QUALITY OF LIFE OF PATIENTS LIVING WITH A STOMA & ASSOCIATION WITH SOCIO-DEMOGRAPHIC FACTORS

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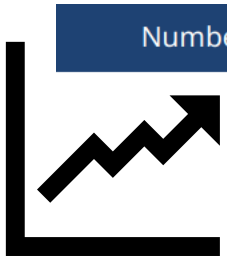
1 INTRODUCTION

- Worldwide, colorectal cancer leads to stoma formation.
- In Malaysia, the demand for stoma formation is expected bound to increase over time.
  - **An increase in the prevalence of colon cancer** and inflammatory bowel disorders (IBD)



No 2 cancer

Conditions / Disorders That Usually Will Require Stoma Formation:

Colorectal cancer = **6 597**
IBD = ?
Trauma = ?
Congenital anomalies = ?
Others = ?

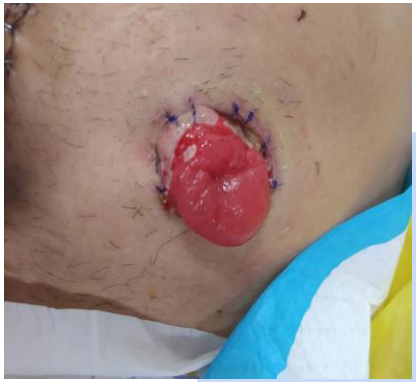
Mokhtar, N. M., Nawawi, K. N. M., Verasingam, J., Zhiqin, W., Sagap, I., Azman, Z. A. M., Mazlan, L., Hamid,H. A., Yaacob, N. Y., Rose, I. M., Den, E. L. N., Wan, M. S., & Raja Ali, R. A. (2019). A four-decade analysis of the incidence trends, sociodemographic and clinical characteristics of inflammatory bowel disease patients at single tertiary centre, Kuala Lumpur, Malaysia. BMC Public Health, 19(Suppl 4), 1–10.

WHO. (2020). Cancer Country Profile 2020 - Malaysia. https://www.who.int/cancer/country-profiles/MYS_2020.pdf26.

STOMA

- An opening of the intestine through the abdomen as a sequel or a consequence of a multitude of gastrointestinal diseases.

- A life-saving surgery.
  - ✓ to maintain the patients' body function by allowing a diversion with the excretion of feces or urine from the body.



Compromise the patients' QoL

QUALITY OF LIFE

- A key goal of contemporary health care.
- An individual's perspective of own health status in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHO, 2012)

Zewude, W.C., Derese, T., Suga, Y., Teklewold, B. (2021). Quality of life in patients living with stoma. *Ethiop J Health Sci.* 31(5), 993-1000.
WHO (2012). The World Health Organization Quality of Life (WHOQOL). Retrieved from https://www.who.int/toolkits/whoqol

LIVING WITH STOMA & QUALITY OF LIFE (QoL)

- Demands for the **need to adjust daily life activities** while taking care of the stoma may overwhelm the patients' resources to cope and adapt to the changes.
  - ✓ Need to use stoma bags will require additional costs
  - ✓ Associated with adjustment in dietary style, depression, change in clothing style (Zewude et al., 2021)

- Associated with the patients' background characteristics: education level, religion, income, age (Silva et al., 2019; Silva et al., 2017 Yilmaz et al., 2017).

Silva, J. O., Gomes, P., Gonçalves, D., Viana, C., Nogueira, F., Goulart, A., Leão, P., Mota, M. J., Peixoto, P., Rodrigues, A. M., & Martins, S. F. (2019). Quality of life (QoL) among ostomized patients – a cross-sectional study using Stoma-care QoL questionnaire about the influence of some clinical and demographic data on patients' QoL. *Journal of Coloproctology*, *39*(1), 48–55.

Silva, C. R. D. T., Andrade, E. M. L. R., Luz, M. H. B. A., Andrade, J. X., & Da Silva, G. R. F. (2017). Quality of life of people with intestinal stomas. *ACTA Paulista de Enfermagem*, *30*(2), 144–151.

Yilmaz, E., Çelebi, D., Kaya, Y., & Baydur, H. (2017). A descriptive, cross-sectional study to assess quality of life and sexuality in Turkish patients with a colostomy. *Ostomy Wound Management*, *63*(8), 22–29.

OBJECTIVES OF THE STUDY & HYPOTHESIS

This study aimed to:

1. Assess **QoL** of patients living with a stoma.
2. Determine **association** between **socio-demographic factors** (age, gender, educational level, marital status, employment status, and state) and **QoL** among patients living with a stoma.

HYPOTHESIS

There is a significant association between socio-demographic factors of age, gender, educational level, marital status, employment status, and state and QoL among patients living with a stoma.

2 RESEARCH METHODS

Research design	A retrospective observational study design
Setting	Sultan Ahmad Shah Medical Center @IIUM, Pahang
Participants	24 patients with abdominal stoma (response rate = 50%) **Source and methods of selection:** Medical records of patients who had visited the hospital for stoma surgery or follow-up treatment during November 2018 until November 2020 were retrieved and reviewed (48 patients). **Inclusion criteria:** 1) Have a colostomy, ileostomy or urostomy 2) Age of at least 18 years old **Exclusion criteria:** 1) Contact number not available. 2) Significant disability: Memory impairment, mute. 3) Deceased. 4) Refuse to participate.

Data collection	Data were collected between December 2020 until February 2021. Medical records of outpatients and inpatients were reviewed to gather data on socio-demographic and clinical characteristics and their contact numbers were obtained. A telephone interview using structured questionnaires was conducted to collect data on QoL living with a stoma.
Variables	**Independent variable: 1) Socio-demographic factors** • Age, gender, educational level, marital status, employment status, and living with people **Dependent variable: 1) QoL of living with a stoma** • Tool: City of Hope Quality-of-Life Questionnaire for a Patient with an Ostomy(Grant et al., 2004). - The max. score 10 (high) and the min. score 0 (low).
Statistical analysis	• Descriptive statistics. • Mann-Whitney and Kruskal-Wallis tests to determine the associated factors. • Any *p*-value less than 0.05 was considered statistically significant.

Grant, M., Ferrell, B. R., Dean, G., Uman, G., Chu, D., & Krouse, R.. (2012) . Quality of Life Questionnaire for a Patient with an Ostomy (QOL-O). Measurement Instrument Database for the Social Science. Retrieved from www.midss.ie

3 RESULTS

3.1. Background of the participants (*N* = 24)

Variables	n	(%)
Age (mean = 56.8, *SD* = 18.6)		
< 60 years old	12	50.0
≥ 60 years old	12	50.0
Gender		
Male	17	70.8
Female	7	29.2
Ethnicity		
Malay	23	95.8
Chinese	1	4.2
Marital status		
Married	20	83.3
Single/ Divorced/ Widowed	4	16.7
Education		
Primary	5	20.8
Secondary	13	54.2
Tertiary	6	25.0

79.2%

Variables	n	(%)
State		
Pahang	19	79.2
Terengganu /Johor	5	20.8
Employment Status		
Employed	5	20.8
Retired	11	45.8
Unemployed	8	33.4
Type of stoma		
Colostomy	10	41.7
Ileostomy	14	58.3
Permanent stoma		
Yes	4	16.7
No	20	83.3
Colorectal cancer-related stoma		
Yes	19	79.2
No	5	20.8
Duration of stoma		
≤6 months	13	54.2
≤12 months	5	20.8
>12 months	6	25.0

79.2%

75.0%

3.2. QOL OF PATIENTS LIVING WITH A STOMA

- The overall mean score for QoL was 7.1 (*SD* = 1.0).
- Spiritual domain recorded the highest score (mean = 8.0, *SD* = 1.2) and social domain recorded the lowest score (mean = 6.6, *SD* = 1.2)

Score QoL	Mean	Standard Deviation
Total score QoL	7.1	1.0
Domain		
Physical	7.3	1.0
Psychological	6.8	1.0
Social	6.6	1.2
Spiritual	8.0	1.2

3.2. ASSOCIATION BETWEEN SOCIO-DEMOGRAPHIC FACTORS AND QOL

- A **significant association** was only found between **QoL and employment** status (*p* = 0.025).
- The **employed group has significantly higher score** of QoL (8.4, IqR 1.0) compared to group unemployed (6.3, IqR 1.0) and group retired (7.1, IqR 1.0).

post hoc tests:* ***Unemployed vs employed, p = 0.034**; unemployed vs retired, p = 0.082;* ***employed vs retired, p = 0.041***

Variables		(n)	Total scores QoL	
			Median (*IQR*)	*P*-value
Age	< 60 years old	12	7.2 (2.0)	0.36
	≥ 60 years old	12	6.9 (1.0)	
Gender	Male	17	7.1 (2.0)	0.95
	Female	7	7.1 (2.0)	
Educational level	Primary	5	6.4 (2.0)	0.09
	Secondary	13	7.1 (2.0)	
	Tertiary	6	7.5 (2.0)	
Marital status	Married	20	7.2 (2.0)	0.19
	Single/Divorced/ Widowed	4	6.6 (1.0)	
Employment status	Employed	5	8.4 (1.0)	**0.03**
	Retired	11	7.1 (1.0)	
	Unemployed	8	6.3 (1.0)	
State	Pahang	18	7.1 (2.0)	0.094
	Terengganu /Johor	5	6.2 (1.0)	

Note. A *P*-value less than 0.05 was considered statistically significant

4 DISCUSSION

1. QoL of patients living with stoma

In this study, the overall of QoL reported by patients living with a stoma was **moderate.**

- The result is **comparable** to the findings of stoma-related QoL reported in studies conducted internationally, which are moderate to high (Goodman et al., 2022; Ketterer, Leach, & Fraser, 2021).
- QoL among patients with a colostomy for at least 4 months in a university hospital in Turkey was low, particularly on sexuality and body image (Yilmaz et al, 2017).
- **Spiritual wellbeing**, support around social and work situations, body image concerns, and dealing with stoma function issues and skin irritation have significant effects on QoL in patients living with a stoma (Goodman et al., 2022; Neuberger et al., 2022; Rafiei et al., 2018).

Goodman, W., Downing, A., Allsop, M., Munro, J., Taylor, C., Hubbard, G., & Beeken, R. J. (2022). Quality of life profiles and their association with clinical and demographic characteristics and physical activity in people with a stoma: A latent profile analysis. *Quality of Life Research*, *31*(8), 2435–2444.

Ketterer, S. N., Leach, M. J., & Fraser, C. (2021). Factors associated with quality of life among people living with a stoma in nonmetropolitan areas. *Nursing Research*, *70*(4), 281–288. Ketterer, S. N., Leach, M. J., & Fraser, C. (2021). Factors associated with quality of life among people living with a stoma in nonmetropolitan areas. *Nursing Research*, *70*(4), 281–288.

Neuberger L, Braude P, Weeks K, Braude P, Halliday R, McCarthy K, Carter B. (2022). A new stoma for an older person-an association with quality of life and physical function: A systematic review. *Journal of the Americans Geriatrics Society*, 70(8), 2415-2425.

2. Association between socio-demographic factors and QoL among patients living with a stoma.

Employment status influenced the QoL of patients living with a stoma

- Indicates **financial concerns**. Feeling secure in their financial position may increase QoL (Goodman et al., 2022).

- Those who worked after stoma surgery had twofold better QoL scores than those who did not work or were retired.
- Older age associated with high QoL due to financial security (Goodman et al., 2022 ; Ketterer, Leach, & Fraser, 2021).

