



College of Surgeons  
Academy of Medicine of Malaysia

# ANNUAL SCIENTIFIC CONGRESS

*"Dum Spiro Spero"*  
*Building a Foundation for the Next Generation*



19<sup>th</sup> - 21<sup>st</sup> May 2017

Pullman Kuching  
Sarawak, Malaysia

**ABSTRACT BOOK**

# Contents

## 19<sup>th</sup> May 2017, Friday

### **Meet The Expert Breakfast Session 1 | *Vascular***

Managing Vascular Access Emergencies -

Panelists: *Reza Mofidi / Benjamin Chua / Liew Ngoh Chin*

### **Meet The Expert Breakfast Session 2 | *Colorectal***

Treatment of Anorectal Conditions -

Panelists: *David Galloway / Ismail Sagap / April Roslani*

### **PLENARY 1 | *Keynote Lecture***

Dum Spiro Spero The COLLEGE & The SURGEON -  
Together We Breathe and We Hope -

*Peter Wong Toh Lee*

### **44<sup>th</sup> A M Ismail Oration**

Culture Shock: Preventing Errors in Surgical Practice -

*David Galloway*

### **SYMPOSIUM 1 | *Professional Development***

1.1 The Three Vs of Effective Communication -

*Dunstan Chan*

1.2 Expanding the Role of Surgical Research in Moving Surgery Forward 9

*Kalaiarasu Periasamy*

1.3 Leadership in Surgery 10

*Goh Hak-Su*

1.4 The Changing Role of the Doctor -

*Sim Kui Hian*

### **SYMPOSIUM 2 | *Bariatric Surgery***

2.1 Nutritional Management of Bariatric Patients 11

*Brian Lian Ding*

2.2 Expanding the Role of Surgical Research in Moving Surgery Forward -

*Nik Ritza Kosai Nik Mahmood*

2.3 Bariatric Surgery - What Procedure Suits Asians Better? -

*Tikfu Gee*

2.4 Revisional Bariatric Surgery -

*Huang Chih-Kun*



# Contents

## 19<sup>th</sup> May 2017, Friday

### **PLENARY 2**

- Surgery for Type 2 Diabetes: Is It The Way Forward? -  
*Chih-Kun Huang*

### **SYMPOSIUM 3 | *Modern Surgery***

- 3.1 Energy Devices -  
*Davide Lomanto*
- 3.2 Advances in Endovascular Treatment of Aortic Pathologies -  
*Benjamin Chua*
- 3.3 Paediatric Endoscopic Surgery: Innovations and Challenges 12  
*Yik Yee Ian*
- 3.4 Role of VATs in Acute General Surgical Conditions 13  
*Mohamed Yusof Abdul Wahab*

### **SYMPOSIUM 4 | *Challenges in Health Service Delivery***

- 4.1 Mobile Clinic & Flying Doctor Services in Sarawak -  
*Andrew Kiyu*
- 4.2 Sarawak Surgical Service in the Twentieth Century -  
*PR Sengupta*
- 4.3 Rural Health Service Delivery and Access -  
*Andrew Kiyu*
- 4.4 Medical Relief in Natural Disaster -  
*Lee See Pheng*

# Contents

## 20<sup>th</sup> May 2017, Saturday

<b>Meet The Expert Breakfast Session 3   <i>Endocrine</i></b>	14
Panelists: <i>Rohaizak Muhammad / Nor Ainan Emran / Shahrudin Niza Abdullah Suhaimi</i>	
<b>Meet The Expert Breakfast Session 4   <i>Upper GI</i></b>	-
Panelists: <i>Masanori Terashima / Andrew Barbour</i>	
<b>PLENARY 3</b>	
Lessons Learnt from the Mount Merapi Eruption Disaster	15
<i>Aryono D Pusponegoro</i>	
<b>PLENARY 4</b>	
Liver Transplantation for Hepatocellular Carcinoma	-
<i>John Chen</i>	
<b>PLENARY 5   <i>Royal Australasian College of Surgeons Plenary</i></b>	
Anti-Reflux Surgery - What is the Best Option for Patients with GERD?	-
<i>Andrew Barbour</i>	
<b>SYMPOSIUM 5   <i>Minimal Access Surgery</i></b>	
5.1 Inguinal Hernia Repair: Laparoscopic or Open - Which Way Forward?	-
<i>Davide Lomanto</i>	
5.2 Endoscopic Thyroidectomy - Current Advances	-
<i>Nor Azham Hakim Darail</i>	
5.3 Laparoscopic Surgery in Abdominal Trauma	17
<i>Mohamed Yusof Abdul Wahab</i>	
5.4 Surgical Management of Incarcerated Scrotal Hernia in the Era of Laparoscopy	-
<i>Siow Sze Li</i>	

# Contents

## 20<sup>th</sup> May 2017, Saturday

### **SYMPOSIUM 6 | *Surgical Training***

- 6.1 Training for Academic Surgery - Challenges and Benefits of Pursuing PhD -  
*Sia Sheau Fung*
- 6.2 Brexit and Its Implication on Surgical Trainees from Overseas -  
*Reza Mofidi*
- 6.3 Structured Training and Certification in Minimally Invasive Surgery -  
*Ajjana Techagumpuch*
- 6.4 Perspective of Surgical Training in Sri Lanka: From the Past to the Future -  
*MD Lamawansa*

### **PLENARY 6**

- Recent Advances in 3D Laparoscopy & Indocyanine Green (ICG) Fluorescent Imaging -  
*Go Wakabayashi*

### **PLENARY 7**

- Advancing Standards and Quality in Surgery -  
*John Chan Kok Meng*

### **SYMPOSIUM 7 | *Colorectal Surgery***

- 7.1 Challenges on Colorectal Cancer Screening in Sarawak -  
*Chieng Tiong How*
- 7.2 Laparoscopic TME vs ta TME -  
*William Chen Tzu-Liang*
- 7.3 Challenges of Performing Laparoscopic Colorectal Surgery in Malaysian Private Practice -  
*Wong Sze Ming*
- 7.4 Robotic Colorectal Surgery -  
*William Chen Tzu-Liang*

# Contents

## 20<sup>th</sup> May 2017, Saturday

### **SYMPOSIUM 8 | Neurosurgery**

- |     |   |    |
|-----|---|----|
| 8.1 | Initial Management of Head Injury and Further Care in ICU<br><i>Peter Tan Chee Seong</i>                  | 18 |
| 8.2 | Surgical Management of Head Injury<br><i>Donald Liew Ngian San</i>  | -  |
| 8.3 | Early Management of Spine Injury<br><i>Albert Wong Sii Hieng</i>  | -  |
| 8.4 | Management of Metastatic Brain Disease (Especially from Bowels, Lung and Breast)<br><i>Yeo Tseng Tsai</i> | 19 |

# Contents

## 21<sup>st</sup> May 2017, Sunday

### **Meet The Expert Breakfast Session 5 | HPB**

Discussion on Liver Trauma -

Panelists: *Go Wakabayashi / John Chen / Manisekar K Subramaniam*

Convenor: *Tee Chee Sian*

### **Meet The Expert Breakfast Session 6 | Urology**

Masterclass in Groin Surgery

Moderators: *Clarence Lei Chang Moh / Khor Tze Wei*

Hydrocele -

*Khor Tze Wei*

Torsion -

*Chan Siew Hong*

Varicocele -

*Lim Meng Shi*

Undescended Testis 20

*Clarence Lei Chang Moh*

### **SYMPOSIUM 9 | Hepato Pancreatico Biliary**

9.1 Can Major Laparoscopic Liver and Pancreas Surgery Become Standard Practices? -

*Go Wakabayashi*

9.2 Liver Transplant in Malaysia - Where are We Heading? -

*Manisekar K Subramaniam*

9.3 Advances in Acute Pancreatitis with Focus on Surgical Management -

*John Chen*

9.4 Laparoscopic Surgery for Benign Hepato Pancreatico Biliary Conditions -

*Wong Hon Phin*

# Contents

## 21<sup>st</sup> May 2017, Sunday

### **SYMPOSIUM 10 | Cardiothoracic**

- 10.1 Management of Aortic Dissection -  
*Paneer*
- 10.2 Role of Surgery in Thoracic Trauma -  
*Raja Amin Raja Mokhtar*
- 10.3 Advances in Lung Cancer Surgery -  
*Soon Sing Yang*
- 10.4 Management of Empyema -  
*Abu Yamin Khamis*

### **SYMPOSIUM 11 | Upper Gastrointestinal**

- 11.1 Treatment of Advanced Gastric Cancer 21  
*Masanori Terashima*
- 11.2 Minimally Invasive Esophagectomy - Surgical Outcomes and  
Impact on Quality of Life -  
*Andrew Barbour*
- 11.3 Robotic Surgery for Gastric Cancer 22  
*Masanori Terashima*
- 11.4 Management of Anastomotic Leak in Esophagectomy -  
- Recent Advances -  
*Chin Kin Fah*

### **SYMPOSIUM 12 | Urology**

- 12.1 PSA Screening in Malaysia. Who, When and How Frequent? -  
*Ong Teng Aik*
- 12.2 Ethnic Variation in PSA and Prostate Epidemiology in Malaysia -  
*Selvalingam Sothilingam*
- 12.3 Renal Surgery. The Sabah Experience -  
*Shankaran Thevarajah*
- 12.4 Urinary Stones in Malaysia -  
*Selvalingam Sothilingam*
- 12.3 Urology Trauma: Case Discussion on Kidney, Bladder & Urethra -  
*Teh Guan Chou*

# Contents

## 21<sup>st</sup> May 2017, Sunday

### HOW I DO IT SYMPOSIUM 1

- |     |  |    |
|-----|--|----|
| 1.1 | Laparoscopic Anterior Resection  | -  |
|     | <i>William Chen Tzu-Liang</i>  |    |
| 1.2 | Circumcision   | 23 |
|     | <i>Clarence Lei Chang Moh</i>  |    |
| 1.3 | Transhiatal Lower Mediastinal Lymph Node Dissection for Siewert Type II EGJ Cancer | 24 |
|     | <i>Masanori Terashima</i>  |    |
| 1.4 | Vein Compression Syndromes - Diagnosis and Management                              | -  |
|     | <i>Benjamin Chua</i>   |    |

### HOW I DO IT SYMPOSIUM 2

- |     |  |   |
|-----|--|---|
| 2.1 | Two-Stage Laparoscopic Hepatectomy with Selective Portal Vein Embolization         | - |
|     | <i>Go Wakabayashi</i>  |   |
| 2.2 | Minimally Invasive Esophagectomy - Surgical Outcomes and Impact on Quality of Life | - |
|     | <i>Nor Azham Hakim Darail</i>  |   |
| 2.3 | Laparoscopic Cholecystectomy: A La Français  | - |
|     | <i>Tikfu Gee</i>   |   |
| 2.4 | Pharyngeal and Upper Oesophageal Reconstruction                                    | - |
|     | <i>John Ranjit</i>   |   |

<b>ETHICON PRIZE PRESENTATIONS</b>	25 - 29
------------------------------------	---------

<b>FREE PAPERS</b>	30 - 39
--------------------	---------

<b>OFFICIAL POSTER PRESENTATIONS</b>	40 - 366
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## EXPANDING THE ROLE OF SURGICAL RESEARCH

**Kalairesu Peariasamy**

Expanding the role of surgical research is the way to move surgery forward. Surgical research continues to advance as evidenced by the increasing number of investigator initiated research, patient centred surgical audits and case series publication. Young surgeons are getting involved in structured Good Clinical Practice, Introduction to Clinical Research and Protocol development training in compliance with clinical trial initiatives through Clinical Research Centre (CRC) and Clinical Research Malaysia (CRM) network. Nevertheless, there is a need to improve evidence based surgical research and publishing surgical research outcomes. One way forward would be by establishing a network of surgical researchers trained in standardized research methods and medical writing. This lecture will provide an overview of surgical network for inter-disciplinary research.

## LEADERSHIP IN SURGERY

**Goh Hak-Su**

Leadership in surgery is like leadership in any field. First, it must serve a purpose, like solving surgical manpower shortage, raising quality of surgical care or preparing to mitigate specific risks such as increasing incidence of colorectal cancer. Next, there must be a clear vision of what needs to be achieved. There must also be support from those in authority like the ministry of health, colleagues in the team and patients or society at large.

Surgical leadership is unique in that peers and patients respect surgeons with good clinical and surgical skills and are up-to-date. To solve local health problems requires research into these problems. A good leader should not use his position to advance himself but to serve his patients. He must be fair to his colleagues and constantly nurture and train the younger generations. But this is all too easy to say but difficult to put into practice.

## NUTRITIONAL MANAGEMENT OF BARIATRIC PATIENTS

**Brian Lian Ding**

Hospital Umum Sarawak, Sarawak, Malaysia

Nutritional management begins preoperatively and continues up to years after surgery. Key element in hypocaloric diet is food portion control. During the weight loss phase, protein adequacy is paramount to ensure maintenance of lean body mass. While the main purpose of bariatric surgery is weight loss, it is equally important to manage dietary and behavioural modifications to achieve good outcome of surgery, particularly weight maintenance. Bariatric surgery, no matter the procedure, intends to limit nutritional intake. Some procedures may even affect the absorption of macronutrients and micronutrients. In those cases, a lifelong nutritional supplementation and monitoring might be necessary.

## PAEDIATRIC ENDOSCOPIC SURGERY: INNOVATIONS AND CHALLENGES

### **Yik Yee Ian**

Division of Paediatric & Neonatal Surgery, Department of Surgery, University of Malaya, Kuala Lumpur, Malaysia

Endoscopic surgery in children has revolutionized over last 3 decades. Minimally invasive procedures like laparoscopy & thoracoscopy have gained ground in parallel with bronchoscopy & cystoscopy in children. Minimally invasive surgery (MIS) is relatively a “junior” approach in children surgery, practiced only by few centres in Malaysia. With improvement in instrumentation and more refined techniques, better outcomes, shortened operative duration & safer surgery are common goals achievable by all paediatric surgeons practicing MIS.

With refined technical skills, better knowledge of disease conditions & understanding of the unique pathophysiology of children, in addition to the constraints imposed by budget cuts, innovations made possible. I would like to highlight & share my humble & early experiences at University Malaya Medical Centre (UMMC), over the last 3 years with:

1. Single incision laparoscopy assisted extra-corporeal appendicectomy (SILAECA) for appendicitis
2. Use of an arthrotomy knife (“old, cold & discarded” by the Orthopaedic Surgeon) for pyloromyotomy in infants with pyloric stenosis
3. Laparoscopic colonic seromuscular biopsies for leveling biopsies in children with Hirschsprung disease (A staging procedure to shorten general anaesthetic time for staged pull through procedure; preserve length of bowel with accurate surgical margin)

The challenges faced in performing safe & uncomplicated MIS in children cannot be underestimated and should be looked at carefully:

1. Limited space - almost always the working space is just the size of a “match box”. Hence, ergonomics is the key to success
2. Small margin for error & limited time - minimal alteration of physiology can have disastrous effects e.g. blood loss, CO<sub>2</sub> retention, prolonged surgery, hypothermia etc
3. Coherent & competent team/colleagues - anaesthetist, assistant & nurse
4. Misconception & non-acceptance of change of practice - parents may be convinced by “Senior” surgeons that standard method is the “only safe” approach, with MIS being experimental

With time and training of more paediatric surgeons in MIS, most children with surgical conditions in Malaysia can be offered MIS, treated safely & cost-effectively with excellent outcomes.

*“Train to serve the future, serve to train for better future”*

## ROLE OF VATS IN ACUTE GENERAL SURGICAL CONDITIONS

**Mohamed Yusof Abdul Wahab**

Department of Surgery, Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

VATS, traditionally the domain of thoracic surgeons, has developed exponentially over the last two decades replacing conventional thoracotomy in procedures such as lobectomies, decortication and pneumonectomy with lesser morbidities. Surgeons equipped with essential laparoscopic skills, would have no difficulty performing VATS. Of the 96 patients, the application of VATS in HTAR has been primarily for cases of emphyema thoracis (80%), either from chest trauma or complicated parapneumonic effusions. The procedure has been proven to be rather effective with a conversion rate of 4% and a re-accumulation rate of 6%. VATS has resulted in faster recovery with reduced hospital stay.

## THE PRINCIPLE OF AN INTRA-OPERATIVE NERVE MONITORING IN THYROID SURGERY

**Rohaizak Muhammad**

Breast and Endocrine Surgery Unit, Department of Surgery, UKM Medical Centre, Kuala Lumpur, Malaysia

Thyroid surgery is still one of the most common procedures performed by the surgeon. It is not without complication but the most worrisome complication is nerve injury, either to the recurrent laryngeal or external branch of the superior laryngeal nerve. It has been the tradition that the nerve will be visually identified and preserved but the function of the preserved nerve is unpredictable. For that reason, the quoted complication rates range between 0.3 - 18%. Intra-operative nerve monitoring uses the principle of electrical stimulation in a complete circuit. Any damage or interruption of the electrical transmission will alert the surgeon and prevent injury to the nerve. The use of electrical stimulation will also allow the surgeon to map and identify the location of the nerve well before visually identified, which is probably most important for the less experience surgeon. Furthermore, the navigation will also allow the surgeon to identify the anatomical variation of the nerve like non-recurrent laryngeal nerve, extra-laryngeal nerve branching or abnormal insertion of the recurrent laryngeal nerve. In other words, the use of intra-operative nerve monitor is to preserve the anatomy as well as the function of the nerve. The procedure is not free from potential complication as the vagus nerve need to be exposed for clip application. Proper training with experience helps to improve the already low complication of nerve injury in thyroid surgery

## MOUNT MERAPI ERRUPTIONS

**Aryono D Puspongoro**

Indonesia

Indonesia has 129 Active Volcanos and one of them is Mount Merapi (2930 meters high) located in Middle Java - The Sultanate of Jogyakarta.

These active volcano is part of The Pacific Ring of Fire. It is a Subduction of the Indo-Australia Plate beneath The Eurasian Plate. Mount Merapi is a Stratovolcano Type Volcano which is Tall and Conical. Eruptions happens because Cooled Magma blocks a Crater s a Plug and traps Hot Gas and Magma. When The pressure becomes too high an Eruption of the volcano happens Mount Merapi exist since 10.000 years ago. Since then 68 Eruptions happens.

In 1006 the Eruption destroyed a whole Hindu Kingdom.

The worst Eruption happens in 1930 which killed 1300 people.

In the 20th century there were 6 severe Merapi eruptions.

In 1996, 1998 and 2006 there were no mortality.

In 1986 68 people died and we went to the morgue and dis a Cricothyrodothomi, we found that the Airway was clear but the mouths were full of volcanic ash.

In 1994, 1996, 1998, 2006 and 2014, people died because of Burs, Fractures, Spinal Injuries

In 2006, more than 60 people died.

In the 2014, the number of people who died is not clear but most of them died un the Shelters which was built supposedly to protect them. 28 volunteers died because they are not well trained and did not obey the "3S" for Volunteers and First Responders -

1. SAFE SELF,
2. SAFE SCENE and
3. SAFE SURVIVORS

The Sultan of Jogyakarta told me that Mbah Marijan (who was appointed by The Sultan as the guardian of The Merapi Mountain got greedy after the 2010 eruption. He became famous and was on television and commercial and he got a lot of money. So when the 2014 is going to erupt, The Sultan ordered him to come down but he refused. He died with his followers. He died doing The SUJUD but he did not face to Mecca but to the South.

When the evacuation begins they did in stages, and when they arrived around the Bethesda (Christian) and Panti Rapih (Catholic) Hospitals. Then the FPI (Front Pembela Islam - Islam Guardians Front) and they ordered the Displaced People to get out of the Christian & Catholic Hospitals and further CHAOS happens.

In Sleman Jogyakarta they evacuate only the people, while I'm in Klaten (City next to Jogyakarta) they evacuate the cattle - animals and the owners still have their cattle, while in Sleman they became poor. The culture in Java the farmers give names like "Slamet" etc. Because these animals give milk, help them in the fields. So they worry whether "Slamet" Survives or not and go back to the mountain and die with "Slamet"

WHAT DO WE LEARN FROM THE MERAPI ERUPTIONS?

1. When is it going to erupt? Mbah Marijan said that it is not going to erupt if the animals do not come down the mountain or come out of the jungle - He was right.
2. Do not build Shelters - people die in it.
3. Do not evacuate in stages but as far and as fast as possible
4. If you are going to evacuate, learn the culture. The Javanese treat their cattle as human beings. In Papua don't forget the Pigs because sometimes the wives let the piglets suck from their breast.
5. You can build Dikes to divert the flow of Hot Lava but we cannot predict where it is going to flow. Especially the Cold Lava can destroy villages
6. Mount Merapi can be very dangerous, but it calms down, the slope of Merapi-the land is very fertile and farmers have a good harvest, they also mine the volcanic debris and the sell it as building materials. They all got richer but the also understand nit to live on the slopes of Mount Merapi

Eruptions;1996,1998, 2006 - No Victim  
1994 & 2010: Big Eruption

<b>(%) BSA</b>	<b>n</b>	<b>Dead</b>	<b>Survive</b>
<20	9	0	9
20 - 39	6	3	3
40 - 59	8	5	3
60 - 79	12	12	0
>80	7	7	0
Total	42	27	15

Mount Merapi exist since 10.000 years ago. 68 eruptions since 1548, and the worst was 1006 eruption when destroyed a Hindu Kingdom and 1930 killed 1300 people.

## LAPAROSCOPIC SURGERY IN ABDOMINAL TRAUMA

**Mohamed Yusof Abdul Wahab**

Department of Surgery, Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

A standard approach for patients with intraabdominal injury is based on ATLS principles. Patients who are hemodynamically unstable will be taken to theatre, whilst patients who are hemodynamically stable will get a CT scan for evaluation. The common challenges are those suspected to have perforated viscous. None of the imaging modality has a high sensitivity or specificity to pick up this injury and hence patients are taken for laparotomy. The non-desirable outcome is a negative or non-therapeutic laparotomy. Reported rate for negative laparotomy is between 15-20%. Laparoscopy is a safe and sensitive method of intervention to evaluate patients with suspected perforated viscous and can minimize the rate of non-therapeutic laparotomy.

## INITIAL MANAGEMENT OF HEAD INJURY AND FURTHER CARE IN ICU

**Peter Tan Chee Seong**

Sarawak General Hospital, Kuching, Sarawak, Malaysia

Traumatic brain injury is one of the leading causes of mortality and severe disability worldwide. While primary injury caused by initial trauma is irreversible, prevention and mitigation of secondary injury have become the central goal of its management. Physiologically targeted therapy initiated in the field and during early hospital care should be continued seamlessly in the operating theatre and intensive care unit. Adherence to the management guidelines such as those recommended by the Brain Trauma Foundation has been associated with improved outcome. This lecture will highlight the fundamental principles and updated recommendations in the management of severe traumatic brain injury.

## **MANAGEMENT OF METASTATIC BRAIN DISEASE (ESPECIALLY FROM BOWELS, LUNG AND BREAST)**

**Yeo Tseng Tsai**

The management of metastatic brain disease is vastly different from that of primary brain tumours.

The current modalities of treatment are many, and worldwide in the developed countries, radiosurgery is currently the most commonly used modality. Other classical options like whole brain radiotherapy and surgical excision are also still used in selected cases where radiosurgery is not so suitable.

This talk will cover the current recommended management of metastatic brain disease, realising that there could be significant differences in management depending on the resources available as well as differences in physicians' opinions on the current evidence available.

## MASTER CLASS IN GROIN SURGERY: UNDESCENDED TESTIS

**Clarence Lei Chang Moh**

Kidney & Urology Centre, Normah Hospital, Kuching, Sarawak, Malaysia

Undescended testis is defined as a testis which has failed to descend to the scrotum and is retained at a point along the normal path of its descent. Therefore, the testis which is undescended may occur in the following situations: unilateral, bilateral, palpable in the groin or non-palpable undescended testis. Sometimes the testis can occasionally be palpable, i.e. retractile testis or an ascending testis. For bilateral undescended testis, one has to rule out a chromosomal anomaly, especially if there is associated hypospadias. There is an increasing incidence of undescended testis (UDT), presumably due to increase in exposure of the pregnant mother to environmental oestrogens. About 10% of newborns (more if premature) have undescended testis and this reduces to about 1% at the age of 1 year.

The undescended testis may be managed by a wide spectrum of surgeons, depending on the socio-economic situations. The patients can be seen by the paediatric surgeon, urologist or the general surgeon. However, general doctors are usually the first point of diagnosis and subsequent follow-up after treatment.

If the testis is still not palpable at 1 year, a useful investigation is that of ultrasound. A high quality ultrasound for a cooperative child may sometimes show the testis to be buried in the suprapubic groin fat or just at the inguinal ring. MRI may be used in appropriate patients. CT is generally a poor tool for localisation of undescended testis. In patients with bilateral undescended testis, a HCG stimulation test (inj 5000 IU daily for 3 days) may be used to stimulate any testis and taking the peripheral blood to see any rise in testosterone. It may occasionally be used by the paediatric endocrinologist in an attempt to bring the testes lower down, during the early years of life.

The indications for surgery to the undescended testis is often in allusion to the high incidence of malignant change. This change can occur when the patient is around 15 to 30 years of age. But in fact, the absolute risk is only about 1% and not as high as often quoted. However, an undescended testis is more likely to be traumatised or undergo torsion. When this happens, surgery may become an emergency. During surgery for the undescended testis, one also has to close the associated hernia sac. A patient with bilateral undescended testis will be sterile. However, the testis will still need to be preserved as the testis is also the important source of hormones. In unilateral undescended testis, the fertility is still only about 80% as 1/3 of undescended testis has testicular epididymal ductal dissociation.

Surgery for undescended testis is an elective procedure, probably best done in expert hands. This is because repeat surgery is likely to be more difficult when the blood supply to the testicle is in scarred tissue. The surgeon should probably do about 25 cases over 6 months of paediatric groin surgical procedures to be competent in orchidopexy (reference: *BJMSU 2010, 215*). If the testicle is small and is high in the groin or abdomen, a possible option is that of orchidectomy.

To locate the impalpable testis, a common strategy is that of a laparoscopy, to trace the vas to the deep inguinal ring. If laparoscopy is not readily available, a mini laparotomy with exploration of the groin is a reasonable approach. However, if the patient is more than 40 years old or if the residual testis is only a nubbin, it can probably be left alone. For patients with bilateral undescended testis, every attempt should be made to preserve testicular tissue. Where it is considered difficult to bring the testicle down, one should stage the procedure and to do only one side at a time.

## TREATMENT OF ADVANCED GASTRIC CANCER

### **Masanori Terashima**

Division of Gastric Surgery, Shizuoka Cancer Center, Shizuoka, Japan

Curative resection is the only way to obtain the cure for advanced gastric cancer. Nowadays, gastrectomy with D2 lymph node dissection is considered to be a global standard. Extent of lymph node dissection has been precisely determined by Japanese gastric cancer treatment guidelines. However, several issues are still controversial. Japan Clinical Oncology Group (JCOG) have conducted several clinical trials to dissolve these clinical questions.

JCOG9501 was a randomized control trial (RCT) comparing D2 and D2 + para-aortic lymph node dissection (PAND) in advanced gastric cancer without para-aortic lymph node metastasis. Unfortunately, survival benefit by PAND was not demonstrated. So, the role of preventive PAND was denied. However, the significance of PAND in patients with positive para-aortic lymph node metastasis is still controversial. Relatively good survival was obtained in patients underwent neo-adjuvant chemotherapy and extended lymph node dissection including PAND (JCOG0405).

The pros and cons of splenectomy had been a matter of debate for a long period in Japan. Non-inferiority of spleen preserved operation was investigated in patients whose tumor was located at the upper stomach without invasion to greater curvature (JCOG0110). Non-inferiority of spleen preservation was validated. So, spleen preservation is strongly recommended in tumors without greater curvature involvement.

In Japan, bursectomy is routinely performed in patients with T4 tumor. JCOG1001 was designed to investigate the superiority of bursectomy in patients with T3/T4 tumor. The results has been recently published. The superiority of bursectomy was not observed. So, bursectomy should not be performed in patients with T3/T4 tumor.

Significance of reduction surgery had not been clearly demonstrated. JCOG0705 was an international (Japan, Korea, Singapore) multi-institutional clinical trial to investigate the superiority of reduction surgery. Survival benefit from reduction surgery was not demonstrated. So, in patients with non-curable factor, reduction surgery should not be performed.

## ROBOTIC SURGERY FOR GASTRIC CANCER

**Masanori Terashima**

Division of Gastric Surgery, Shizuoka Cancer Center, Shizuoka, Japan

Laparoscopic gastrectomy is a widely used minimally invasive surgery for gastric cancer. Japanese Gastric Cancer Treatment Guidelines recommends that laparoscopic surgery can be a treatment option in cStage I. About a half of gastrectomy is now performed under laparoscopic procedures in Japan. Feasibility of laparoscopic gastrectomy had already been demonstrated in several clinical trials. However, laparoscopic gastrectomy is still technical demanding procedure mainly due to the restriction of the movement using straight shaped forceps. Robotic surgery using the da Vinci Surgical System is anticipated to be a powerful tool for circumventing these problems using high-resolution three-dimensional (3D) images and the EndoWrist equipped with seven degrees of freedom. We had performed early and late phase II study to evaluate the feasibility of RG using 143 patients with gastric cancer. Postoperative intraabdominal infectious complications, the primary endpoint, was observed in only 4 patients (2.8%) and all complications were successfully treated conservatively without re-operation. So, we conclude that RG is safe in terms of the incidence and severity of postoperative complications.

Robotic surgery may reduce the postoperative complications by the meticulous procedures for lymph node dissection especially in supra-pancreatic area and the increase in the ease of reconstruction methods. In Japan, a multi-institutional prospective clinical trial evaluating the feasibility and efficacy of robotic gastrectomy was conducted under the advanced medical care system. The results will be opened very soon. The survival benefit of robotic surgery, counterbalanced by the increased cost, should be evaluated by well-designed clinical trials in the future.

## CIRCUMCISION

**Clarence Lei Chang Moh**

Kidney & Urology Centre, Normah Hospital, Kuching, Sarawak, Malaysia

Circumcision is one of the earliest surgeries ever done. It is widely practised in different kinds of environment in Malaysia.

Circumcision may be done by surgeons including urologists, paediatric surgeons, general surgeons and plastic surgeons. It may also be done by general practitioners or non-physician practitioners but with the necessary credentials. It is not a "simple procedure to be done for every man for better hygiene". The prepuce is known to be richly innervated.

Surgery may be done in adults, children and in neonates. The latter is a common practice in the Middle East and is usually done within the first week of life when the baby is protected by the mother's serology.

There are many methods for circumcision: open surgery, "laser", "clamp" surgery. I prefer an open technique with a dorsal slit. Haemostasis may be with bipolar diathermy or with plain Catgut ties. A good sleeve of inner prepuce tissue should be preserved, especially for the child with small penis. The correct dosage of Lignocaine is given as local anaesthetic.

Surgeons do only a small percentage of circumcisions. This could include patients with medical problems e.g. urinary tract infection, phimosis, phimosis with buried penis, phimosis with small penis, hypospadias, chordee and in adults with balanoposthitis or some other dermatological conditions including viral warts. For the latter, it is essential that all the medical staff wear a suitable face mask to reduce the risk of implantation of the respiratory tract implantation of the wart. The surgeon may be called upon to treat the complications of circumcision done in the community, e.g. glans amputation and urethral fistula. In view of the high number of circumcisions done in the community, circumcision complications are reported in the press frequently, starting with the accidental amputation of the glans penis by an unqualified medical attendant in a GH in 1992.

