluded, including infection and obstructive uropathy. It was concluded that although uncommon, left pelvi-ureteric junction varices are the cause of left flank pain in the index case.



**Abstract No: PP 075****CVI AS A CO-DIAGNOSIS IN LEARNING DISABILITY IN A SYNDROMIC CHILD**

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**Introduction**

Cerebral Visual Impairment (CVI) refers to disordered visual perception as a result of damage to the visual pathways or centres in the brain. Visual deficits due to CVIs are likely to impair learning in many children.

**Case Report**

Master A, a 7 1/2-year-old boy, the second born to healthy second-degree consanguineous parents, presented to a disability centre, with speech delay and learning disability. His antenatal and postnatal period was uneventful. He was born via NVD at term with a birth weight of 2.88kg. No significant medical or surgical history in the past. His motor milestones, hearing and vision had no concerns. He could utter single words by 1 year, there were no two-word combinations by 2 years, currently he could not speak in complex sentences. He was small built, had elongated facies, large protruding ears and right sided convergent squint, suggestive of Fragile X syndrome. His systemic examination was normal.

His cognitive assessment was below average, visual motor integration skills were low, visual short-term memory and working memory also was below average. SNAP 4 and SDQ met criteria for ADHD. His basic investigations and visual assessment were normal. Due to economic concerns genetic tests couldn't be done. CVI assessment showed he had CVI phase-111.

Speech therapy and educational interventions were carried out with accommodations to his CVI.

**Discussion**

CVI is a must screened for and promptly acted upon entity in a child with neurodevelopmental disorder or learning disability.

**Abstract No: PP 078****PERSONALIZING STUDENT LEARNING: A CASE STUDY USING LARGE LANGUAGE MODELS FOR EFFECTIVE EXTRACTION OF TEXTBOOK INFORMATION**YA Illangasekara, SS Manathunga

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**Background**

This study delves into a novel approach to university education, using generative AI technology to enhance the learning experience. We focussed on the field of pharmacology, exploring how Large Language Models (LLMs) can be powerful allies in creating engaging teaching tools.

**Objectives**

To assess the effectiveness of LLMs as teaching-learning tools in Pharmacology, facilitating a personalized and efficient educational environment.

**Methods**

The text from one of the recommended reference textbooks in Pharmacology, "Rang & Dale's Pharmacology - 9th Edition" was employed to build up an external knowledgebase using a context-aware text-splitting algorithm and stored in a vector database. Student queries underwent embedding and extracted pertinent information from the vector database. The extracted information was processed by the LLM for formulating a detailed answer to the student query. This methodology mitigates the hallucination problem and limits the knowledgebase to the reference book.

**Results**

The program was put to the test with different questions, and the results were cross-checked with references. When scored on model questions evaluating intended learning objectives, the model scored impressively, ranging from 9/10 to a perfect 10/10 across five quizzes, resulting in an average score of 94/100.

**Conclusion**

This case study reveals the potential for LLMs in reshaping the learning landscape. Beyond pharmacology, these models can adapt to various subjects, offering a personalized learning experience.

**Abstract No: PP 079****SIMPSON-GOLABI-BEHMEL SYNDROME: A RARE CAUSE OF PRE AND POSTNATAL MACROSOMIA – CASE REPORT**KRCP Kekulawala<sup>1</sup>, T Priyawansha<sup>2</sup>, PBUS Premarathne<sup>1</sup>, HALU Kumara<sup>1</sup><sup>1</sup>National Hospital, Kandy<sup>2</sup>Sirimavo Bandaranayake Specialized Children Hospital, Peradeniya**Introduction**

Simpson-Golabi-Behmel Syndrome (SGBS) is an X-linked recessive rare genetic disorder diagnosed in approximately 250 individuals globally with zero individuals locally. It is characterized by pre and postnatal overgrowth, craniofacial features, variable congenital malformations and mild to severe intellectual disabilities. Mutations in *Glypican-3* and *Glypican-4* genes on the X chromosome cause SGBS, resulting in macrosomia, distinctive facial features, organomegaly, cardiac and skeletal anomalies.

**Case report**

Our patient, a baby boy delivered at term via elective section for macrosomia, born to unrelated parents with a history of secondary subfertility and previous intrauterine death. An antenatal scan showed polyhydramnios.

This boy was born with a birth weight 4.2 kg (+2 SD), length of 59cm (+3SD) and OFC of 37cm (+2SD), with coarse facies, flat nasal bridge, macrostomia, macroglossia, retrognathia, and hepatomegaly. Documentation of weight, length and OFC at 2.5 years were 14.5kg (+1SD to median), OFC 52 cm, and length 99cm (+2SD to +3SD) alongside pronounced coarse facies, hypertelorism, broad nose, macrostomia, macroglossia, broad hands and feet, bowed legs, and echocardiographic signs of a bulky left ventricle. Initial clinical features were suggestive of mucopolysaccharidosis, mucopolipidosis, overgrowth syndrome, or a rare genetic disorder.

Molecular genetic assessment at 13 months confirmed the diagnosis of SGBS with hemizygous frameshift mutation in *Glypican-3*.

Regular follow ups are arranged for embryonal tumour risk assessment, ophthalmological, audiological, scoliosis screening, potential sleep apnoea, growth and development. Family screening and genetic counselling are scheduled.

**Discussion and conclusions**

This rare genetic syndrome has variable outcomes, from lethal forms to survivors with varying degree of intellectual disabilities. Precise diagnosis relies on advanced genetic studies for accurate differentiation and treatment planning.

**Abstract No: PP 080****SIRENOMELIA (MERMAID SYNDROME): A CASE REPORT**HALU Kumara, PBUS Premarathne, KAN Manike

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**Introduction**

Sirenomelia is an extremely rare lethal congenital defect with an incidence of 1 in 60,000 to 1 in 100,000 live births. It is characterized by anomalies of the spine, pelvis, and fusion of lower extremities with varying degrees of malformations. It is often associated with congenital abnormalities including urogenital, gastrointestinal, musculoskeletal systems with potter facies and pulmonary hypoplasia. Stocker and Heifetz classified Sirenomelia into seven subtypes under three main categories depending on the lower limb malformations.

**Case report**

We present a case of Sirenomelia with fatal congenital anomalies. A baby delivered to a non-consanguineous 30-year-old mother in her second pregnancy.

Antenatal follow up was uneventful, with no history of diabetes mellitus and no family history of congenital anomalies. Ultrasound scan at 20 weeks of gestation revealed absent liquor with minimal amount of lung fields. Follow up scans demonstrated lung hypoplasia with left side dysplastic kidney with hydronephrosis, right side absent kidney and bladder. Parents were counselled regarding the poor prognosis.

At 37 weeks of gestation, 1630g baby delivered with fused lower extremities, absent anus, malformed genitalia, features of potter facies and x-ray features of single femur, single tibia, with sacral hypoplasia and pulmonary hypoplasia. The baby was classified as Stocker and Heifetz type IV Sirenomelia.

Baby expired at 90 minutes of age.

**Discussion**

Sirenomelia is considered as a different clinical entity compared to caudal regression syndrome and precise pathogenesis is still unknown. Diabetes mellitus and exposure to teratogens are suggested as aetiological factors but need further evaluation.

**Abstract No: PP 084****GIST PRESENTING WITH DYSPHAGIA IN A YOUNG MALE: A CASE REPORT**

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**Introduction**

Oesophageal tumours are rare, with malignant being the predominant. Gastrointestinal stromal Tumours (GIST) are potential malignant tumours, which originate in mesenchymal cells. Oesophageal GISTs are extremely rare and commonly found in gastro-oesophageal junction (GEJ). Clinical presentation of oesophageal GIST is vague and depends on the size. Management of GEJ GISTs is fairly debatable.

**Case report**

A 40-year-old, ASA I, male presented with discomfort during swallowing, with intermittent dysphagia for solids for 4 months, without constitutional and GORD symptoms. Physical examination was unremarkable. He underwent UGI endoscopy, which showed sub mucosal bulging at distal oesophagus, followed by endoscopic ultrasound scan, which further characterized it as a low-risk GIST arising from the second layer of the oesophagus. The computed tomography confirmed, 3.5 cm x 2.5 cm well circumscribed lesion in submucosal plane in the distal oesophagus.