- Clinical characteristics like type of stoma, duration of having stoma, presence of complications are associated with QoL of patients living with stoma (Dahlstrand et al., 2017; Rafiei et al., 2018; Yilmaz et al., 2017).

Dahlstrand, U., Lo, T., Na, P., Gunnarsson, U., & Striga, K. (2017). Quality of life in patients with a permanent stoma after rectal cancer surgery. *Qual Life Res*, *26*(55–64),

- **Strength:**
  A preliminary study that provides evidence of patients' QoL living with stoma in our setting.

  Lack of bias because the outcome of current interest is not assigned to the exposure.

  Weakness:
  Small sample size, expose to recall bias due to depending on self-reported by patients, inability to control for all other factors (confounding variables)

5 CONCLUSSION

- ✓ Most of the patients living with a stoma in this study have a moderate QoL.
- ✓ The impact of stoma formation on the patient's' QoL is mainly related to employment status which indicates their financial concerns.

6 RECOMMENDATION

Clinical practices	▪ To improve the healthcare provider's role by focusing on social and psychological aspects of the patients. ▪ To consider financial aspect of the patients, including access to the stoma bag and accessories.
Future research	▪ Improve data collection by improving the methods of the study. ▪ Identify other potential factors particularly clinical characteristics. ▪ Evaluate effectiveness of current practice in promoting patients' self-management of stoma at home.

THANK YOU

Acknowledgement

The authors would like to acknowledge Sr. Amirah Hanim Harun, an assistant administrative officer from Department of Medical Record SASMEC@IIUM and Sr Siti Nurshazwani Musa@Mohd Zaid, an enterostomal therapy nurse of SASMEC@IIUM, for helping in searching the data of patients with a stoma.

*This study is part of final year research project of an undergraduate nursing student.

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ABSTRACT BOOK

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Asst Prof Dr Akmal Azim Ahmad Alwi

ORAL PRESENTATION

001

Enhanced Renal Function Among Surgical Patients: A Preliminary Result

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Introduction: Augmented Renal Clearance (ARC) has been described mainly in critically ill patients which may place patients at risk of therapeutic failure. We investigated the prevalence of ARC following surgery and determine the risk factors.

Methods: This is a single centre, cohort study of patients who underwent surgery under general or regional anaesthesia between September 2021 to November 2022. Out of 45 patients, 9 were excluded as they did not fulfill the inclusion and exclusion criteria. Serum and Urine Creatinine, and 4-hour urine volume were measured within 24 hours following surgery. ARC was defined by measured creatinine clearance (mCrCl) of more than 130 ml/min/1.73m^2.

Results: ARC occurred in 6 (16.7%) patients. Out of six patients, four were Breast and Endocrine patients, one Neurosurgery and one was Urology patient. Younger age [OR 0.95 (95% CI, 0.9-1.0)] was found to be an independent predictor for ARC ($p< 0.001$).

Conclusion: ARC is an underestimated phenomenon among patients underwent surgery. Since ARC exposes patients to failure of therapy, the impact of ARC in relation to outcome should be investigated in this population.

This study is part of a research grant (RMCG 20-016-0016) and has been approved by the University's research and ethical committee (IREC 2021-268).

Serum Albumin As Independent Predictor In Determining The Outcome Of Traumatic Brain Injury

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Background:Serum albumin is the major protein of the human plasma, accounting for about 60% of the total plasma protein. Serum albumin levels tend to fall in the plasma due to injury or infection independent of the nutritional status. Serum albumin consumption increases under stress state. Any haemorrhages can cause albumin loss. In severe head injury patient, there is a significant loss of serum albumin that contribute to hypoalbuminemia. Serum albumin can be used as an outcome marker in various critical illnesses, including traumatic brain injury.

Objective: Our study is to determine serum albumin as a predictor that affects the outcome of patient sustained a severe traumatic brain injury in 6 months duration.

Methodology: Total of fifty-five patients were admitted to our emergency intensive care, or high dependency unit (HDU) with varying degrees of severe head injuries. Only forty patients fulfilled the criteria in our study for data collection and further analysis and their serum albumin was estimated and recorded. **Results**: Results showed the average age for patients in this study was 42 years old. 87.5% of patients involved in this study were male, while another 12.5% were female. The majority of patients involved were Malay (77.5%) and others ethnicity which were Chinese, India and Bangladesh by 22.5%. 57.5% of the patients have multiple intracranial injuries (ICI), 20.0% have Subdural Hemorrhage (SDH), 10% of the patients have Extradural Hemorrhage EDH, 7.5% have Contusional bleed, and 5% have Diffuse Axonal Injury (DAI). At six months, the unfavourable outcome for serial serum albumin with severe head injury patients was 62.5%, while the favourable outcome was 37.5%. Serum albumin of 30 g/L or less than 30g/L at day of post-trauma was noted to have unfavourable outcomes compared to serum albumin level of more than 30g/L.

Conclusion: As a conclusion, serum albumin is an independent predictor of outcome in severe TBI patients.

003

Stone clearance rate with flexible nephroscopy at Percutaneous Nephrolithotomy: A Single Centre Study.

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Introduction: Percutaneous Nephrolithotomy (PCNL) is mainstay management of large renal stone. The advent of flexible nephroscopy during PCNL has improved its stone clearance rate in many literature reviews. This study aims to look for stone clearance rate of PCNL in Sultan Ahmad Shah Medical Centre, a teaching hospital with intra-operative flexible nephroscopy (IFN).
Method: A single-centre, cross-sectional study was conducted in all patients who underwent PCNL with IFN between December 2017 to October 2020. All patients that had IFN performed during PCNL recruited (n=19). We looked at our local stone clearance rate and factors that contribute to stone clearance and evaluate the complications rate, hospitalization period with IFN during PCNL.
Result: The stone clearance rate is 74%. We analysed the demographics (gender, ethnicity, comorbid), stone profile (size, counts, location, appearance), intraoperative puncture for nephrolithotomy access were not significantly associated with stone clearance rate. Mean duration for op was 146 minutes and about three-quarter of our patient had three days or less of hospitalization. In our sub-analysis of the detection rate of residual stone, we found that IFN can increase detection rate up to 37% (n=7) and hence increased the final stone clearance rate about 16%. The increased detection rate of residual stone during PCNL with IFN is statistically significant with stone clearance rate (p=0.2) by bivariate analysis. A further analysis of the association of stone profile with increased detection rate of residual stone was not statistically significant.
Conclusion: IFN in our study proved to significantly detect residual stone during PCNL and improved stone clearance rate. The finding is crucial, where IFN able to facilitate in achieving maximal stone clearance in a staghorn or complex renal stone disease as it helps to alleviate the patients from the complication of renal stone such worsening renal function, recurrent pain and infection and may improve quality of life after PCNL.

004

Quality of life of patients living with stoma and association with the socio-demographic factors

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Introduction: Stoma formation is a lifesaving surgery to help in excretion of feces or urine from the body. Previous studies showed that stoma can compromise the patient's quality of life (QoL) and may associate with their background characteristics. This study aimed to assess QoL and association with the socio-demographic factors among the patients living with stoma.

Method: A retrospective study was conducted in a teaching hospital in Pahang. Medical records starting from November 2018 until November 2020 were examined resulting in 48 patients with stoma were selected. Telephone interview using structured questionnaire was conducted to collect the data on socio-demographic and QoL. Quality of Life Questionnaire for a Patient with an Ostomy (QoL-O) was used to measure the QoL living with stoma. The maximum score was 10 and the minimum was 0.

Result: A total of 24 patients enrolled in this study (response rate = 50%). Their mean age was 57.98 (*SD* = 18.6) with 70.8% were men (*n* = 17) and 29.2% were women (*n* = 7). Almost all were Malay (95.8%) and 79.2% completed secondary school and above. There was only 20.8% employed and 79.2% unemployed or retired. About 58.3% had ileostomy, and 41.7% colostomy. The overall mean score of QoL was 7.07 (*SD* = 1.0). A significant association was only found between QoL and employment status (p = 0.025). Those employed had higher score on QoL (8.4, IqR 1.0) compared to retired group (7.1, IqR 1.0) and unemployed (6.3, IqR 1.0).

Conclusion: Most of the patients living with stoma in this study had moderate QoL, that mainly associated with their employment status. Further research with a greater number of patients is needed to determine their QoL as well as to consider other potential factors that may influence their perspectives on QoL.

POSTER PRESENTATION

005

Hepatobiliary Ascariasis with Cholangitis: ERCP or Anti-Helmith Medication First? A Case Report.

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Introduction: Hepatobiliary (HPB) ascariasis is commonly caused by *Ascaris lumbricoides.* It occurs following the migration of *Ascaris lumbricoides* worm from the small intestines into the biliary tree through the ampulla of Vater. HPB ascariasis treatment depends on patient's general well-being during presentation and availability of expertise which may involve vermifuge (anti-helminth) administration, endoscopic removal of worm via endoscopic retrograde cholangiopancreatography (ERCP), or surgical operation. Vermifuge (anti-helminth) medication has been given almost exclusively to all patients with uncomplicated, stable HPB ascariasis. However, administration of anti-helminth before biliary tree is completely free of worms may result in biliary tree obstruction from decaying or dead worm.

Case report: A 72-year-old Indigenous lady presented with postprandial non-bilious vomiting for 1 week associated with on and off right hypochondriac pain. Physical examination revealed tenderness over right hypochondriac. Liver function test showed obstructive jaundice picture. Subsequent ultrasound hepatobiliary system showed moving cord like structure in biliary tree with no biliary tree dilatation suggestive of biliary ascariasis. Anti-helminth medication was administered. On Day 3, CECT Abdomen was performed in view of persistent right hypochondriac pain. It showed biliary tree dilatation secondary to biliary ascariasis with concomitant CBD stone. ERCP was performed and showed round and tubular shape filling defect suggestive of decaying or dead worm. Stent was inserted. Clinical and biochemical improvement achieved, and she was discharged with elective date for re-ERCP and elective cholecystectomy.

Conclusion: In centre with available expertise, we recommend that anti-helminth should only be administered after the CBD is cleared of worms. It may involve performing serial ultrasonography which may be time-consuming or by performing ERCP first.

006

Modified Bishop Koop Anastomosis Following Acute Mesenteric Ischemia; A Case Report

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Introduction: Acute mesenteric ischemia is rare but can be life threatening. When the pathology involves the proximal jejunum, resection and stoma creation lead to high output and subsequent risk of anastomotic breakdown. This results in significant morbidity and mortality. We highlight the use of modified Bishop Koop anastomosis to prevent such issues and its role on early enteral feeding.

Case report: We report a case of 50 years old obese gentleman with underlying polycythemia presented to the Casualty in sepsis and peritonitis. He was leukocytosis, acidotic and hyperlactatemia. Emergency laparotomy revealed hostile abdomen with a length of 190cm gangrenous small bowel 20cm distal to ligament of Treitz. We were unable to mature a double barrel stoma after resection due to its short thickened mesentery. Both stumps were closed and temporarily left inside. Relaparotomy was performed after 72 hours stabilization in ICU. We created an end to side modified Bishop Koop anastomosis with decompression and feeding jejunostomy tubes into the proximal jejunum and distal ileum respectively. Enteral feeding programme was started after day 3. By day 25, he resumed normal diet and both tubes were removed. He recovered well and discharged after a total stay of 35 days. He regained his weight gradually and the abdominal wound closed after a month later.

Conclusion: Modified Bishop Koop technique could be considered as an option in patient with proximal small bowel anastomosis. It avoids high output stoma and facilitates early enteral feeding as opposed to feeding dependent of parenteral nutrition. Whilst the decompression tube serves protection of anastomosis. Moreover the technique allows one stage surgery as tubes can be removed when patient became stable.

