

Results: There were a total of 10,088 deliveries in the year 2011 in our tertiary centre, in which 25 (0.24%) women were found to have conceived fetuses with lethal anomalies. All of them were diagnosed by prenatal ultrasound and only 7 (28.0%) had both prenatal ultrasound and genetic study. The women's mean age was 29.9 years old (range 22-43 years). The mean gestational age at diagnosis of lethal foetal anomalies was 25.5 weeks (SD=12.5) and mean gestational age at termination of pregnancy (TOP) or delivery was 28.5 weeks (SD=12.5). Seven (28%) women had early counseling and TOP at the gestation of < 22 weeks. Beyond 22 weeks gestation, eight (32%) women had termination of pregnancy (TOP) and ten (40%) women had spontaneous delivery. Twenty (80%) women delivered or aborted vaginally, three (12%) women with assisted breech delivery and two (8%) women with abdominal delivery. The abdominal deliveries were performed due to transverse foetal lie in labour and a failed induction, leading to emergency hysterotomy complicated by hysterectomy due to intraoperative finding of ruptured uterus. Overall, the associated post-partum adverse events included post-partum haemorrhage (12%), retained placenta (12%), blood transfusion (8%), uterine rupture (4%) and endometritis (4%). Mean duration of hospital stay was 6.6 days (SD 3.7 days).

Conclusion: Late diagnosis of lethal foetal anomalies leads to various maternal morbidities, in this case series, which could have been prevented if they were diagnosed and terminated at early trimester. A new direction is needed in our local practice.

Case Study

IS IT TUBERCULOSIS OR IS IT NOT?

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Pulmonary tuberculosis is a major public health concern especially in primary care. Most of the time, the diagnosis and treatment are clear-cut based on the clinical, radiological and laboratory findings. However, the management of tuberculosis in a patient can pose a challenge to the treating physician when non tuberculous mycobacterium is cultured. This case highlights the clinical significance and treatment dilemma of non-tuberculous mycobacterium infection in a pulmonary tuberculosis patient from the primary care perspectives.

Case Study

CASE SERIES AND REVIEW OF FACTORS AFFECTING LIMB SALVAGE: KUANTAN EXPERIENCE

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Introduction: Arterial injuries to extremities account for 50% of all trauma. Extremity injuries can be quite challenging to the surgeon due to limited time for intervention and various factors affecting the outcome. Management of traumatic limb ischemia has tremendously evolved and it has shown dramatic improvement with limb salvage rates upwards of 83.8%.

Methodology: The medical records of all the cases with extremity trauma from March 2013 to March 2014 who needed intervention were reviewed retrospectively and potential data was extracted, summarized in tables and analysed.

Results: We received 8 male vascular trauma cases and 1 female trauma case with a mean age of 29.8yrs. Motor vehicle accident was the commonest cause for the injuries sustained in our region. The average total ischemic time was about 9.7hrs while the amputation rate was 30%.

Conclusion: There are various factors that may affect outcome of limb salvage surgery. Prompt action preoperatively to shorten the ischemic time is very crucial. Early graft occlusion is the most independent risk factor that predicts limb loss. MESS score may give a useful guide to the outcome of arterial repair post trauma.

CORRELATION BETWEEN SEVERITY OF EROSIIVE REFLUX ESOPHAGITIS AND ITS MANOMETRIC FINDINGS IN A TERTIARY HOSPITAL AT EAST COAST, PENINSULAR MALAYSIA.

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Introduction: The burden of Gastroesophageal Reflux Disease, GERD in Asia-Pacific region is increasing.

Objectives: To evaluate the manometric finding in erosive reflux esophagitis and its correlation with severity among patients who were seen at Surgical Department, Hospital Tengku Ampuan Afzan (HTAA), Kuantan.

Methodology: This was a cross sectional study which involved 60 patients seen from September 2012 until January 2014. Patients were required to fill up the Reflux Disease Specific Questionnaire and subsequently underwent manometric evaluation. Descriptive statistics and Pearson's correlation were applied using SPSS version 18.0.

Results: There was no correlation between the severity of Erosive Reflux Disease with the Lower Esophageal Sphincter Pressure or esophageal motility. There was positive correlation ($r = + 0.54$) between severity of Erosive Reflux Disease and velocity variables of esophageal motility but it was not statistically significant.

Discussion: Few experts opined that Erosive Reflux Disease is associated with esophageal dysmotility but there was no specific pattern of esophageal mean wave amplitude in our study sample. The limitation of this study was the sample's selection and size. Thus, we need further study with better methodology and sample size.

Conclusion: In conclusion, there was no significant correlation between the severity of Erosive Reflux Esophagitis on the Lower Esophageal Sphincter pressure and the esophageal motility.

Case study

PROBOSCIS LATERALIS; NASAL APLASIA WITH COMPLETE AGENESIS OF MAXILARY AND ETHMOIDAL SINUSES: CASE REPORT

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We report a child with Proboscis Lateralis with nasal aplasia and complete agenesis of maxillary and ethmoidal sinuses. This is a rare congenital malformation. Embryological basis has not been proven. It is often associated with facial malformation. However in our patient there was no such abnormality noted. This condition is diagnosed clinically and confirmed radiologically for which CT scan plays a pivotal role. Reconstructive surgery is planned at the age of 15 years.

ALTERNATIVE SURGICAL APPROACH TO CREATE OSTEOMYELITIS IN NEW ZEALAND WHITE RABBIT MODEL

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