After MDT, laparoscopic assisted GEJ mobilization and enucleation of the lesion was done. He was discharged on post-operative day 3 after establishing a normal diet. The histopathological report showed well circumscribed spindle cell lesion with positive CD117, negative S100, epithelial and neuroendocrine markers without high-risk features. The patient was followed up without adjuvant treatment.

**Discussion and conclusion**

There is no well-established guideline for oesophageal GIST management. However, resection with negative margin or enucleation, both are valid options. Gastro-oesophageal resection has potential risk and morbidity, whereas enucleation without violating the capsule is an acceptable for low risk GSIT, supported by EUS preoperatively.

**Abstract No: PP 085****RARE CASE OF CONGENITAL BOCHDALEK HERNIA PRESENTING  
IN A 53-YEAR-OLD MALE PATIENT MANAGED LAPAROSCOPICALLY**

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**Introduction**

Bochdalek hernia which occurs congenitally in the posterior aspect of the diaphragm is commonly seen in the neonate with respiratory distress. It rarely presents in adulthood with herniation of abdominal viscera leading to respiratory symptoms.

**Case report**

A previously healthy 53 years old male was admitted with sudden onset shortness of breath following few episodes of retching. On examination he was tachypnoeic and the air entry was reduced in the left hemithorax. Erect chest x-ray showed an elevated left hemidiaphragm and prominent gastric bubble. CECT chest and abdomen revealed a defect in the posterolateral aspect of the left diaphragm and herniation of the whole stomach, spleen, pancreatic tail, and splenic flexure into the left hemithorax.

Laparoscopy revealed a large defect (7x4cm) in the posterolateral aspect of the left diaphragm with whole stomach, spleen and splenic flexure found inside the left hemithorax. Herniated abdominal viscera were returned into the abdominal cavity and the defect primarily repaired by non-absorbable suture material laparoscopically. The patient had an unremarkable postoperative period and the chest x-ray, immediately after the surgery, showed a fully expanded left lung.

**Discussion and conclusions**

Bochdalek hernia is exceptionally rare in adults, and most are asymptomatic. They are often incidentally discovered during an abdominal CT scan; alternatively, it may be diagnosed only when complications arise. The mainstay of treatment involves surgically correcting the defect after reducing the herniated contents into the abdomen. This can be achieved by either a thoracic or abdominal approach alone or a combination of both, preferably done with minimal access techniques.

**Abstract No: PP 087****FORGOTTEN AND FRACTURED BILATERAL DOUBLE J URETERAL STENTS:  
A CASE REPORT**

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**Introduction**

Double JJ stents in urological practice have been increased. JJ Stents are commonly used in relieving obstructions, following ureteric and stone surgeries. Common complications of ureteric stents are irritable symptoms, haematuria, urinary tract infections, encrustation and forgotten stents. We present a case of forgotten and fractured stents in a female patient.

**Case report**

A 56-year-old lady presented with left loin pain with dysuria for past few weeks with a history of urological intervention in a peripheral hospital two years ago and defaulted follow up. on examination patient had mild left renal angle tenderness and imaging with NCCT revealed bilateral forgotten and fractured stents with two left renal calculus. Patients had field full of pus cells on urine examination and other inflammatory markers were unremarkable. Patient underwent rigid cystoscopy and ureteroscopy under spinal anaesthesia and stent fragments were removed successfully. Stent fragments showed minimal encrustation and renal stones were removed in a separate occasion by percutaneous nephrolithotomy.

**Discussion and conclusions**

Ureteric stents were made from various materials, and all have their own advantages and disadvantages. Ideal stents should be chemically stable, less irritant, affordable and resistant to infections, encrustations and fractures. Polyethylene stents are susceptible to fractures and proposed mechanisms of fractures are depolymerization of biomaterials due to infections. Management of fractured stents depends on the retained position, available facilities and can be managed by either antegrade or retrograde approaches.

Forgotten and fractured stents are burden to patients, urologists and increases the health care cost. Patient education, clear documentations and maintaining a stent registry are good stent practices and should be standard of care.

**Abstract No: PP 088****LATE PRESENTATION OF BONE METASTASIS IN INTRACRANIAL  
MENINGEAL HAEMANGIOPERICYTOMA: A CASE REPORT**

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**Introduction**

Meningeal haemangiopericytoma is a rare intra-cranial neoplasm with an incidence of approximately 0.5%. They are known to be associated with a high local recurrence rate. Extra-cranial metastases are common, and metastasis can occur many years after the initial diagnosis. We report a case of a bone metastasis of an intra-cranial haemangiopericytoma occurring 4 years later without local recurrence.

**Case report**

A 43-year-old female patient was presented with one-year history of progressively worsening type backache. She had undergone a cerebral haemangiopericytoma resection four years ago and the most recent imaging showed no cerebral tumour recurrence. Her X-ray lumbar spine was unremarkable. MRI of the lumbar spine and sacrum showed well defined lobulated masses in the right sacral ala, right sacrum, and left sacroiliac joint. The lesions were homogeneously isointense in T1W images and homogeneously isointense in T2W images. The lesions showed contrast enhancement. CT scan showed expansile bone lesions with cortical thinning in the areas corresponding to the lesions identified on MRI. The ultrasound abdomen showed no focal liver lesions. With the history and the imaging findings, it was diagnosed as delayed metastatic deposits from the known malignancy of haemangiopericytoma, which was later confirmed by histology.

**Discussion and conclusions**

Although most of the bone metastasis of cerebral haemangiopericytoma are seen in long bones, metastasis to axial skeleton, as seen in our patient, is very rare. This case highlights the importance of long-term follow-up of the patients with cerebral haemangiopericytoma and educating both the patients and the healthcare staff regarding the risk of developing delayed metastases.



**Abstract No: PP 089****CASE REPORT: A CASE OF RESISTANT ATRIAL FLUTTER IN THYROID STORM**

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**Introduction**

This case report explores a rare first presentation of hyperthyroidism in a previously unevaluated 54-year-old female who was admitted to the emergency department with a one-week history of altered sensorium, irritability, and fever with diarrhoea. She exhibited a rapid heart rate, and the ECG showed atrial flutter with a ventricular rate of 200 per minute, which remained resistant to beta blockers, calcium channel blockers, or DC Cardioversion attempts.

**Case report**

Upon assessment, the patient displayed an atrial flutter with a variable block at a rate of 200/min, which was resistant to pharmacological and electrical cardioversion, requiring cardiac care and ICU management. Thyroid function tests confirmed a thyrotoxic crisis, and the arrhythmia ultimately responded to the initiation of antithyroid drugs. Additionally, her electrolytes were within normal range, but a severe atypical chest infection, complicated with hyperthermia, sepsis, DIC and AKI, precipitated the thyrotoxic crisis.

**Discussion**

While the link between hyperthyroidism and atrial arrhythmias is established, common arrhythmia in thyrotoxicosis includes sinus tachycardia and atrial fibrillation. However, atrial flutter is an uncommon presentation. This case prompts consideration of atypical hyperthyroidism presentations.

**Conclusion**

This case emphasizes the importance of considering thyroid crisis as a potential cause in cases of refractory arrhythmias. Limited access to rapid TSH analysis in resource-poor settings presents a significant diagnostic challenge, delaying the initiation of specific treatments such as antithyroid therapy. Future efforts should be directed towards developing point-of-care testing solutions that can aid in the rapid diagnosis of thyroid storm.

**Abstract No: PP 090****AUDIT OF TUBE THORACOSTOMY IN PLEURAL EFFUSION MANAGEMENT**

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**Background**

Pleural effusion management depends on the diagnosis.

**Objectives**

We aimed to describe diagnosis of pleural effusions and its in-hospital mortality and to evaluate complications of tube thoracostomy.

**Methods**

A prospectively descriptive study was conducted for 12 months in medical and surgical wards of Teaching Hospital Peradeniya. All patients diagnosed with pleural effusions and of age  $\geq 14$  years were included. Traumatic effusions and those secondary to dengue haemorrhagic fever were excluded. Data collected from patients and BHTs were analysed using SPSS. Management of the pleural effusion was not altered for the study.