Case Report: Rare Bilateral Acquired Cystic Disease-Associated With Bilateral Renal Cell Carcinoma: Challenge in Simultaneous Nephrectomy.

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Background: Acquire cystic disease-associated renal cell carcinoma (ACD-RCC), a new subtype recently added to the 2013 International Society of Urologic Pathology and 2016 World Health Organization (WHO) classification. It is the most frequently reported RCC subtype to develop in the kidneys of ESRD patients, particularly those with acquired cystic kidney disease (ACKD) receiving dialysis for more than 5 years. Bilateral ACD-RCC is rare, and its prevalence is only about 1 to 5 percent. This case report aims to share our experience with single-stage bilateral nephrectomy in managing a patient with bilateral ACD-RCC in Sultan Ahmad Shah Medical Centre @ IIUM.

Case presentation: A 59-year-old lady who is a known case of diabetes mellitus and hypertension as well as end-stage renal failure on regular dialysis for the past 5 years, presented with persistent, dull aching left lumbar pain and abdominal mass. Otherwise, she denied any history of constitutional symptoms, no altered bowel habits, or any history of hematuria prior. She also denied a family history of renal cancer. On examination, there is a huge left lumbar mass felt with bilateral kidneys ballotable. Her hemoglobin was 11 g/L, urea 22.4 mmol/L, and creatinine of 744 umol/L. CT renal protocol showed suspicious-looking heterogeneous and enhancing bilateral renal lesions with the presence of enlarged necrotic paraaortic and paracaval nodes which suspected renal cell carcinoma. Subsequently, the patient underwent a single-stage bilateral nephrectomy. Postoperatively she recovers well and was discharged 5 days post-surgery. Her HPE comeback as bilateral acquired cystic disease-associated renal cell carcinoma.

Conclusion: Bilateral Acquired cystic disease-associated renal cell carcinoma is a very rare subtype of RCC. It can be managed either by simultaneous bilateral nephrectomy or by staged nephrectomy. Single-stage surgery is still safe, effective, and feasible method depending on the case-to-case scenario.

008

Congenital H-Type Rectovestibular Fistula With Normal Anus - A Rare Case Report

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Introduction: Congenital H-Type recto-vestibular fistula is a rare congenital recto-urogenital connection with an external anal opening in a normal or ectopic position. The reported incidence of congenital H-Type recto-vestibular fistula with the normal anus is 0.7-14% of all congenital H-type fistula.

Case report: A 2-month-old baby girl presented with passing out feces from the vaginal intermittently since birth, otherwise she was active as usual, tolerating breastfeeding on-demand with bowel opening daily 5-6 episodes. Physical examinations were unremarkable. Perineal examination showed a small opening sized 0.2 cm in the vestibular region with feces seen. Left transverse diverting colostomy was done immediately. After 2 months, the patient proceeded with examination under anesthesia and recto-vestibular fistula repair. Intraoperatively noted H-type recto-vestibular with a vestibular opening sized 0.2 cm and rectal opening sized 0.2 cm above the dentate line. Rectal-vestibular pull-through inside-out and endorectal mucosal advancement flap were done. A lower gastrointestinal study was done 3 months post-operation prior to reversal of stoma shown no evidence of stricture or fistula.

Conclusion: Rectal-vestibular pull-through inside-out and endorectal mucosal advancement flap should be considered a choice of H-type rectovestibular fistula surgical management in view of no recurrence.

009

Case Report of Left Diaphragmatic Eventration in adult : Incidental finding In a blunt traumatic chest injury

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Introduction: Eventration as abnormally high or elevated one leaf of diaphragm as a result of paralysis or atrophy of muscle fibres. Its diaphragmatic dome continuity differentiates it from diaphragmatic hernia.

Case report: A 57 years old male involved in a motor vehicle accident. Patient was a motorcycle rider, skidded and fell on the left side. Immediately after the MVA patient complained of left side chest pain. Upon arrival to ETD, airway patent, breathing air entry reduce at left side however patient was stable under room air. Chest x ray showed left side 1st and 2nd rib fractures. No pneumothorax or hemothorax. Left diaphragm elevated and showed suspicious shadows of bowels within thoracic cavity. However, the diaphragmatic contour appeared intact. CT thorax and abdomen showed defect at anterior aspect of left diaphragm with thickening of proximal diaphragmatic muscle. Associated fat streakiness adjacent to defect, diffuse thinning of central tendon with smooth elevation of diaphragm. No herniation on intraabdominal organs into the thoracic cavity. Proceeded with diagnostic laparoscopy intraoperative findings elevated left hemidiaphragm, left diaphragm dome intact, thinned out central tendon, no herniation of intraabdominal organs into intrathoracic cavity. Hence in view patient asymptomatic, no attempt of diaphragm plication made.

Conclusion: Diaphragmatic eventration diagnosed even as late 70 years old, highlighting the dogma that this is an asymptomatic disorder does not need all the time surgical therapy. In conclusion, eventration of diaphragm can have different manifestations. So the relevant differential diagnosis is very important. In those who do not have severe signs and symptoms as well as any response to conservative treatment, the choice is plication of diaphragm.

010

Thoracic Empyema secondary to Klebsiella Pneumonia Invasive Syndrome

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Introduction: Klebsiella pneumoniae invasive syndrome (KPIS) is a rare clinical disease that is marked by a primary liver abscess and infection that has spread to other parts of the body. Thoracic empyema secondary KPIS is a very unusual finding, only a few cases have been reported.

Case report: A 71 years old female presented with right hypochondriac pain associated with fever. Investigation done revealed a multiloculated liver abscess. She then developed respiratory distress during admission. Chest X-ray showed massive right pleural effusion. Right tube thoracotomy was inserted and yielded about 1L of pus. The pus collected was cultured and revealed Klebsiella pneumonia. The liver abscess was drained under radiological guidance and a pigtail catheter was inserted followed by an adjustment of the antibiotic regime based on sensitivity. The patient's condition improved significantly with tube thoracotomy and pigtail liver drainage.

Discussion: A liver abscess is a localized collection of suppurative material inside the hepatic parenchyma. Pyogenic liver abscesses are prone to present as multiple lesions and have polymicrobial etiology, such as Escherichia coli, Streptococcus species, and Klebsiella pneumoniae. In the 1980s, Liu et al described the first cases of primary hepatic abscess with metastatic spread in Klebsiella pneumoniae infected patients. In Taiwan, a study by Wang et al revealed that 11.9% of Klebsiella pneumoniae infections result in metastatic pleural effusion, compared to 0% of other polymicrobial liver abscesses, which is similar to our case. Treatment for thoracic empyema due to Klebsiella pneumoniae consists of antibiotics and drainage of the pus collection. When chest tube therapy for pleural empyema fails, decortication should be considered to expand the lung. Delayed treatment for pleural empyema could lead to difficulties in further management.

Conclusion: Early detection of thoracic empyema is essential to reduce the rates of associated mortality and morbidity. Adequate drainage remains the cornerstone of any pus collection management despite the complexity of some encountered cases.

011

Trocar Site Incisional Hernia Mimicking Acute Appendicitis

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Introduction: Trocar site incisional herniation is infrequently encountered and its incidence at lateral port sites are far less common than the midline. Trocar or port site incisional hernias (TSIH/PSIH) should be considered as a differential diagnosis in patients with a previous laparoscopic surgery presenting with an acute abdomen.

Case report : We report a case of a 27 year old female who presented with an acute abdomen with symptoms suggestive of acute appendicitis. Clinical examination of the abdomen revealed a vague mass over the right iliac fossa region while abdominal XR showed dilated bowel loops,. A CT done showed trocar site herniation at a lateral port site with bowel loop. She was subsequently subjected to a laparoscopic hernia repair.

Discussion : With increasing volumes of laparoscopic surgeries being done, trocar site hernia incidence is also more frequently seen, although usually in the midline rather than lateral port sites. They frequently present with symptoms of bowel obstruction, often times found to have a Richter's hernia.

Conclusion : Trocar site incisional hernia should be considered as a differential diagnosis in patients presenting with an acute abdomen with a prior history of laparoscopic surgeries. CT proves to be an excellent diagnostic tool to aid in diagnosis.

012

Bicycle Handlebar Injury in Children: A Hideous yet Disastrous Injury

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Introduction: Handlebar injury in children potentially can cause a complex intraabdominal organ injury. With subtle clinical and radiological features at the onset of injury, injury to the intestine and pancreas can be missed.

Case report: We report 3 cases of children with handlebar injury requiring surgical intervention. All of them are boys. Two of them were brought to medical attention beyond one week post trauma for persistent abdominal pain. Both were diagnosed to have pancreatic injury. One patient developed pancreatic-pseudocyst and had cystogastrostomy. The second patient had total pancreatic duct transection resulting pancreatic ascites with persistent high drainage output. It was then resolved after pancreatojejunostomy was performed. The third patient was otherwise detected early to have pneumoperitoneum on CT scan 12 hours post trauma. He has worsening abdominal pain without any distension or signs of hemorrhagic shock. Intraoperatively found to have jejunal perforation which was repaired primarily. All of them recovered and sent home well.

Discussion: The trauma following handlebar injury may appear trivial and initial physical signs maybe minimal. As compared to the injury to the solid organ such as liver, spleen and kidneys, injury to the intestine and pancreas soon after the handlebar injury can be concealed and lead to a delayed detection. They were not associated with significant blood loss and peritonism may not be initially apparent. Persistent pain warrants further investigations.

Conclusion: Careful re-evaluation of children with handlebar injury is required for early detection of any missed intraabdominal injury to ensure a timely referral to the paediatric surgical unit.

013

Anticoagulant-Administered Pulmonary Embolism in Post-Cholecystectomy: Choosing the Lesser of the Two Evils

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Introduction: Anticoagulant or blood thinning agents are well-established as the first line for pulmonary embolism treatment. It is vital in order to prevent the existing clot from enlarging and new clots from forming. It is known to increase the risk of bleeding, however not many cases have been reported to cause liver injury or hematoma.

Case report: We present a case of an 82-year-old male who underwent cholecystectomy for ruptured gallbladder empyema. Post-operative, he was complicated with multiple intra-abdominal collections and perihepatic infected hematoma. He also developed segmental pulmonary embolism which required anticoagulant. The dilemma occurred when he became hypotensive and dropping hemoglobin levels with repeated CT angiogram revealed new subcapsular hematoma with liver lacerations.

Conclusion: Even though anti-coagulants rarely cause spontaneous liver hemorrhage, a thorough risk-benefit assessment needs to be performed in patients who underwent liver-related surgery since both liver haemorrhage and pulmonary embolism carries mortality risk to the patient. This is important to balance the need to prevent traumatic or possible spontaneous liver haemorrhage with the demand to treat the on-going pulmonary embolism.

014

Rectus Sheath Hematoma in Covid-19 Positive Patient

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Introduction: Rectus sheath hematoma (RSH) is a rare non-neoplastic clinical entity. It can be mistaken for other intra or extra abdominal disorders, which further can result in diagnostic and therapeutic intricacies

Case presentation: We report a case of a patient presented with pneumonia and Covid-19 positive, who subsequently developed RSH during warded. An imaging CT scan was done to assist the diagnosis of the disease and further minimally invasive of percutaneous drainage was done as part of the therapeutic approach.