## TRANSHIATAL LOWER MEDIASTINAL LYMPH NODE DISSECTION FOR SIEWERT TYPE II EGJ CANCER

**Masanori Terashima**

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In patients with Siewert type II EGJ adenocarcinoma with less than 3cm esophageal invasion, transhiatal approach is recommended based on the Japan Clinical Oncology (JCOG)9502 trial which failed to demonstrate the superiority of left thiraco-abdominal approach over transhiatal approach. However, optimal extent of lymph node dissection is still a matter of debate. In most of retrospective studies, role of supra- and infra-pyloric lymph node along with #4d lymph node dissection was not observed. So, proximal gastrectomy can be performed in terms of lymph node dissection. The efficacy of lower mediastinal lymph node dissection and para-aortic lymph node dissection (#16a2 lat) are still controversial. In Japan, a prospective phase II study to evaluate the optimal extent of lymph node dissection in EGJ tumor are now performing in collaboration with Japanese Gastric Cancer Association and Japanese Esophageal Association. In this protocol, #1, #2, #3, #4sa, #4b, #7, #8a, #9, #11, #16a2lat, #19, #20, #110, #111, #112 lymph node should be dissected in patients with EGJ adenocarcinoma with esophageal invasion less than 3 cm. In this operation, transhiatal lower mediastinal lymph node dissection and para-aortic lymph node dissection are rather technical demanding. I would like to demonstrate the theoretical basis and the practical procedures for this operation using video clips.

# ETHICON Prize Presentations

## 20<sup>th</sup> May 2017, Saturday

- EP 01 Comparison Of Post Op Pain And Evaluation Of Cost Of Surgery Between Patients Undergoing Excisio Biopsy For Benign Breast Lump Under Acupuncture Vs General Anaesthesia** 26  
Shahrin Niza Abdullah<sup>1</sup>, Ruzwana Ruslan<sup>2</sup>, Y W Yan<sup>3</sup>, A C Chan<sup>4</sup>, Mohd Rizal<sup>5</sup>, Kavita Bhojwani<sup>6</sup>  
<sup>1</sup>University Kebangsaan Malaysia, Kuala Lumpur, Malaysia  
<sup>2</sup>Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- EP 02 Does Systemic Heparin Reduces Thrombosis Rate Of Radiocephalic Fistula: A Double-Blinded Randomized Study** 27  
Karthigesu Aimanan<sup>1</sup>, Mohamad Azim Mohd Idris<sup>1</sup>, Chew Loon Guan<sup>2</sup>, Hanafiah Harunarashid<sup>1</sup>  
<sup>1</sup>Department of Surgery, National University of Malaysia, Kuala Lumpur, Malaysia  
<sup>2</sup>Department of Surgery, Hospital Serdang, Selangor, Malaysia
- EP 03 CRP As The Sole Predictor For Failed Conservative Management Of Acute Uncomplicated Appendicitis** 28  
Asri Che Jusoh, Syahmi Abdul Ghani, Faiz Najmuddin Ghazi, Muhammad Ikram Ishak  
*Department of General Surgery, Kuala Krai Hospital, Kelantan, Malaysia*
- EP 04 Open Saphenous Vein Harvest Versus Endoscopic Saphenous Vein Harvest in UMMC: A Histology And Immunohistochemistry Study Comparison** 29  
Ronald Siaw<sup>1</sup>, Raja Amin Raja Mokhtar<sup>1</sup>, K P Cheng<sup>1</sup>, Y F Toh<sup>2</sup>  
<sup>1</sup>Cardiothoracic Unit, University of Malaya, Kuala Lumpur, Malaysia  
<sup>2</sup>Histopathology Unit, University of Malaya, Kuala Lumpur, Malaysia

## COMPARISON OF POST OP PAIN AND EVALUATION OF COST OF SURGERY BETWEEN PATIENTS UNDERGOING EXCISION BIOPSY FOR BENIGN BREAST LUMP UNDER ACUPUNCTURE VS GENERAL ANAESTHESIA

Shahrn Niza Abdullah<sup>1</sup>, **Ruzwana Ruslan**<sup>2</sup>, Y W Yan<sup>3</sup>, A C Chan<sup>4</sup>, Mohd Rizal<sup>5</sup>, Kavita Bhojwani<sup>6</sup>

<sup>1</sup>University Kebangsaan Malaysia, Kuala Lumpur, Malaysia

<sup>2</sup>Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia

### INTRODUCTION

Acupuncture has been gaining popularity ever since it was first introduced in China a thousand years ago as a type of traditional medical therapy. Acupuncture elevates pain threshold sufficiently to allow surgery to be performed on conscious patients. Many articles have been published which describes its use during thoracotomy, abdominal surgery, thyroid surgery and even pediatric surgery. In Hospital Raja Permaisuri Bainun we have provided acupuncture services for pain relief for more than 5 years. Recently we have ventured into acupuncture assisted surgery (AAS). No studies have been conducted before in Malaysia to compare the benefits of acupuncture against general anaesthesia. We aim to conduct a study to compare postoperative pain and cost of acupuncture assisted surgery as opposed to general anaesthesia for excision biopsy of benign breast lump.

### METHODS

All patients who are planned to undergo excision biopsy for unilateral benign breast lump after diagnosed by FNAC were recruited in this study and were randomized to surgery under general anaesthesia or surgery under acupuncture. Postoperative pain was assessed by recording the visual analogue score (VAS) and compared between the two groups. Cost per patient in each group was also calculated.

### RESULTS

A total of 42 patients were recruited in this study from June 2016 to November 2016. All of the patients completed the study. The median VAS at postoperative 4 hours and day 1 were statistically different between the two study groups ( $p < 0.05$ ) but there was no difference at postoperative Day 2. The cost for surgery between both groups was lesser in the acupuncture group ( $p < 0.05$ ).

### CONCLUSION

The study showed that there was less postoperative pain in the acupuncture assisted surgery arm at 4 hours and Day 1 postop. However pain score was the same at Day 2. Acupuncture as an analgesic adjunct and as anaesthesia to standard operative procedure was considered feasible and cheaper.

## DOES SYSTEMIC HEPARIN REDUCES THROMBOSIS RATE OF RADIOCEPHALIC FISTULA: A DOUBLE-BLINDED RANDOMIZED STUDY

Karthigesu Aimanan<sup>1</sup>, Mohamad Azim Mohd Idris<sup>1</sup>, Chew Loon Guan<sup>2</sup>, Hanafiah Harunarashid<sup>1</sup>

<sup>1</sup>*Department of Surgery, National University of Malaysia, Kuala Lumpur, Malaysia*

<sup>2</sup>*Department of Surgery, Hospital Serdang, Selangor, Malaysia*

### INTRODUCTION

KDOQI guidelines suggest creation of more native atriovenous fistulas to improve the quality of life of end stage renal failure patients. However, compliance with this directive is affected by failure rate of AVF. Thrombosis is an important cause of AVF failure. No guidelines advocate the use of systemic heparin intraoperatively to improve the thrombosis rate of AVF.

### OBJECTIVE

This study was conducted to show the effect of intraoperative systemic heparin on thrombosis rate and associated morbidities over duration of four weeks. Secondary objectives were to determine maturation rate associated with intraoperative systemic heparin at six weeks.

### METHODS

This is a single center double blinded randomized study with a calculated sample size of 45 participants per arm. Patients were randomized to group A (heparin) 80U/kg and group B (saline) from the clinic. The drug will be administered intraoperatively before clamping the artery. Patients will be followed up at 1st week for infection, hematoma and early thrombosis assessment. Follow up at 4<sup>th</sup> week will be for assessment of late thrombus. Maturation of fistula will be assessed at 6<sup>th</sup> week.

### RESULTS

Ninety patients were recruited for the study with 45 peoples each arm. A total of 88 patients were managed to complete the study with 44 patients per arm. The population demographic assessment showed they were no different in term of age, gender, and comorbidities. Surgical factors such as duration of surgery and experience of surgeons also did not differ in both the group. Intraoperative heparin administration group showed significance reduced early and late thrombosis rate with better maturation rate compare to the placebo group. There was no statistically significant difference in term of hematoma and infection between the groups.

### CONCLUSION

This study reveals the beneficial outcome of intraoperative administration of heparin in the radio-cephalic group with no adverse effect. Better maturation has been demonstrated in heparin group at six weeks follow-up. These beneficial outcomes should be taken into consideration in future to change the practice of atriovenous fistula creation.

## CRP AS THE SOLE PREDICTOR FOR FAILED CONSERVATIVE MANAGEMENT OF ACUTE UNCOMPLICATED APPENDICITIS

Asri Che Jusoh, **Syahmi Abdul Ghani**, Faiz Najmuddin Ghazi, Muhammad Ikram Ishak  
*Department of General Surgery, Kuala Krai Hospital, Kelantan, Malaysia*

### AIM

The main objective was to determine parameters which could predict failure of non-operative management (NOM) in acute uncomplicated appendicitis. General objectives were to establish the high success rate of NOM.

### MATERIAL AND METHODS

This was a retrospective study for suspected acute appendicitis patients from January to December 2016. Uncomplicated cases were identified, offered and consented for NOM. Demographic data, appendicitis related score such as ALVARADO, RIPASA (Raja Isteri Pengiran Anak Saleha Appendicitis), AIR (Appendicitis Inflammatory Response) scores and other clinical and laboratory parameters, morbidity and mortality were analysed. Appropriate statistical test was done by univariate analysis. A stepwise multivariate logistic regression was done for all predictors with  $p < 0.25$  in order to establish a good model which can predict failure of NOM.

### RESULTS

A total of 112 patients were recruited. 65 patients opted for NOM. 16 patients of the NOM group failed (25%). Most parameters analyzed by univariate analysis for uncomplicated group (between successful and failed group) were not significant except for CRP. Mean CRP level was significantly lower in the successful NOM group (44.5 vs 108.9 mg/L,  $p = 0.000$ ). Further analysis by multivariate logistic regression demonstrated CRP remains an independent and a significant predictor (adjusted OR 1.02, CI 1.007-1.032,  $p = 0.002$ ) for failure of NOM. The area under the receiver operating characteristics curve (AUROC) for CRP was 0.77 ( $p = 0.004$ ; CI: 0.613 - 0.937). CRP  $\geq 18$  mg/L has sensitivity, specificity, positive predictive value and negative predictive value of 99%, 39.5%, 34.3 and 99% respectively,  $p = 0.009$ .

### CONCLUSION

Most acute uncomplicated appendicitis can be successfully managed non-operatively, and failure of NOM can be predicted earlier by CRP.

## OPEN SAPHENOUS VEIN HARVEST VERSUS ENDOSCOPIC SAPHENOUS VEIN HARVEST IN UMMC: A HISTOLOGY AND IMMUNOHISTOCHEMISTRY STUDY COMPARISON

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<sup>2</sup> Histopathology Unit, University of Malaya, Kuala Lumpur, Malaysia

### OBJECTIVES

The introduction of endoscopic saphenous vein harvest (ESVH) has been reported to reduce wound pain and infection, compared with open saphenous vein harvest (OSVH) techniques. There is still controversy regarding this technique, risk of injury at the time of harvest with its potential detrimental effect on structural viability. The aim of our study is to investigate the endothelial preservation of saphenous vein grafts harvested by different techniques. We also look into harvesting and closure time, incision length and distension of the vein.

### METHODS

Prospective, randomized observational study of 60 human saphenous vein grafts was performed to evaluate endothelial preservation by haematoxylin-eosin and CD31 staining. Saphenous vein was harvested endoscopically either by closed CO<sub>2</sub> ESVH, open CO<sub>2</sub> ESVH or an OSVH harvesting technique. Demographic data and intra-operative data were collected. Two saphenous vein samples were collected from each patient to compare differences before and after distension of vein. Both haematoxylin-eosin and immunohistochemistry slides were imaged by a high-resolution slide scanning system.

### RESULTS

Open CO<sub>2</sub> ESVH group showed most number of endothelial detachment. Mean scoring of immunohistochemistry using the CD31 antibody was much lower in the open CO<sub>2</sub> ESVH group ( $33.25\% \pm 28.71$ ,  $P < 0.0003$ ), showing more poorly preserved endothelial cells than the closed CO<sub>2</sub> ESVH and OSVH groups. Closure time and incision lengths significantly shorter in both ESVH groups than the OSVH group. There was significant lower scoring of immunohistochemistry for random B samples ( $39.0\% \pm 30.08$ ,  $p = 0.004$ ), after distension of the veins.

### CONCLUSIONS

We observed more endothelial detachment in the open CO<sub>2</sub> ESVH group, due to lack of subcutaneous tissue separation, poor visualization and traction stress across the wall of the saphenous vein. Most preserved endothelium was found in the close CO<sub>2</sub> ESVH group. Distension of the vein during CABG, showing more poorly preserved endothelial cell.

# Free Papers

## 19<sup>th</sup> May 2017, Friday

- FP 01 Colorectal Liver Metastasis Post Hepatic Resection: Outcomes And Prognostic Factors Study** 32  
**H S Boo<sup>1</sup>**, Affiril Chairil<sup>1,2</sup>, Razman Jarmin<sup>1</sup>, Hairol Othman<sup>1</sup>  
*<sup>1</sup>Department of Surgery, Hospital Canselor Tuanku Muhriz, Pusat Perubatan Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Universiti Sains Islam Malaysia, Negeri Sembilan, Malaysia*
- FP 02 Lipofilling In Breast Surgery: Volumetric Evaluation Of Fat Resorption After Washing With Ringer's Lactate** 33  
**Vikinesan V K<sup>1</sup>**, Kong Chee Kwan<sup>1</sup>, M A Muhammad Ridwan<sup>1</sup>, Fadzli Farhana<sup>2</sup>, Rahmat Kartini<sup>2</sup>, Alizan Abdul Khalil<sup>1</sup>  
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*<sup>2</sup>Department of Biomedical Imaging, Faculty of Medicine, University Malaya Medical Centre, Kuala Lumpur, Malaysia*
- FP 03 Is Prophylactic Antibiotic For Elective Laparoscopic Cholecystectomy Necessary? A Prospective Randomized Study** 34  
**Kamarulzaman M Y<sup>1</sup>**, Letchumanan V P<sup>1</sup>, Othman H A<sup>2</sup>, Leow V M<sup>1</sup>  
*<sup>1</sup>Division of Hepatopancreaticobiliary Surgery, Department of Surgery, Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia*  
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- FP 04 Soursop Leaves (Annona Muricata) - The Natural Cancer Killer To Breast Cancer** 35  
**Husna Syakirah A R<sup>1</sup>**, Wan Zainira W Z<sup>1</sup>, Maya Mazuwin Y<sup>1</sup>, Syed Hassan S A A<sup>1</sup>, Aidy Irman Y<sup>3</sup>, Norzila I<sup>4</sup>, Ridzuan A S<sup>1</sup>, Imisairi A H<sup>2</sup>, Wong MPK<sup>1</sup>  
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*<sup>3</sup>Department of Pathology, Universiti Sains Malaysia, Kelantan, Malaysia*  
*<sup>4</sup>Department of Pharmacology, Universiti Sains Malaysia, Kelantan, Malaysia*
- FP 05 Comparison Of Niss, Rts And Triss Scores For Trauma Mortality Prediction In A Malaysian Trauma Centre** 36  
**Tan Jih Huei<sup>1,2</sup>**, Yuzaidi Mohamad<sup>1</sup>, Henry Tan Chor Lip<sup>1,2</sup>, Nurazlin Md Noh<sup>1</sup>, Rizal Imran Alwi<sup>1</sup>  
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# Free Papers

## 19<sup>th</sup> May 2017, Friday

- FP 06 Retrospective Evaluation Of The Use Of Hydrodissection Technique With Adrenaline In Mastectomies With Axillary Clearance In Selayang Hospital** 37  
Aizat T, Suraya B, Juliana A, Zainal A, Gerald H  
*Selayang Hospital, Selangor, Malaysia*
- FP 07 Structured Surgical Training Improves Surgical Hand Dexterity - An Objective Assessment With The Grooved Pegboard Test** 38  
Seevalingam K K, Veeramuthu V, Narayanan V  
*University of Malaya, Kuala Lumpur, Malaysia*
- FP 08 A Novel Approach In Endoscopic Total Extra-Peritoneal (Tep) Inguinal Hernia Repair Using The Space Creation With Optical Entry (Scope) Technique** 39  
T Gee<sup>1</sup>, S Y Lim<sup>1</sup>, S L Siow<sup>2</sup>, C W Yong<sup>3</sup>  
<sup>1</sup>*Department of Surgery, Universiti Putra Malaysia, Serdang, Selangor, Malaysia*  
<sup>2</sup>*Department of Surgery, Hospital Umum Sarawak, Kuching, Sarawak, Malaysia*  
<sup>3</sup>*Department of Surgery, Columbia Asia Puchong, Selangor, Malaysia*

## COLORECTAL LIVER METASTASIS POST HEPATIC RESECTION: OUTCOMES AND PROGNOSTIC FACTORS STUDY

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### BACKGROUND

Management of patients with colorectal liver metastasis (CLM) is complex and the surgical decision process should be based on a comprehensive oncologic strategy. The study intends to review the outcomes of the patients who underwent colorectal liver metastasectomy and identify related prognostic factors.

### METHODS

All the patients with CLM who underwent liver resection in PPUKM from January 2010 to December 2016 were recruited. Demographic and clinical characteristics, staging, treatment modality, disease progression, morbidity (Clavien-Dindo Classification of surgical complications) and 90-day mortality data were collected and analyzed. The overall survival analysis was performed using Kaplan-Meier method.

### RESULTS

Seventy patients underwent colorectal liver metastasectomy. Two-third had synchronous liver metastases during the initial presentation. The 90-day mortality was 2.8% .one third recovered with no complication while half developed complications but amenable solely to pharmacological treatment. Half of the patients survived through 21 months post-operatively (1-85 months) with a 5 year survival rate of 55.6%.Up to half developed recurrence during the follow up, and subsequently half of them succumbed to the disease during the last follow up. Recurrence occurred within the first year in 35% of patients and after 3 years in 13% of patients.Synchronous liver metastases i.e stage 4 disease on initial presentation was a predictor for poor survival outcome.

### CONCLUSION

Liver resection is safe and improves the disease specific interval of patients.Careful selection of patients is crucial for optimal outcome. Recurrence typically happens within the first 2 years post liver metastasectomy hence close surveillance is mandatory.Long term follow up is needed to determine the long term outcomes and best strategy in managing our local population.

## LIPOFILLING IN BREAST SURGERY: VOLUMETRIC EVALUATION OF FAT RESORPTION AFTER WASHING WITH RINGER'S LACTATE

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### BACKGROUND

Breast lipofilling for aesthetic and reconstructive purposes has gain tremendous interest in last 20 years. Despite being simple, safe, and effective treatment option for acquired volume or contour deformities after breast surgery, there is no universally accepted technique of harvesting and transplanting fat. Reported fat resorption ranges from 40 to 60%. The aim of this study is to measure fat resorption following adipose tissue washing with buffered lactate in breast lipofilling.

### METHODS

Prospective study conducted in patients after oncologic breast cancer surgery. After a preliminary volumetric MRI breast evaluation, fat harvested using water-jet assisted liposuction technique and subsequent washing with buffered lactate. Patient followed up clinically and MRI breast repeated at 1<sup>st</sup> and 6<sup>th</sup> months. Volumetric measurement and statistical analysis on fat resorption rate performed.

### RESULTS

The study included 10 breast lipofilling (7 breast with contour defects following breast conserving surgery, 1 for volume disproportion after autologous breast reconstruction, 1 breast asymmetry after benign excision biopsy and 1 acquired breast asymmetry). Mean transferred fat volume is 44.7ml. (22.5ml-76.5ml) with mean fat retention at 1<sup>st</sup> month and 6th month is 101.9% and 93.5% respectively. No serious adverse effects. No statistically significance results when fat retention compared with BMI ( $p=0.84$ ) or previous radiotherapy ( $p=0.15$ ).

### CONCLUSIONS

Our technique of adipose tissue washing with buffered lactate lowers fat resorption to 6.5%, better than other studies which reported 40-60% volume loss. Patient selection is important and confounding factors affecting outcome of successful breast lipofilling need to be evaluated.

### KEYWORDS

Breast lipofilling / washing / fat resorption / volumetric evaluation

# IS PROPHYLACTIC ANTIBIOTIC FOR ELECTIVE LAPAROSCOPIC CHOLECYSTECTOMY NECESSARY? A PROSPECTIVE RANDOMIZED STUDY

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## INTRODUCTION

Laparoscopic cholecystectomy (LC) is the gold standard for treatment of gallstone disease. The small wounds and minimal tissue damages causes very low risk of infective complication. Despite the low risk for infectious complications, prophylactic antibiotics (PA) is still administered by majority of the surgeons especially in Malaysia. We embarked on a study to assess the need for PA in LC.

## OBJECTIVES

To determine the need for prophylactic antibiotics for elective laparoscopic cholecystectomy in preventing post operative surgical site infection.

## METHOD

This is a double-blinded randomized controlled trial at Sultanah Bahiyah Hospital (HSB). The study involved 200 subjects, commenced in May 2016 and ended in Nov 2016. The study subjects were patients with symptomatic gallstone disease planned for elective laparoscopic cholecystectomy. The subjects were randomized into two groups, PA and nPA. Group PA received prophylaxis antibiotic and Group nPA did not receive prophylaxis antibiotic. The LC were carried out in standard manner and SSI complication were recorded and compared for both groups.

## RESULTS

The mean age (48-PA, 49.7-nPA) years old. Male 31% and female 69% in each group. With regards to ethnicity, majority of the sample was Malay (83%-PA, 82%-nPA), followed by Chinese (14%-PA, 12%-nPA), Indian (3%-PA, 2%-nPA) and others which all of them are Siamese (4%-nPA). As for the body mass index (BMI) variable, majority of the patients were in non-obese class (<30) as 79%-PA and 77%-nPA.

The SSI rate for PA group is 14% and the nPA is 18%. There were no statistical difference in the SSI rates between the two groups.

## CONCLUSION

We conclude that PA should not be routinely administered for patient undergoing elective LC. It should be selectively administered in high-risk patient with advanced age, co-morbidity and high BMI.

## SOURSOP LEAVES (*ANNONA MURICATA*) - THE NATURAL CANCER KILLER TO BREAST CANCER

Husna Syakirah A R<sup>1</sup>, Wan Zainira W Z<sup>1</sup>, Maya Mazuwain Y<sup>1</sup>, Syed Hassan S A A<sup>1</sup>, Aidy Irman Y<sup>3</sup>, Norzila I<sup>4</sup>, Ridzuan A S<sup>1</sup>, Imisairi A H<sup>2</sup>, Wong M P K<sup>1</sup>

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### OBJECTIVE

*Annona Muricata* (AM) or soursop leaves also known as 'the natural cancer killer' is well-known for its chemoprevention to treat cancer among the complementary medicine practitioners. Our experiment was carried out to demonstrate the cytotoxic effect and anti-metastatic effect of AM on breast cancer cell lines - MDA-MB231 and MCF-7.

### METHODS

The extracts from AM was prepared using soxhlet method using different solvents [hexane, Ethyl acetate (ETAC), methanol and water]. MDA-MB231 (ER/PR negative) and MCF-7 (ER/PR positive) were used in our study. The cytotoxic effect was analyzed by counting the number of cells inhibition and the IC50 (the percentage of cell populations inhibited by 50% after treatments) of each extract. The apoptotic effect of MDA-MB231 and MCF-7 was done using Annexin V-Fitc Apoptosis Dtec Kit. The effect of cell cycle of MDA-MB231 and MCF-7 was done using Cycltest plus DNA Reagent Kit. Both tests were analyzed using flow cytometer. Tamoxifen was used as positive control.

### RESULTS

The number of cells populations from both MDA-MB231 and MCF-7 reduced after treatment with AM in different concentrations and time. ETAC and hexane gave apoptotic effect at late phase of apoptosis, while for Tamoxifen occurs during early phase. There was significant G1 phase arrest of MDA-MB231 and MCF-7 after treatment with ETAC, hexane and Tamoxifen. Migratory suppression observed for MDA-MB231 and MCF-7 after treatment with ETAC and hexane.

### CONCLUSIONS

AM has anti-tumorigenicity potential to induce G1 cell cycle arrest and anti-metastatic effect observed by inhibition to breast cancer cell migration in our study.

## COMPARISON OF NISS, RTS AND TRISS SCORES FOR TRAUMA MORTALITY PREDICTION IN A MALYSIAN TRAUMA CENTRE

Tan Jih Huei<sup>1,2</sup>, Yuzaidi Mohamad<sup>1</sup>, Henry Tan Chor Lip<sup>1,2</sup>, Nurazlin Md Noh<sup>1</sup>, Rizal Imran Alwi<sup>1</sup>

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### OBJECTIVE

Trauma NISS, RTS and TRISS scores are mostly validated in high income countries. Malaysia is an upper middle income country with a relatively recent trauma system. The validity of these scores in Malaysia is not established. We aim to identify the best score and validate it in our local setting.

### METHODS

This is a retrospective analysis of our Trauma Surgery Registry database from May 2011 to April 2014. New Injury Severity Score (NISS), Revised Trauma Score (RTS), and Trauma and Injury Severity Score (TRISS) were calculated. Area under the receiver operating characteristic (ROC) curve (AUC) for the prediction ability of each scoring system was obtained, and a pairwise comparison of ROC curves was performed. Additionally, the cut-off values were estimated to predict mortality, and the corresponding accuracy, positive predictive value, and negative predictive value were obtained.

### RESULTS

A total of 2208 trauma patients (2004 blunt and 204 penetrating injuries) with mean age of 36 ( $\pm 16$ ) years were enrolled. The overall mortality rate was 10.8%. The AUCs of NISS, RTS, and TRISS were 0.878, 0.802, and 0.812, respectively, and the prediction ability of the NISS was significantly better than the others ( $p < 0.001$ , respectively). The cut-off value of the NISS was 24, with a sensitivity of 86.6% and specificity of 74.3%. Mortality was predicted with an overall accuracy of 75.6%; its positive predictive value was at 29.02 and negative predictive value at 97.86%.

### CONCLUSIONS

NISS is the best prediction model of trauma mortality in our Malaysian population. Further study is needed with more data from multiple centers in Malaysia.

## RETROSPECTIVE EVALUATION OF THE USE OF HYDRODISSECTION TECHNIQUE WITH ADRENALINE IN MASTECTOMIES WITH AXILLARY CLEARANCE IN SELAYANG HOSPITAL

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### INTRODUCTION

Mastectomies with axillary clearance (MAC) is a well-known treatment of breast surgery. However, complication such as bleeding and seroma may cause significant morbidity and delay subsequent treatment to the patient. Alternative techniques for raising breast flap such as hydrodissection by injecting a tumescent solution containing adrenaline within the subcutaneous space might facilitates less complication rates. This is a retrospective study to evaluate the outcome following MAC in our unit associated with the use of alternative techniques.

### METHOD

Retrospectively analyze the outcome of all patients who underwent MAC with and without hydrodissection randomly from June 2016 til Feb 2017 by 2 breast surgeons. The incidence of complications including bleeding, surgical site infection (SSI), seroma and length of stay was evaluated and correlated using SPSS 21.

### RESULTS

51 patients underwent MAC. Total complications rate reported was 31%. We found that there was a significantly higher rate of seroma in those groups of without hydrodissection ( $p < 0.05$ ) but no significance differences in bleeding and SSI. There was also a significant reduction of mean length of stay of patients with hydrodissection by 4 days ( $p < 0.05$ ) as compared to those without hydrodissection.

### CONCLUSIONS

Hydrodissection technique with adrenaline in MAC is an acceptable alternative to reduce the rate of seroma and length of hospital stay. We recommend that this method to be practice to reduce the complication rates.

## **STRUCTURED SURGICAL TRAINING IMPROVES SURGICAL HAND DEXTERITY - AN OBJECTIVE ASSESSMENT WITH THE GROOVED PEGBOARD TEST**

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### **OBJECTIVES**

To investigate the relationship between structured surgical training and fine motor skills by objective assessment of manual hand dexterity.

### **METHODS**

The Grooved Pegboard test is a manipulative dexterity test. The participants are to insert the pegs into the slots in sequence, first with the dominant hand and then with the non-dominant hand. The length of time required to perform the trial was then recorded in seconds. The number of "drops" made during each trial were also carefully recorded.

### **RESULTS**

Sixty participants with different levels of surgical training were included in this study. The median age of patients (at the time of study) was 32 years old (mean:  $32 \pm 4.0$ , range: 24-39). Males constituted 70% of the population. The participants were equally distributed in terms number of years of surgical training. One-way ANOVA test showed statistically significant difference between years of surgical training and time taken to complete tasks in both dominant and non-dominant hands ( $p=0.003$  and  $0.019$  respectively). When analyzed for independent factors with multivariate regression analysis, both musical instruments (for dominant hands) and non-smoking lifestyle (for non-dominant hands) were found to have statistically significant association with the time taken to complete the tasks ( $p=0.025$  and  $0.034$  respectively).

### **CONCLUSION**

Our study shows that structured surgical training improves dexterity reflected not only by speed but also precision. Factors such as musical background and smoking are important confounders in this association. The Grooved Pegboard being a manipulative dexterity test has the potential to be incorporated as a tool in the evaluation of trainees both in initial as well as ongoing assessment as a surrogate of fine motor skills improvement.

# A NOVEL APPROACH IN ENDOSCOPIC TOTAL EXTRA-PERITONEAL (TEP) INGUINAL HERNIA REPAIR USING THE SPACE CREATION WITH OPTICAL ENTRY (SCOPE) TECHNIQUE

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## BACKGROUND

Endoscopic repair of inguinal hernia has exponentially increased in the last few years. There are two main types of endoscopic inguinal hernia repair which is the total extra peritoneal (TEP) approach and the transabdominal pre-peritoneal repair (TAPP). We describe a novel technique in TEP approach using the Space Creation with Optical Entry (SCOPE) Technique.

## OBJECTIVE

To introduce a novel entry approach in TEP surgery for endoscopic inguinal hernia repair.

## METHODS

A multicentre study performed between January 2013 till December 2015. Data were prospectively collected from patients who underwent endoscopic TEP repair for inguinal hernia, employing a new technique coined as SCOPE. The trocar is tunneled optically posterior to the rectus muscle until the pubic symphysis is seen. The trocar is withdrawn and the TEP space is created without the use of a balloon or special instrument.

## RESULTS

A total of 32 patients in the test group and 21 patients in the control were included in the study. Entry time for the SCOPE group was 12 ( $\pm 2.1$ ) seconds and for the control was 236 ( $\pm 45.2$ ) seconds ( $p=0.01$ ). The dissection time was 13.4 ( $\pm 10.2$ ) minutes and 12.9 ( $\pm 11.7$ ) minutes ( $p=0.62$ ) for the SCOPE and control groups respectively. There were also no statistical differences in the mean operating time. No adverse events like bleeding or organ injury were seen during a 14-day follow-up period. No recurrences or pain were recorded during the six-month follow-up of the patients.