**Results**

Out of the 56 patients recruited, 30.9% (n=17) were diagnosed with tuberculosis, 18.2% (n=10) with malignancy, 18.2% (n=10) with parapneumonic effusions, 12% (n=7) with chronic kidney disease, 7.1% (n=4) with heart failure, 5.3% (n=3) with chronic liver cell disease, and 5.3% (n= 3) with empyema. In-hospital mortality for above conditions presenting with pleural effusions were 17.6%, 20%, 30%, 28.5%, 50%, 0% and 33.3 % respectively.

Seventeen patients did not undergo thoracocentesis, 38.2% (n=21) underwent needle aspiration and 32.7% (n=18) underwent intercostal (IC) tube insertion, out of which 44.4% developed complications (22% had IC tube block and 22.2% had IC tube dislodgement). There was no significant difference in hospital stay with regards to the pleural fluid drainage method (mean hospital duration for undrained effusions was 15.6 days, needle aspirated effusions 12.5 days and tube drained effusions 15.8 days).

**Conclusion**

Out of respiratory causes for pleural effusions, highest in-hospital mortality was for empyema. IC tube dislodgement was noted in a significant percentage of patients.

**Abstract No: PP 091****A RARE VARIANT OF THE ORIGIN OF THE PORTAL VEIN: A CADAVERIC CASE REPORT**

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**Introduction**

The portal vein (PV) is formed by union of splenic vein (SV) and superior mesenteric vein (SMV) and contributes to approximately 75% of blood flow to the liver. It lies in the hepatoduodenal ligament and can be manually compressed here during surgery. Knowledge regarding its variant origins may be important in radiological diagnosis and surgical procedures to prevent adverse events.

**Case report**

During routine dissections at Department of Anatomy, Faculty of Medicine, University of Peradeniya, a variant origin of PV was observed in a cadaver of a 90-year-old Sri Lankan female. Portal vein was formed behind the neck of the pancreas by the confluence of the SV, inferior mesenteric vein (IMV), middle colic vein (MCV) and SMV. This is an unusual draining pattern of MCV with PV originating from 4 veins. The MCV was seen to drain directly into the PV rather than into the SMV. No other variants or abnormalities of abdominal veins were detected.

**Discussion and conclusions**

The Thomson classification (1890) describes 12 PV variants, with the first three being most frequent. Namely the typical pattern (Type I), followed by IMV draining into SMV, then SMV joining SV to form PV (Type III), trifurcation of SMV, IMV and SV (Type II).

The index case which we report here is unique as it does not fit with the variants described in this classification. Such unknown variants when found during surgical procedures may lead to unexpected adverse events. Therefore, reporting such variants is important in minimizing iatrogenic injuries.

**Abstract No: PP 094****THERAPEUTIC PLASMA EXCHANGE AS A BRIDGE TO TOTAL THYROIDECTOMY IN A PATIENT WITH RESISTANT GRAVES' THYROTOXICOSIS**

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**Introduction**

Thyrotoxicosis, often due to Graves' disease, involves elevated thyroid hormone levels with diverse symptoms. While standard treatment involves medications, adverse effects may necessitate alternative approaches. Therapeutic plasma exchange (TPE), being considered category-II indication by American Society of Apheresis guidelines, has proven effective in managing thyrotoxicosis, particularly as a bridge to thyroidectomy.

**Case report**

A 15-year-old girl diagnosed with Graves' disease eight months ago, experiencing resistant thyrotoxicosis was admitted for total thyroidectomy. She had allergies, including to carbimazole, and has experienced anaphylaxis to certain medications. Despite being on antithyroid treatments, her free T4 levels were persistently elevated. To optimize for surgery, TPE was planned as bridging therapy. Total plasma volume (1-1.5) was removed per cycle using automated cell separator using 5% albumin as replacement fluid. Every other day three cycles were planned with last cycle three days prior to the surgery for fibrinogen and coagulation factor recovery. Despite an allergic reaction to albumin during TPE, prompt intervention and subsequent oral antihistamines ensured a safe continuation of the procedure. Three cycles resulted in a substantial reduction in FT4 levels - 29%, 50%, and 63% after each session, facilitating successful thyroidectomy. Transient hypocalcaemia, post-surgery was managed with intravenous calcium, and she was discharged on oral calcium replacement therapy.

**Discussion and conclusions**

TPE effectively lowers circulating T4 levels by targeting plasma-bound hormones. This comprehensive approach makes TPE a valuable and efficient option for managing thyrotoxicosis.

**Abstract No: PP 098****HAND KNOB AREA INFARCT FOLLOWING PRIMARY PERCUTANEOUS CORONARY INTERVENTION: A CASE REPORT**

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**Introduction**

Hand knob area infarct is a rare type of ischemic stroke characterized by weakness of muscles involving movements of the hand predominantly causing an isolated wrist drop, often misdiagnosed as a peripheral nerve disorder. This has not been reported following primary percutaneous coronary intervention (PPCI).

**Case report**

A 57-year-old right-handed gentleman was referred from the coronary care unit at which he had undergone a PPCI for an antero-septal ST-elevation myocardial infarction via a puncture of the right radial artery. He had noticed weakness of the distal part of his right upper limb immediately following the procedure. On examination he had restricted extension of the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> fingers with weakness of small muscles of the right hand. There was no objective sensory impairment, and the reflexes were normal. The non-contrast computerized tomography (NCCT) of the brain revealed a circumscribed hypodensity involving the precentral gyrus of the left cerebral hemisphere which was suggestive of an infarct of the hand knob area. He was prescribed antiplatelets and a statin. Occupational therapy and physiotherapy were arranged to help him with regaining his functional status of the hand.

**Discussion and conclusions**

This case highlights the importance of considering hand knob area infarct as a potential complication of PPCI, especially when patients experience limb weakness following the procedure. The significance of a thorough clinical examination and the use of neuroimaging in correctly diagnosing conditions such as these should also be emphasized.

**Abstract No: PP 101****AN INFANT WITH CYTOMEGALOVIRUS ASSOCIATED BILIARY ATRESIA**

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**Introduction**

Biliary atresia (BA) is a rare disease of infancy, which needs palliative surgery or curative liver transplant or both, where good outcomes depend on timely Kasai portoenterostomy. Several hypotheses exist for pathogenesis, implicating genetic predisposition and immune dysregulation, perinatal viral infections like Reovirus, Rotavirus and Cytomegalovirus (CMV) or multifactorial, with obliterative extrahepatic cholangiopathy as endpoint. In a study done at LRH-Sri Lanka in infants with cholestasis, CMV infection was found in 6.6% of population. Perinatal CMV is associated with poor outcome in many aspects.

**Case report**

We report a baby girl born to healthy non-consanguineous parents with asymmetric IUGR, presenting at 4 months of age with deep jaundice and on and off passage of pale stools. She was diagnosed to have BA complicated with decompensated chronic liver cell disease with hepatic encephalopathy and cholangitis.

Further evaluation revealed perinatally acquired CMV infection. The child was treated with a 6-week course of oral valgancyclovir. Liver transplantation was offered, but considering the poor prognosis related to CMV aetiology, parents opted to conservative management rather than liver transplant.

**Discussion**

Perinatally acquired CMV infection is one of the important aetiologies for BA. CMV infection is associated with bile duct destruction and duct paucity indicating a possible role in pathogenesis and progression of extra hepatic BA. CMV infection with IgM positivity is a distinct clinical and pathological entity with a greater degree of inflammation, fibrosis, and mortality.

**Abstract No: PP 103****UNILATERAL RENAL AGENESIS WITH IPSILATERAL BLIND-ENDED URETER AND ECTOPIC URETEROCOELE: FINDINGS ON CT INTRAVENOUS UROGRAM**

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**Introduction**

Congenital absence of one kidney is a relatively common anomaly, in isolation it is asymptomatic due to adequate functioning of the other kidney. However, remnant urogenital tissues of the agentic side sometimes may persist and can give rise to nonspecific urological symptoms. Out of these, blind ending ureter, ectopic ureter and ureterocoele are rare associations, and of those simultaneous co-existence of renal agenesis, blind ending ureter and ureterocoele are even rare. To this date few cases have been published regarding this.

**Case report**

A 27-year-old male patient with known left unilateral renal agenesis evaluated for lower abdominal pain. Urine analysis, urine culture and renal functions were normal. USS Abdomen revealed a cystic lesion towards the left lateral wall of urinary bladder. Ultrasonic diagnosis of probable ureterocoele was made and the patient underwent CT IVU for further evaluation. CT IVU revealed a group of urological defects. The left kidney is absent. A non-dilated blind-ended ureter seen extending superiorly up to 4 cm above the aortic bifurcation level. In addition, a blind-ended dilated ureter (ureterocoele) with an abnormal ectopic insertion between the urinary bladder and prostate was also detected. Right kidney and ureter were normal.