Discussion: Patients with rectus sheath hematoma usually present with severe abdominal pain and abdominal wall mass. Non-invasive imaging modalities of ultrasound and Computed Tomography is key to the diagnosis.
Management depends on the severity, but in most cases, rectus sheath hematomas are self-limiting. It is crucial to withhold anticoagulants temporarily, rest and use of analgesics under close supervision. Intervention should be restricted to cases with large hematomas or free intra-abdominal ruptures, and infected haematoma.

Conclusion: Rectus sheath hematoma should be suspected in patients on anticoagulation therapy, sometimes they will present with clinical manifestations of acute abdomen or anaemia. The majority of patients recover well with no complications as the hematoma is reabsorbed in 2 to 3 months

015

Spontaneous hemothorax in a patient with COVID-19

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Introduction: The famous COVID-19 or coronavirus disease which has spread worldwide, continues to emerge with newer symptoms and complications. From the typical symptoms of cough ,fever and difficulty in breathing to other gastrointestinal symptoms and from complications due to respiratory distress and venous thromboembolism to lethal complications like massive bleeding.As the disease evolves , it has been a challenge in managing the complication it brings to our patients.

Method: We report a case of spontaneous hemothorax in a patient with COVID-19, category 4 ,who developed hemorrhagic shock

Result: This pre-morbidly healthy 51-year old gentleman , was admitted to the medical ward for COVID-19 , category 4. He presented with cough , fever and chest discomfort . He received a prophylactic dose of anticoagulant in line with COVID-19 treatment .
On day 28 of admission , he complained of sudden left sided chest discomfort and went into hemorrhagic shock. Chest radiograph showed massive left hemothorax with mediastinal shift to the right . Adequate resuscitation was given and ultrasound guided pigtail was inserted which drained 2 liters of fresh blood. Subsequently a CT angiography showed contrast extravasation from left 4th intercostal vessel. The pigtail was clamped to give a tamponade effect. Cardiothoracic center was consulted for angioembolization , however in view of reducing drainage from the pigtail , decision was made for watchful waiting . Patient gradually recovered, pigtail removed after a week and was discharged home well.

Conclusion: Spontaneous hemothorax although uncommon , could be a life threatening complication of COVID-19. It's a challenge to treating physicians and surgeons during the pandemic as prophylactic anticoagulant was in line with COVID-19 treatment. Thus , high index of suspicion and early treatment could improve outcome and prevent mortality .

016

Synchronous Urothelial Bladder Cancer and Renal Angiomyolipoma: A Diagnosis Dilemma of Hematuria

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Introduction: Presenting complain of painless hematuria in adult has a broad urological and nephrological causes. A thorough history taking, physical examination followed by investigations can occasionally be deceiving.

Case Report: We present a case of a 69-year-old man who presented with a long-standing history of on and off painless hematuria for 5 years associated with suprapubic pain and urinary tract symptoms for 1 day. Per abdomen examination showed no mass palpable and kidney was not ballotable. Gross hematuria was seen via the continuous bladder drainage reservoir bag. Blood investigations resulted in normal hemoglobin level and no coagulopathy was noted. There were right renal and urinary bladder mass with urinary bladder hematoma on ultrasound of the urinary tract system. On cystoscopy examination, there were organized blood clot and pedunculated polyp at bladder neck. Blood clot was cleared and complete resection of tumour was achieved, no oozing of blood seen from both ureteric opening intraoperatively. Histopathology came back as high-grade infiltrating urothelial carcinoma. Subsequently, computed topography (CT) scan of renal phase was done revealed a non-bleeding right renal angiomyolipoma. Post operatively he was well with resolved hematuria and was subjected for regular intravesical mitomycin. There was no distant metastasis based on the CT staging.

Conclusion: Both bladder and renal tumor can be presented with hematuria. However, in angiomyolipoma of kidney, it is rare and often does not need any intervention. Proper investigations are needed to tailor the management for the best outcome and prognosis.

017

Unusual Case Of A Long Segment Cervicomedullary Epyndymoma- A Case Report

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Introduction: The neuroepithelial tumour known as cervical epyndymoma (CME) is extremely uncommon. This commonly low-grade benign tumor posed a significant neurological symptom due to its compression effect. We report this rare yet interesting case of CME in our center.

Case Report: A 51-year-old lady presented with progressively worsening weakness of her both upper and lower limbs associated with dysesthesia for 5 months. A physical examination revealed tetraplegia, marked over the right limbs with reduced sensation at the level of C4 and below. Magnetic resonance imaging (MRI) of the brain and cervical spine showed intramedullary lesion extending from C2 to C3/C4 level with cord oedema. Computed tomography (CT) angiogram of brain and cervical showed no evidence of arteriovenous malformation. She underwent C3 - C4 laminoplasty and partial tumor debulking with intraoperative neurophysiological monitoring (IONM). Day 2 post operation, she developed respiratory depression. An urgent MRI cervical spine done showed hyperacute epidural hematoma causing cord compression. Thus, she underwent C3-C4 laminectomy. Histopathology report confirmed spinal ependymoma grade 2. Post operatively, she remains tetraplegia with minor improvement on the sensation at C5 level. Her ventilator was unable to wean off. Ultrasound of the diaphragm suggestive of diaphragmatic paralysis. Thus, she was put on tracheostomy and a home portable ventilator. A multidisciplinary meeting done concluded that she was not suitable for radiotherapy and was opted for palliative management due to her poor Eastern Cooperative Oncology Group (ECOG) status.

Conclusion: This case suggests that a long segment CME posed a poor prognosis on the outcome and clinical manifestation. Its location and extension are important in determining the management and prognosis.

018

A Case Report of a Rare Occurrence of Hepatocellular Carcinoma with Cutaneous Metastasis to the Chest Wall.

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Introduction: Hepatocellular carcinoma (HCC) is a leading cause of mortality globally. With age, the likelihood increases, and the diagnosis is often delayed. Extrahepatic metastasis is a common presentation, especially in lungs, lymph nodes and bones however skin metastases from HCC are very rare. Here, we report a rare case of metastatic HCC presenting with a chest wall mass.

Case: A 72-year-old man with underlying hypertension and benign prostatic hyperplasia presented to the surgical outpatient clinic with a two-month history of right breast lump associated with constitutional symptoms of weight loss, loss of appetite, and fever. There was no alcohol intake and prior known hepatitis infection in him. A physical examination showed a cachexic man with no jaundice and no signs of chronic liver disease. There was a lobulated fixed mass over the right anterior chest wall, size 5x4cm, with no skin changes or nipple discharges, per abdomen examination there is no hepatomegaly. Full blood count, renal and liver profiles are within normal range however serum AFP is elevated. A chest x-ray showed opacity over the right chest. Ultrasound of the breast showed a heterogeneous right chest wall lesion measuring 4.5x8.0x8. cm. There were wall calcifications and internal vascularity within the lesion. A core biopsy shows malignant cells arranged in trabeculae and sinusoidal patterns, which were also positive for HepPar-1 staining, confirming the cytological diagnosis of HCC. A diagnosis of metastatic HCC was made. While arranging for an early Computed Tomography scan, the patient succumbed to death due to the advanced HCC. The primary cause of HCC was unable to be ascertained in him.

Conclusion: HCC commonly metastasis through haematogenous, lymphatic and direct invasion to the lungs, lymph nodes and bones however cutaneous metastasis of HCC as reported above is very rare and should be considered in differential diagnosis in patient presented with skin lesion.

019

Thread sign for Biliary Intraductal Papillary Mucinous Neoplasm in Recurrent Cholangitis Patient: A case report.

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Introduction: Biliary tract intraductal papillary mucinous neoplasm (B-IPMN) is a rare biliary tract neoplasm that affects both the intra- and extrahepatic biliary tract. It has been identified as a distinct type of biliary neoplasm. Here we report a case of patient with suspicious of B-IPMN in our centre.

Case report: A 66-year-old female had initially presented with cholangitis since 3 months ago. She had history of post-mastectomy left breast carcinoma who is currently on hormonal therapy and has well-controlled hypertension on single hypertension. There is no other significant clinical finding except for jaundice during initial presentation. The initial liver function test showed transaminases and hyperbilirubinemia. Patient underwent endoscopic retrograde cholangiopancreatogram (ERCP) with insertion of biliary stent after dilated common bile duct (CBD) revealed via ultrasound of hepatobiliary system. Further endoscopic ultrasound, computed tomography of hepatobiliary system had also been done as there is no features of cholelithiasis despite dilated CBD and pancreatic duct. Magnetic resonant cholangiopancretogram (MRCP) had preceded which showed presence of dilatation of pancreatic duct from head to tail and features of curvilinear and continuous hypointense striations within intrahepatic and extrahepatic bile duct known to be a features of B-IPMN. There is no lesion over head of pancreas and intraductal of biliary system and pancreas. Patient had recently admitted due to recurrent cholangitis due to blocked stent. Cholangiogram via ERCP has been done after removal of blocked stent and again has showed clear features of curvilinear striation inside bile duct. Patient is planned for Spyglass™ cholangioscopy with biopsy to confirm the diagnosis.

Discussion: B-IPMN is a rare disease characterized by intraductal papillary proliferation of neoplastic biliary epithelial cells with presence of mucin. It usually present as dilatation of intra and extrahepatic bile duct without visible intraductal masses. A few literatures had recently reported a mucous thread sign found in mucin-producing gallbladder carcinomas as well as B-IPMN upon MRI. Another case report of B-IPMN by Peloso et al. has shown a similar thread sign on MRI which support this radiological findings. Surgical intervention is need to be considered in B-IPMN due to its oncogenic pathway towards adenocarcinoma by alteration of TP53,KRAS an p16 protein as well as to treat a root cause of obstructive jaundice.

Conclusion: As B-IPMN is a rare diseases, more cases need to be revealed and more research is needed to determine its outcome and prognosis

020

Case Report: Extensive hematoma in delayed penile fracture exploration: Challenge in fracture site localization

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Introduction: Penile fracture is relatively rare, but it is known as one of the urological emergencies. It is easily diagnose based on pathognomonic of pop sound during sexual intercourse that account for 48% cause of penile fracture other than forced flexion (21%), masturbation (18%) and rolling over (8.2%).

Case report: Early presentation and exploration will determine the outcome of management. Recent systematic review on the management of penile fractures explained that urgent repair should be prompted within 24 hours of presentation. However, delayed presentations should not prevent exploration. In a suspicion of urethra injury, flexible cystoscopy prior penile exploration should be performed. Primary repair of the tunica albuginea should be carried out using absorbable sutures.

In this case report, a 48-year-old Malay gentleman presented with sudden onset penile pain followed by detumescence during sexual intercourse in reverse position. Upon inspection noted a distorted and ecchymosis penile shaft. He however refused admission and further surgical intervention on the day of presentation. Subsequently presented again 24 hours later with extensive hematoma along the buck fascia. Thus, the determination of the injury site cannot be figured out externally in which extensive exploration was required.

Conclusion: This case report aims to share our experience in managing a delayed presentation of penile fracture in Sultan Ahmad Shah Medical Centre @ IIUM (SASMEC @IIUM).

021

Rare Comorbidity of Sigmoid Adenocarcinoma and Evans Syndrome. The one that Breaks Instead of Losing Blood. A Case Report

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Introduction: Evan's syndrome is a rare hematologic condition associated with triad of warm autoimmune haemolytic anaemia (wAIHA), immune thrombocytopenia (ITP) and less frequently autoimmune neutropenia. Recently, a proposition has been laid out to classify the condition as primary (idiopathic) or secondary (associated with an underlying disorder). Secondary Evans syndrome has been associated with diseases such autoimmune lymphoproliferative syndrome, combined variable immunodeficiency, systemic autoimmune disease or another disorder of immune dysregulation. Our purpose is to explain his clinical presentation and the exams we used in order to make the diagnosis of Evan's syndrome, which requires great suspicion.