## CONCLUSION

Endoscopic TEP approach using the Space Creation with Optical Entry (SCOPE) Technique is an easier and safer approach into the pre-peritoneal space with no adverse events or recurrences reported in the short term period.

# Poster Presentations

- PP 001** **A Rare Case Of Advanced Pancreatic Carcinoma With** 82  
**ID 003** **Gastric Metastasis And Distant Metastasis To Right Ankle**  
Jin-Jiun Mah  
*Department of Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia*
- PP 002** **A Case Report: A Journey Through The Gastrointestinal** 83  
**ID 004** **Tract - Nailed it!**  
Jin-Jiun Mah  
*Department of Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia*
- PP 003** **Prevalence Of Estrogen Receptor Positive Breast Cancer** 84  
**ID 007** **In Obese Patients: A Retrospective Study**  
Nur Aziah Binti Adib Anuar<sup>1</sup>, Shahrin Niza Abdullah Suhaimi<sup>2</sup>,  
Nor Aina Emran<sup>1</sup>, Arni Binti Talib<sup>1</sup>  
<sup>1</sup>Hospital Kuala Lumpur, Kuala Lumpur, Malaysia  
<sup>2</sup>Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- PP 004** **Heterotopic Gastric Mucosa Causing Jejunal Stricture:** 85  
**ID 008** **A Case Report And Review Of The Literature**  
C H Chan<sup>1</sup>, Y W Yan<sup>2</sup>, Z Zaidi<sup>2</sup>  
<sup>1</sup>Universiti Sains Malaysia, Malaysia  
<sup>2</sup>Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- PP 005** **Appendicular Abscess With Anterior Abdominal Wall** 86  
**ID 009** **Extension In Elderly: A Case Report And Review Of The Literature**  
C H Chan<sup>1</sup>, Y W Yan<sup>2</sup>, Z Zaidi<sup>2</sup>  
<sup>1</sup>Universiti Sains Malaysia, Malaysia  
<sup>2</sup>Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- PP 006** **Small Bowel Obstruction Secondary To Mushroom Bezoar:** 87  
**ID 010** **A Case Report And Review Of The Literature**  
C H Chan<sup>1</sup>, Y W Yan<sup>2</sup>, Z Zaidi<sup>2</sup>  
<sup>1</sup>Universiti Sains Malaysia, Malaysia  
<sup>2</sup>Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- PP 007** **Management Of Colorectal Cancer With Concomitant** 88  
**ID 011** **Abdominal Aortic Aneurysm: A Case Series**  
Wong Ling Wei, Khang Nan Chuang, Chew Loon Guan  
*Hospital Serdang, Selangor, Malaysia*

# Poster Presentations

- PP 008** **Does Intra-Operative Nerve Monitoring Reduces The Time** 89  
**ID 012** **Taken To Identify The Recurrent Laryngeal Nerve By A Junior Surgeon: A Pilot Study**  
Othman Z<sup>1</sup>, M Rohaizak<sup>1</sup>, A R Nor Faezan<sup>2</sup>, O Suraya<sup>2</sup>, A S Shahrin Niza<sup>1</sup>  
<sup>1</sup>National University of Malaysia, Kuala Lumpur, Malaysia  
<sup>2</sup>Universiti Teknologi MARA, Selangor, Malaysia
- PP 009** **Ruptured Isolated Internal Iliac Artery Aneurysm:** 90  
**ID 013** **A Case Report**  
Y H Choong, N C Khang, W M Susan, R Hardin  
*Department of General Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 010** **Superficial Femoral Artery Pseudoaneurysm: A Case Report** 91  
**ID 014** **Y H Choong, N C Khang, W M Susan, R Hardin**  
*Department of General Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 011** **A Novel Method Of Splenoaneurysmectomy In A Giant** 92  
**ID 015** **Splenic Artery Aneurysm With Connective Tissue Disease. "Shot The Gun To Save The Patient"**  
S Sarmukh<sup>1</sup>, O Hairol<sup>2</sup>, J Razman<sup>2</sup>, L G Chew<sup>1</sup>, Z Zaidi<sup>3</sup>  
<sup>1</sup>Hospital Serdang, Selangor, Malaysia  
<sup>2</sup>Universiti Kebangsaan Malaysia, Selangor, Malaysia  
<sup>3</sup>Universiti Sains Malaysia, Kelantan, Malaysia
- PP 012** **Outcomes And Efficacy Of Laparoscopic Vs Open** 93  
**ID 017** **Perforated Peptic Ulcer Repair In A District General Hospital In The North Of Borneo**  
F Y Chai<sup>1</sup>, K Z Syibrah<sup>1</sup>, Asilah S M D<sup>2</sup>, Ain W M N<sup>2</sup>  
<sup>1</sup>Department of Surgery, Hospital Keningau, Sabah, Malaysia  
<sup>2</sup>Department of Surgery, Hospital Shah Alam, Selangor, Malaysia
- PP 013** **Gallstone Ileus A Rare Diagnosis: Series Of Four Patients** 94  
**ID 018** **And Review Of Literature**  
S Sivanandhan, S Hamid, Lim S Y  
*Department of General Surgery, Hospital Pulau Pinang, Pulau Pinang, Malaysia*
- PP 014** **Primary Cutaneous Anaplastic Large T Cell Lymphoma** 95  
**ID 019** **S Y Yeo<sup>1</sup>, Zulkifli M Z<sup>1</sup>, M M S Ahmed<sup>2</sup>, R John<sup>3</sup>**  
<sup>1</sup>Department of Surgery, Hospital Miri, Sarawak, Malaysia  
<sup>2</sup>Department of Pathology, Hospital Umum Sarawak, Kuching, Sarawak, Malaysia  
<sup>3</sup>Department of Plastic and Reconstruction, Hospital Umum Sarawak, Kuching, Sarawak, Malaysia

# Poster Presentations

- PP 015** **A Retrospective Cross-Sectional Study: Expression Of** 96  
**ID 020** **p53 Protein In Papillary Thyroid Carcinoma And Its**  
**Prognostic Implications**  
C B Ng<sup>1</sup>, M P Suria Hayati<sup>2</sup>, M I Nurismah<sup>2</sup>, A S Shahrin Niza<sup>1</sup>  
<sup>1</sup>*Surgery Department, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*  
<sup>2</sup>*Pathology Department, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
- PP 016** **Spontaneous Pneumomediastinum In An Adolescent** 97  
**ID 022** **- Case Report**  
K S Khoo, Q W Leong, Hasnizal Nording, C H Lim  
*Department of Surgery, Hospital Segamat, Johor, Malaysia*
- PP 017** **Thyroid Schwannoma Masquerading As A Neoplastic Lesion** 98  
**ID 023** **In An Adolescent Female - A Rare Case Report With**  
**Literature Review**  
Q W Leong, Hasnizal Nording, C H Lim  
*Department of General Surgery, Hospital Segamat, Johor, Malaysia*
- PP 018** **Extensive Small Bowel Ischaemia Resulting From A Perforated** 99  
**ID 024** **Colonic Diverticulitis - A Rare Case Report**  
Sha H L, Loh K L  
*Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia*
- PP 019** **Prolonged Ileus After Blunt Trauma - To Operate Or Not To** 100  
**ID 025** **Operate? A Case Report**  
Sha H L  
*Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia*
- PP 020** **An Unsuspected Fistula** 101  
**ID 028** **L Wong, K Senthil Vasam, G D Gunaseelan, T Ramesh**  
*Hospital Serdang, Selangor, Malaysia*
- PP 021** **Type Identification Of SMN Hybrid Gene In A Malaysian** 102  
**ID 030** **Patient With Spinal Muscular Atrophy (SMA)**  
Thanga Ganapathy A/L Suprumanian<sup>1</sup>, Prevena A/P Subramaniam<sup>1</sup>,  
Tabitha Shirani<sup>1</sup>, Vinodh A/L Puspalingam<sup>1</sup>, Jafar Mohseni<sup>1</sup>,  
Chia Boon Hock<sup>1</sup>, Teguh Haryo Sasongko<sup>2</sup>  
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<sup>2</sup>*Division of Human Biology, School of Medicine, International Medical University,  
Kuala Lumpur, Malaysia*

# Poster Presentations

- PP 022** **Post Transvesical Prostatectomy (TVP) Complications,** 103  
**ID 032** **Risk Assessment Using Clavien-Dindo System In Kassala Teaching Hospital, Kassala, Sudan**  
Abdel Latif Elnaim, Mohammed Ibnouf, Fathelrahman Toum, Mamoun Magzoub  
*Kassala Teaching Hospital, Kassala, Sudan*
- PP 023** **Laparoscopic Approach To Excision Of Abdominal Wall** 104  
**ID 033** **Actinomycosis**  
Muslim M S, Firdaus Z, Satkunan M, Lewellyn R  
*Department of General Surgery, Hospital Teluk Intan, Perak, Malaysia*
- PP 024** **A Case Report: Perivascular Epitheloid Cell Tumor** 105  
**ID 034** **(PEComa) Of A Small Bowel In A Patient With Bourneville's Disease**  
Muslim M S, Firdaus Z, Syed I, Lewellyn R  
*Department of General Surgery, Hospital Teluk Intan, Perak, Malaysia*
- PP 025** **Retroperitoneal Extrapaneacretic Solid Pseudopapillary** 106  
**ID 035** **Tumor: A Case Report Of An Extremely Rare Disease And Presentation**  
Firdaus Z, Satkunan M, Muslim M S, Lewellyn R  
*Department of Surgery, Hospital Teluk Intan, Perak, Malaysia*
- PP 026** **Aortoduodenal Fistula: The Kraken Wakes** 107  
**ID 036** Azri I, Zafirah Z, Alif Y, Fadliyazid A R, Hartinie M  
*Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia*
- PP 027** **Schwannoma Of Cecum: A Rare Tumour As A Possible** 108  
**ID 037** **Cause Of A Common Surgical Emergency, A Case Report**  
S T Heng, H H Yoong, I Khalid  
*Hospital Seberang Jaya, Penang, Malaysia*
- PP 028** **Colo-Uterine Fistula, A Rare Complication Of Diverticular** 109  
**ID 038** **Disease Of The Colon: A Case Report And Literature Review**  
Syariz Ezuan, Mohd Azren, Khairuzi Salekan, Tiong Vun-E  
*Department of General Surgery, Hospital Sultanah Nora Ismail Batu Pahat, Johor, Malaysia*

# Poster Presentations

- PP 029** **Dietary Practice And The Socioeconomic Factors Vs** 111  
**ID 042** **Helicobacter Pylori Infection In The Interior Of Borneo**  
**Kumar Moveendra**, F Y Chai, Pigneaswaren, Kuhanderan  
*Hospital Keningau, Sabah, Malaysia*
- PP 030** **Double Cystic Duct Identified During Emergency** 112  
**ID 043** **Laparoscopic Cholecystectomy**  
**K W I Lin**<sup>1</sup>, T Gee<sup>2</sup>  
<sup>1</sup>*Hospital Serdang, Selangor, Malaysia*  
<sup>2</sup>*Universiti Putra Malaysia, Selangor, Malaysia*
- PP 031** **Laparoscopic Management Of An Obstructed Obturator Hernia** 113  
**ID 044** **S Azahar**<sup>1</sup>, Hanif<sup>2</sup>, Shir Li Jee<sup>1</sup>, Tikfu Gee<sup>1</sup>  
<sup>1</sup>*Universiti Putra Malaysia, Selangor, Malaysia*  
<sup>2</sup>*Hospital Serdang, Selangor, Malaysia*
- PP 032** **A Randomized Controlled Trial Comparing Primary** 114  
**ID 049** **Retrograde Intra Renal Surgery (RIRS) And Extracorporeal Shockwave Lithotripsy (ESWL) For Treatment Of Renal Stones With Suspected Failure Of ESWL In Hospital Tengku Ampuan Afzan (HTAA)**  
**Aisah M W**<sup>1</sup>, Islah M A R<sup>2</sup>  
<sup>1</sup>*Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*  
<sup>2</sup>*International Islamic University Malaysia, Kuala Lumpur, Malaysia*
- PP 033** **Traumatic Ulnar Artery Pseudoaneurysm: A Case Report** 115  
**ID 051** Edmund Choong Yew Hoe  
*Department of General Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 034** **Unicentric Castleman Disease: A Rare Cause Of Abdominal** 116  
**ID 052** **Mass In Pregnancy**  
**Y L Tan Isaac**<sup>1</sup>, Senthil V<sup>1</sup>, Ramesh G<sup>1</sup>, Huzlinda H<sup>2</sup>  
<sup>1</sup>*Hospital Serdang, Selangor, Malaysia*  
<sup>2</sup>*University Putra Malaysia, Selangor, Malaysia*
- PP 035** **“Twist In Pandora’s Box” - Delayed Presentation Of Intestinal** 117  
**ID 053** **Malrotation In Adults - A Case Report**  
**Kamal Raj**, Quek Yeow Ling, Farah Marzuki  
*Department of General Surgery, Hospital Bintulu, Bintulu, Sarawak, Malaysia*

# Poster Presentations

- PP 036** **The True Michelin Man: A Rare Presentation Of** 118  
**ID 054** **Subcutaneous Emphysema**  
S Visalini, Mohd Yusof bin Abdul Wahab  
*Hospital Tengku Ampuan Rahimah Klang, Selangor, Malaysia*
- PP 037** **Cervical Rib As A Rare Cause Of Acute Limb Ischaemia:** 119  
**ID 055** **A Case Report**  
Nabil Azmi, Lenny S S, Azim I, H Harunarashid  
*Vascular Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 038** **Case Report: Tumoral Presentation Of Amyloidoma In A** 120  
**ID 056** **Bizarre Retroperitoneal Mass**  
Gerald Tan<sup>1</sup>, Lenny S S<sup>2</sup>, Azim I<sup>2</sup>, H Harunarashid<sup>2</sup>  
<sup>1</sup>Newcastle University Medicine Malaysia, Johor, Malaysia  
<sup>2</sup>Vascular Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
- PP 039** **Case Report: Iatrogenic Arteriovenous Malformation Of The** 121  
**ID 057** **Submandibular Gland**  
Arif Hameed, Lenny S S, Azim I, H Harunarashid  
*Vascular Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 040** **Giant Leiomyoma Of Oesophagus: A Case Report** 122  
**ID 058** K M Mazlan<sup>1</sup>, N M Helmi<sup>2</sup>, Zuraimi Z<sup>1</sup>  
<sup>1</sup>Hospital Raja Perempuan Zainab II, Kelantan, Malaysia  
<sup>2</sup>Hospital Besut, Terengganu, Malaysia
- PP 041** **Case Report: Common Hepatic Artery Aneurysm - A Rare** 123  
**ID 059** **Cause Of Abdominal Pain**  
Ernest Ong<sup>1</sup>, Rosnelifaizur R<sup>2</sup>, Lenny S S<sup>3</sup>, Azim I<sup>3</sup>, H Harunarashid<sup>3</sup>  
<sup>1</sup>Department of Surgery, University of Malaya, Kuala Lumpur, Malaysia  
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<sup>3</sup>Vascular Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
- PP 042** **Bizarre Retroperitoneal Fibromatosis:** 124  
**ID 060** **Challenges In Management**  
Reena P R, Lenny S S, Azim I, H Harunarashid  
*Vascular Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*

# Poster Presentations

- PP 043** **Retroperitoneal Cystic Lymphangioma: A Case Report** 125  
**ID 061** Aizat Sabri I<sup>1</sup>, Lenny S S<sup>2</sup>, Azim I<sup>2</sup>, H Harunarashid<sup>2</sup>  
*<sup>1</sup>Department of Surgery, Faculty of Medicine, Universiti Sains Malaysia, Malaysia*  
*<sup>2</sup>Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 044** **An Unusual Presentation Of Post Herpetic Neuralgia** 126  
**ID 062** **In Vascular Clinic**  
Lee Y S<sup>1</sup>, Lenny S S<sup>2</sup>, Azim I<sup>2</sup>, H Harunarashid<sup>2</sup>  
*<sup>1</sup>Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Department of Surgery, Faculty of Medicine, National University of Malaysia, Malaysia*
- PP 045** **Case Report: Pseudoaneurysm Of Brachial Artery In A** 127  
**ID 063** **Patient With Arteriovenous Fistula**  
Prem G, Krishna K, Lenny S S, Azim I, H Harunarashid  
*Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 046** **Refractory Lymphedema in Chronic Venous Insufficiency:** 128  
**ID 064** **The Management Dilemma**  
Reena P R, Lenny S S, Azim I, H Harunarashid  
*Vascular Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 047** **A Child With A Marble Air-Gun Headshot Injury: A Case Report** 129  
**ID 065** **Vidya Gopinadhan**, Ananda Arumugam, Yee Hwa Khoo,  
Nur Nazleen Said  
*Neurosurgical Department, Hospital Queen Elizabeth II, Kota Kinabalu, Sabah, Malaysia*
- PP 048** **Prognostic Predictors Of Early Mortality From Exsanguination** 130  
**ID 068** **In Adult Trauma - A Malaysian Trauma Centre Experience**  
Tan Jih Huei<sup>1,2</sup>, Yuzaidi Mohamad<sup>1</sup>, Henry Tan Chor Lip<sup>1,2</sup>,  
Nurazlin Md Noh<sup>1</sup>, Rizal Imran<sup>1</sup>  
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*<sup>2</sup>Pusat Perubatan Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*

# Poster Presentations

- PP 049** **Pneumoperitoneum In The Newborn: Management In Tertiary** 131  
**ID 069** **Centre. A Case Report**  
Kiran R S, Omar B, Azmi H  
*Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia*
- PP 050** **Diabetes, Male Gender And Increasing Age: Significant Risk** 132  
**ID 070** **Factors In Developing Gallbladder Empyema**  
V Kugan<sup>1</sup>, M D Tata<sup>2</sup>  
<sup>1</sup>*Hospital Selayang, Selangor, Malaysia*  
<sup>2</sup>*Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan, Malaysia*
- PP 051** **Management Of Ruptured Hepatocellular Carcinoma:** 133  
**ID 071** **An Experience In Hospital Sultanah Aminah Johor Bahru**  
Tan Y R<sup>1</sup>, Ho C A<sup>1</sup>, M Yuzairif M Y<sup>2</sup>, Kharlina K<sup>3</sup>  
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<sup>3</sup>*Hepatobiliary Unit, Surgical Department, Hospital Selayang, Selangor, Malaysia*
- PP 052** **Traumatic Ulnar Artery Pseudoaneurysm: A Case Report** 134  
**ID 072** **Y H Choong, T L Luk, W M Susan, R Hardin**  
*Department of General Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 053** **Penetrating Subclavian Arterial Injury: A Rare Experience** 135  
**ID 073** **Y H Choong, N C Khang, W M Susan, R Hardin**  
*Department of General Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 054** **Case Report: Obscured Upper Gastrointestinal Bleeding** 136  
**ID 074** **Due To A Small Intestinal Gastrointestinal Stromal Tumor**  
S K Loh, K N Tan, H L Hoo, Ragu R, Fitzjerald H  
*Department of General Surgery, Hospital Selayang, Selangor, Malaysia*
- PP 055** **Losing A Lobe Of A Lung Due To Retained Aspiration Of** 137  
**ID 075** **A Brush: A Case Report**  
V Tamalvanan, A M K Alam, S A Hashim, R A B R Mokhtar  
*Cardiothoracic Unit, Department of Surgery, University of Malaya, Kuala Lumpur, Malaysia*

# Poster Presentations

- PP 056 ID 076 Invasive Bladder GIST Mimicking Peritonitis: Rare Presentation** 138  
**Lim Kim Ying<sup>1</sup>**, Jesse Ron S T<sup>2</sup>  
<sup>1</sup>*Medical Officer, General Surgery Department, Hospital Sibul, Sarawak, Malaysia*  
<sup>2</sup>*General Surgeon, General Surgery Department, Hospital Sibul, Sarawak, Malaysia*
- PP 057 ID 077 Duodenojejunal Flexure Tumor: A Challenging Case To Manage** 139  
Azri M, **Alif Y**, Amalina S, Taufiq, Hussain M  
*Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia*
- PP 058 ID 078 Bleeding Duodenal Tumor With Gall Bladder Infiltration: Dare To Touch Them?** 140  
Anwar A R, **Alif Y**, Afiqah S, Maliza A, Hartinie M  
*Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia*
- PP 059 ID 079 Intestinal Malignant Melanoma: A Case Report** 141  
**Husna Haji Harun**, Faiz Emir, Azhani Chik, Othman Md Zain  
*Surgical Department, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia*
- PP 060 ID 080 Isolated Pancreatic Tuberculosis Masquerading Pancreatic Malignancy** 142  
**Tan P G<sup>1</sup>**, Leow V M<sup>2</sup>, Nur Zawani Z<sup>1</sup>, Ikhwan S M<sup>1</sup>, Zaidi Z<sup>1</sup>, Hassan S<sup>1</sup>  
<sup>1</sup>*Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia*  
<sup>2</sup>*Advanced Medical and Dental Institutie, Penang, Malaysia*
- PP 061 ID 081 Solid Pseudopapillary Tumour Of Pancreas In Extreme Age: A Case Series** 143  
**Nur Zawani Z<sup>1</sup>**, K Yogessvaran<sup>1</sup>, Ikhwan S M<sup>1</sup>, Leow V M<sup>2</sup>, Zaidi Z<sup>1</sup>, Hassan S<sup>1</sup>  
<sup>1</sup>*Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia*  
<sup>2</sup>*Advanced Dental and Medical Institute, Penang, Malaysia*
- PP 062 ID 082 Non-Operative Management Of Gastrocolic Fistula** 144  
Ngo P F, Wong W L, Loh H P, Syed I  
*Department of Surgery, Hospital Teluk Intan, Perak, Malaysia*
- PP 063 ID 083 Neuroendocrine Tumor: It's Not Only In The GIT, Where Else It Can Happen?** 145  
**Halim A H**, An Najjah, Roslina A, Firdaus A L, Khasnizal A K  
*Hospital Tawau, Sabah, Malaysia*

# Poster Presentations

- PP 064** **Parathyroid Carcinoma In Renal Hyperparathyroidism:** 146  
**ID 084** **A Case Report**  
Salina A Y, Raffis R A, Daphne A, Nor Azham H D, Nor Aina E  
*Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 065** **Persistent Aneurysmal Vitelline Vein With Portal Vein** 147  
**ID 085** **Thrombosis In A Neonate**  
W S Tan<sup>1</sup>, K S Lau<sup>2</sup>, John A R<sup>1</sup>  
<sup>1</sup>*Department of Paediatric Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia*  
<sup>2</sup>*Department of Radiology, Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 066** **Laparoscopic Anterior Resection In Queen Elizabeth** 148  
**ID 087** **Hospital, Sabah: A Retrospective Review**  
S T Saw, Rohamini Sibin, J A Chuah  
*Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Sabah, Malaysia*
- PP 067** **The National Medical Students Basic Surgical Skills** 149  
**ID 089** **Workshop And Competition: A Comparative Analysis**  
Reena P R, Shazana S, Shidah A L, Zamri Z, H Harunarashid  
*College of Surgeons, Academy of Medicine of Malaysia, Malaysia*
- PP 068** **Finals Of The National Medical Students Basic Surgical** 150  
**ID 090** **Skills Workshop And Competition: A Report**  
Reena P R, Shazana S, Zamri Z, H Harunarashid  
*College of Surgeons, Academy of Medicine of Malaysia, Malaysia*
- PP 069** **The National Medical Students Basic Surgical Skills** 151  
**ID 091** **Workshop and Competition: An Analysis On The Gender Differences**  
Reena P R, Shidah A L, H Harunarashid  
*College of Surgeons, Academy of Medicine Malaysia, Malaysia*
- PP 070** **An Analysis On The University Participation In The National** 152  
**ID 092** **Medical Students Basic Surgical Skills Workshop And Competition**  
Reena P R, Shidah A L, H Harunarashid  
*College of Surgeons, Academy of Medicine of Malaysia, Malaysia*

# Poster Presentations

- PP 071**   **Obstructive Defecation Syndrome Is A Rare Cause Of**   **153**  
**ID 093**   **Failure Of Laparoscopic Antireflux Surgery: An Interesting**  
**Case Report**  
Sivananthan Asokumar<sup>1,2</sup>, Reynu Rajan<sup>1</sup>, Mustafa Mohammed Taher<sup>1</sup>,  
Nik Ritza Kosai<sup>1</sup>  
*<sup>1</sup>Departments of Surgery, University Kebangsaan Malaysia Medical Centre,  
Kuala Lumpur, Malaysia*  
*<sup>2</sup>Department of Surgery, 94 Terendak Armed Forces Hospital, Malacca, Malaysia*
- PP 072**   **Cutaneous Metastasis Of Pancreatic Carcinoma, A Rare**   **154**  
**ID 094**   **Clinical Manifestations: A Case Report**  
J H Lai, M S Aznan  
*Department of Upper Gastrointestinal Surgery, Universiti Kebangsaan Malaysia  
Medical Centre, Kuala Lumpur, Malaysia*
- PP 073**   **Group A Streptococcal Necrotising Mastitis: A Rare**   **155**  
**ID 095**   **Presentation Of Breast Infection**  
G H Loo, Y L Quek  
*Bintulu Hospital, Sarawak, Malaysia*
- PP 074**   **Pitfalls In The Diagnosis Of Breast Cancer**   **156**  
**ID 098**   **Salina A Y, Raffles R A, Daphne A, Nor Azham H.D, Aina E N**  
*Breast and Endocrine Surgical Unit, Department of General Surgery,  
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 075**   **Gastric Hepatoid Adenocarcinoma: A Case Report**   **157**  
**ID 099**   **A F Emir, H Azizi, A Zuraimi, M Mustaqim**  
*Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia*
- PP 076**   **Knowledge And Awareness Of Breast Cancer Among**   **158**  
**ID 100**   **UNIMAS Female Staff**  
Kyi K W<sup>1</sup>, Nurul Huda B Azam<sup>2</sup>, Athira B Abu Bakar, Yaung Ho Tze,  
H Thaug, Gerald Sim  
*<sup>1</sup>Department of Surgery, Faculty of Medicine and Health Sciences, UNIMAS,  
Kuching, Sarawak, Malaysia*  
*<sup>2</sup>Staff, Unimas Office, UNIMAS, Kuching, Sarawak, Malaysia*
- PP 077**   **Extra-Osseuous Ewing's Sarcoma Of Small Bowel**   **159**  
**ID 101**   **Mesentery Mistaken For Ovarian Dysgerminoma**  
S Syazwan Arif, K Senthil Vasam, R Ramesh, L G Chew  
*Hospital Serdang, Selangor, Malaysia*

# Poster Presentations

- PP 078** **Duodenal GIST: Rare Disease With Common Symptoms** 160  
**ID 102** **Ikhwan Sani Mohamad<sup>1</sup>, Junichi Shindoh<sup>2</sup>, Yujiro Nishioka<sup>2</sup>, Masaji Hashimoto<sup>2</sup>, Zaidi Zakaria<sup>1</sup>**  
*<sup>1</sup>Department of Surgery, Universiti Sains Malaysia, Kelantan, Malaysia*  
*<sup>2</sup>Department of Digestive Surgery (Hepatopancreaticobiliary) Toranomon Hospital, Tokyo, Japan*
- PP 079** **Intraductal Papillary Mucinous Neoplasm (IPMN) Of Pancreas** 161  
**ID 103** **In Association With Autosomal Dominant Polycystic Kidney Disease (ADPKD)**  
**Ikhwan Sani Mohamad<sup>1</sup>, Junichi Shindoh<sup>2</sup>, Yujiro Nishioka<sup>2</sup>, Masaji Hashimoto<sup>2</sup>, Syed Hassan<sup>1</sup>**  
*<sup>1</sup>Department of Surgery, Universiti Sains Malaysia, Kelantan, Malaysia*  
*<sup>2</sup>Department of Digestive Surgery (Hepatopancreaticobiliary) Toranomon Hospital, Tokyo, Japan*
- PP 080** **An Externally Validated Risk Score For Intrahepatic** 162  
**ID 104** **Cholangiocarcinoma Following Surgical Resection: A Surveillance, Epidemiology and End Results (SEER) Database Analysis**  
**Sivesh K Kamarajah<sup>1</sup>, Ricky H Bhogal, James Hodson, Simon C Afford, Paolo Muiesan, John R Isaac, Keith Roberts, Ravi Marudanayagam, Robert P Sutcliffe, Darius F Mirza**  
*Department of Hepatobiliary Surgery, University Hospitals Birmingham NHS Foundation Trust, Birmingham, United Kingdom*
- PP 081** **Validation Of The American Joint Commission on Cancer** 163  
**ID 105** **(AJCC) 8<sup>th</sup> Edition Staging System In Patients With Pancreatic Adenocarcinoma: A Surveillance, Epidemiology And End Results (SEER) Analysis**  
**Sivesh K Kamarajah<sup>1</sup>, William R Burns<sup>2</sup>, Timothy L Frankel<sup>2</sup>, Clifford S Cho<sup>2</sup>, Hari Nathan<sup>2</sup>**  
*<sup>1</sup>College of Medical and Dental Sciences, University of Birmingham, United Kingdom*  
*<sup>2</sup>Department of Surgery, University of Michigan, Ann Arbor, MI, USA*
- PP 082** **Case Report: Massive Ruptured Malignant Phyllodes Tumor** 164  
**ID 106** **E C W Ong, C K Kong**  
*Department of Plastic and Reconstructive Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia*

# Poster Presentations

- PP 083** **Traumatic Superficial Temporal Artery Pseudoaneurysm:** 165  
**ID 107** **A Case Report**  
Shaiful Amir Manap<sup>1,2</sup>, Mohd Ali Mat<sup>3</sup>, Farah Hani Imran<sup>3</sup>, Zamri Zuhdi<sup>1</sup>  
<sup>1</sup>*Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*  
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<sup>3</sup>*Department of Plastic and Reconstructive Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 084** **Invasive Bladder GIST Mimicking Peritonitis:** 166  
**ID 109** **Rare Presentation**  
**K Y Lim**, Jesse Ron, Ashok D  
*General Surgery Department, Hospital Sibul, Sarawak, Malaysia*
- PP 085** **Pain Control Effect Of Channa Striatus Extract Spray On** 167  
**ID 110** **Clean Wound; A Prospective Randomize Controlled Trial**  
**N S Amin<sup>1</sup>**, Rosnelifaizur<sup>2</sup>, Z Zaidi<sup>2</sup>, Syed Hassan<sup>2</sup>  
<sup>1</sup>*Department of Surgery, School of Medical Sciences, Universiti Malaysia Sabah, Sabah, Malaysia*  
<sup>2</sup>*Department of Surgery, School of Medical Sciences, Hospital Universiti Sains Malaysia, Kelantan, Malaysia*
- PP 086** **The Dark Side Of Barium Loopogram - A Case Report** 168  
**ID 111** **Buveinthiran Balakrishnan<sup>1</sup>**, A W Ahmad<sup>2</sup>, M N Baharudin, M N Azmi  
<sup>1</sup>*Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*  
<sup>2</sup>*Department of Surgery, International Islamic University Malaysia, Kuantan, Pahang, Malaysia*
- PP 087** **Deep Vein Thrombosis Of The Upper Extremity Mimicking** 169  
**ID 112** **Acute Limb Ischaemia**  
**S Syazwan Arif**, K Senthil Vasan, N C Khang, L G Chew  
*Hospital Serdang, Selangor, Malaysia*
- PP 088** **Endovascular Aneurysm Repair (EVAR): Hospital Serdang's** 170  
**ID 113** **7-Year Experience**  
**J Y Eng**, N C Khang, L G Chew  
*Hospital Serdang, Selangor, Malaysia*