**Discussion and conclusion**

The combined renal agenesis, ipsilateral blind ureter and ectopic ureterocoele is an extremely rare finding. It can present as nonspecific abdominal signs or may be detected as an incidental finding during imaging. Worldwide few cases are described and there are no established management guidelines. This case report is to emphasize imaging findings of such patients.

**Abstract No: PP 105****SPONTANEOUS RUPTURE OF VESICOURACHAL DIVERTICULUM CAUSING  
EXTRAPERITONEAL AND INTRAPERITONEAL URINE LEAK LEADING TO  
PERITONITIS AND PARALYTIC ILEUS**

AMJB Udurawana, SI Mahindawansha, AMH Premarathna, DU Kalugala, NS Adassuriya,  
UG Rodrigo

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**Introduction**

Spontaneous rupture of urinary bladder is usually secondary to a preexisting pathology and is a urological emergency. In the absence of trauma, clinical diagnosis is challenging and often delayed. Even more surprising for clinicians is the rupture of previously undiagnosed urachal remnants. Here we present a case of vesicourachal diverticulum, a rare urachal remnant anomaly, which has spontaneously ruptured leading to urine leak.

**Case presentation**

A 43-year-old male, known patient with traumatic spinal cord injury who was not on long term urinary catheter presented to surgical ward with acute abdomen. Initial clinical diagnosis of bowel perforation was made, as the USS abdomen revealed mild amount of free peritoneal fluid. Inflammatory markers were elevated. There was gross pyuria and urine analysis confirmed it. A contrast enhanced CT abdomen performed with additional delayed urographic images. CT revealed a vesicourachal diverticulum which was perforated causing both extraperitoneal and intraperitoneal contrast extravasation. Also, there were ascites with dilated bowel loops without a transition point or bowel mass. Patient underwent immediate surgery which confirmed the diagnosis and excise the diverticulum and repair the bladder defect. Unfortunately, histological samples were not sent at the time of surgery.

**Discussion and conclusion**

Congenital urachal remnants are rare. Spontaneous rupture of these remnants causing urine leaks are even rarer, not described in literature. In this patient it was likely due to severe bladder infection which has precipitated the bladder rupture. This case report illustrates the role of CT imaging in detecting urachal anomalies and bladder rupture in unusual circumstances.



**Abstract No: PP 106****IMPORTANCE OF NEUROIMAGING IN THE DIAGNOSIS OF HUNTINGTON'S CHOREA: TWO CASE REPORTS**

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**Introduction**

Huntington's disease/chorea is a rare condition characterized by progressive involuntary movements, subcortical dementia, behavioural changes, and psychosis. It is an autosomal dominant trinucleotide (CAG) repeat neurodegenerative disease causing the loss of GABAergic neurons in the basal ganglia. Clinical, neuroimaging, and gene studies play a key role in diagnosis.

**Case reports**

Two individuals, a 60-year-old male and a 40-year-old female presented with progressive involuntary movements and minor behavioural changes. MRI revealed bilateral caudate nuclei atrophy, with a frontal horn width to caudate head distance ratio of 1.4 and 2 and inter caudate distance to inner table width ratio of 0.23 and 0.18 respectively. Based on clinical symptoms and imaging findings, both individuals were diagnosed with Huntington's disease.

**Discussion**

Huntington's disease affects 5-10 individuals per 100,000, typically diagnosed between ages 30 and 50, with an equal gender incidence. Studies show identical clinical and genetic features in Sri Lanka. MRI findings include caudate head atrophy and volume loss in the putamen, resulting in frontal horn enlargement, giving a box-like shape. Quantitative measures like the frontal horn width to inter caudate distance ratio (FH/CC) (Normal mean FH/CC ratio is 2.2 to 2.6) and inter caudate distance to inner table width ratio (CC/IT) (Normal CC/IT ratio is 0.09 to 0.12) aid in assessment. No specific treatment is available for Huntington's disease. These two cases highlight the important role played by detailed neuroimaging in diagnosing Huntington's disease which showed similar features to that previously reported in literature.

**Abstract No: PP 107****INTRACRANIAL HAEMORRHAGE FOLLOWING METHAMPHETAMINE TOXICITY**

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**Introduction**

Recreational drugs such as amphetamines, cocaine and ephedrine are known to cause intracranial haemorrhages (ICH), in a mechanism believed to be similar to that of hypertension-associated ICH, due to the acute spikes of blood pressure. Deaths due to ICH following methamphetamine are rarely reported in Sri Lanka.

**Case report**

A 36-year-old, previously well, male was found dead in a hotel room in the morning after an overnight drinking party. According to his fellow drinking partners, sometime around the midnight, he had withdrawn to a separate room where he was sleeping alone, while the others continued partying. In the scene investigation, there was no evidence of foul play. An inquest was conducted under a magisterial order and an autopsy was conducted.

Autopsy revealed an averagely built individual with no external injuries or torn clothing. There were no scalp haematoma or skull fractures. The brain was 1500 g in weight and oedematous. Brain dissection revealed an intracerebral haemorrhage in left parietal region, associated with intraventricular and subarachnoid haemorrhages with a midline shift. Other organs, including heart and kidneys, appeared macroscopically and microscopically normal. His blood and urine tested positive for ethanol (43 mg/100 ml) and methamphetamine (more than 1000 ng/ml), respectively. Subsequently the cause of death was ascertained as spontaneous ICH due to methamphetamine toxicity. Other known causes of ICH, including hypertension, liver disease, brain tumours, arteriovenous malformations and venous sinus thrombosis were also excluded during the death investigation, using clinical history, macroscopic and microscopic findings.

**Discussion and conclusions**

This communication emphasizes on the fact that toxicity of recreational drugs, such as methamphetamine, needs to be considered when spontaneous ICH are encountered in clinical or post-mortem cases, especially in sudden deaths among the young.

**Abstract No: PP 110****MESENTERIC CYSTIC LYMPHANGIOMA: A RARE DIFFERENTIAL DIAGNOSIS FOR INTRA-ABDOMINAL CYSTIC LUMP**

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**Introduction**

Lymphangioma is rare, congenital, benign vascular proliferation of lymphatic vessels. They are predominantly found in the head, neck and axillary region of paediatric population. Intraabdominal lymphangioma are extremely rare and commonly found in the small bowel mesentery. Clinical manifestations of mesenteric lymphangioma can differ widely.

**Case report**

A 21-year-old ASA 1 male, presented with a dull right lower abdominal pain for 2 months duration without constitutional symptoms. Clinical examination revealed intrabdominal mass in the right iliac fossa.

Ultrasound scan and computed tomography (CT) of the abdomen showed thin wall cystic lesion, measuring 8.8cm x 6.5cm, most likely mesenteric cyst arising from the small bowel mesentery. After appropriate consent, the patient underwent diagnostic laparoscopy which showed multi locular, yellowish white soft mass, originating in the peripheral part of the ileal mesentery, incorporating part of the ileum. Laparoscopic assisted excision of the lesion and affected ileum was done. Bowel continuity was restored by end-to-end anastomosis. He had an unremarkable post-operative period and discharged on post op day 3.

Microscopic examination of the lesion revealed mesenteric cystic lymphangioma. He is currently under clinic follow up and no notable symptoms observed.

**Discussion and conclusion**

Mesenteric cystic lymphangiomas may pose diagnostic challenges due to their rarity in adults. Even though CT and MRI suggest the diagnosis, histological confirmation is essential. Complete surgical excision is recommended even when the patient is asymptomatic to prevent fatal complications such as volvulus. Minimal access surgery is a feasible option to treat mesenteric lymphangiomas located in peripheral part of the mesentery.

**Abstract No: PP 113****BLADDER LEIOMYOMA PRESENTING WITH VOIDING SYMPTOMS:  
A CASE REPORT**

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**Introduction**

Urinary bladder leiomyoma is a rare benign mesenchymal tumour of the bladder and accounts for only 0.4% of all bladder tumours. Clinical presentations of these tumours may vary depending on the size and site of the tumour. We describe a mesenchymal tumour presenting with voiding symptoms such as hesitancy, intermittency, and poor stream.