Case report: Here we report a 36years old male who underwent anterior resection for sigmoid adeno-carcinoma one month earlier presented under the weather complaining anaemic symptoms without evidence of overt/occult bleeding tendencies. Physical examination shows pallor but was otherwise unremarkable. Full blood count showed anaemia, thrombocytopenia, leucocytosis, neutrophilia. LDH was significantly raised. Peripheral blood smear indicated spherocytes. Direct antiglobulin test was positive for immunoglobulin G (IgG). Iron/TIBC showed normal reading. To rule out secondary causes of idiopathic thrombocytopenia purpura, we tested viral markers for Human immunodeficiency virus, Epstein bar virus, Cytomegalovirus all of which were negative. Blood culture and sensitivity revealed no growth. Abdominal tomography scan was performed and revealed of no splenomegaly or local recurrence. Patient was then immediately started on steroid therapy to suppress further haemolysis. Despite our best attempts, patient subsequently succumbed to illness.

Conclusion: Identifying Evans syndrome as secondary when associated with colorectal carcinoma is important because cytopenia have been observed to be more severe when with Evans syndrome in contrast to when presenting alone as wAIHA or ITP. Also, the treatment options differ according to the classification.

022

Cervical Esophageal Perforation: An Experience with Conservative Management at SASMEC @ IIUM

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Introduction: Esophageal perforation is often considered as a life-threatening condition with mortality rate of 10-40% and even higher in septic patients with spontaneous perforation. Conventionally, active surgical management is favoured for oesophageal perforation. Non-surgical management for oesophageal perforation remains controversial as it has reported mortality rate from 20-45%. Recent studies have shown with aggressive non-surgical option, mainly treatment of sepsis and control of oesophageal leak, surgery can be avoided thus reduce patient's mortality and morbidity. Here we presenting our experience in a patient with esophageal perforation which we manage conservatively.

Case report: 40-year-old lady presented to our center with pain over her throat with high grade fever for five days duration. Upon examination, the patient was in sepsis. Patient was intubated and transfer to intensive care unit. CT scan neck, thorax and abdomen was done and revealed multiloculated collections involving the superior mediastinum extending superiorly which suspicious of tracheal injury features. Transcervical incision and drainage was done by Otolaryngology team and drained about 100ml of pus from anterior border of right sternocleidomastoid muscle. After 6 days of surgery, there was bubbling of air noted from neck surgical wound. Esophagogastroduodenoscopy was done and revealed upper esophageal perforation about 15cm from incisor, measuring about 1cm in defect. Conservative approach was opted with antibiotic therapy and guided drainage of mediastinal collection. Patient responded well with non-surgical treatment of oesophageal perforation and was discharged. Patient was able to consume normal diet upon discharge.

Conclusion: Option of non-surgical management should be an alternative in selective cases of esophageal perforation with the effort of multidisciplinary approach as it reduced the need for major surgery hence reduces the mortality and morbidity of patient.

023

Role of Drainage of Prostatic Abscess in Melioidosis, a Case Report and Review of the Literature

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Introduction: Melioidosis is caused by *Burkholderia pseudomallei* which is ubiquitous in soil and stagnant waters in South East Asia. Prostatic abscesses have been reported to occur in about 13% of the cases. Surgical and conservative management of prostatic abscess have been described in the literature, however, due to its rarity, there are no consensus on which approach should be undertaken.

Case report: We present a case of a 70 year old gentleman with urinary retention who was diagnosed with prostatic meliodosis after a positive urine culture. Computed Tomography (CT) of his abdomen and pelvis revealed a multiloculated prostatic abscess with the largest locule measuring 2.3 x 2.1 x 2.7 cm. A trans-rectal ultrasound (TRUS) guided drainage was performed. A review of the literature revealed 27 articles reporting 145 cases of prostatic melioidosis identified from 1979 to 2020. Surgical drainage was mentioned for 96 (66%) cases. Transrectal ultrasound-guided drainage is a preferred initial approach recommended in a large regional study. There is insufficient evidence to support that drainage reduces the length of antibiotic treatment in the maintenance phase.

Conclusion: Due to disease predominance in the less immuno-competent patients, we recommend multi-disciplinary management between the surgeons and infectious disease clinicians to determine the best outcome for the patient.

024

Diaphragmatic Hernia. A Myth in an Elderly Patient

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Introduction: Diaphragmatic Hernia (DH) is the herniation of abdominal contents into the thoracic cavity through a defect in the diaphragm. Most commonly is a congenital abnormality, however it can be acquired following a blunt or penetrating trauma to the abdomen. Acquired diaphragmatic hernia following trauma is approximately 0.8 to 3.6%. Rarely a diaphragmatic hernia can be spontaneous and asymptomatic until it's very extensive.

Case report: We would like to report a 52-years-old presented with left sided abdominal pain and symptoms of intestinal obstruction for 5 days duration. Initial abdominal x-ray showed no dilated bowel, however chest x-ray revealed pneumonic consolidation over the left lung. An CT imaging of the abdomen revealed an extensive left diaphragmatic hernia with stomach and spleen as its content. We proceeded with explatory laparotomy with diaphragmatic hernia repair.Intraoperative showed a defect over the posterior lateral aspect of the diaphragm.

Conclusion: We would like to advocate the rarity and dilema of diagnosing of this acquired diaphragmatic hernia which acquired spontaneously. Besides that, we would like also to describe the management of the method of repair such as simple repair using non-absorbable sutures vs mesh repair. The approach of repair such as midline laparotomy vs thoracotomy and laparoscopic approach and describe the pro and cons of the management.

025

Bleeding gastrointestinal tumor of the stomach: A Case Report

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Introduction: Gastrointestinal stromal tumours (GISTs) are rare mesenchymal tumours of the gastrointestinal tract. GISTs accounts for 0.1-3% of all gastrointestinal malignancies, and is still considered as a diagnostic challenge. Up to 60-70% of lesions are located in the stomach, the rest are proximal small intestine, and rarely elsewhere in the abdomen. Symptomatic patients most commonly present with gastrointestinal bleeding, abdominal pain, palpable mass or intestinal obstruction when they reach a significant size. Until today, surgical resection is considered the most effective treatment approach of GISTs.

Case report: We report a case of a 57-year-old female presented to our hospital with upper gastrointestinal bleeding, whereby esophagogastroduodenoscopy (OGDS) findings suggested a gastric GIST and further imaging workout showed no evidence of metastatic disease. A laparotomy and wide local tumor excision was performed and patient was discharged home well post-surgery.

Conclusion: Cytologic and immunohistochemistry analysis confirm diagnosis of GISTs.

026

Mucinous Adenocarcinoma Of The Perianal Presented As Chronic Perianal Fistula With Dysplastic Polyp Of The Rectum - A Case Report

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Introduction: Mucinous adenocarcinoma of the perianal region is an extremely rare, accounting for only 6.9% of anal neoplasms and representing 2–3% of all gastrointestinal malignancies. Perianal fistulas, on the other hand, are common pathologies that affect 12.3/100000 men and 8.6/100000 women.

Case history: A 53 years old male presented with complex perianal fistula. He underwent multiple examination under anesthesia and seton insertion. The initial biopsy from the perianal fistula was non malignancy. However, the gluteal swelling markedly increases in size over one year associated with mucous-like discharge from the anus, another biopsy taken from the fistula tract confirmed to be adenocarcinoma.

Discussion: The main pathogenesis can be malignant degeneration of chronic inflammatory perianal fistulas (primary). However, another pathogenesis is seeding of premalignant cells originated in the adjacent colon (secondary) into the fistula tract. Premalignant cells from a polyp could have seeded into the perianal fistula tract and chronic inflammation may have promoted tumorigenesis. The most preferred imaging is magnetic resonance imaging, it may show hyperintense fluid on T2-weighted images, enhanced solid components, and a fistula between the mass and the anus.
Surgical resection is the first choice of curative treatment. The role of Chemoradiotherapy has not yet been established. Distant metastases are rare in Mucinous adenocarcinoma, and tumor spread is usually lymphatic. The prognosis is worse when the tumor is larger than 5 cm in size, the carcinoembryonic antigen is elevated, or lymph nodal or hematogenous metastases are present at the time of diagnosis.

Conclusion: Perianal mucinous adenocarcinoma is very rare, frequently combined with chronic fistulas. Inflammatory symptoms may mislead its diagnosis. Any longstanding perianal fistula should warrant the performance of multiple biopsies of the fistula tract.

027

Recurrent Urolithiasis In A Patient With Wilson's Disease - Our Experience

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Introduction: Wilson's disease(WD) is a rare autosomal recessive disorder that is caused by copper metabolism disturbances. Often, these patients present with symptom related to hepatic, neurological and psychiatric illness. Literature review shows incidence of urinary tract calculus is 16% among patients with Wilson's disease[1].

Case report: We report a 42 year's old lady, who works as reporter having WD with recurrent urolithiasis, also having neurology and psychiatry illness symptoms on regular follow up. She had undergone multiple surgeries for her urolithiasis in a time frame of 5 years follow up. Our case illustrates the role of urologist for this rare disease in follow up and management of acute and chronic presentations of recurrent urolithiasis which is a treatable condition.

Conclusion: A differential diagnosis of WD should be considered in a case with recurrent urolithiasis although it is a rare condition.

028

Perforated Appendix within an Amyand's Hernia: A Great Mimicker of Strangulated Hernia.

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Introduction: Amyand hernia is a rare type of inguinal hernia whereby the hernia sac contained an appendix. It accounts for about 1% of inguinal hernias, and its complication like acute or perforated appendicitis is even rarer, about 0.08%–0.13% of the time. Preoperative diagnosis of Amyand's hernia is not easy and most cases are diagnosed intraoperatively.

Case Report: We would like to report a case of 74 years old man presented to Emergency Department with right inguinoscrotal swelling and pain associated with right lower abdominal pain and fever for 3 days duration. Clinical examination reveals irreducible right inguinoscrotal hernia measuring 20x15cm, with erythematous overlying skin and tenderness.With the impression of strangulated right inguinoscrotal hernia, patient was posted for emergency open inguinal hernia repair and proceed. Inguinal incision was made and intraoperatively there was a perforated appendix with pus collection within the hernia sac. We then proceed with appendicectomy and darning hernioraphy.

Conclusion: The rarity of Amyand's hernias may somehow cause a challenge to general surgeon as majority are diagnose intraoperatively. Prompt decision as regards to surgical technique for hernia repair and decision for mesh placement are required, in which should tailored to patient condition and surgeon preference.

029

Gall Stone Ileus : Revisit Rare Complication Of Cholelithiasis

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Sultan Ahmad Shah Medical Centre @ IIUM[1]

Introduction: Gall stone ileus complicate 0.3-0.5 % of patient with cholelithiasis(2). Gall stone ileus is a misnomer as it is a form of mechanical obstruction to gastrointestinal tract. It has predilection toward female, geriatric population however in our case, gall stone ileus occurred in a young healthy adult but with history of recurrent cholecystitis prior.

Case report: 39 years old male, presented with persistent vomiting for one day associated with upper abdominal pain. Abdominal radiography showed dilated small bowel . Computerised tomography (CT) abdomen showed similar finding however unable to identify obstructing lesion and with cholecystitis features of gall bladder and aerobilia. Intraoperatively, there was single gall stone obstructing terminal ileum. Enterotomy done to relieve the obstruction. Decision made on table for a second stage later. Patient recovered well post operatively.