# Poster Presentations

- PP 089** **Liver Injury In A Regional Trauma Centre: 3-Years' Experience** 171  
**ID 114** **K Ashok, Y Tony, M Yuzaidi, A Rizal**  
*Trauma Surgery Unit, Department of Surgery, Hospital Sultanah Aminah, Johor Bharu, Johor, Malaysia*
- PP 090** **Results Of Surgical Intervention Following Thrombosed** 172  
**ID 115** **Arteriovenous Grafts From A Single Tertiary Vascular Centre**  
**Fattah A H, Lenny S, Azim I, H Harunarashid**  
*Unit of Vascular Surgery, UKM Medical Centre, Kuala Lumpur, Malaysia*
- PP 091** **Case Report: A Unilateral Chylothorax Secondary To** 173  
**ID 116** **Superior Vena Cava Obstruction**  
**Aizat Sabri I<sup>1</sup>, Roslenifaizur R<sup>1</sup>, Azim I<sup>2</sup>, H Harunarashid<sup>2</sup>**  
*<sup>1</sup>Department of Surgery, Faculty of Medicine, University Science of Malaysia, Kelantan, Malaysia*  
*<sup>2</sup>Vascular Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 092** **Pelvic Congestion Syndrome Treated With Left Ovarian Vein** 174  
**ID 118** **Embolization**  
**J A Mosiun, B D K Leong**  
*Hospital Queen Elizabeth II, Kota Kinabalu, Sabah, Malaysia*
- PP 093** **Per-Oral Endoscopic Myotomy (POEM) - A Novel Treatment** 175  
**ID 119** **For Achalasia Cardia; Early Experience At University Of Malaya Medical Center**  
**W J Wong, P C Lau, S Arjunan, C S Ngiu, S H Ho, S Mahadeva**  
*University of Malaya, Kuala Lumpur, Malaysia*
- PP 094** **Sentinel Lymph Node Biopsy In Breast Cancer: A 6-Year** 176  
**ID 122** **Experience In A Single Institution**  
**Sarah Ileen Liew, Nor Safariny Ahmad, Sarinah Basro, Anita Baghawi, Nor Hisham Abdullah**  
*Department of Surgery, Putrajaya Hospital, Putrajaya, Malaysia*
- PP 095** **Looking For A Tumor In A Haystack: A Case Report On The** 177  
**ID 123** **Investigative Efforts In Diagnosing A Jejunal Adenocarcinoma**  
**Yurkdes Sittampalam, Zakry Onn Yahya**  
*Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*

## Poster Presentations

- PP 096** **Adverse Late Outcome Following Endovascular Aneurysm** 178  
**ID 124** **Repair (EVAR) Due To Persistent Type 2 Endoleak**  
Yurkdes Sittampalam, Ismazizi Zaharudin, Zainal Ariffin Azizi  
*Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 097** **Endovascular Stent Grafting Of Popliteal Artery** 179  
**ID 125** **Pseudoaneurysms Secondary To Blunt Trauma In Young Patients**  
Yurkdes Sittampalam, Ismazizi Zaharudin, Zainal Ariffin Azizi  
*Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 098** **Looking For A Tumor In A Haystack: A Case Report On The** 180  
**ID 126** **Investigative Efforts In Diagnosing A Jejunal Adenocarcinoma**  
Yurkdes Sittampalam, Zakry Onn Yahya  
*Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 099** **Adverse Late Outcome Following Endovascular Aneurysm** 181  
**ID 127** **Repair (EVAR) Due To Persistent Type 2 Endoleak**  
Yurkdes Sittampalam, Ismazizi Zaharudin, Zainal Ariffin Azizi  
*Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 100** **Endovascular Stent Grafting Of Popliteal Artery** 182  
**ID 128** **Pseudoaneurysms Secondary To Blunt Trauma In Young Patients**  
Yurkdes Sittampalam, Ismazizi Zaharudin, Zainal Ariffin Azizi  
*Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 101** **Why Are Patients Declining Referral And Surgery For Aortic** 183  
**ID 129** **Aneurysms? Findings From A 2 Years Audit On Aortic Aneurysms In Hospital Sibü**  
K Y Lim, L S Ch'ng, J R Ting, Ashok G Damodaran  
*Department of General Surgery, Sibü Hospital, Sibü, Sarawak, Malaysia*
- PP 102** **Caecal Bascule: The Case Report Of A Rare Pathology Of** 184  
**ID 131** **Caecal Dilatation Treated With Caecopexy And Appendicectomy**  
Firdaus Z, Loh H P, Muslim M S, Lewellyn R  
*Department of Surgery, Hospital Teluk Intan, Perak, Malaysia*

# Poster Presentations

- PP 103** **Partial Sternal Resection For Metastasis Papillary Thyroid;** 185  
**ID 133** **A Case Report**  
**Hanis M<sup>1</sup>**, Sarinah B<sup>2</sup>, Arif M Nor<sup>3</sup>, Salina Ibrahim<sup>4</sup>  
*<sup>1</sup>Department of Surgery, National Cancer Institute, Putrajaya, Malaysia*  
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*<sup>3</sup>Department of Cardiothoracic, Serdang Hospital, Selangor, Malaysia*  
*<sup>4</sup>Department of Plastic & Reconstructive Surgery, Hospital Sungai Buloh, Selangor, Malaysia*
- PP 104** **Factors Influencing Outcome In Gasroenteropancreatic** 186  
**ID 135** **Neuroendocrine Tumour: A Single Centre Experience**  
**Hazwan Z<sup>1</sup>**, Razman J<sup>1</sup>, Suryati M<sup>2</sup>, Azlanudin A<sup>1</sup>  
*<sup>1</sup>University of Malaya, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 105** **A Case Report Of A Patient With Multiple Primary Cancers** 187  
**ID 136** **Kishantini B**, Wong W L, Loh H P, Satkunan M  
*Hospital Teluk Intan, Perak, Malaysia*
- PP 106** **A Rare Case Of Inflammatory Myofibroblastic Tumour (IMT)** 188  
**ID 137** **Of The Thyroid Gland**  
Nur Suriyana Abd Ghani<sup>1</sup>, Nor Faezan Abdul Rashid<sup>2</sup>, **Suraya Othman<sup>2</sup>**,  
Shahrin Niza Abdullah Suhaimi<sup>3</sup>, Rohaizak Muhammad<sup>3</sup>  
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*<sup>2</sup>Department of Surgery, Universiti Teknologi MARA, Selangor, Malaysia*  
*<sup>3</sup>Department of Surgery, Universiti Kebangsaan Malaysia, Selangor, Malaysia*
- PP 107** **Aneurysm Of An Aberrant Right Subclavian Artery** 189  
**ID 139** **(Kommerrell)**  
Lim E S<sup>1</sup>, **Lenny S S<sup>2</sup>**, Azim I<sup>2</sup>, H Harunarashid<sup>2</sup>  
*<sup>1</sup>Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Vascular Unit, Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 108** **Old Friends And Old Wine Are The Best; Expanding The** 190  
**ID 140** **Use Of T-Tubes In Emergency Gastrointestinal Surgery**  
**L S Ch'ng**, S S Tan, Roger A I, Ashok G Damodaran  
*Department of General Surgery, Hospital Sibul, Sarawak, Malaysia*

# Poster Presentations

- PP 109** **Recurrent Retroperitoneal Malignant Peripheral Nerve** 191  
**ID 141** **Sheath Tumour In A 13 Year-Old-Girl**  
Noor Adeelah Noor Azlan, Senthilvasan Kanthasamy, Ramesh Thangaratnam,  
Chew Loon Guan  
*General and Vascular Surgery Department, Hospital Serdang, Selangor, Malaysia*
- PP 110** **Unexpected Findings During Exploration For Strangulated** 192  
**ID 142** **Inguinal Hernias - A Series of 2 Rare Cases From A District Hospital**  
Kenneth Voon K T, Ainaini M H  
*Hospital Tanah Merah, Kelantan, Malaysia*
- PP 111** **A Review Of Appendicectomies In Hospital Tanah Merah In** 193  
**ID 143** **2016 And Estimating Accuracy Of RIPASA Score In Diagnosing Acute Appendicitis**  
Kenneth Voon K T<sup>1</sup>, Lee Jia Yuan<sup>2</sup>, Hapsah A<sup>1</sup>, Ainaini M H<sup>1</sup>  
<sup>1</sup>*Hospital Tanah Merah, Kelantan, Malaysia*  
<sup>2</sup>*Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 112** **A Descriptive Study On Tracheostomy In A District Hospital** 194  
**ID 144** **F Marzuki, Y L Quek, K R Perumal**  
*Hospital Bintulu, Sarawak,, Malaysia*
- PP 113** **A Case Report: Recurrent Renal Cell Carcinoma With** 195  
**ID 145** **Anterior Chest Wall And Intramuscular Metastasis**  
Muslim M S, Firdaus Z, Loh H P, Satkunan M  
*Department of Surgery, Hospital Teluk Intan, Perak, Malaysia*
- PP 114** **Cystic Lymphangioma Of The Adrenal Gland: A Case Report** 196  
**ID 146** **Nor Faezan Abdul Rashid<sup>1</sup>, Rohaizak Muhammad<sup>2</sup>, Suraya Othman<sup>1</sup>,  
Shahrn Niza Abdullah Suhaimi<sup>2</sup>, Norasyikin A Wahab<sup>3</sup>**  
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<sup>2</sup>*Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre,  
Kuala Lumpur, Malaysia*  
<sup>3</sup>*Department of Medicine, Universiti Kebangsaan Malaysia Medical Centre,  
Kuala Lumpur, Malaysia*
- PP 115** **Surgical Management Of Acute Superior Mesenteric Artery** 197  
**ID 147** **(SMA) Thrombosis**  
S Syazwan, Senthilvasan Kanthasamy, Ramesh Thangaratnam,  
Chew Loon Guan  
*General and Vascular Surgery Department, Hospital Serdang, Selangor, Malaysia*

# Poster Presentations

- PP 116** **Postoperative Multiple Abdominal Wall And Intraabdominal** 198  
**ID 148** **Desmoid Tumors : A Case Report**  
Ammar A, Zakry Y  
*General Surgery Department, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 117** **Peripheral Ossifying Fibroma: A Clinical Report** 199  
**ID 149** **Vishnu K, A G A Aziz**  
*Department of Surgery, Hospital Kulim, Kedah, Malaysia*
- PP 118** **A Rare Case of Squamous Cell Carcinoma Of The Breast** 200  
**ID 150** **In A Male Patient**  
Vishnu K, Aminuddin A R, S D Cheah, A G A Aziz  
*Department of Surgery, Hospital Kulim, Kedah, Malaysia*
- PP 119** **Leiomyomatosis Peritonealis Disseminata: A Case Report** 201  
**ID 151** **Ezzra M S, W M Mokhzani, Zaidi Z, Siti R M**  
*Universiti Sains Malaysia, Kelantan, Malaysia*
- PP 120** **Adrenal Schwannoma; A Rare Type Of Adrenal Incidentaloma:** 202  
**ID 152** **A Case Report And Literature Review**  
S Surita<sup>1</sup>, M Rohaizak<sup>2</sup>, O Suraya<sup>3</sup>, A R Faezan<sup>3</sup>  
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<sup>3</sup>*Clinical Specialist, Department of Surgery, University Teknologi MARA, Selangor, Malaysia*
- PP 121** **Intraductal Radiofrequency Ablation Of Malignant Biliary** 203  
**ID 153** **Obstruction: A Single-Centre Experience**  
Mohd Firdaus C A<sup>1</sup>, Hairol Azrin O<sup>2</sup>, Ikhwan S<sup>3</sup>, Zamri Z<sup>2</sup>,  
M Azlanuddin A<sup>2</sup>, Razman J<sup>2</sup>  
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<sup>3</sup>*General Surgery Unit, School of Medicine, Hospital Universiti Sains Malaysia, Kelantan, Malaysia*

# Poster Presentations

- PP 122** **EVARable Abdominal Aortic Aneurysm That Turned Up With** 204  
**ID 154** **Open Surgical Repair: Causes and Result. A Retrospective Study In Tertiary Vascular Centre**  
Aizat Sabri I<sup>1</sup>, Lenny S S<sup>2</sup>, Azim I<sup>2</sup>, H Harunarashid<sup>2</sup>  
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*<sup>2</sup>Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 123** **Clinical Audit: Outcome Of Open Versus Endovascular Aortic** 205  
**ID 155** **Repair (EVAR) Treatment Of Mycotic Aortic Aneurysms In Hospital Canselor Tuanku Mukhriz PPUKM**  
Izzuddin A<sup>1</sup>, Vinoshini D<sup>2</sup>, Lenny S S<sup>1</sup>, Azim I<sup>1</sup>, H Harunarashid<sup>1</sup>  
*<sup>1</sup>Vascular Unit Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*  
*<sup>2</sup>International Medical University, Kuala Lumpur, Malaysia*
- PP 124** **Audit on Quality Of Surgical Record Of Hospital Kajang** 207  
**ID 157** **Based On NHS Trust Clinical Guideline For Theatre Practice Standards - Generic**  
Thanabalan S<sup>1</sup>, Stanley Choo<sup>2</sup>, Andre Das<sup>1</sup>  
*<sup>1</sup>Hospital Kajang, Selangor, Malaysia*  
*<sup>2</sup>Newcastle University, Johor, Malaysia*
- PP 125** **Locally Advanced Bilateral Breast Cancer In ESRF Patient.** 208  
**ID 158** **Dilemma In Management**  
Salina A Y, Raffis R A, Daphne A, Nor Azham H D, Aina E N  
*Breast and Endocrine Surgical Unit, Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 126** **Mastectomy, Breast Reconstruction & Chest Wall Cover.** 209  
**ID 159** **Sarawak General Hospital 2014 - 2016**  
W Y Chung, J Rokayah, Daphne D S, J Ranjit  
*Sarawak General Hospital, Sarawak, Malaysia*
- PP 127** **Extramammary Paget's Disease: A Case Report** 210  
**ID 160** **Mohamed Zahir Fitri Ahmad, Senthil Vasan Kanthasamy, Ramesh R Tangarathnam, Chew Loon Guan**  
*Department of General Surgery, Hospital Serdang, Selangor, Malaysia*

## Poster Presentations

- PP 128** **Perforated Posterior Duodenal Ulcer: A Case Report** 211  
**ID 161** **J W Loh**, E X Lee, W J Tan  
*Department of General Surgery, Penang Hospital, Penang, Malaysia*
- PP 129** **Total Pancreatectomy For Intraductal Papillary Mucinous** 212  
**ID 162** **Neoplasm (IPMN) With Concomitant Pancreatic Neuroendocrine Tumour (P-NET)**  
**J W Loh**<sup>1</sup>, P S Koh<sup>1</sup>, Y F Toh<sup>2</sup>, J K Koong<sup>1</sup>, B K Yoong<sup>1</sup>  
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<sup>2</sup>*Department of Pathology, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*
- PP 130** **Bilateral Malignant Struma Ovarii With Lung Metastasis:** 213  
**ID 163** **A Case Report**  
**N H Khadir**<sup>1</sup>, I Abdul Hadi<sup>1</sup>, N A Abdullah<sup>2</sup>  
<sup>1</sup>*Breast and Endocrine Unit, Hospital Raja Perempuan Zainab, Kota Bharu, Kelantan, Malaysia*  
<sup>2</sup>*Department of Obstetric and Gynaecology, Hospital Raja Perempuan Zainab, Kota Bharu, Kelantan, Malaysia*
- PP 131** **Occult Primary Breast Cancer: Hello! I'm Here, Can You** 214  
**ID 165** **See Me?**  
**N H Khadir**<sup>1</sup>, I Abdul Hadi<sup>1</sup>, W H Wan Jusoh<sup>1</sup>, F Ahmad<sup>2</sup>  
<sup>1</sup>*Breast and Endocrine Unit, Hospital Raja Perempuan Zainab, Kota Bharu, Kelantan, Malaysia*  
<sup>2</sup>*Department of Diagnostic and Imaging, Hospital Raja Perempuan Zainab, Kota Bharu, Kelantan, Malaysia*
- PP 132** **Food Flotilla For Myanmar - Surgical Operating Theater** 215  
**ID 166** **Setup In Nautical Aliya**  
**Ahmad Fardi S**<sup>1,2</sup>, Raja Amin R M<sup>3</sup>, Theevashini K<sup>4</sup>, Mohd Fahmi Z<sup>4</sup>, Syed Hassan S<sup>2</sup>, Mohd Nizam H<sup>2</sup>, Wan Zainira Z<sup>2</sup>  
<sup>1</sup>*Universiti Sultan Zainal Abidin, Kuala Terengganu, Terengganu, Malaysia*  
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# Poster Presentations

- PP 133** **“Where’s The Pathway Of Common Bile Duct In An Ectopic Ampulla?” A Case Report On Pancreatic Divisum** 216  
**ID 167**  
**J R Elsa<sup>1</sup>, S M Ikhwan<sup>2</sup>, Z Zamri<sup>1</sup>, A Azlanudin<sup>1</sup>, O Hairol<sup>1</sup>, J Razman<sup>1</sup>, N Yazmin<sup>3</sup>**  
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*<sup>2</sup>Department of Surgery, Universiti Sains Malaysia, Penang, Malaysia*  
*<sup>3</sup>Department of Radiology, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 134** **Pancreatic Lesion: A Rare Case Of Extrapulmonary Tuberculosis** 217  
**ID 168**  
**G Prem<sup>1</sup>, Mohd Firdaus C A<sup>2</sup>, Hairol Azrin O<sup>1</sup>, Ikhwan S<sup>3</sup>, Zamri Z<sup>1</sup>, M Azlanuddin<sup>1</sup>, Razman J<sup>1</sup>**  
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*<sup>3</sup>General Surgery Unit, School of Medicine, Hospital Universiti Sains Malaysia, Kelantan, Malaysia*
- PP 135** **Solid Papillary Carcinoma Of Breast: A Rare Form Of Breast Cancer** 218  
**ID 169**  
**Wong W L, Ngo P F, Satkunan M, Loh H P**  
*Department of Surgery, Hospital Teluk Intan, Teluk Intan, Perak, Malaysia*
- PP 136** **Recurrent Laryngeal Nerve Injury: Is Clinical Assessment Is Accurate To Determine Recurrent Laryngeal Nerve Injury Compare To Flexible Laryngoscopy** 219  
**ID 170**  
**Suraya Othman<sup>1</sup>, Rohaizak Muhammad<sup>2</sup>, Shahrin Niza Abdullah Suhaimi<sup>2</sup>, Nor Faezan Abdul Rashid<sup>1</sup>**  
*<sup>1</sup>University Teknologi MARA, Selangor, Malaysia*  
*<sup>2</sup>Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
- PP 137** **A Rare Case Of A Symptomatic Abdominal Wall Schwannoma** 220  
**ID 172**  
**Premjeet S, Zakry Y, George J**  
*Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 138** **Intestinal Tuberculosis Presenting As An Enterocutaneous Fistula** 221  
**ID 173**  
**Premjeet S, Zakry Y**  
*Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*

# Poster Presentations

- PP 139** **Patient Survival Post Operatively For Pancreatic And** 222  
**ID 174** **Periampullary Malignancies: Histopathological Criteria As**  
**A Predictor**  
Y P Lim, Vikneswaren W, C S Tee, Nik Azim N A  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 140** **A 2 Years Audit On Laparoscopic Cholecystectomy In Sib** 223  
**ID 175** **Hospital: Does 3D Laparoscopic Cholecystectomy Lead To**  
**Improved Outcomes?**  
S S Tan, Roger A I, C H Chea, Ashok G Damodaran  
*Department of Surgery, Hospital Sib, Sarawak, Malaysia*
- PP 141** **Traumatic Diaphragmatic Hernia; A Surgical Emergency** 224  
**ID 176** **Kamarul Ariffin A B, Azuddin Khairy, Anitha Haniffa, Navin K**  
*Surgical Department, Hospital Tengku Ampuan Rahimah, Selangor, Malaysia*
- PP 142** **Hepatocellular Carcinoma (HCC) With Paraneoplastic** 225  
**ID 177** **Syndrome: A Case Report And Literature Review**  
S S Tan<sup>1</sup>, M H Wong<sup>2</sup>, Roger A I<sup>1</sup>, Ashok G Damodaran<sup>1</sup>  
<sup>1</sup>*Department of Surgery, Hospital Sib, Sarawak, Malaysia*  
<sup>2</sup>*Department of Radiology, Hospital Sib, Sarawak, Malaysia*
- PP 143** **Follicular Thyroid Carcinoma With Splenic And Thigh** 226  
**ID 178** **Metastasis**  
C T Ooi<sup>1</sup>, Euxian Lee<sup>2</sup>, Y T Cheong<sup>2</sup>  
<sup>1</sup>*Hospital University Sains Malaysia, Kelantan, Malaysia*  
<sup>2</sup>*Hospital Pulau Pinang, Pulau Pinang, Malaysia*
- PP 144** **Coring And Ligation Of The External Anal Fistula Tract:** 227  
**ID 179** **A Cross-sectional Study**  
Arifin B A<sup>1</sup>, M Salehudin C Z<sup>2</sup>, Azmi M<sup>2</sup>  
<sup>1</sup>*Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*  
<sup>2</sup>*Kuliyah of Medicine, International Islamic University, Kuala Lumpur, Malaysia*
- PP 145** **BRCA Gene Testing. A Contemporary Overkill Or A Life** 228  
**ID 182** **Savior**  
Dhayalan G, Arifin B A, Sanjay D S, Salleh M S  
*Hospital Tengku Ampuan Afzan, Pahang, Malaysia*

# Poster Presentations

- PP 146** **Encapsulated Papillary Carcinoma Of The Breast -** 229  
**ID 183** **Case Report**  
Siti Hafzan A K, Faizah M S, Muhammad Faiz M A, C K Lai  
*Hospital Duchess of Kent, Sandakan, Sabah, Malaysia*
- PP 147** **Pleomorphic Adenoma Of The Breast - Case Report** 230  
**ID 184** Siti Hafzan A K, Faizah M S, Muhammad Faiz M A, C K Lai  
*Hospital Duchess of Kent, Sandakan, Sabah, Malaysia*
- PP 148** **Early Stage Of Primary Signet Ring Cell Carcinoma Of The** 231  
**ID 185** **Rectum: A Distinct Entity**  
M Danial<sup>1</sup>, Thrimourthi S<sup>1</sup>, M S Sarif<sup>2</sup>, Azlina A R<sup>3</sup>  
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<sup>3</sup>*Department of Pathology, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*
- PP 149** **Rare Disease - Rectal Adenocarcinoma With Neuroendocrine** 232  
**ID 186** **Tumour**  
C T Ooi<sup>1</sup>, S P Sunil<sup>2</sup>, S Y Lim<sup>2</sup>  
<sup>1</sup>*Hospital University Sains Malaysia, Kelantan, Malaysia*  
<sup>2</sup>*Hospital Pulau Pinang, Pulau Pinang, Malaysia*
- PP 150** **Transverse Colon Perforation With Intestinal Lymphoma:** 233  
**ID 187** **Case Report**  
B Narendra, Lailyvia M I, Sharmaine M, Aishah M S, Lavanya G  
*Surgical Department Hospital Enche Besar Hajah Khalsom, Kluang, Johor, Malaysia*
- PP 151** **Transgender Bender: A Case of Mesenteric Venous** 234  
**ID 188** **Thrombosis**  
Neehad B, Shamil S, Nadzrin A N  
*Hospital Ampang, Selangor, Malaysia*
- PP 152** **Revisit Of Diagnostic Peritoneal Lavage** 235  
**ID 189** C T Ooi<sup>1</sup>, M M Sahul Hamid<sup>2</sup>, S Y Lim<sup>2</sup>  
<sup>1</sup>*Hospital Universiti Sains Malaysia, Kelantan, Malaysia*  
<sup>2</sup>*Hospital Pulau Pinang, Pulau Pinang, Malaysia*

# Poster Presentations

- PP 153** **Triple Whammy! A Case Report Of Gastric Adenocarcinoma** 236  
**ID 190** **With Coexistent Gastric GIST And Gastric Tuberculosis**  
**Khairulanuar S<sup>1</sup>, Kelvin V<sup>1</sup>, SY Lim<sup>1</sup>, Premnath N<sup>2</sup>**  
*<sup>1</sup>Department of Surgery, Penang Hospital, Penang, Malaysia*  
*<sup>2</sup>RCSI Surgical Training & Department of Surgery, Penang Medical College, Penang, Malaysia*
- PP 154** **Evolution Of Leptospirosis To Atraumatic Splenic Rupture** 237  
**ID 191** **Muhamad Azri Muhamad Marican, Nik Rozana Nik Ghazali,**  
**Muhammad Taufiq Khalila Razali, Hussain Mohamad**  
*Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia*
- PP 155** **Short Bowel Syndrome, Approach and Considerations:** 238  
**ID 192** **A Case Series**  
**David E Y Gan, Adznan M A, Edwin U H See**  
*Hospital Queen Elizabeth, Sabah, Malaysia*
- PP 156** **Indocyanine Green Fluorescent Cholangiography Aided** 239  
**ID 193** **Laparoscopic Cholecystectomy: A UMMC Case Series**  
**G H Ng, J K Koong, P S Koh, B K Yoong**  
*Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*
- PP 157** **Branch of Common Hepatic Artery Aneurysm: A Rare Entity** 240  
**ID 194** **K Kharlina, Suryati M**  
*Department of Hepatobiliary Surgery, Hospital Selayang, Selangor, Malaysia*
- PP 158** **3 Pahologies, 2 Malinancies And 1 Unfortunate Patient** 241  
**ID 195** **Johann F K, Kharlina, Soon, Mohan, Syakirah, Suryati , Harjit Singh**  
*Department of Hepatobiliary, Hospital Selayang, Selangor, Malaysia*
- PP 159** **Liver Trauma In Trauma Centres: From UMMC To Cambridge** 242  
**ID 196** **Jason K S Leuk<sup>1</sup>, J K Koong<sup>1</sup>, S J F Harper<sup>2</sup>, B K Yoong<sup>1</sup>**  
*<sup>1</sup>Department of Surgery, University of Malaya, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Hepatopancreatobiliary Unit, Addenbrooke's Hospital, Cambridge University Hospital, Cambridge, United Kingdom*

# Poster Presentations

- PP 160** **Advanced Stage At Presentation Remains A Major Factor** 243  
**ID 197** **Contributing To Breast Cancer Survival Disparity Between Public And Private Hospitals In A Middle-Income Country**  
**Y C Kong<sup>1</sup>**, N Bhoo-Pathy<sup>2</sup>, S Subramaniam<sup>1</sup>, N T Bhoo-Pathy<sup>2</sup>, N A Taib<sup>3</sup>, S Jamaris<sup>3</sup>, K Kaur<sup>3</sup>, M H See<sup>3</sup>, G F Ho<sup>4</sup>, C H Yip<sup>5</sup>  
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<sup>5</sup>*Subang Jaya Medical Centre, Subang Jaya, Selangor, Malaysia*
- PP 161** **Neonatal Liver Abscess: Case Report** 244  
**ID 198** **I Oaris<sup>1</sup>**, R A A Hasan<sup>2</sup>, Syed Hassan<sup>1</sup>, Ridzuan A S<sup>2</sup>  
<sup>1</sup>*General Surgery, Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia*  
<sup>2</sup>*Paediatric Unit, Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia*
- PP 162** **Rare Cause Of Abdominal Wall Hernia, A Case Report,** 245  
**ID 199** **Diagnosis, Operative Approach And Outcome**  
**Vimal K V**, F F Chow  
*Gleneagles Hospital, Penang, Malaysia*
- PP 163** **Abdominal Wall Sarcoma - A Review Of Reconstructive** 246  
**ID 200** **Techniques**  
Hui Yuan Lam<sup>1</sup>, **Jonathan Seak<sup>1,2</sup>**, Daphne Dewi Stephen<sup>1</sup>, John Ranjit<sup>1</sup>  
<sup>1</sup>*Plastic and Reconstructive Surgery SGH, Kuching, Sarawak, Malaysia*  
<sup>2</sup>*University of Malaya, Kuala Lumpur, Malaysia*
- PP 164** **Comparing Imrie And SIRS Scoring System In Predicting** 247  
**ID 201** **Organ Failure In Acute Pancreatitis**  
**W N Tan<sup>1</sup>**, P S Koh<sup>1</sup>, Y T Cheong<sup>2</sup>, B K Yoong<sup>1</sup>  
<sup>1</sup>*Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*  
<sup>2</sup>*Department of Surgery, Penang General Hospital, Penang, Malaysia*

# Poster Presentations

- PP 165 Infected Vascular Graft** 248  
**ID 202 W N Tan<sup>1</sup>, S J Feona<sup>2</sup>**  
*<sup>1</sup>Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Department of Surgery, Kuala Lumpur General Hospital, Kuala Lumpur, Malaysia*
- PP 166 Huge Goiter With Tracheomalacia; The Management** 249  
**ID 203 N H Khadir<sup>1</sup>, I Abdul Hadi<sup>1</sup>, W H Wan Jusoh<sup>1</sup>, F Ahmad<sup>2</sup>**  
*<sup>1</sup>Breast and Endocrine Unit, Hospital Raja Perempuan Zainab, Kota Bharu, Kelantan, Malaysia*  
*<sup>2</sup>Department of Diagnostic and Imaging, Hospital Raja Perempuan Zainab, Kota Bharu, Kelantan, Malaysia*
- PP 167 Perineuroma Mimicking Inguinal Hernia: A Case Report Of** 250  
**ID 204 Atypical Presentation**  
**Jeffery Lim**, Kamarajan Ramaye, J K Koong, B K Yoong  
*University of Malaya, Kuala Lumpur, Malaysia*
- PP 168 Acute Pancreatitis: A 2 Year Local Analysis In Northern** 251  
**ID 205 Perak, Malaysia**  
**C K Ng**, C I Chiar, Y C Leow, U Ramasamy  
*Department of Surgery, Hospital Taiping, Perak, Malaysia*
- PP 169 A Clinical Review On Chemoport Removal In National** 252  
**ID 206 Cancer Institute**  
**Hanis M<sup>1</sup>**, Atiki F<sup>1</sup>, Ramizah S<sup>1</sup>, Sarinah B<sup>2</sup>  
*<sup>1</sup>Department of Surgical Oncology, National Cancer Institute, Putrajaya, Malaysia*  
*<sup>2</sup>Department of Breast of Endocrine Surgery, Hospital Putrajaya, Putrajaya, Malaysia*
- PP 170 Fibrolamellar Hepatocellular Carcinoma In Sarawak General** 253  
**ID 207 Hospital: A Case Series**  
**C J Abdillah**, Eusofee, N A Nik Azim  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 171 Is Radical Gastrectomy Safe In The Elderly? Penang** 254  
**ID 208 Hospital Experience**  
**Kelvin V<sup>1</sup>**, Viknesh S<sup>1</sup>, S Y Lim<sup>1</sup>, Premnath N<sup>2</sup>  
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*<sup>2</sup>RCSI Surgical Training & Department of Surgery, Penang Medical College, Penang, Malaysia*