**Case report**

A 47-year-old lady presented with increased urinary frequency and voiding symptoms for the past three months with unremarkable clinical examination. Her urine and inflammatory markers were normal except for a mass lesion of 3cm by 3cm in the posterior wall of the urinary bladder with 200ml post micturition residual volume.

A well-circumscribed spherical lesion at the bladder neck was discovered by cystoscopy, with normal appearing overlying mucosa.

A contrast-enhanced MRI Pelvis revealed an obstructing ovoid well defined mass at the bladder neck with homogenous, low T1 and high T2 signalling lesion. The patient underwent transurethral resection and histology revealed benign leiomyoma of the bladder. Clinical symptoms were improved with treatment and the patient will be returned in one year for cystoscopy follow-up.

**Discussion and conclusions**

Urinary voiding symptoms are the most common presenting complaints. These leiomyomas have comparable imaging properties to uterine leiomyomas on ultrasonography, CT, and MRI: a uniform solid mass with well-defined margins. Most are small and asymptomatic and are discovered incidentally. However, large tumours manifest with symptoms such as hesitancy, frequency, dribbling haematuria, pressure from mass effect. Focal excision of the mass is the treatment of choice.

A preoperative suspicion of a leiomyoma is invaluable in alerting the surgeon to the benign nature of the mass and preventing unnecessary radical surgery.

**Abstract No: PP 117****BETA THALASSEMIA TRAIT PATIENT PRESENTED WITH MACULAR OEDEMA  
– AN UNUSUAL PRESENTATION – A CASE REPORT**P Sriharanathan, NAKP Kumara

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**Introduction**

Beta Thalassemia is a genetic blood disorder caused by defective globin synthesis and is classified according to severity and genetic composition into three categories trait (TT), intermedia (TI), and thalassemia major (TM). TM is homozygous and TT is heterozygous state. TI and TM need regular blood transfusions and fundus involvement is well described in the literature. TT is asymptomatic and patients found incidentally, fundus involvement is rare. We present a case of macular oedema in a patient with TT, which may be a coincidental finding or correlated to each other.

**Case reports**

A 47-year-old male presented with the blurring of right eye vision noticed incidentally for a month duration. His medical history and family history were unremarkable.

On examination both eyes' anterior segment was normal. The best corrected visual acuity in the right eye is 6/18 and in the left eye 6/6. Fundus showed in right eye macular oedema involving temporal fovea, microaneurysms around fovea, which is more marked temporally, and in left eye microaneurysms around the fovea, but no macular oedema. Vasculature was normal in both eyes. The systemic examination was unremarkable.

Optical coherence tomography of the macular confirmed macular oedema in the right eye temporal fovea and the left eye was normal. Fundus fluorescein angiography revealed right eye leaking. Optical coherence tomography angiography revealed right eye reduced vascular density and enlarged foveal avascular zone. Left eye was normal.

Diagnosis of beta thalassemia trait was made after a hematologic workup and other common causes for macular oedema were excluded.

**Discussion and conclusion**

Although TI and TM are symptomatic and fundal findings are well documented TT is asymptomatic and patients are not evaluated for routine fundoscopy, and fundal findings are not documented. Apart from finding a cause for macular oedema knowing that a patient is having TT it is important to do family screening and genetic counselling. We highlight the importance of haematological workup in evaluating patients with idiopathic macular oedema and further workup to document fundal findings in TT.

**Abstract No: PP 119****IDENTIFICATION OF MEDIAL ORBITAL WALL FRACTURE ASSOCIATED WITH FLOOR FRACTURE WITH MEDIAL RECTUS ENTRAPMENT- A RARE CASE REPORT**

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**Introduction**

Blowout fracture involving the medial orbital wall with medial rectus entrapment is rare, unlike blowout fracture involving the orbital floor with muscle entrapment where clinical findings are apparent from the beginning if present. It is unusual to develop clinical features a few days later, as an example with nose blowing.

Awareness of white-eyed medial wall fracture and possible precautions in A&E admissions is important.

Prevention is by identifying the possible ethmoid sinus Fracture with at least X-rays when clinically suspected with the type and mode of injury, and proper advice to give to patients is important to avoid unnecessary surgical intervention and the cost hassle involved.

**Case report**

A 25-year-old male presented to the OPD eye unit as a casualty after being hit in the right eye with the boot of a fellow Rugby player on the same day. He was sent home and referred to the eye clinic for dilated fundoscopy because of a lack of signs of soft tissue injury or fracture. After two days, when he presented to the eye clinic, he developed periorbital swelling and diplopia.

On examination, he had periorbital swelling, subcutaneous emphysema, and diplopia on leftward gaze. Both anterior and posterior segments and visual acuities were normal.

The Hess chart confirmed right eye limited abduction. CECT orbit revealed a medial orbital wall fracture with medial rectus entrapment.

The patient was referred to the orbital surgical unit, where surgical repair was done. After six weeks following the surgery, he had complete resolution of restricted extraocular movements.

**Discussion and Conclusion**

The lack of soft tissue signs and complaints other than pain of trauma makes these injuries easy to miss.

Increasing the awareness of blowout fracture to have a higher degree of suspicion based on the mechanism of injury even without clinical features and advising avoiding nose blowing if ethmoid bone fracture is suspected.

**Abstract No: PP 120****UTERINE DIDELPHYS: A CASE REPORT**

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**Introduction**

Uterine didelphys is a rare condition with two separate uterine bodies and cervixes. Knowing the condition helps to overcome complications.

**Case**

A two-day old baby with an uneventful antenatal period presented to ultrasound for clitoromegaly.

Her ultrasound scan abdomen showed two separate uterine bodies with two separate cervixes. No other anomalies were demonstrated in the abdomen. Subsequent CT and MRI were not done due to radiation and requirement of general anaesthesia.

**Discussion**

Uterus didelphys is a form of Müllerian duct anomaly (class III) with a complete duplication of uterine horns and the cervix without communication between them. It accounts for 8% of Müllerian duct anomalies. It may be associated with renal agenesis and vaginal septum. It results from failed ductal fusion that occurs between the 12th and 16th week of pregnancy. The uterine volume in each duplicated segment is reduced. The ultrasound (sensitivity 56%, specificity 100%), hysterosalpingography and MRI demonstrates two separate endocervical canals that open into separate endometrial cavities, without communication between the two horns. Each endometrial cavity ends in a solitary fallopian tube.

The importance of diagnosing uterine didelphys is, increased incidence of fertility issues, Müllerian abnormalities like septate and subseptate uterus and associations like renal agenesis, duplex kidney. Pregnancy to term is about 20%, with one third of pregnancies ending in abortion and half in premature deliveries. Only 40% of pregnancies resulted in living children. There may also be other complications such as unilateral hydrocolpos/hematocolpos, (if a vaginal septum is present) and endometriosis.

**Abstract No: PP 123****A CASE REPORT: A SUCCESSFUL LATERAL POSITION ENDOTRACHEAL INTUBATION IN A SITUATION OF DIFFICULT APPROACH IN SUPINE POSITION**

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**Introduction**

Supine position is the most common and traditionally used method during orotracheal intubation. But this may not be feasible in certain emergency situations. Lateral intubation is an alternative technique that can be employed in such situations.

**Case report**

A 64-year-old ASA II patient presented to the surgical casualty ward with a penetrating chest injury with a wooden pole to right posterior chest wall. An emergency thoracotomy was planned following initial stabilization.

Since it was unable to position the patient supine due to the impacted foreign body, the patient had been intubated in left lateral position and a pillow was used to keep the neck in neutral position. The bougie was used to facilitate intubation.

**Discussion**

Intubating in lateral position might be difficult due to unfamiliarity, uncomfortable position of intubator and the compromised laryngeal view. But lateral intubation might be necessary in certain clinical settings where accidental loss of airway when patient is positioned lateral during surgery, children with meningomyelocele, active oral bleeding where airway needs to be secured, in emergency situations where the patient cannot be turned supine as in our case.

Lateral intubation is advantageous by reducing the risk of aspiration, preventing collapse of laryngeal structures and increasing the functional residual capacity in paediatric patients.

While lateral intubation is not the routine approach for airway management, its utilization demands proficiency in its unique procedure and is reserved for specific cases where traditional intubation may be challenging or contraindicated.