Conclusion: Cholelithiasis is a common public health problem affecting 10-20% of adult population(1). Less than 30% of patient with cholelithiasis are symptomatic and required interventions (1). Despite having high sensitivity, CT scan prior to surgery was reported as no obvious obstructing lesion and no cholecystoduodenal fistula seen. We would like to highlight dilemma of diagnosis and treatment ensued.

030

Small Bowel Lymphoma, A Diagnostic Dilemma

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Introduction: Small bowel lymphoma is rare and can present with symptoms that mimic other conditions. This is a case report of a lady presenting with non-specific abdominal symptoms that **was eventually diagnosed as gastrointestinal lymphoma after a barrage of investigations.**

Case report: A 57-year-old malay lady presented to the surgical clinic with colicky abdominal pain over 3 months. The vague epigastric pain was associated with altered bowel habits which requires manual evacuation and vomiting. She also has unintentional weight loss of 10kg. Upon examination, there was a palpable right paraumbilical mass.

CECT abdomen demonstrated short segment circumferential wall thickening of mid jejunum with no evidence of obstruction at that time. OGDS showed chronic duodenitis while colonoscopy showed a small sessile benign polyp at 25cm.

Exploratory laparotomy revealed a jejunal tumour with infiltration to transverse colon and terminal ileum, causing intussusception at the ileocolic junction. She underwent an enbloc resection of the tumour with small bowel and ileocolic anastomosis.

HPE revealed Diffuse large B-cell Lymphoma with clear surgical margins.

The most common extra-nodal site involved is the stomach, followed by the small bowel and colon. Symptoms are typically non-specific, ranging from abdominal pain or bloating, to occult gastrointestinal bleeding and obstruction. Approximately 30% of gastrointestinal lymphomas occur in the small bowel. The most common histological types for small bowel lymphomas include diffuse large B-cell lymphoma, follicular lymphoma and T-cell lymphomas. There is a significant association with inflammatory bowel disease. CECT showed short segment circumferential wall thickening that cannot be attributed specifically to lymphoma. The differentials included infection (TB), inflammatory bowel disease and malignancy.

Conclusion: Gastrointestinal lymphoma present in many ways, and must always be kept as a differential. Patients should undergo workup in a timely manner, as prognosis is favourable if the disease is caught in time.

031

A Rarity Or Underreported In Pediatric? A Case Report Of Splenic Cyst And Splenic Auto-Transplantation

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Abstract

Splenic cysts are rare lesions that can occur in parasitic and non-parasitic forms. Due to its uncommon nature - the classification, pathogenesis, and management techniques are debatable. Nonparasitic splenic cysts are usually benign and asymptomatic. They are often discovered incidentally when investigating other symptoms or after trauma. The rising incidence may be due to the increased use of abdominal ultrasound and other types of imaging. Despite all that, most of the reports are from the adult age group whilst there is little are few known cases amongst the children or paediatric age group. As there were no standardized guidelines or protocols for splenic cyst, various methods are suggested as part of the treatment of splenic cyst. Our case of an 11-year-old child provided a glimpse of the treatment and implore the role of auto-transplantation of splenic.

032

Synchronous Dual Pathology : Benign Phylloides Tumor and Invasive Breast Carcinoma, a rare case report

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Introduction: Phylloides tumor is a rare fibroepithelial tumor account for less than 1% of breast tumor. Thus having synchronous pathology with invasive lobuar carcinoma made it an extremely rare event.

Case report: We are reporting as case of 60years old lady, presented with huge unilateral breast mass for 5 years, core biopsy was done showed a benign phylloides tumor. Subsequently a mammogram was done showed incidental finding of contralateral small suspicious breast mass and turn out to be invasive lobular carcinoma. She has no family history of malignancy or contraceptive, in addition she was fully breastfed for all 5 children.

Conclusion: This case report serves to expand the factor that leads to the dual pathology of benign phylloides tumor and invasive lobular carcinoma.

033

Title: Obstructed left – sided Amyand's hernia in a toddler

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Introduction: Amyand's hernia refers to an inguinal hernia which contained the vermiform appendix in the hernia sac. It is more commonly found on the right side in relation to anatomical location of the vermiform appendix and left – sided Amyand's hernia is very rare.

Case Presentation: We report a case of left – sided Amyand's hernia with bowel obstruction in a 1 year 4 months old boy. He presented to us with complaint of vomiting and left inguino – scrotal swelling, which had been irreducible for 2 days. On examination, he was tachycardiac and dehydrated. His abdomen was distended with sluggish bowel sound. The left groin mass was firm and tender, with skin erythema. However, the mass could not be completed incarcerated into the abdominal cavity. A diagnosis of intestinal obstruction secondary to obstructed left inguino–scrotal hernia was made, and laparotomy was performed. During laparotomy, transverse skin incision was made on the upper abdomen, and the left inguinal canal was opened in accordance with the usual inguinal hernia repair. The hernia sac contained the appendix, caecum and twisted terminal ileal loops. Small bowel resection with primary anastomosis was performed with left herniorrhaphy. Appendix was preserved due to its normal appearance. He remained well during follow up with no hernia recurrence and testicular atrophy

Conclusion: Clinicians should consider possibility of Amyand's hernia in cases of incarcerated left – sided inguinal hernia, especially in boys aged < 18 months. Preoperative imaging studies might not be useful as early reduction and appropriate surgery are needed. Normal appendix if found intraoperatively can be safely preserved, but an appendectomy should be performed if it was inflamed.

034

Malignant Phyllodes Tumour With Lymphangitis Carcinomatosis: A Case Report

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Introduction: Phyllodes tumor are fibroepithelial neoplasm of the breast, characterized by rapid growth, local recurrence and progression. They account for 1% of all primary breast tumours. Phyllodes tumours are further classified into benign, borderline and malignant according to their histologic features. Although metastasis is uncommon, it has been reported in up to one-fifth of malignant phyllodes tumour cases.[1] Malignant phyllodes tumour mainly metastasize via haematogenous route and rarely lymphatic, which is not the case in our patientDespite surgical resection, relative high recurrence rate of phyllodes tumour has been an unresolved issue.

Case report: We report a case of a 75-year-old lady, presented to us with a left fungating breast mass with ulceration and bleeding for three months. Other than gender and age, she has no other risk factor for breast malignancy. On examination, there is a fungating mass with ulceration involving lower inner quadrant of the left breast, with multiple palpable axillary lymph nodes. Computed tomography thorax, abdomen and pelvis showed left breast mass highly suspicious of malignancy, with lymphangitis carcinomatosis, and T12 compression fracture possible bone metastasis. Wedge biopsy of the lesion showed spindle cell tumour, which might represent stromal overgrowth in phyllodes tumour. She then underwent left simple mastectomy for local symptom control. The mastectomy specimen was reported as malignant phyllodes tumour. Post surgery, she was offered palliative radiotherapy.

Conclusion: Malignant phyllodes tumour of the breast is a rare disease. Surgical excision with clear margins remains gold standard of treatment, however, the relative high recurrence rate and lack of effective systemic therapy warrants further research to improve treatment outcome.

035

Cholecystoduodenal Fistula: Bad Things Come In Threes

Fatimah Nabilah ZA[1], Mat Salleh S[1], Azrin Waheedy A[1], Mohamad Hanis MN[1], Azuwairie A[1]

Sultan Ahmad Shah Medical Centre @ IIUM[1]

Introduction: Cholecystoenteric fistula (CEF) remains a rare entity that complicate 2-5% of patient with cholelithiasis. Inflammation of gall bladder and stone impaction leads to adhesion to nearby viscus, which later to formation of fistula.

Case presentation: (1) 26 years female, presented with Charcot triads of cholangitis. CT abdomen showed collection subhepatic with pneumoperitoneum, suspicious of ruptured gall bladder empyema . She underwent emergency laparotomy with findings of perforated duodenum, repaired primarily. Post operatively she had persistent bile drainage from drain, re laparotomy was done revealed perforated gall bladder, thus raised the possibility of missed cholecystoduodenal fistula. (2) 37 years old female electively admitted for laparoscopic cholecystectomy for cholelithiasis. Intraoperatively noted presence of cholecystoduodenal fistula, one stage procedure was done. (3) 39 years old male, presented with 2 days history of persistent postprandial vomiting and epigastric pain . CT abdomen showed dilated small bowel with aerobilia. Exploratory laparotomy done revealed obstructed gall stone in terminal ileum,thus proceed with enterolithotomy .

Conclusion: Cholecystoduodenal fistula is the commonest type of CEF , about 70-80% of cases. It has various presentation from recurrent biliary colic , cholangitis or even intestinal obstruction as seen in the case series. 31-40 % of cases can be diagnosed preoperatively with the help of ERCP and CT scan but majority of cases is diagnosed intraoperatively . Surgeon must have high index of suspicion whenever encounter dense inflammatory adhesions around gallbladder especially when it is shrunken and fibrotic. Otherwise iatrogenic tear may occur and contaminate the field as experienced in this case series. Surgical options , includes enterolithotomy , once stage surgery or two stage surgery, depending on surgeon experience and patient clinical condition. Cholecystectomy and primary repair of fistula is advocated but should be tailored according to clinically condition.

036

Gastric Trichobezoar, Case Series Reports.

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Introduction: Trichobezoars are accumulations of hair casts in the stomach which is associated with trichophagia. Trichotillomania, is a mental disorder, described when someone cannot resist the urge to pull their hair such from the scalp, eyebrows or eyelashes seen generally by teenagers or adolescence.

Case (1): A 7 years old, girl, Malay ethnicity presented to us with nonspecific abdominal pain mainly at epigastrium region. She also complaint of early satiety. Upon further history child has habit of eating her own hair since the age of 1 year old. Her abdomen was soft, a large, firm, mobile mass was felt at the epigastrium. Proceeded with an ultrasound abdomen showed an echogenic mass with intense acoustic shadow obscuring posterior structures of the stomach. An operative procedure (open gastrotomy) removal of the trichobezoar. Gastric casting bezoar removed, the stomach mucosa was examined showed no evidence of erosions or ulcerations.

Case (2): A 10 years old girl presented with 4 days history of abdominal pain and vomiting with blood. She appears shaven, failure to thrive with boy-like short hair. There was a palpable mass at the epigastric aspect of the stomach. USG abdomen unable to appreciate any mass, however computed Tomography (CT) abdomen showed a mottled gas patterned intragastric mass with linear calcification within. We proceed with laparotomy, vertical incision gastrostomy to deliver the huge trichobezoar. Incidental findings of worm ball at the jejunum were evacuated via a jejunal enterostomy 30cm from DJ junction . A large antral ulcer 2x3cm was treated conservatively.

Conclusion: Parents should be aware if they notice bald patches on the scalp of their children. Ingesting hair after pulling from the scalp may cause casting in the stomach, which later may cause obstruction and ulceration or intestinal perforation

037

Differentiating Features of Benign vs. Malignant Phyllodes Tumours: A Case Series

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Introduction: Phyllodes tumours of the breast, first dubbed cystosarcoma phyllodes are rare fibroepithelial tumours, accounting for less than 1% of all breast neoplasms. The World Health Organization (WHO) classified these tumours into three categories, i.e benign, borderline and malignant based on histopathological features. Benign phyllodes tumour comprised most of the tumours (35-64%), whereas the incidence of malignant phyllodes tumour is 25%. Imaging features of benign phyllodes tumour include well-circumscribed margin and homogenous echotexture, whereas malignant phyllodes tumour often demonstrate irregular margin, intratumoral cystic spaces, heterogenous echotexture and internal vascularity.