# Poster Presentations

- PP 172 A Case Series Of Carcinoid Tumor In Single Center** 255  
**ID 209 S Sarmukh<sup>1</sup>, T Kerwin<sup>1</sup>, T Ramesh<sup>1</sup>, L G Chew<sup>1</sup>, Z Zaidi<sup>2</sup>**  
*<sup>1</sup>Hospital Serdang, Selangor, Malaysia*  
*<sup>2</sup>University Sains Malaysia, Kubang Kerian, Kelantan, Malaysia*
- PP 173 Posterior Nutcracker Syndrome In A Ruptured Abdominal** 256  
**ID 210 Aortic Aneurysm**  
**Syafiq I<sup>1</sup>, Ismazizi Z<sup>2</sup>**  
*<sup>1</sup>University of Malaya, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 174 Case Report: Intussusception In Elderly Female** 257  
**ID 211 S W Wong, W N Tan, R Kamarajan, B K Yoong**  
*University of Malaya, Kuala Lumpur, Malaysia*
- PP 175 Colonoscopy In Patients Less Than 40 Years Old -** 258  
**ID 212 An Audit Of Appropriateness In Hospital Tengku Ampuan Rahimah, Klang**  
**Devanraj S, Lee H M, Naveen R, Yusof A W**  
*Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia*
- PP 176 Pulmonary Embolectomy: The Resurrection** 259  
**ID 213 C Y Er, M N Mohd Arif, J Abdul Muiz, M K Hamzah**  
*Department of Cardiothoracic Surgery, Hospital Serdang, Selangor, Malaysia*
- PP 177 Giant Gastrointestinal Stromal Tumors (GIST): It Is** 260  
**ID 216 Technically Resectable**  
**C A Abdillah, I Faiz, S Febra**  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 178 Acute Pancreatitis Secondary To Hypertriglyceridemia:** 261  
**ID 217 A Case Report**  
**C A Abdillah, S Nurazim, I Faiz, S Febra**  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 179 Small Bowel Obstruction Due To Ingestion Of Water-Storing** 262  
**ID 218 Gel Beads**  
**Vishnu M, Junaidah H, H Q Teoh, Mohan N**  
*Paediatric Surgery Unit, Department of Surgery, Hospital Sultanah Bahiyah, Alor Setar, Malaysia*

# Poster Presentations

- PP 180** **Case Series: Tracheobronchial Injury Following Traumatic** 263  
**ID 219** **Chest Injuries Post Motor-Vehicle Accident - Hospital**  
**Serdang Experience**  
Y S Tan, J Abdul Muiz, M N Mohd Arif, M K Hamzah  
*Department of Cardiothoracic Surgery, Hospital Serdang, Selangor, Malaysia*
- PP 181** **Sigmoid Volvulus In The Young: A Rising Trend** 264  
**ID 220** **K N Chong, W N Tan, J K Koong, M M Syafferi**  
*University of Malaya, Kuala Lumpur, Malaysia*
- PP 182** **Collision Tumor Of The Thyroid: Follicular Carcinoma And** 265  
**ID 221** **Papillary Carcinoma**  
R Murgan  
*Hospital Duchess of Kent, Sandakan, Sabah, Malaysia*
- PP 183** **Tracheobronchial Injuries Post Blunt Trauma: Treatment** 266  
**ID 225** **And Outcome**  
M R Abdul Rashid<sup>1</sup>, H Hairulfaizi<sup>2</sup>, M N Mohd Arif<sup>1</sup>, M K Hamzah<sup>1</sup>  
<sup>1</sup>*Hospital Serdang, Selangor, Malaysia*  
<sup>2</sup>*University Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
- PP 184** **Therapeutic And Predictive Value Of Gastrograffin On** 267  
**ID 227** **Patients With Small Bowel Adhesive Obstruction; Interim**  
**Results From A Single Centre Experience**  
H Y Lam, Roger A I, W C Pui, Ashok G Damodaran  
*Department of Surgery, Hospital Sibul, Sarawak, Malaysia*
- PP 185** **Management Of A Complicated Giant Duodenal Perforation** 268  
**ID 228** **Prabu, Firdaus, Afizah, Azlin, Das**  
*Department of Surgery, Hospital Kajang, Selangor, Malaysia*
- PP 186** **Caecal Perforation Due To Insidious *Trichuris trichiura*** 269  
**ID 229** **Infestation Of The Gut - An Incidental Intra-Operative**  
**Discovery**  
R Hassan, M Khairulanuar, Sou J K, Lim S Y  
*Department of Surgery, Penang Hospital, Penang, Malaysia*
- PP 187** **2 Years Retrospective Analysis Of Neuroendocrine Tumours** 270  
**ID 230** **In Sarawak General Hospital (2015-2016)**  
Alyson Tan S Y, Vikneswaren W, Tee C S, Nik Azim  
*Hospital Umum Sarawak, Kuching, Sarawak, Malaysia*

# Poster Presentations

- PP 188** **Feasibility Of Breast Lump Excision And Inguinal Hernia** 271  
**ID 231** **Repair As Daycare Surgery In Sibu Hospital**  
J Y Siaw, C H Chea, C L Ling, D Ashok  
*Sibu Hospital, Sarawak, Malaysia*
- PP 189** **Early Outcome Of Laparoscopic Versus Open Inguinal** 272  
**ID 233** **Hernioplasty In A District Specialised Hospital In Sarawak**  
Y Y Gan, C H Chea, J Y Siaw, D Ashok  
*Sibu Hospital, Sarawak, Malaysia*
- PP 190** **“To Tap Or Not To Tap?” Malignant Pericardial Effusion** 273  
**ID 234** **In Breast Cancer: Case Study**  
Sharmaine Marie Povananthiran, Aishah Md Salleh, Lailyvia Ishak,  
Saravanan Ramasamy  
*Hospital Enche Besar Hajjah Khalsom, Kluang, Johor, Malaysia*
- PP 191** **Outcome Of Operable Lung Cancer: A 10 Years Serdang** 274  
**ID 235** **Experience**  
Thomas F<sup>1</sup>, M K Hamzah<sup>1</sup>, M N Mohd Arif<sup>1</sup>, M R Adli Azam<sup>2</sup>  
<sup>1</sup>*Cardiothoracic Department, Hospital Serdang, Selangor, Malaysia*  
<sup>2</sup>*Cardiothoracic Department, Universiti Teknologi MARA, Selangor, Malaysia*
- PP 192** **Bilateral VATS Sympathectomy For Palmar Hyperhidrosis:** 275  
**ID 236** **No More Sweaty Palms, A 7 Years Serdang Experience - Outcome Review**  
Thomas F, Prabu K, M K Hamzah, M N Mohd Arif  
*Cardiothoracic Department, Hospital Serdang, Selangor, Malaysia*
- PP 193** **Video Assisted Thoracoscopic Surgery (VATS): Miracles** 276  
**ID 237** **Through Small Incisions, A 5 Years Serdang Retrospective Review**  
Prabu K, Thomas F, M N Mohd Arif, M K Hamzah  
*Cardiothoracic Department, Hospital Serdang, Selangor, Malaysia*
- PP 194** **Ruptured Jejunal Mesenteric Myxoid Liposarcoma:** 277  
**ID 238** **Rarity Of An Entity**  
H Leslie, J Q L Low, A Z Ramli, Y C Leow  
*Hospital Taiping, Taiping, Perak, Malaysia*

## Poster Presentations

- PP 195** **5-Year Audit Of Colon Cancer In Hospital Taiping Perak** 278  
**ID 239** **B K See, J Q L Low, C C Inn, Y C Leow**  
*Hospital Taiping, Taiping, Perak, Malaysia*
- PP 196** **Creepy Carcinoid. An Asymptomatic Typical Low Grade** 279  
**ID 240** **Neuroendocrine Tumor Of The Middle Lobe Of The Right Lung. A Case Report**  
**Dinesh F<sup>1</sup>, A K Nair<sup>2</sup>, Z Zulkifli<sup>2</sup>, A M K Alam<sup>2</sup>, A Amin<sup>2</sup>, M Kuppusamy<sup>2</sup>, Hashim S<sup>2</sup>, Raja Amin R M<sup>2</sup>, S Krishnasamy<sup>2</sup>**  
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*<sup>2</sup>University of Malaya Medical Centre, Kuala Lumpur, Malaysia*
- PP 197** **My Follicular Breast Bone. Partial Sternectomy Done For A** 280  
**ID 241** **Curious Case Of Metastatic Follicular Cancer Of The Thyroid Gland. A Case Report**  
**Dinesh F<sup>1</sup>, A K Nair<sup>2</sup>, Z Zulkifli<sup>2</sup>, A M K Alam<sup>2</sup>, A Amin<sup>2</sup>, M Kuppusamy<sup>2</sup>, Hashim S<sup>2</sup>, Raja Amin R M<sup>2</sup>, S Krishnasamy<sup>2</sup>**  
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*<sup>2</sup>University Malaya Medical Centre, Kuala Lumpur, Malaysia*
- PP 198** **Daycare Surgery In Sibu Hospital - Initial Experience** 281  
**ID 242** **C L Ling, C H Chea, Y Y Gan, D Ashok**  
*Hospital Sibul, Sarawak, Malaysia*
- PP 199** **Radial Artery Pseudoaneurysm Formation Following** 282  
**ID 243** **Traumatic Wrist Laceration: A Case Series And Review Of The Literature**  
**Navin Raj, Rashidah Khalid**  
*Hospital Port Dickson, Negeri Sembilan, Malaysia*
- PP 200** **Case Report: Endovascular Approach For Midaortic Syndrome** 283  
**ID 244** **Mohd Ammar Ahmad<sup>1</sup>, Rosnelifaizur Ramely<sup>2</sup>, Hanif Hussein<sup>1</sup>, Zainal Ariffin Azizi<sup>1</sup>**  
*<sup>1</sup>Department of Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia*
- PP 201** **Case Report: Endovascular Approach For Midaortic Syndrome** 284  
**ID 245** **Mohd Ammar Ahmad<sup>1</sup>, Rosnelifaizur Ramely<sup>2</sup>, Hanif Hussein<sup>1</sup>, Zainal Ariffin Azizi<sup>1</sup>**  
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*<sup>2</sup>Department of Surgery, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia*

# Poster Presentations

- PP 202**   **Clinical Outcome After Distal Bypass Surgery For Critical**   285  
**ID 246**   **Limb Ischaemia: Single Centre Experience**  
Johan Abdul Kahar<sup>1</sup>, Rosnelifaizur Ramely<sup>2</sup>, Mohamad Azim Md Idris<sup>3</sup>, Hanafiah Harunrashid<sup>3</sup>  
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*<sup>3</sup>Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 203**   **Epidemiology And Outcome Of Childhood Papillary Thyroid**   286  
**ID 247**   **Cancer In Kelantan 10 Years Experience**  
Salehah T, Norhashimah K, Imi Sairi AH  
*Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia*
- PP 204**   **10 Years Review Of Intraoperative Finding Of Childhood**   287  
**ID 248**   **Papillary Thyroid Cancer In A Single Breast And Endocrine Unit (HRPZ II)**  
Salehah T, Norhashimah K, Imi Sairi AH  
*Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia*
- PP 205**   **Duodenal Gangliocytic Paraganglioma - A Rare Case Report**   288  
**ID 249**   **Izwan Ismail<sup>1</sup>, Fazarina Mohammed<sup>2</sup>, Hairol Othman<sup>1</sup>**  
*<sup>1</sup>Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*  
*<sup>2</sup>Department of Pathology, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia*
- PP 206**   **Primary Breast Lymphoma. A Case Report**   289  
**ID 250**   **Aizat T, Suraya B, Juliana A, Ragu R, Gerald H**  
*Selayang Hospital, Selangor, Malaysia*
- PP 207**   **Retrospective Evaluation Of The Use of Hydrodissection**   290  
**ID 251**   **Technique With Adrenaline In Mastectomies With Axillary Clearance In Selayang Hospital**  
Aizat T, Suraya B, Juliana A, Zainal A, Gerald H  
*Department of Surgery, Selayang Hospital, Selangor, Malaysia*

# Poster Presentations

- PP 208** **Case Report: Extramammary Paget's Disease With** 291  
**ID 253** **Underlying Cecal Carcinoma**  
**Ong E C W**, K S Poh, A C Roslani  
*Department for Colorectal Surgery, University Malaya Medical Center,  
Kuala Lumpur, Malaysia*
- PP 209** **Chilaiditi Syndrome: A Rare Cause For Pseudo-** 292  
**ID 254** **Pneumoperitoneum**  
**Muhammad Firdaus N R<sup>1</sup>**, Siti Mardhiah A<sup>2</sup>, Benedict D<sup>2</sup>, Mohd Fadhil A N<sup>3</sup>  
*<sup>1</sup>Hospital Raub, Pahang, Malaysia*  
*<sup>2</sup>Hospital Kuala Lipis, Pahang, Malaysia*  
*<sup>3</sup>Hospital Temerloh, Pahang, Malaysia*
- PP 210** **Patient Outcomes For Surgical Management Of Anal Fistula:** 293  
**ID 255** **A 5-Year Retrospective Analysis**  
**Y K Hor<sup>1</sup>**, **E C W Ong<sup>2</sup>**, E H Aly<sup>3</sup>, A C Roslani<sup>2</sup>  
*<sup>1</sup>University of Aberdeen, Aberdeen, United Kingdom*  
*<sup>2</sup>Department of General Surgery, University Malaya Medical Center,  
Kuala Lumpur, Malaysia*  
*<sup>3</sup>Department of Surgery, Aberdeen Royal Infirmary, Aberdeen, United Kingdom*
- PP 211** **Abdominal Pain In Late Pregnancy: A Diagnostic Challenge** 294  
**ID 256** Mohd Fadhil, Azmi Hassan, **Muhammad Firdaus Nasution**  
*Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia*
- PP 212** **The Value Of Intraoperative Frozen Section In Wide Local** 295  
**ID 257** **Excision For Breast Cancer**  
**Yahya Mohd Aripin<sup>1</sup>**, Nor Faezan Abdul Rashid<sup>1</sup>, Nora Julianna Osman<sup>1</sup>,  
Siti Aishah Che Md Ali<sup>2</sup>  
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*<sup>2</sup>Discipline of Pathology, Faculty of Medicine, University Technology MARA,  
UiTM, Sungai Buloh Campus, Selangor, Malaysia*
- PP 213** **Not Your Ordinary Ectopic Pregnancy: A Case Report** 296  
**ID 258** **D S Sanjay**, G Dhayalan, D Benedict, D Jiffre  
*Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan,  
Pahang, Malaysia*

# Poster Presentations

- PP 214** **A Rare Phenomenon Of A Cystic Lymphangiomatosis In A** 297  
**ID 259** **Small Bowel: A Case Report**  
**Z Kamarudin**, G Dhayalan, D S Sanjay, O David  
*Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*
- PP 215** **Angiosarcoma Of The Spleen. A Rare, Devastating Disease.** 298  
**ID 260** **A Case Report**  
**Hafiez N F**, Rajaie K, Azmi H  
*Hospital Sultan Hj Ahmad Shah, Temerloh, Pahang, Malaysia*
- PP 216** **Spontaneous Liver Rupture Following HELLP Syndrome:** 299  
**ID 261** **A Case Report**  
**Hafiez N F**<sup>1</sup>, Ruben G<sup>1</sup>, Azmi H<sup>1</sup>, Salleh M S<sup>2</sup>  
<sup>1</sup>*Hospital Sultan Hj Ahmad Shah, Temerloh, Pahang, Malaysia*  
<sup>2</sup>*Hospital Tg. Ampuan Afzan, Kuantan, Malaysia*
- PP 217** **Bilateral Necrotizing Fasciitis Of The Breast: A Case Report** 300  
**ID 262** **Faizul A A R**<sup>1</sup>, Hafiez N F<sup>2</sup>, Azmi H<sup>1</sup>, Salleh M S<sup>2</sup>  
<sup>1</sup>*Hospital Tg. Ampuan Afzan, Kuantan, Malaysia*  
<sup>2</sup>*Hospital Sultan Hj Ahmad Shah, Temerloh, Pahang, Malaysia*
- PP 218** **Choledocholithiasis And Small Bowel Volvulus In An Adult.** 301  
**ID 263** **Coincidence Or Co-Related?**  
**A Nur Husna**, W Vikneswaran, N A Nik Azim  
*General Surgery, Sarawak General Hospital, Sarawak, Malaysia*
- PP 219** **Epiphrenic Diverticulum Of The Esophagus - A Case Report,** 302  
**ID 264** **Diagnosis, Surgical Approach And Outcome**  
**Vimal K V**, F F Chow  
*Gleneagles Hospital, Penang, Malaysia*
- PP 220** **A Rare Phenomenon Of A Cystic Lymphangiomatosis In A** 303  
**ID 265** **Small Bowel: A Case Report**  
**K Zalikha**, G Dhayalan, D S Sanjay, O David  
*Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*

# Poster Presentations

- PP 221** **Neuro Endocrine Carcinomas Of The Breast: A Case Report** 304  
**ID 266** **K Zalikha<sup>1</sup>, B A Arifin<sup>1</sup>, M Nur Ezmas<sup>2</sup>, A F Azliana<sup>3</sup>**  
*<sup>1</sup>Department of Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*  
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*<sup>3</sup>Department of Pathology, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*
- PP 222** **Adult-To-Adult Living Donor Liver Transplantation With The** 305  
**ID 267** **Extended Right Lobe Graft - The University Of Malaya's First Experience**  
**B K Yoong, P S Koh, J K Koong, Kamarajan Ramayah**  
*University Malaya Medical Centre, Kuala Lumpur, Malaysia*
- PP 223** **Cardiac Air Embolism - A Rare Yet Fatal Complication Of** 306  
**ID 268** **Endoscopic Retrograde Cholangio-Pancreatography**  
**Joanna Chen-Yeen Seak, Miriam Azizi, S C Teo**  
*Department of Anaesthesiology, Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 224** **A Rare Case Of Massive Hemothorax In The Peri-Partum** 307  
**ID 269** **Period**  
**Seevalingam K K<sup>1</sup>, Ganendra P<sup>1</sup>, Ramasamy U<sup>1</sup>, Narasimman S<sup>2</sup>**  
*<sup>1</sup>Hospital Taiping, Perak, Malaysia*  
*<sup>2</sup>Hospital Sg. Petani, Kedah, Malaysia*
- PP 225** **SECCA Non-Ablative Radiofrequency - Feasibility As A** 308  
**ID 270** **Salvage Procedure For Faecal Incontinence**  
**J W Loh, K S Poh, R Aziz, M S Maso'od, A C Roslani**  
*Colorectal Unit, Division of General Surgery, Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*
- PP 226** **Choledocholithiasis And Small Bowel Volvulus In An Adult.** 309  
**ID 272** **Coincidence Or Co-Related?**  
**A Nur Husna, W Vikneswaran, N A Nik Azim**  
*General Surgery, Sarawak General Hospital, Sarawak, Malaysia*
- PP 227** **Adolescent With Colon Cancer** 310  
**ID 273** **Syafiq I, Muzakkir I, Tarek S, Zulkifli Z**  
*Hospital Miri, Sarawak, Malaysia*

## Poster Presentations

- PP 228** **Epidemiology And Clinical Outcome Of Pyogenic Liver** 311  
**ID 274** **Abscess: Sarawak General Hospital's 6 Years Experience**  
Goo Z Q, Kelvin Yong K C, Nik Azim N A  
*Department of General Surgery, Sarawak General Hospital, Sarawak, Malaysia*
- PP 229** **Metachronous Pancreatic Adenocarcinoma And Liver** 312  
**ID 276** **Metastasis Neuroendocrine Tumour - A Rare Occurrence**  
Jo Lin W, Vikneswaren W, Febra S, Nik Azim N A  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 230** **Abdominal Aortic Aneurysm with Concomitant Abdominal** 313  
**ID 277** **Pathology Requiring Surgery: Case Series and Literature Review**  
Ammar A, Feona S J, Zainal A A  
*Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 231** **Breast Cancer Incidence In Sarawak General Hospital In** 314  
**ID 278** **2016 In Comparison From July 2007 Till June 2015**  
A Nur Husna, J Rokayah, N A Nik Azim  
*Surgical Department, Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 232** **Retro Aortic Left Renal Vein And Implication In Abdominal** 315  
**ID 279** **Aortic Aneurysm Surgery**  
Ammar A, Ismazizi Z, Zainal A A  
*Department of General Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- PP 233** **Broken Toothbrush, The Culprit Of Small Bowel Perforation** 316  
**ID 280** **- A Case Report**  
Jo Lin W, K G Wong, Aminnur H M, Sohail M  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 234** **Colorectal Cancer In Sarawak General Hospital, Kuching:** 317  
**ID 281** **A Two-Year Review (2015-2016)**  
Jo Lin W, Wan O, T H Chieng  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 235** **Microdochectomy: Single Centre Experience** 318  
**ID 282** **N Hafizah, Salina Yusof, Cheong Y T**  
*Hospital Pulau Pinang, Pulau Pinang, Malaysia*

## Poster Presentations

- PP 236** **Young Colorectal Cancer: A Two-Year Analysis In Sarawak** 319  
**ID 283** **General Hospital**  
Wan O, Jo Lin W, Chieng T H  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 237** **Epidemiology Of Hepatocellular Carcinoma In Hospital** 320  
**ID 284** **Pulau Pinang**  
N Hafizah, Sunil S P  
*Hospital Pulau Pinang, Pulau Pinang, Malaysia*
- PP 238** **Retrospective 3 Years Analysis Management Of Bile Duct** 321  
**ID 285** **Injury And Outcome In Sarawak (2014-2016)**  
W T Soo, Vikneswaren, C S Tee, Nik Azim  
*Sarawak General Hospital, Sarawak, Malaysia*
- PP 239** **Metaplastic Breast Carcinoma: A Diagnostic And** 322  
**ID 286** **Management Dilemma From General Surgical Point Of View**  
Mohd Fadhil<sup>1</sup>, Rajaie Kamarudin<sup>1</sup>, Muhammad Firdaus Nasution<sup>2</sup>  
<sup>1</sup>*Hospital Sultan Haji Ahmad Shah, Pahang, Malaysia*  
<sup>2</sup>*Hospital Raub, Pahang, Malaysia*
- PP 240** **Early Experience On Laparoscopic Distal Pancreatectomy** 323  
**ID 287** **With Splenectomy: A Single Institution Experience**  
Y Z Tay, Vikneswaren W, Siam F, Nik Azim  
*Sarawak General Hospital, Hepatobiliary Unit, Kuching, Sarawak, Malaysia*
- PP 241** **Resection Of Metastatic Intrathoracic Phyllodes Tumour:** 324  
**ID 288** **Case Series**  
S Nasir Hassan, K M Cheng, M K Hamzah, M N Mohd Arif  
*Department of Cardiothoracic Surgery, Hospital Serdang, Selangor, Malaysia*
- PP 242** **Bowel Ischaemia Secondary To Blast Crisis In Acute** 325  
**ID 289** **Myeloid Leukemia: Is It Worth To Intervene Surgically?**  
Sharhanin B<sup>1</sup>, Norashikin M N<sup>1</sup>, Rosliza G<sup>2</sup>, Nor Aishah M A<sup>1</sup>  
<sup>1</sup>*Department of General Surgery, Ampang Hospital, Selangor, Malaysia*  
<sup>2</sup>*Faculty of Medicine and Health Science, Islamic Science University of Malaysia, Selangor, Malaysia*

## Poster Presentations

- PP 243** **Concurrent Small Cell Carcinoma And Adenocarcinoma Of** 326  
**ID 290** **The Gallbladder - First Successfully Treated Case Reported?**  
Y S Lee, J K Koong, P S Koh, B K Yoong  
*Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*
- PP 244** **A Surgical Audit: Open And Laparoscopic Cholecystectomies** 327  
**ID 291** **In Hospital Pulau Pinang**  
Sufi S Khairuddin, Sunil S P  
*Department of Surgery, Hospital Pulau Pinang, Pulau Pinang, Malaysia*
- PP 245** **Sarcomatous Recurrence In Breast Cancer Patient With** 328  
**ID 292** **Immediate Implant Reconstruction: A Case Report**  
Nur Jannah M Y, Sarinah B  
*Breast & Endocrine Unit, Department of Surgery, Hospital Putrajaya, Putrajaya, Malaysia*
- PP 246** **Carcinoma Showing Thymus-Like Differentiation (CASTLE)** 329  
**ID 293** **Of Thyroid: A Case Report And Literature Review**  
Firdaus A L, An Najjah, M Izwan M I, Halim A H, Khasnizal A K  
*Hospital Tawau, Sabah, Malaysia*
- PP 247** **The Impact Of Long-Course Neoadjuvant Chemo-Radiotherapy** 330  
**ID 294** **In Rectal Cancer On The Complete Pathological Response: Data From Pusat Perubatan Universiti Kebangsaan Malaysia**  
H C Khoo, N A Abdul Rahman, Z A Mohd Azman, I Sagap  
*Department of Surgery, Pusat Perubatan Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
- PP 248** **Appendicular Mucinous Carcinoma Presenting As An** 331  
**ID 295** **Appendicular Mucocele With Pseudomyxoma Peritonii - A Case Report And Review Of Literature**  
Milaksh N K<sup>1</sup>, Samuel T Y X<sup>2</sup>, Durvesh J<sup>2</sup>, Sohail M<sup>3</sup>  
*<sup>1</sup>Department of General Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia*  
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*<sup>3</sup>Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak, Sarawak, Malaysia*

## Poster Presentations

- PP 249 Retroperitoneal Schwannoma: A Case Report** 332  
**ID 296 Mohd Hafizi H**, Annisa Z M, Fazliza R, Rashide Y  
*Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia*
- PP 250 Latisimus Dorsi Myocutaneous Flap For Wound Closure After** 333  
**ID 297 Mastectomy in Advanced and Locally Advanced Breast Cancer**  
**Nur Jannah M Y**, Sarinah B  
*Department of Surgery, Putrajaya Hospital, Putrajaya, Malaysia*
- PP 251 Failed Suicide Attempt: A Case Report** 334  
**ID 298 Mohd Hafizi H**, Fazliza R, Narasimman S, Rashide Y  
*Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia*
- PP 252 Parasitic Fetus 'The Unborn Twin': A Case Report** 335  
**ID 299 Mohd Hafizi H**, Fazliza R, Norhashimah K, Rashide Y  
*Hospital Sultan Abdul Halim, Sungai Petani, Kedah, Malaysia*
- PP 253 Food Pouch In The Chest: Laparoscopic Surgery For A** 336  
**ID 300 Large Epiphrenic Diverticula: A Case Report**  
**Ashok Marappan**, Mahadevan Deva Tata  
*Hospital Tuanku Ja'afar Seremban, Negeri Sembilan, Malaysia*
- PP 254 Rectal Neuroendocrine Tumours: A Case Series** 337  
**ID 301 Zalikha K<sup>1</sup>**, G Dhayalan<sup>1</sup>, O David<sup>1</sup>, Nur Ezmas M<sup>2</sup>  
<sup>1</sup>*Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*  
<sup>2</sup>*Department of Surgery, International University of Malaysia, Kuala Lumpur, Malaysia*
- PP 255 Infected Urachal Cyst In Young Adult, A Rare Incidence** 338  
**ID 303 Lingehsharran**, Kabirurahman, Abdel Aziz Abdel Ghany  
*Hospital Kulim, Kedah, Malaysia*
- PP 256 Verrucous Carcinoma Over Right Chest Wall, A Rare Incidence** 339  
**ID 304 Lingehsharran**, Muhamad Zulhilmi Akmal, Abdel Aziz Abdel Ghany  
*Hospital Kulim, Kedah, Malaysia*
- PP 257 2 Days-Old Neonatal Perforated Appendicitis: A Case Report** 340  
**ID 305 Salehah T**, W M Ruzaimie, Razin H, Tarmizi M N  
*Paediatric Surgery, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia*

## Poster Presentations

- PP 258** **Case Of Boerhaave's Syndrome Successfully Treated With** 341  
**ID 306** **Endoscopic Stenting**  
S Sivapiragas<sup>1</sup>, Theebanrajah<sup>2</sup>, Mahadevan Deva Tata<sup>1</sup>  
<sup>1</sup>*Hospital Tuanku Jaafar, Seremban, Negeri Sembilan, Malaysia*  
<sup>2</sup>*Hospital Tuanku Ampuan Najihah, Kuala Pilah, Negeri Sembilan, Malaysia*
- PP 259** **'Yes, I Do' A Case Report Of Penile Incarceration With** 342  
**ID 307** **Metallic Ring**  
Lingeshsharran, K W Hong, Abdel Aziz Abdel Ghany  
*Hospital Kulim, Kedah, Malaysia*
- PP 260** **Outcome Of Pseudoaneurysm Repair At A Tertiary East** 343  
**ID 308** **Coast Hospital In Malaysia**  
Abdul Rahman M N A, Noor Ezmas M, **Faidzal O**  
*Vascular Unit, Department of Surgery, Kulliyah (Faculty) of Medicine International Islamic University Malaysia, Kuantan, Pahang, Malaysia*
- PP 261** **Versatility And Outcome Of Round Block Technique In** 344  
**ID 310** **Oncoplastic Breast Surgery - Hospital Selayang, Malaysia Experience**  
Roshini M, Loh S K, Suraya B, Juliana A L  
*Department of General Surgery, Hospital Selayang, Selangor, Malaysia*
- PP 262** **Laparoscopic Resection Of A Large Oesophago-Gastric** 345  
**ID 311** **Junction Duplication Cyst With Concomitant Sleeve Gastrectomy For Morbid Obesity**  
P F Koh, T Gee, S Y Lim, L Hussein  
*Universiti Putra Malaysia, Serdang, Selangor, Malaysia*
- PP 263** **Perforated Appendix In Peripartum: Diagnostic Dilemma In** 346  
**ID 312** **District Hospital**  
Muhammad Firdaus N R<sup>1</sup>, Benedict D<sup>2</sup>, Mohd Fadhil A N<sup>3</sup>  
<sup>1</sup>*Hospital Raub, Pahang, Malaysia*  
<sup>2</sup>*Hospital Kuala Lipis, Pahang, Malaysia*  
<sup>3</sup>*Hospital Temerloh, Pahang, Malaysia*
- PP 264** **Atypical Presentation Of Hepatic Artery Vasculitis With** 347  
**ID 313** **Bleeding In A SLE Patient**  
Richelle Chua, Vikneswaren W, Siam F, Nik Azim N A  
*Sarawak General Hospital, Sarawak, Malaysia*