**Abstract No: PP 127****INJURY PATTERNS IN HIGH-VOLTAGE ELECTROCUTION – A CASE SERIES**

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**Introduction**

High-voltage electrocution can cause injuries ranging from burns, blast-like injuries and extensive deep tissue damage to fatalities with no external injuries.

**Case report**

**Case 1:** A 28-year-old male was fatally electrocuted while climbing an electricity post. Prior to the electrocution, he was fleeing after stabbing a female and afterwards he fell from a height while fleeing across the rooftops. Autopsy revealed grossly mutilated hands with amputated fingers, as seen in a blast, and deep burns on the body, caused by electrocution.

**Case 2:** A 22-year-old male was handling a high-voltage power line over the rooftop of an illegally constructed house during a power failure. He was fatally electrocuted when the power returned unexpectedly. Autopsy revealed extensive burns on the body with “crocodile skin” appearance.

**Case 3:** A 47-year-old male was found unconscious in a field during a lightning storm with evidence in the surrounding suggestive of a lightning strike. There were no external injuries, but a ruptured ear drum was noted. The emergency team was able to resuscitate him briefly, but he ultimately succumbed.

**Case 4:** A 42-year-old male sustained electrocution injuries on a rooftop while handling a metal pole near a high-voltage wire. His extremities were charred and non-viable, leading to surgical amputation of all 4 limbs.

**Case 5:** A 40-year-old male suffered “crocodile skin” burns on his lower limbs when he accidentally came in to contact with a high-voltage wire while picking fruits atop a tree.

**Discussion and conclusions**

These cases highlight various circumstances and severities of injuries in high-voltage electrocution, emphasizing the need for preventive measures and prompt intervention.

**Abstract No: PP 130****RIGHT SHOULDER FRACTURE DISLOCATION COMPLICATED WITH  
AXILLARY ARTERY INJURY: A RARE CASE REPORT**

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**Introduction**

Shoulder joint is the most dislocated joint in the human body. The fracture dislocation of shoulder is a high energy injury. Axillary nerve injury and rotator cuff muscle injury are frequent associations, but axillary artery injury is a rare complication. We report a case of axillary artery injury following shoulder fracture dislocation.

**Case history**

A 61-year-old female presented following a fall on outstretched hand. The initial clinical survey revealed unremarkable neurology of right upper limb and weak distal arterial pulses other than the suspicion of shoulder dislocation. The limb was not pale, discoloured, or cold. Radiograph of right shoulder confirmed the clinical diagnosis of shoulder dislocation with a comminuted fracture of right humeral head. Doppler assessment was performed on right upper limb arteries, which revealed monophasic flow in brachial artery and distal branches. The patient was unable to abduct the limb to assess axillary artery. Imaging escalated to CT angiogram of right upper limb and confirmed the diagnosis of axillary artery thrombosis and minimally displaced comminuted fracture of right humeral head. Patient underwent open surgery for fracture reduction and bypass grafting of axillary artery. Although the fracture management was successful, bypass graft failed twice. The patient ended up in surgical right shoulder disarticulation.

**Discussion and conclusion**

Prediction of axillary artery injury in shoulder fracture dislocation is important for early diagnosis and intervention to reduce morbidity. Doppler ultrasound scan can be used for initial assessment however, the CT angiogram is the investigation of choice, and it should not be delayed.

**Abstract No: PP 132****DYSKERATOSIS CONGENITA: A RARE BONE MARROW FAILURE SYNDROME**

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**Introduction**

Dyskeratosis Congenita (DC) is a rare clinically and genetically heterogeneous disorder, inherited as autosomal dominant, autosomal recessive or X-linked recessive forms. It is caused by several germline mutations with regard to telomere biology and has multisystem clinical manifestations characterized by triad of skin pigmentation, nail dystrophy and leucoplakia and bone marrow failure which may lead to early mortality with an additional predisposition to haematological and non-haematological malignancies.

**Case report**

A 20-year-old boy presented with a white tongue lesion for seven years, which has not responded to treatments. The assessment for tongue biopsy revealed haemoglobin 11.3g/dl with WBC  $2.87 \times 10^9/l$ , neutrophil  $1.17 \times 10^9/l$ , platelet  $46 \times 10^9/l$  and reticulocytopenia. He was not on long-term drugs and no chemical exposure. No history of recurrent infections, bleeding manifestations or constitutional symptoms. He has skin pigmentations but no skeletal abnormalities or nail dystrophy. Systemic examination was normal. Blood picture showed pancytopenia with macrocytosis. Liver function, renal function, TSH, LDH and ultrasound scan abdomen were normal with negative ANA and viral studies. Bone marrow biopsy confirmed aplastic anaemia with 25% cellularity without fibrosis or dysplasia. Tongue biopsy revealed keratosis without dysplasia. DC was suspected with the clinical and investigation findings and genetic studies confirmed compound heterozygosity for DC. He is the 3<sup>rd</sup> child of consanguineous parents, but family members are asymptomatic.

**Discussion**

Regular FBC monitoring to detect deterioration of cytopenia is carrying out, but the curative treatment of DC is haemopoietic stem cell transplantation. A multidisciplinary approach with careful workup lead to early detection of rare congenital disorders.

**Abstract No: PP 133****A CASE OF COLORECTAL CANCER PRESENTING WITH VAGINAL DISCHARGE TO A GYNAECOLOGICAL CLINIC**

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**Introduction**

Colo-vaginal fistulae can be of diverticular origin, radiation induced or more rarely due to malignancies.

**Case report**

A 50-year-old female presented to the gynaecology clinic with feculent vaginal discharge over 2 months. Speculum examination revealed a large vaginal vault defect. She had no gastrointestinal symptoms of note.

CT scan showed a possible fistulous tract between the sigmoid colon and vagina. Colonoscopy could not proceed beyond the recto-sigmoid junction.

An inflammatory mass encasing the sigmoid colon and posterior wall of the vaginal vault was found at laparotomy. The mass along with sigmoid colon and vaginal vault was resected en-bloc and a colorectal end to end anastomosis was created. A tongue of vascularized omental tissue placed at the rectovaginal septum. Pelvis was thoroughly washed with saline and a drain was placed in-situ.

Recovery was quick and the patient's symptoms completely settled. Histology revealed a poorly differentiated adenocarcinoma with positive lymph node metastasis and a positive vaginal cuff margin.

The MDT decision was taken to proceed with adjuvant chemotherapy rather than attempt a re-resection or radiotherapy.

**Discussion and conclusions**

In the absence of any previous gastro-intestinal symptoms, the presentation of a locally advanced colonic carcinoma is rare. The distressing symptomatology compelled an expedited investigative and operative treatment plan by a multi-disciplinary team. The operative approach was in keeping with that of a malignancy though no histological evidence was available pre op. However judicious dissection in the inflamed pelvis led to a positive tumour margin on the vaginal end. Thus, making adjuvant therapy complex.

**Abstract No: PP 135****DEFICIENCIES IN PATIENT NOTIFICATION SYSTEM AND HOW IT AFFECTS TO DENGUE CONTROL ACTIVITIES IN KANDY MUNICIPAL AREA**

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**Introduction**

Dengue is a communicable disease associated with urbanization. It is challenging to implement successful epidemic control activities due to deficiencies in the disease surveillance process.

**Objectives**

To describe the time gaps of preventive measure initiations for dengue patients reported in Kandy Municipal Limits.

**Methods**

Descriptive cross-sectional study was conducted among all dengue patients notified within Kandy city limits. Health 544 forms and Dengue sentinel site surveillance system notified patients in 2023 were considered as study population. Data analysis was conducted with the facilitation of SPSS version 25.0.

**Results**

Range of duration between onset of the disease and notification was day 1 to day 29 (mean=5.62: SD=4.13). Duration between notification and field case investigation was ranged from day 1 to 14 (mean=2.09: SD=1.68). Mean duration of time between onset of the disease and onsite field investigation of the patient (public health attention gap) was 7.7 days (SD=4.37). Among patients, 29.9 % were notified to relevant public health unit within first three days. Majority (n=368:60.3%) were notified between 3 to 5 days duration from the disease onset and 26.5% of the patients were notified 7 days after the onset of clinical symptoms. Majority of the patients were investigated for preventive activities during the notified day by the respective public health officials.