Case Series: We present 4 cases of female patients initially presented with breast lump**.** Histopathological examination of the first two cases is malignant phyllodes tumour with background of fibrocystic changes. The first case is a 46-year-old lady whose mammogram showed a well-defined equal-density lesion. Ultrasound showed a lobulated mass, partially circumscribed margin, heterogenous internal echo and intratumoral cystic spaces. The second case is a 36-year-old lady with a high-density lesion associated with multiple dystrophic calcifications on mammogram. Ultrasound showed a heterogenous mass with irregular margin and posterior shadowing. The third and fourth cases are histopathologically confirmed as benign phyllodes tumour. The third case is a 46-year-old lady whose mammogram showed an equal density lesion while sonography revealed a well-defined oval lesion with heterogenous echotexture but no intralesional cystic spaces. Another case is a 46-year-old lady with a high-density lesion on mammogram while sonographically showed a well-defined, lobulated lesion with heterogenous echotexture and intralesional cystic spaces.

Conclusion: In conclusion, benign and malignant phyllodes tumours manifest several differentiating features sonographically though some of the features may overlap. Lesion margin, internal echoes and vascularity as well as presence of liquefaction may help to identify different pathological grades of phyllodes tumour. This is crucial due to diverse potential for recurrence and metastasis.

038

Isolated Iliac Artery Aneurysm (IIAA): The Role of Open Repair

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Introduction: IIAA is rare with overall incidence of approximately 0.03 percent which makes up approximately 0.4 to 1.9 percent of all cases of aneurysmal disease. Open repair has a place in managing symptomatic IIAA. We report on 2 cases successfully managed with this approach.

Case 1 : An 80 years old gentleman, smoker with hypertension and oral squamous cell carcinoma presented to our center with sudden onset left sided abdominal pain. Upon arrival hemodynamically stable. On abdomen assessment there was pulsatile, expansile mass below the umbilicus, more on the left. Lower limb peripheral pulses were normal. Computed tomography angiography (CTA) done revealed a left common iliac aneurysm, measuring 7.7 x 7.2 x 6.8cm. He underwent an exploratory laparotomy, bilateral femoral artery exploration, left common iliac aneurysmectomy and repair. Intraoperatively, a large isolated left common iliac aneurysm was seen, the affected segment was resected and an interposition Dacron graft was placed.

Case 2 : A 66 years old gentleman ex-smoker with diabetes mellitus, presented with incidental finding of saccular abdominal aorta aneurysm with surrounding right psoas hematoma on ultrasonography. On assessment, patient was hemodynamically stable with unremarkable abdominal findings. His lower limbs peripheral pulses were palpable. CTA done however, showed right proximal common iliac saccular aneurysm measuring about 2.1 x 3.5 x 2.4 cm and its neck about 0.9 cm with evidence of active bleeding and retroperitoneal perianeurysmal hematoma into the left psoas muscle. He then underwent an emergency exploratory laparotomy, aneurysmectomy, right aortofemoral graft bypass with left aorto iliac graft.

Conclusion While IIAA are uncommon, although having the same, largely atherosclerotic-degenerative aetiology, patients present more frequently with symptoms or at the stage of rupture. Early detection and treatment may lead to a higher rate of patient survival. Open surgery offers good results in managing symptomatic IIAA.

039

Rare Bladder Cancer Pathology. An Unfortunate Event to Ponder Upon.

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Introduction: Transitional cell carcinoma is being commonest primary bladder cancer in our region. Besides that, squamous and adenocarcinoma being the second and third commonest type. However, there are few rare types of bladder pathology that reported in literature.
Case report: We reported 2 cases of rare bladder pathology which is a case of primary bladder lymphoma and a case of small cell carcinoma. Those cases presented to us with painless haematuria conciseness to other common bladder cancer pathology. However, both pathological types are highly aggressive behaviour and diagnosed mainly at advanced stages and believed to have a high metastatic potential. In a late stage of presentation, they may complicate with other organs failure such as renal function that carry poor outcome. In our centre, both cases came in a very late stage.
Conclusion: Compilation of rare bladder pathology cases should be done extensively and meticulously to have complete understanding on the nature of those disease. Various studies and research are needed to improve the outcome of the disease.

040

Title: Management of superior mesenteric artery syndrome managed with an endoscopically inserted double lumen nasojejunal tube feeding - a case series

S. Thanabalan, SekkapanThannimalaiSambanthan, Henry Tan Chor LipHans, Tan JihHuei, T. Alexander Mahendran.

Introduction: Superior mesenteric artery (SMA) syndrome is a manifestation of duodenal obstruction due to external compression caused by the superior mesenteric artery. This happens when there is narrowing of the aortomesenteric angle which results in the duodenum being impinged by the superior mesenteric artery and the aorta resulting in obstruction. It is an uncommon entity and there are less than 400 cases reported in the literature. We present a review of four patients that were managed at our institution using endoscopically inserted double lumen nasojejunal tube feeding discussing their presentation, management and outcomes.

Case series: There were 5 patients that presented to our institution between May 2019 and May 2020. The patients were between 19 to 35 years of age and there was equal male to female distribution. Three patients were managed conservatively non-operatively and two patients eventually required a duodenojejunal bypass procedure. All patients had complete resolution of symptoms and remain well with good nutritional outcomes on follow up.

Conclusion: SMA syndrome can be managed non-operatively using a nasojejunal tube without the morbidity of parenteral nutrition and central line related complications. However, surgical intervention may be required in cases with no improvement with such measures and can be done with good outcomes.

041

Early Experience Of Chronic Venous Ulcers Treated With Interlacing Velcro Wrap Device With Adjustable Compression Levels (COMPREFLEX Wraps) At Sultan Ahmad Shah Medical Centre

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Introduction: Compression therapy promotes the healing process of chronic venous ulcers. The Compreflex wrap (Sigvaris, St. Gallen, Switzerland) is an interlacing Velcro wrap device with adjustable compression levels. It provides an alternative to current compression therapy available on the market. In this study, we described 3 cases that were managed with Compreflex wrap at Sultan Ahmad Shah Medical Centre. This study is approved by Medical Research and Ethics Committee (MREC) Kementerian Kesihatan Malaysia (Protocol number: NMRR-21-330-58451) and IIUM Research Ethics Committee (IREC) (Protocol number: IREC 2021-238) as well as acquiring international grant from SIGVARIS Group.

Method: In this preliminary series, we assessed the effect of compression therapy using a Compreflex standard calf and foot device on venous leg ulcers. Subjects were evaluated pre-treatment, at 1 week, 12 weeks, and 26 weeks for venous ulcer closure, limb circumference measurement and subjects' satisfaction. Venous ulcer closure was assessed by calculating the wound surface area. Limb circumference measurement was taken at 7 points in the limbs. The subjects' satisfaction with the treatment was evaluated by a score from 0 to 10 (10 = very satisfied).

Result: A total of 3 patients were initially recruited (1 male and 2 female patients) with a mean age of 59 years old. The mean wound surface came up from 17.6cm^2 at pre-treatment to 27cm^2 at 1 week. However, it decreased to 6.3cm^2 at 12 weeks and 1cm^2 at 26 weeks. The limb circumference measurement showed mean of 36cm at pre-treatment. At 1 week it was 29cm, followed by 31cm at 12 weeks and 28cm at 26 weeks. The average subjects' satisfaction score at week 1 was 8 followed by 8.6 at 12 weeks and 26 weeks.

Conclusion: The usage of Compreflex wrap in the treatment of chronic venous ulcer showed satisfactory results in all three parameters in the 3 patients as described above. However, more subjects need to be recruited to confirm the safety and performance of the product.

THANK YOU

EAST COAST SURGICAL SYMPOSIUM 2022

"REALIGNMENT OF SURGICAL PRACTICE POST PANDEMIC"

15TH - 16TH SEPTEMBER 2022

SULTAN AHMAD SHAH MEDICAL CENTRE (SASMEC) @IIUM

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Message from The Dean

السلام عليكم ورحمة الله وبركاته

It is a great pleasure to welcome everyone to the 8th East Coast Surgical Symposium (ECSS) on the 15th -16th September 2022. The last edition of ECSS was in 2018, before the COVID-19 pandemic. The outbreak had put a halt to many events. Alhamdulillah, this year ECSS is organised with the theme, **'REALIGNMENT OF SURGICAL PRACTICE POST PANDEMIC',** which is very relevant now. There will be more pandemics, and the sooner we learn from COVID-19, the better we can prepare for the future. More than 14 distinguished speakers from all over the country will come and discuss the matter.

The symposium has so far been able to attract almost 200 participants, and I am very sure the pre-conference workshop and the masterclass in breast and endocrine surgery can benefit them.

I would like to convey my appreciation to Sultan Ahmad Shah Medical Centre (SASMEC) @IIUM for hosting the venue for the symposium.

Congratulation to the Department of Surgery, Kulliyyah of Medicine, which is being headed by Assoc. Prof. Dr. Islah Munjih bin Ab Rashid, for organising the symposium.

I sincerely hope you will enjoy the symposium, rejoicing old and new acquaintances, learning new information, and having a lovely time in Kuantan.

Finally, I hope the symposium can instill not just knowledge and skills but the values and bring *rahmah* to the whole of humankind.

LEADING THE WAY, LEADING THE WORLD

Wassalam

Professor Dr. Jamalludin Bin Ab. Rahman

Dean

Kulliyah of Medicine

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Message from The Hospital Director

It gives me great pleasure to welcome all of you to the 8th East Coast Surgical Symposium (ECSS) organized by the Department of Surgery, Kulliyyah of Medicine, IIUM in collaboration with Sultan Ahmad Shah Medical Centre @IIUM (SASMEC @IIUM) and the Kuantan Pahang Surgical Society. This collaborative effort in bringing together renowned surgeons, surgical trainees, and healthcare personnel together on one platform through this symposium is a great initiative.

The Coronavirus pandemic has changed everything. Its impact on healthcare services and the economy has forced hospitals – including our own – to flex and evolve, both in real-time and in the long-term. Finding our footing again resonates well with the theme of the symposium ***'Realignment of Surgical Practice Post Pandemic'.***

I would like to take the opportunity to congratulate Assoc. Prof. Dr. Islah Munjih and his team for their tremendous effort and teamwork in making this event a reality. The organizing committee have done a great job in gathering eminent names in the surgical field under one roof to share their opinions and expertise on this topic. Thank you, too, to the speakers for making the time and contributing their valuable knowledge for this symposium.

I hope that this symposium becomes a platform to share and discuss essential ideas related to the realignment of surgical practice post-pandemic, and that all the participants will gain a rewarding experience and find the topics discussed beneficial to be inculcated into their daily clinical practice.

Jazakallahu Khairan Kathiran

"Leading the Way"

Professor Dato' Dr. Mohamed Saufi Awang

Hospital Director

Sultan Ahmad Shah Medical Centre @IIUM

Message from The Chairman

Assalamualaikum and Welcome.

It is a great pleasure to having back our East Coast Surgical Symposium (ECSS). This is the 8th edition of our ECSS series. It has been four years since the last ECSS meeting was held which is in 2018. ECSS 2022 was initially planned in 2019 but due to the COVID Pandemic, it has to be delayed. Fortunately, we are going to have its return on the 15th -16th September 2022.

First of all, I would like to welcome all the participants to the ECSS 2022. We really hope that all of you will benefit from this meeting. My great thanks to all the Department Members, the committee members, the sponsors and everyone who has contributed directly or indirectly to make this event a success.