# Poster Presentations

- PP 265** **Paraneoplastic Cerebellar Degeneration Syndrome With** 348  
**ID 314** **Axillary Lymph Node Metastases**  
Nadiyah Rosly<sup>1</sup>, **Norlia Abdullah<sup>1</sup>**, Yulianty Arifuddin<sup>2</sup>,  
Norlinah Mohamed Ibrahim<sup>3</sup>  
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Kuala Lumpur, Malaysia*  
*<sup>3</sup>Department of Internal Medicine, University Kebangsaan Malaysia Medical  
Centre, Kuala Lumpur, Malaysia*
- PP 266** **Reliability Of BIRADS Scoring In Detecting Breast Cancer In** 349  
**ID 315** **Women, Hospital Selayang, Malaysia**  
Loh S K, **Roshini M**, Suraya B, Juliana A L  
*Department of General Surgery, Hospital Selayang, Selangor, Malaysia*
- PP 267** **A Three Year Analytical Study On Perforated Peptic Ulcer** 350  
**ID 317** **Disease In Hospital Tuanku Fauziah**  
**K Saravanan**, Clement E, Lo Gin Yong  
*Hospital Tuanku Fauziah, Perlis, Malaysia*
- PP 268** **Hybrid Procedure In Management Of Esophageal** 351  
**ID 318** **Perforation: HTAR Experience**  
**Phrabakaran Rajehgopal**, Anitha Haniffa, Yusof Wahab  
*Department of Surgery, Hospital Tengku Ampuan Rahimah, Klang,  
Selangor, Malaysia*
- PP 269** **Sigmoid Volvulus In The Young: A Rising Trend** 352  
**ID 319** K N Chong, W N Tan, J K Koong, M M Syafferi  
*University of Malaya, Kuala Lumpur, Malaysia*
- PP 270** **Breast Reconstruction Audit In Sarawak General Hospital,** 353  
**ID 321** **A 4-Year Review**  
**Ragnild R**, Kueh N S, John Ranjit  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*
- PP 271** **Retrospective Study On The Outcome Of Appendicitis In** 354  
**ID 322** **Pregnancy SGH Experience 2014-2016**  
**W T Soo**, Fakhri  
*Sarawak General Hospital, Sarawak, Malaysia*

# Poster Presentations

- PP 272**   **Transarterial Chemoembolization In Unresectable**   **355**  
**ID 323**   **Hepatocellular Carcinoma Sarawak General Hospital**  
**6 years Experience**  
Richelle Chua, Vikneswaren W, C S Tee, Nik Azim N A  
*Sarawak General Hospital, Sarawak, Malaysia*
- PP 273**   **Transarterial Chemoembolization In Unresectable**   **356**  
**ID 324**   **Hepatocellular Carcinoma Sarawak General Hospital**  
**6 years Experience**  
Richelle Chua, Vikneswaren W, C S Tee, Nik Azim N A  
*Sarawak General Hospital, Sarawak, Malaysia*
- PP 274**   **Atypical Presentation Of Acute Appendicitis: Case Series**   **357**  
**ID 325**   **S Y Lim, Poh K S, April Camilla Roslani**  
*University of Malaya, Kuala Lumpur, Malaysia*
- PP 275**   **A Rare Case Of Postpartum Spontaneous Rupture Of Bladder**   **358**  
**ID 326**   **Serjitsjruup Kaur Judge, Yang Boon Yon**  
*Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia*
- PP 276**   **Biliary Cutaneous Fistula Masquerading As Stitch Sinus:**   **359**  
**ID 327**   **A Case Report**  
K V Dinesh, S N Jasjit, K S Manisekar  
*Hepatopancreaticobiliary Unit, Department of Surgery, Hospital Sultanah Bahiyah, Alor Setar, Kedah*
- PP 277**   **Ruptured Abdominal Aortic Aneurysm In A Young Adult:**   **360**  
**ID 328**   **A Case Report**  
K Y Low, Kanesh K, Y L Tan, C N Khang, L G Chew  
*Hospital Serdang, Selangor, Malaysia*
- PP 278**   **The Missing Family Jewels Post Trauma - A Case Report**   **361**  
**ID 329**   **And Literature Review**  
Subramaniam S, Ashok M, Khairil M, Jasiah Z  
*Department of General Surgery, Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan, Malaysia*
- PP 279**   **Neglected Periorbital Carcinoma: Case Write Up**   **362**  
**ID 330**   **Seevalingam K K, Low K Y, Ridwan M M, Khalil A A**  
*University of Malaya, Kuala Lumpur, Malaysia*

# Poster Presentations

- PP 280** **Sarawak Surgical Service In The Twentieth Century** 363  
**ID 340** P R Sengupta
- PP 281** **Survival Outcomes Of Open Versus Laparoscopic** 364  
**ID 349** **Gastrectomy With Curative Intent For Gastric Cancer**  
Tan See Teng, Raymond Yii Shi Liang, **Lau Peng Choong**  
*Upper Gastrointestinal Surgery Unit, Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia*
- PP 282** **Surgical Outcomes Of Gastric Gastrointestinal Stromal** 365  
**ID 350** **Tumours (GIST): Eleven-Year Experience at A Tertiary Referral Hospital In Malaysia**  
Raymond Yii Shi Liang, Tan See Teng, **Lau Peng Choong**  
*Upper Gastrointestinal Surgery Unit, Department of Surgery, University Malaya Medical Center, Kuala Lumpur, Malaysia*
- PP 283** **Short Term Outcomes Of Hybrid Minimally Invasive** 366  
**ID 351** **Oesophagectomy Versus Open Oesophagectomy: An Analysis From UMMC**  
Raymond Yii Shi Liang, **Lau Peng Choong**  
*Upper Gastrointestinal Surgery Unit, Department of Surgery, University of Malaya, Kuala Lumpur, Malaysia*
- PP 284** **Outcomes And Feasibility Of Laparoscopic T-tube Feeding** 367  
**ID 352** **Jejunostomy**  
Ling L F, Jeffery Lim Z K, Soo S S, **Lau P C**  
*Upper GI Unit, Department of General Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia*

# A RARE CASE OF ADVANCED PANCREATIC CARCINOMA WITH GASTRIC METASTASIS AND DISTANT METASTASIS TO RIGHT ANKLE

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## INTRODUCTION

Median collective survival time for all pancreatic carcinoma is 4-6 months & 12-18 months for patients who underwent successful surgical resection

## METHODS

We report a 72-year-old lady, first presented with abdominal pain for 2 years with loss of appetite & weight. CA 19.9 was normal. CT abdomen shows a heterogeneously enhancing mass at the tail of pancreas. Radical antegrade modular pancreaticosplenectomy (RAMPS) with wedge resection of stomach were performed. Intraoperatively noted tumor at tail of pancreas with puckering at posterior wall of stomach. HPE shows moderately differentiated ductal adenocarcinoma of pancreas with gastric metastasis; no lymphatic metastasis. Immunohistochemistry shows focal positive CK7 & negative CK20 staining in both the tumor. Patient recovered well post-operatively. During post-op 1 month follow up, patient complained of increasing right ankle pain & swelling.

## RESULTS

CT scan of right ankle shows 4 soft tissue lesion with associated surrounding bony destruction. Incisional biopsy was done & HPE shows poorly differentiated adenocarcinoma, with CK19 positivity & negativity towards CK7 & CK20. Right below-knee-amputation was subsequently performed. Patient refused for adjuvant chemotherapy. Patient has been followed up for 2 years & is currently well & on wheel-chair ambulation. Latest CT Scan 18 months post-operative shows no local recurrence & no distant metastasis.

## CONCLUSION

Prognosis is usually guarded for patients with advanced pancreatic carcinoma. This case of pancreatic carcinoma with gastric metastasis & distant metastasis to right ankle, with subsequent disease-free for 2 years post-operatively is extremely rare.

## KEYWORDS

Pancreatic carcinoma, metastasis, ankle

## **A CASE REPORT: A JOURNEY THROUGH THE GASTROINTESTINAL TRACT - NAILED IT!**

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### **SUMMARY**

This is a case of a patient who allegedly swallowed a sharp nail. He was managed conservatively and serial abdominal X-rays have documented the successful passage of the sharp foreign body.

### **BACKGROUND**

Accidental ingestion of true foreign body (nonfood bolus) is relative uncommon among healthy adults. Foreign body ingestions are associated with intestinal obstruction or bowel perforation. Highest rates of perforation occur in cases of ingested sharp-pointed objects, which may be 35%. Surgical intervention is usually indicated if the patient develops symptoms of perforation or if the sharp object fails to progress within 72 hours after ingestion.

### **CASE PRESENTATION**

28-year-old man, with no known medical illness, was referred to us 9 hours after he accidentally swallowed a nail during housework. He denied vomiting, abdominal pain or fever. He has passed motion before coming to hospital and denied of any blood in his stools. On physical examination, his vital signs were normal and clinically comfortable. Abdomen was soft, non tender and there was no mass per abdomen. He was admitted 2 days in the ward for close observation and kept nil-by-mouth.

### **INVESTIGATION**

His routine blood investigations were unremarkable. Plain abdominal X-ray on presentation showed a 3cm radiopaque foreign body shadow, suggestive of a sharp nail, in the transverse colon. Repeated X-ray 12 hours later showed the nail has passed into the splenic flexure of colon. In both the films, there were no signs of pneumoperitoneum which could suggest bowel perforation.

### **OUTCOME & FOLLOW UP**

Patient remained comfortable and denied of any abdominal pain throughout his stay in the hospital. There was no need for analgesia and he was allowed orally and subsequently discharged on 2nd day of hospitalization. He was reviewed on the next day in outpatient clinic. He remained comfortable and repeated X-ray showed no signs of foreign body in the bowels.

### **DISCUSSION**

Foreign body ingestion occurs commonly in the pediatric population. In adults, foreign body ingestion usually occurs in those with psychiatric disorders or alcohol intoxication. Impaction or bowel perforation often occurs at bowels angulations or narrowing. Majority of sharp-pointed objects in the stomach will pass without incident, but the risk of a complication caused by these object remains. They may be followed with daily radiographs to document their passage, and surgical intervention should be considered for objects that fail to progress within 72 hours or if it is advancing with a pointed end.

### **LEARNING POINTS**

Conservative management is possible in selected patients even with sharp foreign body ingestion. Serial imaging can be used to document their passage and surgical intervention should be considered for objects that fail to progress.

## PREVALENCE OF ESTROGEN RECEPTOR POSITIVE BREAST CANCER IN OBESE PATIENTS: A RETROSPECTIVE STUDY

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### BACKGROUND

Breast cancer is the commonest cancer among the women in Malaysia. Eighteen percent of all cancer reported and 46.4 percent of breast cancer women have estrogen receptor positive. Studies have shown obese patients have a higher incidence of estrogen receptor positive which promotes breast cancer. We conducted a retrospective study to evaluate the relationship between obesity and estrogen (ER) and progesterone (PR) receptor status.

### METHODS

Two hundred seventy eight patients were recruited in the study. One hundred and seventeen patients has normal body mass index (BMI) and 161 patients were obese. Data was collected and analyzed from Hospital Kuala Lumpur and Hospital Universiti Kebangsaan Malaysia. The BMI of each patient was calculated once patients diagnosed with the disease. The status of positive hormone receptor with percentage of expression recorded from the histo-pathological reports.

### RESULT

Majority of the patients mean age is 50 years old with Malays were the most patients were recruited. The obese patients have higher estrogen and progesterone receptor positive ( $p < 0.05$ ) compared to normal BMI patients. However when we compared the hormone receptor expression there was no significant difference between normal BMI and obese class 1 in high (70-100%) receptor expression. Our study also revealed obesity does not affect the survival and recurrence rate of the breast cancer ( $p > 0.05$ ).

### CONCLUSION

Obesity is a risk factor for breast cancer. Abundance of adipose tissues in obese patients produce leptin which modulates estrogen synthesis and subsequently induce tumour proliferation. Cancer prevention strategy should educate women to reduce weight and to encourage exercise in order to prevent obesity and breast cancer incidence.

## HETEROTOPIC GASTRIC MUCOSA CAUSING JEJUNAL STRICTURE: A CASE REPORT AND REVIEW OF THE LITERATURE

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### INTRODUCTION

Heterotopic gastric mucosa is defined as presence of normal gastric mucosa in an abnormal location. It is either congenital or acquired, is usually benign and asymptomatic. Symptomatic gastric heterotopia has rarely been reported in the small bowel beyond the ligament of Treitz.

### CASE REPORT

A 59-year-old Malay gentleman presented a history of vague abdominal pain, loss of appetite and loss of weight for 6 months. The symptoms had become worse for 2 weeks with abdominal distension. Clinically he was cachexia with evidence of weight loss and wasting of muscles. The vital signs were stable. Examination of abdomen showed ascites with mild abdominal distension. No organomegaly and the bowel sounds were normal. The blood parameters were normal except hypoalbuminemia. CT abdomen showed dilatation of upper jejunum due to an obstruction at the proximal 1/3, ?cause and ascites with possible portal vein thrombosis with periportal collections. Laparotomy and resection of jejunal stricture with primary anastomosis was performed. Histological examination of the specimen showed gastric heterotopia causing jejunal ulceration and obstruction/stricture. He made an uneventfully recovery and was discharged home 10 days after surgery.

### DISCUSSION

Heterotopic gastric mucosa has been reported anywhere within the length of gastrointestinal tract, from the oropharynx to the anorectal canal, rarely found beyond the ligament of Treitz. While jejunal gastric heterotopia may present with a clinical spectrum related to peptic ulceration, complication such as ulceration with subsequent jejunal stricture and obstruction is rarely reported.

### CONCLUSION

Jejunal stricture caused by ulcerated heterotopic gastric mucosa need to be considered as one of the causes of intestinal obstruction. Heterotopic gastric mucosa is generally asymptomatic or incidental finding, presented with complication such as in our case, causing ulceration and subsequently developed jejunal stricture and intestinal obstruction.

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# APPENDICULAR ABSCESS WITH ANTERIOR ABDOMINAL WALL EXTENSION IN ELDERLY: A CASE REPORT AND REVIEW OF THE LITERATURE

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## INTRODUCTION

Acute appendicitis remains one of the commonest causes of acute abdomen. Common complications include abscess formation, perforation and peritonitis. However abscess formation with extension into anterior abdominal wall is rather rare.

## CASE REPORT

A 75-year-old gentleman with underlying hypertension presented with 3 days history of painful right iliac fossa swelling associated with diarrhea and reduced oral intake. Clinically he was dehydrated. Vital signs were stable. Examination of abdomen revealed a well-defined, fluctuant, tender, warm and irreducible 15x10cm mass at right iliac fossa. Cough impulse was negative, overlying skin was erythematous. No sign of peritonitis. The blood parameters were normal except leukocytosis. Abdominal CT showed features in keeping with appendicular abscess with possible extension into the right anterior abdominal wall and subcutaneous tissue. He underwent an emergency diagnostic laparoscopic converted to laparotomy appendectomy and drainage of abscess. Histopathologic report confirmed the diagnosis of appendicitis. The abscess culture and sensitivity grew *Klebsiella pneumoniae*. Postoperatively, he developed paralytic ileus and nosocomial pneumonia. He was discharged home 2 weeks after the surgery.

## DISCUSSION

Appendicitis usually occurs in younger age group with a peak incidence in the second and third decades of life, 5-10% of cases occurring in elderly. Appendicitis in elderly is associated with higher rate of morbidity and mortality. Elderly patients usually presented as appendicitis with complications. However abscess formation with extension into anterior abdominal wall remains rare. Early clinical suspicion and confirmation by ultrasound or abdominal CT can lead to early surgical intervention and avoid morbidity.

## CONCLUSION

Anterior abdominal wall abscess as a result of extension of appendicular abscess is a rare presentation. It needs to be considered in elderly age group in which late presentation always occurs, leads to perforation, abscess formation and subsequently extension into anterior abdominal wall.

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# SMALL BOWEL OBSTRUCTION SECONDARY TO MUSHROOM BEZOAR: A CASE REPORT AND REVIEW OF THE LITERATURE

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## INTRODUCTION

Bezoars are concretions of indigested or partially digested material in the gastrointestinal tract. Types of bezoars are phytobezoars, trichobezoars, pharmacobezoars and lactobezoars. Small bowel obstruction secondary to bezoars impaction is considerably rare.

## CASE REPORT

A 74-year-old Chinese lady with underlying hypertension and diabetes mellitus presented with 2 days history of abdominal pain associated with abdominal distension, vomiting and no bowel opening. Clinically she was dehydrated and tachypneic. Vital signs were stable. Abdominal examination revealed distended abdomen, no peritonitis, bowel sound was sluggish and a well healed pfannensteil scar. The blood parameters showed a deranged renal profile consistent with acute kidney injury. Plain abdominal radiograph showed dilated small bowel loops. She underwent emergency laparotomy, small bowel was found to be obstructed by bezoars composed of two undigested mushrooms which were removed. Intraoperatively complicated with small bowel perforation and segment of small bowel required resection with primary anastomosis. Postoperatively she developed complete wound dehiscence and gastrointestinal bleeding. Her condition further deteriorated and was succumbed to death 1 month after surgery due to septicemic shock with multi organ failure secondary to nosocomial pneumonia.

## DISCUSSION

Intestinal obstruction is a common surgical problem. The most common cause of small bowel obstruction is adhesion followed by incarcerated hernia. Small bowel obstruction secondary to bezoar impaction is considerably less common, with a reported frequency of around 4%. Phytobezoars are the most common and composed of poorly digested fruits and vegetable fibers such as mushroom in our case, typically seen in elderly and postgastrectomy patients.

## CONCLUSION

Small bowel obstruction caused by bezoars is uncommon and remains a diagnostic and management challenge. High index of suspicion based on clinical history, physical examination and radiologic findings leads to early diagnosis and timely therapeutic treatment.

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## MANAGEMENT OF COLORECTAL CANCER WITH CONCOMITANT ABDOMINAL AORTIC ANEURYSM: A CASE SERIES

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### INTRODUCTION

The incidence of malignant colorectal tumour presenting with concomitant abdominal aortic aneurysm (AAA) is reported to be 4 to 12.6%. Although concurrent treatment can be performed simultaneously, it is generally agreed that symptomatic pathology should be treated first and therefore treatment should be staged. Endovascular aneurysmal repair (EVAR) has provided a safer and shorter interval between these treatments.

### RESULTS

We reported three patients who presented with concomitant rectal carcinoma and abdominal aortic aneurysm. All three patients underwent a two-stage approach with EVAR. The first case was a 76-year-old man with incidental infrarenal AAA and rectal tumour. This patient underwent EVAR followed by abdominoperineal resection. This was because his rectal tumour was in early stage but the aneurysm was more than 6cm. The second case was a 74-year-old man with obstructed rectosigmoid tumour and on CT finding found to have concurrent AAA. He underwent Hartmann procedure, followed by EVAR a month later. The third patient was a 79-year-old male who had defunctioning colostomy from obstructed rectal tumour, followed by neoadjuvant radiotherapy. He was found to have concealed ruptured AAA on follow up CT. He underwent EVAR under local anesthesia as he was clinically unfit for general anaesthesia. Subsequently an APR was performed 6 weeks later. All three patients above were discharged well and making good progress thus far.

### CONCLUSION

In two-stage procedure, EVAR has shown good results in patients with suitable aortic anatomy. EVAR provides shorter interval between aneurysmal and colorectal intervention due to its minimal invasive nature. It has reduced length of hospital stay. However, the actual cost effectiveness of such treatment has yet to be proven due to the need for long term surveillance for EVAR.

## DOES INTRA-OPERATIVE NERVE MONITORING REDUCES THE TIME TAKEN TO IDENTIFY THE RECURRENT LARYNGEAL NERVE BY A JUNIOR SURGEON: A PILOT STUDY

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Recurrent laryngeal nerve (RLN) identification is the gold standard in doing a thyroidectomy. Since its introduction in 1938, it has made thyroidectomy a safe operation. However, due to the nature of RLN development and its close proximity to the thyroid gland, it can be difficult to be identified especially to inexperienced hands. Because of this, a number of products were developed to aid surgeons in identifying the nerve and reducing its injury. One such product is intra-operative nerve monitoring (IONM). However, recent meta-analysis showed that IONM did not significantly reduce the number of permanent RLN injuries. There were some limitations within the meta-analysis. One was its inability to address whether IONM system did help junior surgeon in identifying the RLN.

This study aimed to demonstrate that IONM system does help a junior surgeon in identifying RLN by looking at the ability of the junior surgeon to be able to find RLN within less than eight minutes compared to visualization alone (VA).

Total of 40 nerve-at-risks from 25 patients who underwent thyroidectomies were randomized into IONM and VA group. Intra-operatively, the IONM system was set according to the guideline set by International Neural Monitoring Study Group, and standard thyroidectomy was performed. When the thyroid was rotated, the junior surgeon will start searching for the RLN with IONM or VA according to patient's group.

There was no difference in the demographic data (age, gender, ethnicity and thyroid pathology) within both groups. The junior surgeon was able to find more RLN within less than eight minutes using IONM comparing to VA (90% versus 60%,  $p=0.028$ ).

In conclusion IONM did help junior surgeons to identify more RLN compared to VA within the test duration. This indirectly shows that IONM does have a role in helping junior surgeons to identify RLN during thyroidectomies.

## **RUPTURED ISOLATED INTERNAL ILIAC ARTERY ANEURYSM: A CASE REPORT**

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### **INTRODUCTION**

Isolated internal iliac artery aneurysm (IIAA) are relatively uncommon. Given their deep location in the pelvis, they may present late and are often large. These aneurysms are frequently discovered incidentally. We present a case of ruptured internal iliac artery aneurysm which subsequently underwent open ligation of said aneurysm.

### **CASE PRESENTATION**

A 68-year-old lady presented with a 2-month history of right lower abdominal pain. Computer tomography angiography revealed a right IIA fusiform aneurysm with possibility of retroperitoneal rupture causing extensive right rectus abdominis haematoma. She underwent exploratory laparotomy. Intra-operatively, a ruptured right IIAA was noted 1 cm from the bifurcation of the right CIA. Proximal control over right CIA gained. Due to difficulties in gaining distal control and torrential bleeding, the right IIA and vein were ligated at the level of aneurysm.

### **DISCUSSION**

The treatment of isolated IIAA is a challenge due to the anatomy of the pelvis, large size at the time of diagnosis and risks offered by proximity with important adjacent structures.

Surgical ligation is the most widely used method. With proximal ligation, risk of rupture may persist due to maintenance of retrograde intra-aneurysmal flow through the artery or collaterals. Proximal and distal ligation on the other hand reduces chance of recurrence but distal control maybe difficult.

### **CONCLUSIONS**

Internal iliac artery aneurysms are exceedingly rare. Left untreated, they will continue to expand and may rupture. Surgical vessel ligation, in these situations, is the most widely used technique to stop haemorrhage and treat the aneurysm, avoiding extensive dissections and reducing surgical time.

## **SUPERFICIAL FEMORAL ARTERY PSEUDOANEURYSM: A CASE REPORT**

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### **INTRODUCTION**

Superficial femoral artery (SFA) pseudoaneurysm following by cardiac catheterization is a serious groin complication requiring prompt intervention. If not treated, large pseudoaneurysm are at risk for rupture, infection, distal embolization or arteriovenous fistula formation. We report a patient with post traumatic SFA pseudoaneurysm.

### **CASE PRESENTATION**

A 22-year-old gentleman with underlying history of atrial septal defect presented with a 1 year history of progressive swelling over left inguinal region after arterial puncture was performed over the left femoral artery. Computer tomography angiography revealed a large left SFA pseudoaneurysm. Subsequently, he underwent open surgery. Intraoperatively noted left SFA pseudoaneurysm proximal to the bifurcation of left common femoral artery. Proximal control over left CFA and distal control gained over distal SFA and profunda femoris. The pseudoaneurysm was excised and left SFA interposition PTFE graft was done.

### **DISCUSSION**

Therapeutic options for SFA pseudoaneurysm can be divided to endovascular repair or open surgery. Open surgery with prosthetic interposition or vein graft can be performed. In the absence of infection, interposition with prosthetic graft has been widely used. When infection is obvious or suspected, autogenous vein remains the optimal conduit.

### **CONCLUSIONS**

Pseudoaneurysm results from a variety of processes and occur most commonly after an arterial puncture secondary to iatrogenic or trauma. The use of vein or permanent synthetic graft can be considered in large pseudoaneurysms unsuitable for stenting. Minimum anastomotic tension, meticulous haemostasis and sterile technique remain basic surgical principle in any open vascular surgery.

## **A NOVEL METHOD OF SPLENOANEURYSMECTOMY IN A GIANT SPLENIC ARTERY ANEURYSM WITH CONNECTIVE TISSUE DISEASE. “SHOT THE GUN TO SAVE THE PATIENT”**

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### **OBJECTIVES**

Splenic artery aneurysms (SAAs) account for more than half of all visceral artery aneurysms. SAAs are the third most common intraabdominal aneurysm. Although SAAs is rare but are potentially life threatening. It can cause complications, such as spontaneous intraperitoneal rupture, rupture into the neighboring hollow organs, and fistulization into the pancreatic duct. In norm small SAAs (2 cm) are asymptomatic, and are diagnosed incidentally radiologically. Meanwhile giant SAAs (5 cm) present symptomatic and can result in complications.

### **CASE REPORT**

A 47 year old women with underlying connective tissue disease presented with symptomatic abdominal pain and noted to have a giant splenic artery aneurysm.

### **METHOD**

We proceeded with splenectomy and successful aneurysmectomy of splenic artery with using Power Vascular stapler gun.

### **CONCLUSION**

In our knowledge and literature review , a giant splenic artery aneurysmectomy by using a power vascular stapler gun is not done before. Most importantly, as this is connective tissue disease patient, her safety requires technical experience and PVS is safe measure to be used even in a giant splenic artery aneurysm measuring up to 5cm.

## OUTCOMES AND EFFICACY OF LAPAROSCOPIC VS OPEN PERFORATED PEPTIC ULCER REPAIR IN A DISTRICT GENERAL HOSPITAL IN THE NORTH OF BORNEO

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### INTRODUCTION

Although laparoscopic perforated peptic ulcer (PPU) repair is accepted as a safe and effective approach, most PPU's are still being repaired by open technique in Malaysia.

### OBJECTIVE

To review the utility, outcomes, feasibility and efficiency of laparoscopic versus open PPU repair in our institution (district general hospital).

### MATERIALS AND METHODS

We retrospectively examined our operating theatre records of January 2014 to December 2015 and included all patients underwent surgical PPU repair in our center. Then, we analyzed the data with Chi-square test, Fisher's exact test, Student's t test, or non-parametric test accordingly.

### RESULTS

A total of 26 patients underwent surgical PPU repair (16 open and 10 laparoscopic) during the period. The mean age was  $50.9 \pm 16.39$  years. Majority of them were males ( $n = 23, 88.5\%$ ), Murut ethnic ( $n = 10, 38.5\%$ ), Dusun ethnic ( $n = 10, 28.5\%$  and has gastric perforation ( $n = 15, 57.5\%$ ). The mean perforation size was  $5.27 \pm 3.26$  cm. Laparoscopic PPU repair was associated with earlier removal of nasogastric tube (2 vs. 3.5 days,  $p = 0.002$ ), earlier return to oral intake (4 vs. 7 days,  $p = 0.001$ ), shorter hospital stay (5 vs. 10.5 days,  $p = 0.001$ ) but has similar operative time (118 vs. 112.5min,  $p = 0.452$ ), similar time needed from induction to skin incision (28 vs. 25.5 min,  $p = 0.517$ ) and peri-operative complications (2 vs. 3,  $p = 1.0$ ) when compared with open repair.

### CONCLUSION

Our experience showed that laparoscopic PPU repair is safe and efficient in selected patients despite of our district general hospital setting with resources.

## **GALLSTONE ILEUS A RARE DIAGNOSIS: SERIES OF FOUR PATIENTS AND REVIEW OF LITERATURE**

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### **INTRODUCTION**

Gallstone ileus is an uncommon cause of small bowel obstruction accounting for only 1% to 4% of all intestinal obstruction. Although rare in general population it accounts for 25% of non-strangulated small bowel obstruction in those over the age of 65.

### **METHODOLOGY**

A retrospective review was performed of medical records of patients in our institution who was diagnosed with gallstone ileus between January 2008 to December 2016

### **RESULTS**

The patients are with mean age of 73 (70-76) years and a female to male ratio 1:4. Most patients presented with abdominal pain and vomiting with a median duration of 3 days. Perioperative diagnosis was made in only one patient out of four. All patients underwent exploratory laparotomy. In three patients, stones were removed by enterotomy and in one patient small bowel resection with end to end anastomosis done.

### **DISCUSSION**

We found out that all patients in our center requiring exploratory laparotomy and most are to be proceeds with enterotomy. Another observation is that, this patient are of advanced age with many other concomitant diseases that may increase the operative risk and prolong hospital stay.

### **CONCLUSION**

Gallstone ileus is a difficult clinical entity to diagnose. It is concluded from the study and from a review of the literature that treatment should be aimed at relieving the obstruction without performing additional surgical procedures

### **KEYWORDS**

Gallstone ileus; Intestinal obstruction; Bowel obstruction; Enterotomy

## PRIMARY CUTANEOUS ANAPLASTIC LARGE T CELL LYMPHOMA

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Primary cutaneous anaplastic large t cell lymphoma (PC-ALCL) is a group of rare skin malignancy that are frequently misdiagnosed as benign lesion or other skin malignancy. It also has the propensity to regress spontaneously without treatment. The current study report the case of a 13 year old boy presenting PC-ALCL which was diagnosed one year after, with a large ulcerating lesion over the left flank measuring 18x12cm. He showed a good response towards surgical excision with combination of multiagent chemotherapy. Although PC-ALCL gives an excellent prognosis with 10 year disease related survival exceeding 90%, prompt diagnosis is essential to reduce morbidity to the patient.

# A RETROSPECTIVE CROSS-SECTIONAL STUDY: EXPRESSION OF P53 PROTEIN IN PAPILLARY THYROID CARCINOMA AND ITS PROGNOSTIC IMPLICATIONS

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## INTRODUCTION

Immunohistochemical detection of p53 protein has recently come to light as one of the significant and independent prognostic indicators in papillary thyroid carcinoma (PTC). Previous studies showed conflicting results and to date, the association is still a matter of controversy. We examined the significance and prognostic values of p53 protein overexpression in PTC patients among Malaysia population.

## METHODS

This is a single centre, retrospective cross-sectional study of association between p53 protein expression as a risk factor in PTC patients with its clinicopathological features (tumour size, extrathyroid invasion, lymph node metastasis, and distant metastasis) as the outcomes. Expression of p53 was regarded as positive if more than 10% of cells were stained.

## RESULTS

A total of 46 patients were recruited for the study. Thirty four (73.9%) cases showed positivity for p53 protein and 12 (26.1%) were negative. The average tumour size was 34mm for p53 positive cases and 33mm for p53 negative cases. Extrathyroidal extension was present in 15 (44.1%) of p53 positive cases and four (33.3%) of p53 negative cases. There were eight (23.5%) p53 positive cases and five (41.7%) p53 negative cases with lymphovascular invasion. Lymph node metastasis was observed in 21 (61.8%) p53 positive cases and eight (66.7%) p53 negative cases. All clinical parameters and the immunostaining intensity revealed no significant correlation with p53 protein over-expression in statistical analysis.

## CONCLUSION AND DISCUSSION

Our study did not show any correlation between p53 protein over-expression and the clinicopathological features in PTC. Possible factors contributing to these findings are the type of p53 antibody and fixative solution used as well as whether presence of abnormally stable wild type non mutant p53 protein in some of the cases studied. We therefore suggest molecular-based approach for future studies of PTC for prognostication as well as predicting recurrence.