**Conclusions and recommendations**

Because the delayed notification of dengue patients, preventive public health initiatives are inevitably delayed. Attention should be paid to the policy changes needed to increase disease notification as early as possible.

**Abstract No: PP 136****TARGET ORIENTED INTERVENTIONS TO ENHANCE PAP SMEAR COVERAGE IN WORKING POPULATION WITHIN KANDY MUNICIPAL LIMITS**

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**Background**

Well women clinic has been established to improve women's health by early detection of chronic disease through community screening. Attendance of well women clinic services in the Kandy Municipality area was relatively less than other areas in the district.

**Objectives**

To describe the output of the well women clinic service promotion in Kandy Municipality area.

**Methods**

Conducted awareness programmes regarding well women clinic services by staff of Kandy Municipal Health department targeting eligible population attached to the government institutions and schools. Awareness programme had two components; lecture followed by a discussion session allowing participants to ask questions to clarify their doubts. Fifteen awareness programmes and 15 clinics were conducted in separate dates in particular government offices and schools in municipality area. Pre intervention and post interventional coverage data based on eligible population were compared by using z test for proportion.

**Result**

Total number of participants evaluated in pre intervention was 880 and 898 in post intervention stage. Pre interventional pap smear coverage among women in 35 years was 33.65% (n=296) in 2021 and post interventional coverage was 48.5% (n=436) in 2022. There was significant improvement of pap smear coverage observed ( $z=6.7$ ;  $p<0.001$ ). Improvement among school teachers from 9.8% (n=86) to 16.2% (n=145). Improvement among government officers from 23.8% (n=209) to 32.3% (n=290). Higher improvement was observed among government officers compared to schoolteachers ( $z=1.7$ ;  $p=0.09$ ).

**Conclusions**

Target oriented well focused health promotion activities will affect the improvement of pap smear coverage in well women clinic services in Kandy City limits. More intervention will need to address working population.

**Abstract No: PP 140****PLACENTAL MESENCHYMAL DYSPLASIA WITH GENETICALLY NORMAL  
LIVE FOETUS: A RARE CASE**

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**Introduction**

Placental mesenchymal dysplasia (PMD) is a benign condition which is characterized by placentomegaly with grape like vesicles seen macroscopically, which is characteristically seen in molar pregnancies. This condition is usually associated with foetal growth restriction (FGR) in majority of cases and approximately 25% of cases were associated with Beckwith-Wiedemann syndrome (BWS) or intrauterine death.

**Case Report**

A 27-year-old primigravida was admitted to the antenatal ward with labour pain at the 38th week of pregnancy. Her pregnancy was uncomplicated, and all the haematological and biochemical tests were normal. The serial ultrasound scan done in monthly intervals up to 32 weeks of gestation and two weekly intervals until birth revealed a single viable foetus and didn't reveal any abnormality. She gave birth to a baby with 2500g birth weight. Apgar score of the baby was ten at birth. General examination of the baby at birth didn't reveal any congenital abnormality (karyotyping was not performed). The placenta was large and bulky (180x170x90 mm); weighed 885g. The placenta had plenty of grape-like vesicles admixed with some normal appearing villous tissue.

**Discussion**

PMD is a rare placental vascular abnormality, and it is characterized by enlarged placenta, cystic dilatation of stem villi with the formation of grape-like vesicles and dilated vasculatures. The incidence of PMD was 0.02% in the literatures. PMD cases were frequently associated with the Beckwith-Wiedemann syndrome (23%), IUGR (33%), IUFD (13%), and preterm labour (33%) and very rarely gives a congenitally normal foetus. PMD should be differentiated from molar pregnancy because it doesn't need to terminate the pregnancy. It is vital to differentiate macroscopy, microscopy, and karyotyping from other differential diagnoses. If it is diagnosed ultrasonically during the antenatal period, patients should be counselled about increased risk of foetal morbidity and close follow-up is necessary in antenatal and perinatal periods.

**Abstract No: PP 141****NON-VIABLE OVARY AND FALLOPIAN TUBE IN A STRANGULATED FEMORAL HERNIA: A CASE REPORT**

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**Introduction**

The presence of ovary and fallopian tube in a femoral hernia is rare and can account for difficulties in management. Here we report a case of a post-menopausal female with strangulated ovary and fallopian tube in a right sided femoral hernia.

**Case report**

A 67-year-old woman presented with a ten-day history of a painful right groin lump. On examination, a tender irreducible lump was noted below the medial third of groin crease. Clinical diagnosis of right incarcerated femoral hernia was made.

Ultrasonography of groin and abdomen showed features of a strangulated femoral hernia with the contents unable to be demonstrated. X-ray abdomen and chest were normal.

The patient was subjected to open right femoral hernia exploration with McEvedy's approach. Necrosed right ovary and fallopian tube were found in the sac. Following right salpingo-oophorectomy, standard repair of femoral hernia was carried out.

The patient made an uneventful recovery and the histology returned as necrosed right ovary and fallopian tube.

**Discussion/Conclusion**

Presence of ovary and tube in a femoral hernia if unsuspected preoperatively can have problems during consent and surgery. In pre- and post-menopausal patients, viable ovary and tubes require careful preservation while salpingo-oophorectomy is performed if non-viable in addition to hernia repair. According to literature, there is no place for oopheropexy to prevent torsion following such cases.



**Abstract No: PP 143****A CASE OF GOODPASTURE SYNDROME WITH CONCURRENT PNEUMONIA:  
DIAGNOSTIC AND A MANAGEMENT CHALLENGE**

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**Introduction**

Goodpasture syndrome is a rare autoimmune condition with pulmonary-renal involvement. We report a case of Goodpasture syndrome with simultaneous pneumonia which made the management challenging.

**Case report**

A 27-year-old male smoker with recent onset hypertension presented with haemoptysis and progressive shortness of breath for 4 days with painless haematuria detected on admission. He was febrile, dyspnoeic and saturation was 80%. Investigations revealed high inflammatory markers (CRP-119mg/L, ESR-96mm/1<sup>st</sup> hour), neutrophilic leucocytosis (WBC- $15.1 \times 10^3/\mu\text{l}$ ), markedly elevated serum creatinine and an active urinary sediment. CXR showed bilateral alveolar shadows compatible with pulmonary haemorrhages with possible superadded infection which was subsequently confirmed on HRCT which showed features of pulmonary vasculitis with pneumonia. Sputum culture isolated *Pseudomonas aeruginosa* while viral screening, anti-neutrophil cytoplasmic, anti-nuclear antibodies and complement 3 and 4 levels were all normal. Anti-glomerular basement membrane IgG was highly positive at 164 RU/ml (<20). Renal biopsy subsequently showed crescentic glomerulonephritis with linear IgG deposition. Goodpasture syndrome with associated lung infection was diagnosed. Patient was started on intravenous antibiotics, therapeutic plasma exchange and intermittent haemodialysis. Immunosuppression was deferred due to pseudomonas lung infection. Once adequate doses of antibiotics were given patient was started on intravenous methylprednisolone pulses followed by oral cyclophosphamide. Patient had excellent pulmonary recovery however had dialysis dependent renal impairment which was compatible with histological severity of the disease.

**Discussion and conclusions**

High degree of clinical suspicion and multidisciplinary approach is needed in the management of Goodpasture syndrome. Management is not always straightforward especially when complicated with concurrent infection.

**Abstract No: PP 148****DEMYELINATING POLYNEUROPATHY AS THE INITIAL PRESENTATION OF SARCOIDOSIS – A RARE CASE OF SARCOID NEUROPATHY**

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**Introduction**

Sarcoidosis is a chronic inflammatory multisystem disease of unknown aetiology. Sarcoid neuropathy is one of the rare manifestations of this systemic disease, masquerading as many different clinical entities and making the diagnosis more challenging. Peripheral neuropathy in sarcoidosis, best correlates with the heterogeneous group of inflammatory polyneuropathies. However clinical presentation mimicking acute or chronic demyelinating polyneuropathy as the initial manifestation of the disease is a rare finding.