The theme for our current ECSS is **'REALIGNMENT OF SURGICAL PRACTICE POST PANDEMIC'**. We have endured hard time during two years of COVID Pandemic which strongly affected our surgical practice. Now, we are in the recovery phase post COVID Pandemic. There are many factors which lead to change on how surgery is being practiced pre, during and post COVID Pandemic.

During this two-day conference, we have prepared the scientific program which includes various interesting talks from our distinguished speakers. This meeting will offer the opportunities to reunite with old and new friends, to meet in-person our esteemed faculty and experts and to be updated with the new technological advance by our biomedical industry partners. Besides, please take your time to enjoy the various attractions in our charming and beloved Kuantan City.

Wassalam

Associate Professor Dr. Islah Munjih Ab Rashid

Chairman of East Coast Surgical Symposium (ECSS) 2022

Invited Faculty

Prof Dr Azmi Md Nor
Consultant Colorectal Surgeon
IIUM

Dato' Dr Jiffre Din
Consultant Surgeon
HTAA, Kuantan

Prof Dr Lee Yeong Yeh
Consultant of Gastroenterology, Hepatology, & Internal Medicine
USM

Assoc Prof Dr Shahrun Niza Abdullah Suhaimi
Consultant Breast & Endocrine Surgeon
UKM

Dr Ahmad Rafizi Hariz Ramli
Consultant Vascular Surgeon
UM

Dr Hans Alexander Mahendran
Consultant Upper GI Surgeon
HSA, JB

Dr Noor Ashani Md Yusoff
Consultant Urologist
HKL

Assoc Prof.Dr Azlanudin Azman
Consultant Hepatopancreaticobiliary (HPB) Surgeon
UKM

Dr Salina Aziz @ Yusoff
Consultant Breast & Endocrine surgeon
HTAA, Kuantan

Asst Prof Dr Akmal Azim Ahmad Alwi
Consultant Plastic & Reconstructive Surgeon
IIUM

Datuk Dr Rohaizat Yon
Ex-Deputy Director-General (Medical)
Ministry of Health

Prof Datuk Dr Ismail Sagap
Consultant Colorectal Surgeon
UKM

Dr Suryati Mokhtar
Consultant Hepatopancreaticobiliary (HPB) surgeon
Hospital Selayang

Dr Mohamed Ashraf Mohamed Daud
Consultant Urologist
USM

Dr Hanif Hussein
Consultant Vascular Surgeon
HKL

Assoc Prof Dr See Mee Hoong
Consultant Oncoplastic Breast Surgeon
UM

Assoc Prof Dr Andee Dzulkarnaen Zakaria
Consultant Colorectal Surgeon
USM

Dr Maya Mazuwin Yahya
Consultant Breast & Endocrine Surgeon
USM

Dr Kelvin Voon
Consultant Upper GI & Bariatric Surgeon
Hospital Pulau Pinang

Dr Rajaie Kamarudin
Hepatopancreaticobiliary Surgeon
Hospital Selayang

Pre-Symposium Workshop

BASIC ULTRASOUND FOR SURGEONS

14th September 2022, Wednesday
Department of Radiology, Sultan Ahmad Shah Medical Centre (SASMEC) @IIUM

TIME	PROGRAMME	SPEAKER
0815-0830	**Registration**	
0830-0845	Welcoming address	**Asst Prof Dr Ahmad Faidzal Othman** **Consultant Vascular Surgeon, IIUM**
0845-0900	Physics and knobology of ultrasonography	**Asst Prof Dr Mohd Radhwan Abidin** **Radiologist, IIUM**
0900-0915	Hepatopancreaticobiliary sonography	**Asst Prof Dr Wan Irfan Wan Mustapha** **Radiologist, IIUM**
0915-0930	Vascular sonography	**Asst Prof Dr Ahmad Faidzal Othman / Dr Ahmad Rafizi Hariz Ramli**
0930-1000	**Break**	
1015-1030	Kidney-Ureter-Bladder Sonography	**Asst Prof Dr Intan Bazilah Abu Bakar** **Radiologist, IIUM**
1030-1100	Sonography in Trauma	**Asst Prof Dr Muhammad Abdus-Syakur Abu Hasan** **Emergency Physician, IIUM**
1100-1130	Interventional Sonography	**Assoc Prof Dr Ahmad Razali Md Ralib** **Interventional Radiologist, IIUM**
1130-1210	Hands-on rotation 1	**All facilitators.**
1210-1400	**Lunch**	
1400-1630	Hands-on rotation 2 to 5	**All facilitators.**
1630-1645	Closing ceremony	

Pre-Symposium Facilitators

Abdominal sonography

Asst. Prof. Dr. Muhammad Abdus-Shakur

Asst. Prof. Dr. Muhammad Irfan Mohamad Salmi

Prof. Dr. Wan Irfan Wan Mustapha

Vascular sonography

Asst. Prof. Dr. Ahmad Faidzal Othman

Asst. Prof. Dr. Mohd Fahmi Abdul Aziz

Dr. Ahmad Rafizi Hariz Ramli

Asst. Prof. Dr. Intan Bazilah Abu Bakar

Kidney-urinary-bladder sonography

Assoc. Prof. Dr. Islah Munjih

Asst. Prof. Dr. Abdul Malek Mohamad

Asst. Prof. Dr. Mohd Radhwan Abidin

Hepatopancreaticobiliary sonography

Assoc. Prof. Dr. Ahmad Razali Md Ralib

Asst. Prof. Dr. Azrin Waheedy Ahmad

Asst. Prof. Dr. Raihanah Haroon

Daily Programme- DAY 1

ECSS 2022 PROGRAMME

15th September 2022, Thursday

0745 - 0815	**REGISTRATION**
0815 - 0845	**WELCOMING REMARKS** *Assoc Prof Dr Islah Munjih Ab. Rashid - Chairman, ECSS 2022* ***OPENING SPEECH*** *Prof Dr Ahmad Hafiz Zulkifli - Deputy Rector (Responsible Research and Innovation), IIUM*
0845 - 0915	**PLENARY SESSION ONE** *Chairperson: Assoc Prof Dr Junaini Kasian* **National Surgical Curriculum: The Way Forward** ***Dato' Dr Jiffre Din***
0915 - 1030	**SYMPOSIUM ONE: UPPER GI** *Chairperson: Assoc Prof Dr Mat Salleh Sarif* **1. GI Motility Disorder and Chicago 4.0 Manometry Protocol** ***Prof Dr Lee Yeong Yeh*** **2. Junctional Tumours - Unravelling the Controversies** ***Dr Hans Alexander Mahendran*** **3. Prehabilitation for Upper GI Surgery** ***Dr Kelvin Voon*** Q&A
1030 - 1045	**TEA BREAK SYMPOSIUM by Astellas: Assoc Prof Dr Islah Munjih Ab Rashid**
1045 - 1115	**TEA BREAK**
1115 - 1230	**SYMPOSIUM TWO: COLORECTAL** *Chairperson: Dr Faisal Elagili* **1. Laparoscopic Challenge Technique in Left Hemicolectomy** ***Prof Datuk Dr Ismail Sagap*** **2. Anal Fistula: Have We Achieved the Optimal Treatment?** ***Prof Dr Azmi Md Nor*** **3. Colorectal Surgery in Covid Era** ***Assoc Prof Dr Andee Dzulkarnaen Zakaria*** Q&A
1230 - 1245	**Video Presentation by GlaxoSmithKline Pharmaceutical**
1245 - 1430	**LUNCH**
1430 - 1520	**SYMPOSIUM THREE: VASCULAR** *Chairperson: Dr Ahmad Faidzal Othman* **1. Open Repair Abdominal Aortic Aneurysm** ***Dr Hanif Hussein*** **2. Current Approach to CLTI** ***Dr Ahmad Rafizi Hariz Ramli*** Q&A
1520 - 1550	**PLENARY SESSION TWO** *Chairperson: Prof Dr Nasser Mohammad Amjad* **Managing Health Care in The Era of Covid Pandemic** ***Datuk Dr Rohaizat Yon***
1550 - 1640	**SYMPOSIUM FOUR: UROLOGY** *Chairperson: Dr Hamid bin Hj Ghazali* 1. **Update on Urological Emergencies** ***Dr Mohamed Ashraf Mohamed Daud*** 2. **Update on the Management of Prostate Cancer** ***Dr Noor Ashani Md Yusoff*** Q&A
1640	**TEA BREAK – END OF DAY ONE**

Daily Programme- DAY 2

16th September 2022, Friday

0800 - 0830	**ORAL PRESENTATION** *(5 Minutes Each Presentation + 2 minutes Q&A)* *Chairperson: Assoc Prof Dr Mohd Nazli Kamarulzaman, Dr Abdul Malek Mohamad*	
0830 - 0945	**SYMPOSIUM FIVE: HEPATOBILIARY** *Chairperson:* Dr Mohd Hanis Mohd Nor 1. **ERCP in Covid** ***Dr Rajaie Kamarudin*** 2. **Management of Cystic Lesion of Pancreas** ***Assoc Prof Dr Azlanudin Azman*** 3. **Update on Liver Transplant** ***Dr Suryati Mokhtar*** Q&A	**Parallel Nursing and Paramedic Symposium** **SYMPOSIUM 1** **Venue: Seminar room 2 & 3** *Chairperson: Nur Izzati Mansor* 1. **Management of Pressure Injury** ***Azniwani Yusoff*** 2. **Modern Dressing in Wound Care** ***Siti Nurshazwani Musa @ Mat Zaid*** 3. **Surgical Site Infection** ***Dr Akmal Azim Ahmad Alwi*** Q&A
0945 - 1000	**LUCKY DRAW**	
1000 - 1015	**TEA BREAK**	
1015 - 1045	**PLENARY SESSION THREE** *Chairperson: Assoc Prof Dr Mohd Nazli Kamarulzaman* **Medico Legal Issue in Surgical Practice** ***Muhammad Azrul Hazerin Abdul Razak***	
1045 - 1220	**SYMPOSIUM SIX: BREAST AND ENDOCRINE** *Chairperson: Asst Prof Dr Noor Ezmas Mahno* 1. **Chronic Breast Infection** ***Dr Maya Mazuwin Yahya*** 2. **Management of Lymph Node in Thyroid Surgery** ***Assoc Prof Dr Shahrun Niza Abdullah Suhaimi*** 3. **Management of Parathyroid Adenoma** ***Dr Salina Aziz @ Yusoff*** 4. **Reconstruction in Breast Surgery** ***Assoc Prof Dr See Mee Hoong*** Q&A	**Parallel Nursing and Paramedic Symposium** **SYMPOSIUM 2** **Venue: Seminar room 2 & 3** *Chairperson: Hanim Yati Hussin* 1. **Central Venous Line Care** ***Ahmad Fauzi Ibrahim*** 2. **Dealing with Central Line Complication** ***Lai Yin Hoong*** 3. **Care of Drainage Catheter** ***Shahiera Naziera Othman*** Q&A
1220 - 1245	**AWARD PRESENTATION AND CLOSING REMARKS** ***Prof Dato' Dr Mohamed Saufi Awang (Hospital Director, SASMEC@IIUM)***	
1245 - 1430	**END AND LUNCH**	
1430	**BREAST AND ENDOCRINE MASTERCLASS** ***Assoc Prof Dr Shahrun Niza Abdullah Suhaimi*** ***Assoc Prof Dr See Mee Hoong*** ***Dr Maya Mazuwin Yahya***	

Acknowledgements

The Organising Committee of ECSS 2022 wishes to thank the following for their support and contributions:

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