## SPONTANEOUS PNEUMOMEDIASTINUM IN AN ADOLESCENT - CASE REPORT

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Spontaneous pneumomediastinum (SPM) is an uncommon and benign clinical disorder, with an incidence of about 1/30000 emergency department referrals and an average age of 17.5 to 25 years. SPM usually occurs in young adult males without an apparent precipitating factor or disease. According to the Macklin effect, a pressure gradient exists between the peripheral pulmonary alveoli and the hilum, and increased intra-alveolar pressure causes rupture of the terminal alveoli. Alveolar rupture allows air to extend along the pulmonary vasculature toward the hilum, into the peribronchial spaces and subsequently into the mediastinum. Acute onset of chest pain was the predominant symptom at presentation. Because of its low incidence and its mild intensity, the diagnosis can be easily missed. This disease was initially reported by Hamman in 1939 and usually has a good prognosis so that no special treatments were needed. In this report, we presented a 18-year old Malay man, active smoker, presenting with sudden onset of left sided pleuritic chest pain which radiated to the neck. Otherwise, he denied other associated symptoms and no history of trauma to the chest prior to this. Subcutaneous emphysema was elicited over the upper chest on assessment. Initial chest and cervical radiography shown pneumomediastinum extending to cervical region. Contrast computed tomography (CECT) of thorax and neck and oesophagogastroduodenoscopy (OGDS) were performed but no identifiable cause found. He was managed conservatively with simple analgesia and bed rest in ward and discharged well after 4 days of hospitalization. In conclusion, SPM is a rare self-limited condition with a benign natural course in young healthy adolescents.

### **KEYWORDS**

Spontaneous pneumomediastinum, adolescent, chest pain

## THYROID SCHWANNOMA MASQUERADING AS A NEOPLASTIC LESION IN AN ADOLESCENT FEMALE - A RARE CASE REPORT WITH LITERATURE REVIEW

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The discovery of a tumour as a primary schwannoma in the thyroid gland is extremely rare. It represents less than 1% of mesenchymal neoplasm in this gland. Till date, there have been only 21 cases of primary schwannoma of thyroid gland have been described in literature. And, there is only 1 reported case falls in the adolescent group. Majority of the cases are reported in the elderly age group. This reports present a rare case of schwannoma involving the right thyroid in a 16-year old adolescent female. She presented with a firm right neck mass, which moves with deglutition. Thyroid ultrasound revealed a solitary right thyroid nodule. An ultrasound guided trucut biopsy of the nodule had aroused suspicion for thyroid neoplastic lesion. Right hemithyroidectomy was undertaken without complications. The final histopathological examination supported the diagnosis of schwannoma, which represent by the presence of Antoni A and Antoni B areas. Despite its rarity, a thorough review of earlier reported cases was done. Existing knowledge of this entity was summarised in this report, emphasising the interdisciplinary challenge in diagnosing it pre-operatively with sparing of unnecessary massive surgeries.

### **KEYWORDS**

Thyroid gland, Schwannoma, adolescent, neoplasm

## **EXTENSIVE SMALL BOWEL ISCHAEMIA RESULTING FROM A PERFORATED COLONIC DIVERTICULITIS - A RARE CASE REPORT**

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### **INTRODUCTION**

Acute mesenteric ischaemia is associated with poor prognosis and a mortality rate of about 63%. Its causes can be broadly categorized into: arterial embolization (40-50%), arterial thrombosis (25-30%), non-occlusive mesenteric ischaemia (20%) and mesenteric venous thrombosis (10%). We would like to present a rare case of extensive small bowel ischaemia in association with perforated colonic diverticulitis. We believe, this is the first such reported case in English language literature.

### **CASE REPORT**

A 77-year-old gentleman presented to us with right sided abdominal pain for three weeks duration. He had right-sided abdominal tenderness with no guarding. He underwent an emergent laparotomy for suspected perforated viscus which revealed a large retroperitoneal faecal collection on the right side and extensive ischaemia of the entire small bowel length. No resection was done. His family were counselled regarding the poor prognosis. Treatment was withdrawn and the patient succumbed shortly after.

### **DISCUSSION & CONCLUSION**

The classical picture of "pain out of proportion to abdominal findings" is not seen in every case. In fact, abdominal findings before the onset of bowel gangrene or perforation can be normal in some cases. Often, the diagnosis is established at laparotomy with the finding of non-salvageable bowel. The awareness, high index of suspicion and early diagnosis of AMI is essential in its successful management. Even in the setting of irreversible bowel injury, aggressive resuscitation with prompt surgery or revascularization could minimize the extent of bowel loss.

### **KEYWORDS**

Acute mesenteric ischaemia; perforated diverticulitis

## **PROLONGED ILEUS AFTER BLUNT TRAUMA - TO OPERATE OR NOT TO OPERATE? A CASE REPORT**

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### **INTRODUCTION**

Ileus is defined as the transient inhibition of gastro-intestinal motility. Prolonged post-traumatic ileus in the absence of an intra-abdominal pathology is rare. We would like to present a case of prolonged post-traumatic ileus and its complicated course of management.

### **CASE PRESENTATION**

A 45-year-old gentleman presented with symptoms of intestinal obstruction after a mild blunt abdominal injury he sustained 3 days earlier. CT scan was negative for any intra-abdominal pathology aside from dilated small bowels. After 4 days of conservative management he underwent an exploratory laparotomy which turned out to be a negative laparotomy. Unfortunately, the patient developed a burst abdomen and an entero-atmospheric fistula from the surgery.

### **DISCUSSION & CONCLUSION**

A surgical dilemma ensues when an intestinal obstruction with no obvious mechanical cause on CT fails to resolve with conservative management. The need to balance the risk of missing an occult post-traumatic mechanical cause against the complications of a negative laparotomy was clearly demonstrated in our case. Awareness of ileus as a potential cause of intestinal obstruction after blunt trauma is important to avoid unnecessary operations and their complications. Surgical exploration should only be embarked upon after wisely after weighing the risks and benefits on a case-to-case basis.

### **KEYWORDS**

Post-traumatic; ileus

## AN UNSUSPECTED FISTULA

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### INTRODUCTION

Cholecystocolic fistula(CCF) is a rare entity that presents as a complication of gallstones and it occurs in about 0.06% to 0.14% of patients with biliary disease. Failure in identifying these complications during operation can result in catastrophic complications including perforation of colon, fecal peritonitis, sepsis and death.

### RESULTS

We report a 60 year-old lady that presented with biliary colic for the past few years. There was no previous history of jaundice, fever or any admission to the hospital for cholecystitis. She had an ultrasound done that showed multiple stones with the largest measuring 0.4cm. There was no gallbladder wall thickening or pericholecystic fluid collection at that time. She subsequently underwent a laparoscopic cholecystectomy that was converted to open. Intraoperatively noted there were dense adhesion between the gallbladder and liver bed and decision to convert to open made. Omentum was adhered to the gallbladder and there were cholecystocolic fistula to the transverse colon with multiple stone in the gallbladder and a single cystic duct stone. The fistula was taken down, cholecystectomy done and the transverse colon was repaired. Drain was placed and removed two days after the operation. She was discharged well three days after her operation.

### DISCUSSION

Erosions that occur from chronic inflammation of the gallbladder can result in biliary-enteric communication. These communications normally involves the duodenum, however in some patients, the communication can involve the transverse colon. From previous case reports of CCF, most patients have recurrent episodes of cholangitis and cholecystitis.

## TYPE IDENTIFICATION OF SMN HYBRID GENE IN A MALAYSIAN PATIENT WITH SPINAL MUSCULAR ATROPHY (SMA)

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### INTRODUCTION

An SMA patient was identified with deletion of SMN1 exon 7 and presence of SMN1 exon 8, sparking suspect of SMN Hybrid gene.

### OBJECTIVE

To determine the hybrid type of SMN genes in a Malaysian patient with Spinal Muscular Atrophy.

### METHODS

- 1) Confirmation of SMN1 deletion using PCR and RFLP.
- 2) PCR amplification and direct sequencing for identification of SMN1 breakpoint deletion.

### SUMMARY OF RESULT

Confirmatory SMN1 deletion analyses on the patient agreed with the results of the molecular diagnostics and thus confirmed the clinical diagnosis of Spinal Muscular Atrophy. Direct sequencing spanning intron 6 to exon 8 of the SMN genes identified the nucleotides at the 5 discriminating positions of SMN1 and SMN2 genes. Position 1 to 4 at intron 6, exon 7, intron 7 (2 positions) showed nucleotides of SMN2, while position 5 at exon 8 showed overlapping of SMN1 and SMN2 nucleotides.

### CONCLUSION

This concludes that this patient is having a type A hybrid SMN gene which carries the nucleotides of SMN 2 gene from exon 1 to intron 7 and nucleotides of SMN 1 gene from exon 8 onwards.

## POST TRANSVESICAL PROSTATECTOMY (TVP) COMPLICATIONS, RISK ASSESSMENT USING CLAVIEN-DINDO SYSTEM IN KASSALA TEACHING HOSPITAL, KASSALA, SUDAN

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### INTRODUCTION

Open surgery is the main treatment option for Large Volume (LV) BPH. We used a standardized system; the Clavien-Dindo grading system that was highly recommended by the European Association of Urology in 2014.

### OBJECTIVE

The aim of this study was to identify the type and rate the complications following TVP.

### METHODS

A prospective descriptive analytical study done in Kassala Teaching Hospital (Sudan) in a General Surgery Unit from January 2013 through December 2015. All patients [188] with a clinical problem of Benign Prostatic Hyperplasia (BPH) have been involved. Designed questionnaire was synchronously filled from the hospital records. Variables were: Age, ASA, Co-morbidities, Size of the prostate, Complications of BOO, duration of Catheterization pre-op, Duration of surgery, Hospital stay, Duration of irrigation, Removal of the catheter, Removal of the drain, renal impairment, Surgeon, Blood loss, SSI, Fistulae.

### RESULTS

188 patients were included in the study over two years. Mean age  $69.4 \pm 8.5$  SD. All patients had a prostate > 80 ml by US scan. The size of the prostate has been categorized to 80-100 (135 patients 71.8%), 101-200 (48 patients 25.5%), and 201-250 (6 patients 3.2%). Complication rates according to Clavien-Dindo were 99 (52.6%) no complications, 81 (43%) grade II, 3 (1.6%) grade Iva, and 5 (2.6%) with grade V.

### CONCLUSION

Most complications occurred were in consistent with the literature except the SSI (Surgical Site Infection) rate. The Clavien-Dindo classification system promises to be a good system for assessing complications following prostatectomy. As a recommendation patients tracing for long term follow up of late complications, absence of national registry for most of them was a determinant limitation of our study.

## LAPAROSCOPIC APPROACH TO EXCISION OF ABDOMINAL WALL ACTINOMYCOSIS

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### INTRODUCTION

Actinomycosis of the abdominal wall is a rare disease that can present in females with intrauterine device. Its rarity makes initially diagnosis skewed towards an abdominal wall tumor.

### OBJECTIVE

While most of these cases are reported among women, we hereby report a case of abdominal actinomycosis presenting in a male patient.

### MATERIALS AND METHOD

This case of a 42 year old male presented with an abdominal mass for 4 months without bowel related or constitutional symptoms. Abdomen examination revealed a well circumscribed mass in the left iliac fossa. Preoperatively CT abdomen showed an anterior abdominal wall mass with infiltration into sigmoid colon. A confirmatory colonoscopy however revealed an external compressive mass at the sigmoid colon. In contrast to a traditional open approach, laparoscopy was attempted and the excision was successfully completed with adequate margin along with segmental sigmoid colon resection. Tumor and sigmoid colon was resected en-bloc and colon continuity restored extra- corporeally through a small 5cm incision.

### RESULTS

Histopathology of the specimen was reported as actinomycosis of the abdominal wall and patient was referred to the infectious disease team for long term antibiotics.

### DISCUSSION

Laparoscopic approach was successful in this case because of the tumor being clearly delineated and its relatively small size.

### CONCLUSION

We therefore conclude that an initial laparoscopic assessment followed by successful complete excision is possible in abdominal wall masses.

### KEYWORDS

Anterior abdominal actinomycosis, laparoscopic excision, abdominal wall mass

## **A CASE REPORT: PERIVASCULAR EPITHELOID CELL TUMOR (PECOMA) OF A SMALL BOWEL IN A PATIENT WITH BOURNEVILLE'S DISEASE**

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### **INTRODUCTION**

Perivascular epitheloid cell tumor (PEComa) is a family of rare tumors. It is defined as a mesenchymal neoplasm composed by perivascular epitheloid cells hence giving it its name. It can be associated with Tuberous Sclerosis complex or Bourneville's Disease, characterized by angiomyolipoma (AML), lymphangiomyomatosis (LMA) and clear cell "sugar" tumour of the lung. PEComas can present at various sites; commonly being in the pelvic cavity and rarely gastrointestinal tract.

### **MATERIALS AND METHOD**

We present a case of a 38 year old male presenting with signs and symptoms of acute intestinal obstruction and peritonitis. He underwent surgery which revealed a perforated ileal mass. Tumor was resected and a double barrel stoma created in view of gross peritoneal contamination. Results: The following histopathology examination revealed small bowel malignant PEComa and multiple carcinoid tumors. Patient was then further investigated and was found to have multiple bilateral renal angiomyolipoma with pulmonary lymphangiomyomatosis and CT brain showed subependymal giant cell astrocytoma that corresponded to Tuberous Sclerosis complex or Bourneville's Disease. Discussion: Throughout the world, only a few cases have been reported regarding its clinical and morphological nature. Malignant PEComa is aggressive and may require adjuvant therapy following surgical resection.

### **CONCLUSION**

Though cases involving this complex disease are being reported, the long term behaviour of this disease will continue to be a relatively elusive one. Treatments other than surgery should also be studied for inoperable and recurrent cases.

### **KEYWORDS**

Malignant PEComa, Bourneville's Disease, Tuberous Sclerosis

## **RETROPERITONEAL EXTRAPANCREATIC SOLID PSEUDOPAPILLARY TUMOR: A CASE REPORT OF AN EXTREMELY RARE DISEASE AND PRESENTATION**

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### **INTRODUCTION**

Solid Pseudopapillary Tumor (SPT) is a rare pancreatic exocrine neoplasm. Its rarity is greater when it arises from an extrapancreatic origin. Literature review suggests extrapancreatic solid pseudopapillary tumor occurring in the retroperitoneum is extremely rare.

### **OBJECTIVE**

We therefore present this case of a retroperitoneal extrapancreatic solid pseudopapillary tumor.

### **MATERIALS AND METHOD**

This is a 70 year old female presenting with a lower abdominal mass and distension for 4 months. Initial pre-operative CT abdomen revealed a large heterogenous irregular pelvic mass with cystic, septations and solid components likely uterine in origin and suspicious of malignancy. Intra- operatively, the mass was noted to be arising from the retroperitoneum. The pedunculated tumor was excised completely.

### **RESULTS**

Microscopic examination confirmed the diagnosis of solid pseudopapillary tumor with low grade malignancy.

### **DISCUSSION**

Tumors originating from the retroperitoneum can pose difficulty in pre- operative diagnosis. Though SPT have low malignant potential and less aggressive, proper oncological resection is important to keep recurrence in control.

### **CONCLUSION**

Due to its extreme rarity, it is imperative that these cases be reported to study its long term behavior and recurrence rate.

### **KEYWORDS**

Extrapancreatic solid pseudopapillary, solid pseudopapillary tumor, retroperitoneum

## AORTODUODENAL FISTULA: THE KRAKEN WAKES

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Primary Aortoenteric fistula is a rare, but life threatening phenomenon which carries high morbidity and mortality, as it poses a diagnostic dilemma. Aortoenteric fistula after aortic reconstructive surgery however, accounts for up to 4% complication of the procedure.

For aortoduodenal fistula, the third part of duodenum is the most vulnerable to vascular impingement as it's being fixed retroperitoneally and in proximity to descending aorta. The process originates when ischemia and subsequent necrosis of the intestinal wall occur as a consequence of repetitive traumatic pulsations of an adjacent aortic aneurysm. Subsequent rupture of an expanding aneurysm or perforation of the aorta as a result of contamination with gastrointestinal contents results in the formation of a communication with the bowel and the potential for rapid exsanguination.

We reported a case of a 60 years old man who was diagnosed of upper gastrointestinal bleed secondary to aortoduodenal fistula, as it was confirmed by esophagogastroduodenoscopy and CT angiography.

## **SCHWANNOMA OF CECUM: A RARE TUMOUR AS A POSSIBLE CAUSE OF A COMMON SURGICAL EMERGENCY, A CASE REPORT**

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Schwannoma is typically benign peripheral nerve sheath tumor comprising entirely of neoplastic Schwann cells. It most commonly arises from spinal roots and peripheral nerves and is extremely rare in hollow organs like gastrointestinal tract. The exact incidence of gastrointestinal Schwannoma is not known, with only few cases reported.

Acute appendicitis on the other hand is the commonest abdominal surgical emergency. Appendicitis is commonly caused by non specific obstruction of the appendiceal lumen or rarely by some specific inflammatory diseases, neoplastic diseases or infective diseases.

We operated one lady with appendicitis which we could have been caused by mechanical compression by the rare Schwannoma of caecum.

## COLO-UTERINE FISTULA, A RARE COMPLICATION OF DIVERTICULAR DISEASE OF THE COLON: A CASE REPORT AND LITERATURE REVIEW

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### INTRODUCTION

Diverticulitis is as a result of infection or inflammation of the diverticula. The complication of diverticulitis includes stricture, bleeding, abscess, perforation and fistula formation. We report a rare case of colouterine fistula secondary to colonic diverticulitis treated surgically.

### CASE PRESENTATION

77 Malay lady, presented with abdominal pain for 1 month duration, associated with on and off fever, abdominal distension with constitutional symptoms. No per rectal bleeding, no abnormal per vaginal discharge. On examination, per abdomen, soft, tender over left iliac fossa region. Per Rectal examination, no mass palpable. CECT Abdomen revealed irregular circumferential thickening of the sigmoid colon, 12cm in length about 11cm from anal verge, these lesion communicates, 1.4cm in length and 2.4cm in width with uterine fundus myometrium. Lesion at uterine fundus measures 4.2 x 4.7cm. Within the myometrial collection are air pockets mix with soft tissue density component and minimal fluid. There is minimal fluid within uterine cavity. Patient subsequently underwent Diversion Right Transverse Colostomy. Colonoscopy performed and revealed multiple diverticulum over descending colon, but unable to pass the scope beyond Sigmoid colon.

Distal Loopogram demonstrated Multiple Outpouching seen involving the descending and Sigmoid Colon in keeping with diverticuli. No intraluminal or extraluminal mass compression. No Fistula seen with the uterus or urinary bladder.

Patient was subsequently underwent Extended Anterior Resection, Left Hemicolectomy and Reversal of right transverse colostomy. Intraoperative finding demonstrated adhesion between sigmoid and uterine fundus and noted Colouterine Fistula. Uterine fundus repaired. HPE result showed Diverticulitis with surrounding inflammation.

### DISCUSSION

Diverticular disease of colon can be complicated by strictures, obstruction, perforation, abscess, bleeding and less often fistulas communication with surrounding organs. Colouterine fistula is a rare complication of diverticular disease of the colon. Most common type of fistula is a colovesical fistula, followed by colovaginal fistula and rarely colouterine fistula. The formation of fistula results from a local inflammatory process with an abscess, which spontaneously decompresses by perforating into an adjacent viscus or through skin. A colouterine fistula is first reported by Lejemtel in 1909 which concluded that three main etiologies: uterine trauma, presence of abscess rupture into the bowel and the uterus and uterine or sigmoid carcinoma. The rarity of Colouterine Fistulas is probably because of the fact that uterus is thick muscular organ.

The method of diagnosis of colouterine fistula are not yet established. Studies showed the Charcoal Challenge Test, Ultrasound, CT scan and MRI play important role in diagnosis of colouterine fistula.

Surgical treatment is either one stage procedure or two stage procedure depending on the patient condition. If malignancy suspected, single-stage en bloc resection of uterus and colon is procedure of choice. If obstruction anticipated, two-stage procedure involving resection and end colostomy followed by Re-anastomosis at later time is procedure of choice.

## CONCLUSION

Colouterine fistula is a rare complication of diverticular disease of the colon. Diagnosis is highly depend on patient symptoms and signs. Imaging modalities may show evidence of communication between the uterus and colon, but fail to demonstrate fistula tract. Colouterine fistula can be treated surgically either one-stage or two-stage procedure.

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## DIETARY PRACTICE AND THE SOCIOECONOMIC FACTORS VS HELICOBACTER PYLORI INFECTION IN THE INTERIOR OF BORNEO

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### INTRODUCTION

Previous study showed the *Helicobacter pylori* (HP) infection rate in the population of the Interior of Borneo was low and associated with gender, age and ethnicity.

### OBJECTIVE

To investigate the association of socioeconomic background and dietary practice with HP infection in this population.

### MATERIALS AND METHODS

We prospectively collected the data from patients who were undergoing oesophago-gastro-duodenoscopy in Endoscopy Unit Hospital Keningau from January 2016 to May 2016. Student's t-test or Mann - Whitney U test, Chi-square test or Fisher's exact test and other nonparametric test were used accordingly.

### RESULTS

A total of 182 patients were included. The mean age was  $49.54 \pm 14.47$  years with mean BMI of  $24.50 \pm 4.33$ , mean personal monthly income of  $\text{RM } 796.70 \pm 1279.95$  and mean household monthly income of  $\text{RM } 1656.70 \pm 2322.29$ . Younger age was associated with HP infection ( $47.95 \pm 14.81$  vs.  $52.21 \pm 13.57$  years,  $p = 0.048$ ) but not gender, district of origin and socio-economic factors. Specific dietary habits such as taking 'Bosou Daging' ( $p = 0.03$ ), 'Sinalau Bakas' ( $p = 0.012$ ) and 'Budu' ( $p = 0.03$ ) were significantly associated with HP infection.

### CONCLUSION

Dietary practice in the interior of Borneo is associated with HP infection but not the socioeconomic factors. Further study is required to study the specific diet, its content and the relationship with HP.

## DOUBLE CYSTIC DUCT IDENTIFIED DURING EMERGENCY LAPAROSCOPIC CHOLECYSTECTOMY

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### INTRODUCTION

Anatomical variations of the biliary tree are common occurrences. It is of paramount importance that surgeons are aware of the different presentation of biliary tract that they may encounter intra-operatively. Failure to recognize this can lead to complications like inadvertent ductal ligation, biliary leakage or strictures, which can cause significant morbidity and even mortality.

### CASE REPORT

A 57-year old gentleman presented with right upper abdominal pain, fever and anorexia. He was febrile; Murphy's sign was positive. Blood investigations showed leukocytosis with normal liver function tests. He was diagnosed with empyema gallbladder and underwent emergency laparoscopic cholecystectomy. Intra-operatively, two cystic ducts were seen, with one larger than the other. The larger main cystic duct arose from the common bile duct whereas the smaller duct came from the right hepatic duct. The patient recovered well post-operatively.

### DISCUSSION

Duplication of the cystic ducts are extremely rare, particularly in cases of double cystic ducts with a single gallbladder. There are 3 reported variants: (i) Y-type, two cystic ducts arise separately from the gallbladder and meet to form a common channel, (ii) H-type, both cystic ducts arise and terminates separately into either the right, left, or common hepatic duct, (iii) Trabecular-type, accessory duct enters the substance of the liver or terminates in an intra-hepatic duct. Our case is the H-variant. Biliary tree variations can sometimes be diagnosed using radiological evaluation. However, none are 100% sensitive in identifying such anomalies. When there is accidental discovery of bile duct variation intra-operatively, clear understanding of the normal anatomy and variants of the cystic duct will help identify the structures within this space. Routine dissection and careful skeletonization of Calot's triangle can prevent iatrogenic injury.

## LAPAROSCOPIC MANAGEMENT OF AN OBSTRUCTED OBTURATOR HERNIA

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Obturator hernia is an infrequent type of hernia which represent 0.07% - 1% of all hernias and 0.2% - 1.6% of all cases of mechanical small bowel obstruction.<sup>1</sup> The most common presentation for patients with obturator hernia is acute intestinal obstruction, followed by pain in the proximal thigh with internal rotation of the hip (Howship – Romberg sign), and a palpable mass in the inguinal area which is associated with abdominal pain. CT imaging has a good accuracy and allows early diagnosis and reduces morbidity and mortality associated with obturator hernia.

### CASE REPORT

74 years old female presented with signs and symptoms of small bowel obstruction. A contrasted CT of the abdomen was performed and revealed obvious intestinal obstruction with a low density mass in the left obturator canal.

We proceed with laparoscopic assessment. Laparoscopic intracorporeal suturing of the left obturator foramen in 2 interrupted stitches was performed using polyglactin 3-0 (Figure 6). The operating time was approximately 15 minute. The patient made an uneventful recovery and was discharged on the second post-operative day. Total extraperitoneal (TEP) hernia repair was performed six week later.

Methods of repair of an obturator hernia include simple suture closure, closure of the obturator foramen with adjacent tissues and mesh repair. Recent literature has shown that recurrence rates at 3 years after obturator hernia repair were high in non mesh repair compared to mesh repair (22% vs 0%). We prefer the use of peritoneal mesh repair regardless the size of the opening, as this reduces the recurrence rate.

Once diagnosed, open or laparoscopic transabdominal approach allows direct repair of hernia defects and identification and resection of ischemic bowel. Giving the fact that obturator hernia classically tend to occur in patients who have limited physiological reserve, we feel that there should be a shift in practice from open repairs towards laparoscopic repairs as laparoscopic repair can lead to faster recovery, lesser perioperative complication and mortality.

# A RANDOMIZED CONTROLLED TRIAL COMPARING PRIMARY RETROGRADE INTRA RENAL SURGERY (RIRS) AND EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL) FOR TREATMENT OF RENAL STONES WITH SUSPECTED FAILURE OF ESWL IN HOSPITAL TENGGU AMPUAN AFZAN (HTAA)

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## INTRODUCTION

Incidence of urolithiasis in our country is 442 in 100,000 populations. Treatment modalities vary depending on the size and location of stone and patient's fitness for invasive treatment. Identifying the most suitable treatment modalities according to patient's clinical characteristic is important for efficacy of stone clearance with high safety profile and costly acceptable.

## OBJECTIVE

The primary objective of this study is to prove that primary RIRS is better than ESWL in treatment of renal stone with suspected failure of ESWL in terms of stone clearance rate, cost effectiveness, complications and identify factors that favor RIRS to ESWL.

## METHODOLOGY

We have prospectively conducted a randomized control trial comparing primary retrograde intrarenal surgery (RIRS) and extracorporeal shockwave lithotripsy (ESWL) for treatment of stone with suspected failure of ESWL in 74 patients. The demographic and clinical characteristics were determined using descriptive statistics. The comparison of stone clearance rate in between the groups was analyzed using Chi Square test.

## RESULTS

Stone clearance rate in primary RIRS group is higher (80.6%) compared to ESWL group (36.8%) and it is statistically significant ( $p < 0.001$ ). Stone clearance in ESWL group is significantly associated with smaller stone size ( $< 1.0$  cm), but no significant association of clearance to stone size in RIRS group. There is no significant association of stone clearance with stone location and body mass index (BMI) in these 2 groups. The complication rate is 19.4% in primary RIRS group and 18.4% in ESWL group.

## CONCLUSION

Primary RIRS offer better stone free rate compared to ESWL. Complications rate were relatively low and comparable in between these two groups. Primary RIRS is more expensive than successful single course of ESWL.

## TRAUMATIC ULNAR ARTERY PSEUDOANEURYSM: A CASE REPORT

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### INTRODUCTION

Ulnar artery pseudoaneurysms are relatively uncommon lesions, usually resulting from a blunt or penetrating injury. We present a case of distal ulnar artery pseudoaneurysm following closed reduction of an open fracture of distal radius and ulna.

### CASE PRESENTATION

A 25-year-old gentleman presented with a 1-week history of progressive swelling over the volar aspect of wrist post repair of distal radius and ulna fracture. Ultrasound Doppler demonstrated a pseudoaneurysmal sac arising from the left ulnar artery. Computer tomography angiography confirmed similar findings with complete palmar arch circulation. Subsequently, the patient underwent open ligation of the pseudoaneurysm. The ulnar artery pseudoaneurysm was identified and ligated. Post-operatively, there was no evidence of digital ischaemia.

### DISCUSSION

Although rare, upper extremity pseudoaneurysms have been described due to various causes. These include penetrating and blunt trauma, fractures, septic, idiopathic, and associated with eosinophilia. Complications are frequent and the literature supports their removal upon discovery. Excision of the pseudoaneurysm is recommended to avoid recurrent problems. Vascular reconstruction is needed in cases where radial arterial flow is inadequate.

### CONCLUSIONS

Ulnar artery pseudoaneurysms are exceedingly uncommon with catastrophic sequelae if left untreated. Aside from percutaneous thrombin injection or transarterial coil embolization, open ligation is also another option of treatment for the symptomatic and rapidly enlarging pseudoaneurysm in order to avoid from embolization, thrombosis and rupture which threatens the function and vitality of the limb.

## UNICENTRIC CASTLEMAN DISEASE: A RARE CAUSE OF ABDOMINAL MASS IN PREGNANCY

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### INTRODUCTION

Castleman's disease (CD), is an atypical lymphoproliferative disorder, characterized by benign growths of the lymph nodes that may be localized either to a single lymph node (unicentric) or occur systemically (multicentric).

### OBJECTIVES

Our aim is to report a rare case of CD that presents as a painful abdominal mass during pregnancy.

### MATERIALS AND METHOD

A 27-year-old female patient presented with a 1-week history of right iliac fossa painful mass during her 9<sup>th</sup> week of pregnancy. Ultrasound examination reveal there is a well-defined solid mass inferior to the right kidney. A diagnostic laparoscopy of the abdomen was performed and ruled out any gynecological pathology. Patient was treated conservatively until her delivery. Postpartum MRI revealed it to be intraperitoneal, lobulated and hypointense on T1WI and slight hyperintense on T2WI. An exploratory laparotomy was done and noted a vascular cystic lesion measuring 7.0 x 4.0 x 1.8cm, arising from transverse mesocolon.

### RESULTS

Histopathology of the excisional biopsy confirmed the diagnosis of hyaline vascular-type Castleman disease. The patient has been tested negative for the human immunodeficiency virus (HIV).

### DISCUSSION

Incidence of this rare condition is believed to be approximately 0.001-0.05%. CD has been linked to the human immunodeficiency virus (HIV) and is associated with malignancies. The signs and symptoms related to the hyaline vascular variant are typically due to impingement and compression of neighboring structures (eg, nerves, vessels) by the enlarging mass. Such a mass arising from the abdominal space is very rare, compared to the mediastinum and neck.

### CONCLUSION

Castleman's disease is a rare disorder that remains a diagnostic challenge. Radical surgical resection is considered to be the gold standard for treating the unicentric variant. This type is not associated with increased mortality as long as resection is radical and complete.

## “TWIST IN PANDORA’S BOX” - DELAYED PRESENTATION OF INTESTINAL MALROTATION IN ADULTS - A CASE REPORT

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Intestinal malrotation occurs due to disruption or failure of the normal embryologic development of the intestine. It is usually diagnosed in the paediatric population and very rarely present in adults. The most common complication for this condition in adults is midgut volvulus in which patients will present with symptoms of intestinal obstruction. We are reporting a case of intestinal malrotation who presented to our centre at the age of 47 years old with symptom of acute intestinal obstruction and intraoperatively found that patient has midgut volvulus. This patient initially came in with abdominal pain and distension associated with vomiting and absolute constipation for a period of 4 days. Supine abdominal x ray showed dilated bowels. As he had signs of peritonism, he was immediately sent for exploratory laparotomy. Intraoperatively small and large bowels were dilated with the small bowels twisted clockwise around the root of mesentery. There was Ladd's band over the second and third part of the duodenum causing its dilatation until large bowel with duodeno jejunal junction situated on the right side. We proceeded with enterotomy to decompress dilated bowel followed by Ladd's band lysis, release of mesenteric adhesion and derotation. The bowels were rearranged with the small bowel placed in the right peritoneal cavity and the colon on the left. Appendectomy was done. Post rotation bowels were viable thus resection was not indicated. Post operatively patient recovered well and discharged on day 6. In conclusion, intestinal malrotation in adults are rare but it is still a diagnosis that must be considered in patients presenting with intestinal obstruction.