**Case report**

We present a case of a 51-year-old lady with diabetes mellitus and hypertension who presented with bilateral lower limb numbness and weakness, which gradually progressed over 4 months. There were no respiratory symptoms. Examination revealed symmetrical proximal and distal muscle weakness of power MRC grade 3, with stocking type sensory loss for pain up-to mid-calf of both limbs. On diagnostic workup, CT chest showed isolated mediastinal lymphadenopathy with normal parenchyma. Nerve conduction study (NCS) revealed gross delay in nerve conduction velocity of both common peroneal and posterior tibial nerves, left more than right, suggestive of severe demyelinating polyneuropathy.

Given the histopathological finding of non-caseating granulomatous changes on mediastinal biopsy, along with high angiotensin converting enzyme level, diagnosis of sarcoidosis was made, and she was started on oral steroid treatment, comprising of prednisolone 0.5mg/kg/d. At three months of treatment, she was able to walk by herself with lower limb muscle power of MRC grade 5. Repeat NCS revealed marked improvement.

**Conclusions**

Herein we report a rare case of neurosarcoidosis presenting as chronic demyelinating sensory-motor polyneuropathy, which showed an excellent clinical response to steroid treatment.

**Abstract No: PP 150****TOLOSA-HUNT SYNDROME: A DIAGNOSTIC CONUNDRUM IN A PATIENT PRESENTING WITH DIPLOPIA - A CASE REPORT**

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**Introduction**

Tolosa-Hunt syndrome (THS) is a rare benign treatable cause of painful ophthalmoplegia with frequent VI, III, IV cranial nerve (CN) involvement. Optic and trigeminal nerve involvement is rare but described. The disease is characterized by severe preceding or concomitant headache and remarkable response to steroids.

**Case report**

We present a case of THS in a middle-aged man who presented initially with painful vertical diplopia with evidence of isolated right IV CN involvement. Brain imaging was normal except for sinusitis. A diagnosis of idiopathic IV CN palsy was made and he was prescribed eye muscle exercises while receiving antibiotic treatment for Sinusitis. Within the next month, he developed severe episodic ipsilateral headache with autonomic symptoms in clusters with right sided ptosis, progressive visual impairment with disappearance of diplopia, with normal fundoscopy, and V1 facial sensory impairment. Inflammatory, infective markers and autoimmune profile were normal. Repeat CECT and MRI brain showed enhancing lesion of cavernous sinus extending to orbital apex consistent with THS. Biopsy was not performed due to procedural risk. He showed dramatic improvement with steroids with initial re-appearance of diplopia and complete resolution of neurology at the end of 4 weeks.

**Discussion and conclusions**

Evolving multiple CN involvement in the form of painful disappearance of diplopia, ptosis and facial paraesthesia point to a potential diagnosis of THS. Headache may mimic primary headache syndromes and needn't precede ophthalmoplegia. Imaging changes may develop over time making MRI essential for diagnosis. Biopsy being high-risk is better avoided. Steroid responsiveness can be diagnostic if more sinister differentials are ruled out.

**Abstract No: PP 153****STRATEGIES USED TO IMPROVE THE UNDER 5-YEAR WEIGHING COVERAGE OF MEDICAL OFFICER OF HEALTH AREA POOJAPITIYA DURING THE NUTRITION MONTH 2022**

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**Background**

Although Nutrition month has been conducted annually since 2011, the weighing participation was all time low during 2021. It was revealed that the low weighing coverage (40%) of the Galhinna Public Health Midwife (PHM) area is the key factor for the overall low weighing coverage of the Medical Officer of Health area Poojapitiya at the initial stage of the nutrition month during 2021. Hence to improve the weighing coverage in addition to the routine weighing of the children several strategies were introduced to increase the weighing coverage.

**Objective**

To increase the weighing coverage of under 5-year children of the Galhinna PHM area by introducing newer approaches and strategies during Nutrition month 2021 July apart from the routine program.

**Methods**

PHM visited every household in the eligible family registers of the area to identify those families that did not come for weighing, and it was found that certain families were not living in that area anymore. Data was cross checked with the previous year and corrected. And then awareness programmes were conducted for those families who did not bring children for weighing. Public awareness was increased on the importance of weighing children under 5 years, through multiple communication strategies. Preschool teachers, Gramaniladharies, religious leaders and members of trade associations were asked to speak with parents regarding the importance of weighing. Parents were given instructions in Sinhala and Tamil. WhatsApp groups were created among “mother supportive groups” in Tamil language. Exact date for weighing was announced the weighing centres were increased, and 10 PHM were allocated for five weighing centres to cover the entire PHM area in addition to the routine program.

**Results**

Weighing coverage was improved from 40% to 60% of Galhinna PHM area which contributed to achieve total coverage as 97.4% for MOH area. It was confirmed that those who were absent for the weighing were not living in the Galhinna PHM area.

**Conclusions and Recommendations**

Improved communication, proper planning and easy access will improve the weighing coverage of under 5-year children.

**Abstract No: PP 155****AETIOLOGY AND POST-OPERATIVE RECURRENCE RATE IN PAEDIATRIC UROLITHIASIS REQUIRING SURGICAL INTERVENTION UNRAVELLED: A SINGLE CENTRE EXPERIENCE IN UNITED KINGDOM**

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**Background**

Whereas adult urolithiasis is frequently idiopathic, it is probable that risk factors for stone disease are more likely in children.

**Objectives**

Our objective was to investigate the aetiology and recurrence rates of urolithiasis in children who had undergone treatment in our tertiary unit at Evelina, London.

**Methods**

All children underwent surgery for urolithiasis between 2008 to 2022 were retrospectively reviewed. Data was collected on clinical presentation, patient Risk factors, type of surgery and recurrence. Statistical significance was taken at  $p < 0.05$  (two-tailed).

**Results**

There were 131 patients (55.7% boys) with median age 9.5 years at time of surgery and subsequent follow-up was 42.9 months. Of the patients, 65 had multiple stones and 17 were staghorn. Two children had stones in their transplants. UTI was the presentation in 34.4%. Metabolic abnormality was found in 28.4%. Risk factors included history of prematurity in 11.5%, other co-morbidity in 42%, renal tract anomaly in 21.4%, family history in 20.6%. A total of 97 had flexible and/or rigid ureteroscopy, 39 percutaneous nephrolithotomy, and 3 extracorporeal shock wave lithotripsies. Stone recurrence was evaluated in 79, following complete post treatment stone clearance. Twelve (15.2%) developed recurrence. Older children and the ones with multiple stones showed higher recurrence ( $p = 0.015$ ). No difference found in prematurity, structural anomaly, comorbidities, transplanted, family history and blood or urine biochemistry abnormality between those with recurrence and without.

**Conclusion**

We report metabolic stone disease in only a 1/3<sup>rd</sup> of children with urolithiasis. Stone recurrence was more frequently seen in older children and with multiple stones.

**Abstract No: PP 156****ANALYSIS OF EPIDEMIOLOGY OF WORKPLACE INJURY CASES IN A  
GENERAL SURGICAL UNIT, NATIONAL HOSPITAL, KANDY, SRI LANKA**

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**Background**

Globalization and rapid industrial growth resulted in emergence of workplace health related issues in Sri Lanka. The growth of the industrial sector has been a valuable element of economic development strategies of many countries worldwide. However, workplace operations came with risk of injuries that can cause extension harm to people.

**Objectives**

To describe epidemiology among patients admitted to a General Surgical Unit in National Hospital, Kandy following workplace injuries.

**Methods**

prospective, observational study on the epidemiology of workplace injuries admitted to National Hospital, Kandy was done over a period of six months. Study instrument was interviewer administered questionnaire preliminary analysis was done using Minitab software and excel for all data.

**Results**

Ninety-six patients who had workplace injuries included in this analysis. Patients ranged age from 17 to 68 years. Majority of injuries happened to adults between ages of 30 and 50 (46.88%). Just 14.58% of patients were under the age of 30 and 38.54% were between ages of 50 and 70. When evaluating each patient's level of education, most patients have finished at least basic level of education. Among five different places considered in this study, home (36.06%) factory (38.04%) usually happened during daytime. Grinder was the device that caused the majority of injuries (36.9%) and it crucial to note that many of them didn't wear any protective equipment. Seventy two percent of patients did not receive any training. Main cause of most injuries is slipping of equipment (32.29%) But, one thing to be noted that the bulk of them do not use alcohol (91.67%).

**Conclusion**

More attention should be given to minimize work related injuries. Health promotion programmes to build awareness towards injury prevention should be implemented, especially when using instrument grinder.