## THE TRUE MICHELIN MAN: A RARE PRESENTATION OF SUBCUTANEOUS EMPHYSEMA

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Injuries due to compressed air are very rare. It is normally caused by air guns or hoses and most often occur in an industrial setting. It has been reported as a rare cause of subcutaneous emphysema of the upper limb and usually occurs by the injection of compressed air into pre-existing minor skin lesions. We recently treated and now report a case of compressed air injury via a penetrating wound. However this patient showed not only upper limb emphysema but also facial, cervical, and mediastinal emphysemas.

He was treated conservatively without any complications.

## **CERVICAL RIB AS A RARE CAUSE OF ACUTE LIMB ISCHAEMIA: A CASE REPORT**

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### **INTRODUCTION**

Acute limb ischemia caused by congenital cervical rib is a rare occurrence which accounts to 1% of the population.

### **CASE REPORT**

A 27-year-old Bangladeshi gentleman presented with a first episode of pain over his right upper limb and progressively worsening discolouration of fingers for 10 days of duration. The patient had two previous visit to the general practitioner before being referred to the emergency department. On examination, his right fingers and wrist were cold and dusky-in-appearance. Capillary refill time was prolonged. There was no muscle power of the left hand. Doppler assessment reveals absence of right radial and ulnar pulses. Right brachial pulse was palpable. Blood investigation revealed polycythaemia with raised haemoglobin. There were no arrhythmias on the electrocardiogram. Chest radiograph, however, showed a right cervical rib.

Patient underwent emergency brachial embolectomy. Thrombosis was seen in the radial and ulnar artery. On table angiogram showed no flow in the palmar arch. Computed tomography of the thorax showed an aneurysm on the left subclavian after the cervical rib. Our subsequent plan was to wait for demarcation of the left upper limb followed by an excision of the cervical rib. Patient, however, left back for his country to attain further treatment.

### **CONCLUSION**

In conclusion, acute limb ischaemia due to cervical rib is extremely rare and requires a high index of suspicion. Diagnosis and treatment should be prompt as complication can be debilitating.

## **CASE REPORT: TUMORAL PRESENTATION OF AMYLOIDOMA IN A BIZARRE RETROPERITONEAL MASS**

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### **INTRODUCTION**

Amyloidosis (amyloidomas) occurs as a result of deposition of amyloid, a proteinaceous substance, on an individual organ or tissue. Involvement of the retroperitoneal lymph nodes, however, is rare, but should not be overlooked as it mimics retroperitoneal sarcomas or leiomyosarcoma.

### **CASE REPORT**

We report a case of a 71-year-old gentleman who presented with an acute abdomen associated with a lower abdominal mass. Laparotomy was done showing a huge retroperitoneal tumour encasing the left iliac vessels. The iliac vessels was injured during mobilization and repaired. He was referred to our centre for further management. Computed tomography of the abdomen revealed a large retroperitoneal non-enhancing lesion extending from the pelvis into the abdomen, causing a left obstructive uropathy. Intra-operatively, a left retroperitoneal tumor measuring 10x8 cm densely adhered to the anterior abdominal wall, large bowel, small bowel, left iliac artery and vein was noted. The tumour was excised completely. The left iliac artery and vein was preserved. Post-operatively, the patient had recovered well. Histopathology examination showed Amyloidoma.

### **CONCLUSION**

The overall prognosis of this condition is potentially affected by the tumour size and location. Surgical intervention remains the mainstay of the treatment.

## **CASE REPORT: IATROGENIC ARTERIOVENOUS MALFORMATION OF THE SUBMANDIBULAR GLAND**

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### **INTRODUCTION**

The arteriovenous malformation (AVM) is an uncommon lesion that is considered part of the spectrum of hemangiomas anomalies. It is classified as congenital or acquired (traumatic).

### **CASE REPORT**

A 21-year-old gentleman presented with a painless swelling over his left submandibular region 2 months after an intraoral incision and drainage for submandibular abscess. He noted a small swelling over the left submandibular region which was increasing in size. He could feel a thrill over the swelling. Clinically, a left submandibular swelling measuring 2 x 2cm was noted with palpable thrill. Computed tomography of the head and neck showed a left arteriovenous malformation over the left submandibular region. Hence, he was referred to our centre for further management. Neck Angiogram showed an abnormal vascular communication between the left lingual artery and the left internal jugular vein. Angioembolization of the arteriovenous fistula was successfully done. Post embolization, the swelling shrunk, thus had no palpable thrill.

### **CONCLUSION**

Traumatic arteriovenous malformation of the submandibular gland is very rare. Angioembolization is a good modality to close the communication especially when it involves the smaller vessels.

## GIANT LEIOMYOMA OF OESOPHAGUS: A CASE REPORT

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### INTRODUCTION

Benign oesophageal tumors are rare and asymptomatic. Symptoms such as dysphagia, retrosternal discomfort, chest pain and regurgitation occurs when tumor is larger than 5cm. It may mimic symptoms of oesophageal cancer hence, appropriate diagnostic procedures are needed to ascertain the correct diagnosis. The treatment option varies from conservative to surgical resection depending on symptoms, size and location of the tumor.

### CASE REPORT

A 25 years old female with progressive dysphagia for 6 years, appears malnourished with BMI of 10.9. Oesophagoscopy revealed dilated oesophagus with probable mass in lower oesophagus. Barium swallow suggested a chronic distension of oesophagus without effective peristalsis probably due to achalasia. CT thorax-abdomen revealed a 7.7cm x 7.6cm mass at the gastro-oesophageal junction causing severe narrowing of the lumen with grossly dilated and thickened oesophagus proximal to the lesion. The mass was well defined with calcification within. Trans-oesophageal ultrasound was not done due to the occluded lumen. Patient underwent distal oesophagectomy with gastro-oesophageal anastomosis with no perioperative complications. Histopathological examination showed a well circumscribed tumor with interlacing bundles of spindle cells supporting the diagnosis of leiomyoma. The patient was able to gain weight and a better quality of life upon subsequent follow up.

### DISCUSSION/CONCLUSION

Oesophageal leiomyoma is a slow growing tumor with insidious clinical course and can mimic symptoms of oesophageal cancers. Oesophagoscopy, barium swallow, endoscopic ultrasound and CT scan are mandatory to establish the diagnosis. Treatment of oesophageal leiomyoma depends on the symptoms, size, risk of malignancy and the surgical risk of the patient with evidences suggesting excision in symptomatic patient. Conservative management with regular follow up is recommended in incidental leiomyoma's.

## **CASE REPORT: COMMON HEPATIC ARTERY ANEURYSM - A RARE CAUSE OF ABDOMINAL PAIN**

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### **INTRODUCTION**

Hepatic artery aneurysm (HAA) is a rare entity as its reported incidence ranges from 0.01 to 0.2% in the general population.

### **CASE REPORT**

A 56-year-old lady presented with upper abdominal pain for one month prior to admission. Physical examination revealed a tender, pulsatile mass at the epigastrium. Computed tomographic angiogram showed a large saccular aneurysm of the common hepatic artery measuring 6.2 x 7.0 x 12.0cm with an intramural thrombus within.

An emergency laparotomy was performed. Intraoperatively, a posteriorly ruptured huge aneurysm measuring 16cm was noted. It was released from the adhering duodenum and omentum and excised accordingly. The right long saphenous vein was harvested for an interposition graft between the proximal and distal common hepatic artery. Postoperatively, patient developed a superficial surgical site infection which required surgical debridement. Subsequently, she developed a pancreatic fistula to the aneurysm sac which was treated with endoscopic stenting and laparotomy and washout. She recovered well and was discharged on the 30th postoperative day.

### **CONCLUSION**

HAA are rare entity which carries a high rate of morbidity and mortality. Aggressive management, therefore, is recommended upon diagnosis.

## **BIZARRE RETROPERITONEAL FIBROMATOSIS: CHALLENGES IN MANAGEMENT**

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### **INTRODUCTION**

Desmoid type fibromatosis also known as aggressive fibromatosis or desmoid tumors are relatively rare tumors originating from the musculoaponeurotic structures of the body. Despite being well-differentiated, these tumours are often locally aggressive contributing to its challenging management.

### **CASE REPORT**

A 27-year-old lady presented with right iliac fossa pain for 1 year of duration. There was no history of trauma or surgical intervention. Clinical examination was unremarkable. Computed Tomography (CT) of the Abdomen showed a right-sided retroperitoneal tumor measuring 4.9 x 7.8 x 11.3cm encasing the right common iliac vessels and the right mid and distal ureter causing moderate hydronephrosis.

Tumor was surgically resected with a residual mass of 2x1cm left in the pelvis. The involved ureter was resected and patient was put on a nephrostomy tube. Post-operatively, patient remained asymptomatic. Histopathology examination concluded a desmoid type fibromatosis. Upon follow-up, patient is well with no evidence of recurrence. Urology team had planned for right ureteric reconstruction in 2 years.

### **CONCLUSION**

Given the heterogeneity of the disease, local tumor resection is important to prevent recurrence.

## RETROPERITONEAL CYSTIC LYMPHAGIOMA: A CASE REPORT

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### INTRODUCTION

Retroperitoneal lymphangioma is a rare type of benign mesodermal tumor which arises from the lymphatic system, accounting for only 1 % of lymphangiomas. It usually arises in infancy and uncommon among adults.

### CASE REPORT

A 30-year- old female presented with left-sided back pain for the past 2 months. There was no history of weight loss and loss of appetite. She did not experience any urinary symptoms or alterations to her bowel habits. Clinical examination revealed a fixed, non-pulsatile, hard mass measuring 7 x 6cm over her left flank. The Computed Tomography of abdomen showed a left-sided retroperitoneal mass measuring 7 x 6cm abutting the abdominal aorta and impinging the left ureter causing moderate hydronephrosis.

Exploratory laparotomy was done. A retroperitoneal tumour measuring 8 x 8cm was seen, adhered to the abdominal aorta and inferior mesenteric artery. Laterally, it was adhered to the left ureter. Complete excision of the tumor was done. Histopathology examination reported cystic lymphangioma. Post-operatively, patient recovered well and was subsequently discharged.

### CONCLUSION

Retroperitoneal lymphangioma, though is a rare clinical entity, should be considered as a possible diagnosis to retroperitoneal cystic tumours. Complete resection assures good prognosis.

## **AN UNUSUAL PRESENTATION OF POST HERPETIC NEURALGIA IN VASCULAR CLINIC**

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### **INTRODUCTION**

Post-herpetic neuralgia (PHN) is a common and often devastatingly painful condition. It is usually diagnosed after extensive investigations done amongst patients presenting with neuropathic pain.

### **CASE REPORT**

A 65-year-old gentleman with recent history of Herpes Zoster (HZ) infection, presented with a swollen and painful, bluish discolouration of his left index, middle and ring fingers. There was neither numbness nor coldness. Physical examination showed a warm, tender, swollen left index, middle and ring fingers alongside bluish discolouration. Capillary refill time was at 3 seconds. Bilateral pulses were equal and of good volume with tri-phasic signal. Range of movement and power were reduced due to pain. Sensation was affected along the median nerve distribution with Tinel's sign positive. Cardiac work up was unremarkable. Patient was treated as post-herpetic neuralgia with vasospasm. Symptoms improved after limb elevation, gabapentin administration and physiotherapy.

### **CONCLUSION**

Herpetic neuralgia is a disabling condition. Early diagnosis leads to appropriate treatment.

## **CASE REPORT: PSEUDOANEURYSM OF BRACHIAL ARTERY IN A PATIENT WITH ARTERIOVENOUS FISTULA**

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### **INTRODUCTION**

Pseudoaneurysm of the brachial artery is a rare complication, however, recently is on a surge due to increasing usage of interventional procedures and its usage as access for hemodialysis.

### **CASE REPORT**

We present a 63-year-old gentleman, with end stage renal failure on regular dialysis using brachiocephalic fistula for 5 years, referred for a swelling at the puncture site of the fistula. On examination, there was a pulsatile swelling on his left arm noted, measuring 3 x 3cm. Doppler ultrasonography demonstrated a brachial artery pseudoaneurysm over the site that was used as a 'supply' during haemodialysis over the past year. A surgical repair was done with basilic vein transposition graft. Post-operatively, patient recovered well with a functioning fistula.

### **CONCLUSION**

Brachial artery pseudoaneurysm is a known complication of an arteriovenous fistula creation. Early intervention is mandatory to avoid poor morbidity.

## REFRACTORY LYMPHEDEMA IN CHRONIC VENOUS INSUFFICIENCY: THE MANAGEMENT DILEMMA

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### INTRODUCTION

The pathophysiology of refractory lymphedema amongst patients of chronic venous insufficiency is indeed complex. Despite correction of all refluxes, symptoms may persist, indicating the challenging management of such cases.

### CASE REPORT

We report a case of refractory edema of the right lower limb associated with chronic venous insufficiency in a 45-year-old staff nurse. She presented with intermittent swelling of her right lower limb up to her thigh associated with recurrent cellulitis and ulceration. There was no history of trauma or deep vein thrombosis. Upon examination, leg was hyperpigmented, grossly swollen with evidence of multiple ulceration. Patient was non-compliant to compression stockings. Duplex ultrasonography showed reflux at the sapheno-femoral junction and mid-thigh perforators.

Radiofrequency Ablation (RFA) was done and edema reduced temporarily. A second intervention using ClariVein was done at the below knee long saphenous vein with localized perforator ligation and sclerotherapy of the superficial vein. Post-intervention, oedema over the thigh and calf resolved significantly. However, oedema over the ankle and foot worsened with more ulcers eruption. Due to severe pain, gross swelling and ulcers, we had difficulties in the application of compression stocking. We then proceeded with extensive excision and dermal flap creation. Post-operatively, recovery was complicated with necrosis of the skin thus, necessitated subsequent debridement. She was on 4 layer compression bandage until her wound had healed satisfactorily and currently applies daily pneumatic compression at home.

### CONCLUSION

Given the complexity of the case, management should involve both non-surgical and surgical approach. Surgical excision and dermal flap was necessary to allow application of compression stockings for our patient.

## **A CHILD WITH A MARBLE AIR-GUN HEADSHOT INJURY: A CASE REPORT**

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### **INTRODUCTION**

Penetrating intracranial foreign bodies require prompt neurosurgical attention. Delay in removal or casual removal without formal intracranial exposure may result in further brain trauma, fatal intracranial hemorrhage or delayed intracranial infections.

### **CASE REPORT**

We report a case of a 5-year old boy who was accidentally shot in the head with a marble from an air-gun while playing with his older brother. When seen in casualty, he was mildly drowsy and in pain but had otherwise no neurological deficit. Cranial nerves were intact. Examination of the forehead revealed a 4cm wound indicating the entry point of the marble. CT imaging showed the marble lodged in the left frontal lobe, but it could not be determined if the dura had been breached from the CT scan alone.

We adopted an “open and see” approach to this case. A bifrontal incision was opted for instead of exploring the existing wound at the forehead for both adequate exposure and in the interest of cosmesis. A mini right frontal craniotomy was performed and the marble was removed under direct vision from the extradural space. Small cortical bleeding vessels were secured and a small area of dural laceration was debrided. No dural repair was necessary. Copious irrigation was used and prophylactic antibiotics administered for 3 days post-operatively. Phenytoin was also prescribed for one week post injury as seizure prophylaxis. Recovery was complete.

### **CONCLUSION**

Although some centres advocate using the existing entry point of a foreign body for extraction, a larger incision and the “open and see” method remains the safest to prevent secondary intracranial injury.

## PROGNOSTIC PREDICTORS OF EARLY MORTALITY FROM EXSANGUINATION IN ADULT TRAUMA - A MALAYSIAN TRAUMA CENTRE EXPERIENCE

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### OBJECTIVE

Trauma mortality due to exsanguination is second most common cause of death. The objective of this study is to investigate the predictors for early death from exsanguination.

### METHODS

A prognostic study was done to identify predictors of early mortality due to exsanguination. Data was extracted from our Trauma Surgery Registry database of Sultanah Aminah Hospital, Johor Bahru, Malaysia. All patients who were treated from May 2011 to April 2014 by trauma team were included. Adult trauma patients included from the Trauma Surgery Registry were divided into two groups for analysis: early death from exsanguination and death from non-exsanguination/survivors. Univariate and multivariate analysis was performed to look for significant predictors of death from exsanguination. Variables analyzed were demography, mechanism of injury, organ injury scale, physiological parameters (systolic blood pressure, respiratory rate, heart rate, temperature), Glasgow Coma Scale(GCS), Revised Trauma Score(RTS), New Injury Severity Score(NISS), Trauma and injury severity score(TRISS) and cause of death.

### RESULTS

A total of 2208 patients with an average age of 36 ( $\pm 16$ ) years were included. Blunt trauma was the majority with 90.5%, followed by penetrating injuries 9.2%. The overall mortality is 239 out of 2208 (10.8%). Seventy eight patients (32.6%) died due to central nervous system injury, 69 due to sepsis (28.9%), 58 due to exsanguination (24.3%). Following multivariate analysis, age (OR 1.026 (1.009-1.044),  $p=0.002$ ), systolic blood pressure (OR 0.985 (0.975 to 0.995),  $p=0.003$ ), temperature (OR 0.203(0.076 to 0.543),  $p=0.001$ ) were found to be the significant physiological parameters. Intraabdominal injury and NISS were significant anatomic mortality predictors from exsanguination ( $p<0.001$ ). Patients with intraabdominal injury had four times higher risk of mortality from exsanguination (OR 3.948 (2.331 to 6.686),  $P<0.001$ ).

### CONCLUSIONS

In a Malaysian trauma centre, age, systolic blood pressure, core body temperature, intraabdominal injury and NISS were significant predictors of early death from exsanguination.

## **PNEUMOPERITONEUM IN THE NEWBORN: MANAGEMENT IN TERTIARY CENTRE. A CASE REPORT**

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Pneumoperitoneum in the neonate generally is an acute surgical emergency, which has grave implications, and immediate surgical intervention is needed to ensure survival. We present herein a case of pneumoperitoneum which required immediate intervention followed by management from Paediatric Surgeons. 38<sup>th</sup> week neonate born via emergency lower caesarean section. Post delivery at 16 hours of life noted neonate unresponsive after episode of hematemesis post feeding. Noted per abdomen, abdomen tense, distended. X-ray showed pneumoperitoneum. Due to his unstable condition, due to sepsis the patient had a bedside peritoneal drain insertion by General Surgeon. At day 5 of life he underwent laparotomy, peritoneal lavage, feeding jejunostomy and double barrel ileostomy performed by visiting Paediatric Surgeon. The patient was transferred to Paediatric Surgery unit and underwent relaparotomy, jejunostomy closure and refashioning of stoma on 2<sup>nd</sup> February 2017. Intra-operative finding revealed leaking from jejunostomy site, no new contamination, no new perforation seen. Post operative diagnosis given were perforated viscus unsure origin. Barium study performed for child on 30<sup>th</sup> March 2017 revealed good flow of contrast and revealed no other pathology. Currently patient is well, tolerating bottle feeding. In cases of pneumoperitoneum in newborn in unstable condition, resuscitation and immediate intervention is beneficial for better prognosis and outcome.

## DIABETES, MALE GENDER AND INCREASING AGE: SIGNIFICANT RISK FACTORS IN DEVELOPING GALLBLADDER EMPYEMA

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### BACKGROUND

Gallbladder empyemas (GE) are dreaded conditions complicating cholelithiasis. They pose a diagnostic and treatment challenge to clinicians. Although published work on this condition is still lacking, GEs are known to cause significant morbidity and mortality particularly when not anticipated.

### AIM

To identify the association between diabetes, male gender, patients' age and GE.

### MATERIAL AND METHODS

This was an analytical cross-sectional study involving patients who underwent cholecystectomy during a 2-year period. 391 consecutive patients' records from two hospitals were analysed. The diagnosis of GE was confirmed intra-operatively and also histopathologically. Data were collected from operation theatre database and hospital medical records. Chi square, t test and logistic regression were performed using SPSS statistical software.

### RESULTS

A total of 391 patients underwent cholecystectomy of which 35 patients had GE. The mean age of patients who was diagnosed with GE was  $58.1 \pm 10.8$  years which was significantly older ( $p < 0.05$ , 95% CI [4.5-14.3]) than patients with other gallstone diseases. Male patients were significantly associated with GE (odds ratio [OR], 2.8;  $p < 0.05$ , 95% CI [1.2-6.5]) compared to their female counterparts. Patients with diabetes, a disease affecting 20% of our sample population were found to be more likely to develop GE (OR, 7.7;  $p < 0.05$ , 95% CI [3.7-16.0]) compared to those without this disease.

### CONCLUSION

This study has concluded that increasing age, male gender and diabetes were significantly associated with the development of GE.

## MANAGEMENT OF RUPTURED HEPATOCELLULAR CARCINOMA: AN EXPERIENCE IN HOSPITAL SULTANAH AMINAH JOHOR BAHRU

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Ruptured hepatocellular carcinoma is a lethal disease which may be challenging to manage if presented to a centre without adequate hepatobiliary expertise. Current evidence available with regards to its management has been collected in centres with hepatobiliary surgical units. Primary resection of the tumour and a delayed definitive management are proposed. As Hospital Sultanah Aminah is a high volume state hospital with only general surgical department and interventional radiological services but unfortunately lacks a hepatobiliary unit. This case series aims to share our experience in the emergency treatment of ruptured hepatocellular carcinoma.

### METHODOLOGY

We have collected 4 cases of ruptured hepatocellular carcinoma in a span of 8 months with different liver reserves, presentation and outcome from a retrospective recollection of the hospital records.

### RESULTS

2 patients underwent emergency perihepatic packing followed by angioembolization, 1 patient only had perihepatic packing while the other had angioembolization only. All patients who have undergone angioembolization was successfully discharged while the patient who only had perihepatic packing succumbed to the condition.

### CONCLUSION

Our experience suggests that given the same situation, haemostasis by means of adhering to the ATLS guidelines (i.e. for laparotomy and perihepatic packing if necessary to control an acute haemorrhagic shock) followed by a transarterial angioembolization greatly increases a patient's chance of survival.

## TRAUMATIC ULNAR ARTERY PSEUDOANEURYSM: A CASE REPORT

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### INTRODUCTION

Ulnar artery pseudoaneurysms are relatively uncommon lesions, usually resulting from a blunt or penetrating injury. We present a case of distal ulnar artery pseudoaneurysm following closed reduction of an open fracture of distal radius and ulna.

### CASE PRESENTATION

A 25-year-old gentleman presented with a 1-week history of progressive swelling over the volar aspect of wrist post repair of distal radius and ulna fracture. Ultrasound Doppler demonstrated a pseudoaneurysmal sac arising from the left ulnar artery. Computer tomography angiography confirmed similar findings with complete palmar arch circulation. Subsequently, the patient underwent open ligation of the pseudoaneurysm. The ulnar artery pseudoaneurysm was identified and ligated. Post-operatively, there was no evidence of digital ischaemia.

### DISCUSSION

Although rare, upper extremity pseudoaneurysms have been described due to various causes. These include penetrating and blunt trauma, fractures, septic, idiopathic, and associated with eosinophilia. Complications are frequent and the literature supports their removal upon discovery. Excision of the pseudoaneurysm is recommended to avoid recurrent problems. Vascular reconstruction is needed in cases where radial arterial flow is inadequate.

### CONCLUSIONS

Ulnar artery pseudoaneurysms are exceedingly uncommon with catastrophic sequelae if left untreated. Aside from percutaneous thrombin injection or transarterial coil embolization, open ligation is also another option of treatment for the symptomatic and rapidly enlarging pseudoaneurysm in order to avoid from embolization, thrombosis and rupture which threatens the function and vitality of the limb.

## **PENETRATING SUBCLAVIAN ARTERIAL INJURY: A RARE EXPERIENCE**

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### **INTRODUCTION**

Penetrating subclavian artery (SCA) injury occurs infrequently but represents a surgical challenge. It is due to its complex anatomy and difficult access of proximal vessel control. We present a case of SCA injury following a penetrating stab wound and its surgical management.

### **CASE PRESENTATION**

A 60-year-old man had a penetrating neck injury of a sharp bamboo shoot while working. He presented with expanding hematoma on his right neck. Computer tomography angiography demonstrated active extravasation of contrast from the right subclavian artery. The patient subsequently underwent right neck exploration. Intra-operatively we dissected and cut the medial clavicular bone to gain access to the hematoma. We subsequently were able to gain control of the right subclavian artery origin. It was a transected right supra-scapular artery. It was then ligated and haemostasis was secured. The dissected segment of the clavicular bone was left unrepaired. Post-operatively, the patient recovered with no neurovascular complication of his right upper limb.

### **CONCLUSION**

Subclavian artery injury is rare and as such experience to deal with such injury is hard to come by. The subclavian vessels are well protected by first rib and clavicle. As such, penetrating trauma presents a difficult challenge for surgical exposure. Many open surgical approaches have been described for such injuries, such as median sternotomy and clavicular incisions with possibility of clavicle division for proper exposure. Alternatively, endovascular coiling and stenting of the lesion provide a safer and minimal invasive treatment option. It is performed by vascular surgeon or interventional radiologist. However, not all hospital has endovascular facilities or the expertise to perform such procedure.

## **CASE REPORT: OBSCURED UPPER GASTROINTESTINAL BLEEDING DUE TO A SMALL INTESTINAL GASTROINTESTINAL STROMAL TUMOR**

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Upper gastrointestinal tract is the most common source of gastrointestinal bleeding. Obscured gastrointestinal bleeding (OGIB) from small bowel is very rare and remain a challenge which required specific diagnostic approach to identify the source. 70-80% of small intestinal bleeding was due to vascular abnormalities and 5-10% originated from small intestine tumors. The onset of small intestinal tumors was around 50 years old. In fact only 1-2% of gastrointestinal tumors belong to rare small bowel tumors. We reported a 63 year old gentleman who presented with recurrent symptomatic anaemia with required hospitalisation and multiple blood transfusions that subsequently underwent exploratory laparotomy. Intraoperative findings shown large small bowel mass measuring 4 x 4cm from jejunum with surface ulceration. Postoperative pathological diagnosis was gastrointestinal stroma tumour (GIST).

## LOSING A LOBE OF A LUNG DUE TO RETAINED ASPIRATION OF A BRUSH: A CASE REPORT

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### INTRODUCTION

Accidental aspiration of foreign body in adults is a less frequent reported incident. Aspiration of small objects invariably will lodge at distal airway and have subtle clinical presentation. Nevertheless, it is a serious medical condition requiring timely recognition and prompt intervention.

### CASE PRESENTATION

A 60-year-old gentleman with history of total laryngectomy for laryngeal carcinoma, accidentally aspirated the tip of a soft brush while cleaning his voice prosthesis. Despite reporting the incident immediately to his physician, the brush was failed to be retrieved as initial bronchoscopy was unable to visualize it. He presented again 2 weeks later with pneumonia. In view of the history of foreign body aspiration, CT scan was done which showed the brush tip was lodged at the segmental bronchus of left lower lobe with associated segmental lung collapse. A repeat bronchoscopy showed that one of the left lower lobe tertiary bronchus was filled with granulation tissue but the foreign body was not visualized. Henceforth, we embarked on a Video Assisted Thoracoscopic Surgery (VATS) in an attempt to remove the diseased segment and the brush which was eventually converted to Open Left Lower Lobectomy in view of technical difficulties. Patient had an uneventful recovery subsequently.

### DISCUSSION

This case highlights the importance of prompt diagnosis and retrieval of foreign body in cases of aspiration. Bronchoscopy is the 'gold standard' for foreign body retrieval. Flexible bronchoscopy is reported to be able to remove objects as distally as segmental bronchus. Surgical intervention is often needed when bronchoscopy has failed or in delayed presentations where there is consequential lung parenchymal disease such as emphysema, bronchiectasis or fibrosis.

## **INVASIVE BLADDER GIST MIMICKING PERITONITIS: RARE PRESENTATION**

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### **INTRODUCTION**

GIST is group of mesenchymal tumours that express KIT protein. It is the most common mesenchymal tumours of gastrointestinal tract but rarely arise from the bladder. GIST usually present with bleeding or mass effect. Acute presentation of bladder GIST in the form of peritonitis is rare.

### **CASE DESCRIPTION**

38 years old male presented with 3 days history of lower abdominal pain with vomiting. He has generalized abdominal guarding and rigidity. Chest x-ray showed air under diaphragm. Partial cystectomy and small bowel resection done for bladder wall tumour adhered to small bowel with perforation. Histopathology report showed intermediate risk GIST.

### **DISCUSSION**

Bladder GIST which is known as Extra-gastrointestinal stromal tumours is a very rare tumour. They can be described immunohistochemically and histologically. The treatment of choice for GIST is surgical resection with negative margins and avoidance of tumor spillage. Despite complete surgical resection, less than 50% patients have 5 year disease free survival. These tumors has shown limited response to chemotherapy or radiotherapy. GIST clinical presentation is determined mainly by their location and size. Symptomatic tumors are generally large and exhibit mass effect.

### **CONCLUSION**

GIST commonly present with mass effect or hemorrhage. However, clinicians should be aware that GIST can present with peritonitis and involve extra gastrointestinal organs.

## **DUODENOJEJUNAL FLEXURE TUMOR: A CHALLENGING CASE TO MANAGE**

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The diagnosis and management of duodenal tumors are challenging. As for duodenojejunal flexure tumor, it's a rare location for gastrointestinal tumor and the pathology of the disease itself is complex. It accounts for only 8% of all duodenal tumors and it carries high mortality as the definitive treatment for methods of oncological resection is debatable.

We reported a case of a 56 years old man with Duodenojejunal flexure tumor, whom was diagnosed intraoperatively after presenting with severe gastric outlet obstruction symptoms. He successfully underwent exploratory laparotomy, resection of the tumor with duodenojejunal and gastrojejunal anastomosis.

## **BLEEDING DUODENAL TUMOR WITH GALL BLADDER INFILTRATION: DARE TO TOUCH THEM?**

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Duodenal tumors are uncommon. They represent only 0.3% of all gastrointestinal tumors, as D1 tumors account for about 4% of all duodenal tumors. By the virtue of the anatomy of the duodenum, it carries high mortality and morbidity for patients whom either went for surgery or not.

We reported a rare case of a 74 years old lady with bleeding D1 tumor and gall bladder infiltration. She successfully underwent chemo-embolization and was further planned for definitive surgery.

## INTESTINAL MALIGNANT MELANOMA: A CASE REPORT

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### BACKGROUND

Melanoma is an aggressive and the most common tumor to metastasize to the gastro-intestinal (GI) tract. These tumors are commonly metastases from a cutaneous or less frequently, an ocular primary lesion. Rarely malignant melanomas of the GI tract can be primary tumors. We reported a case of aggressive intestinal melanoma with occult primary lesion.

### CASE PRESENTATION

A 55-year-old gentleman initially came with left iliac fossa mass for 3 months. Clinically there was a retroperitoneal mass with absence of any cutaneous lesion. CT scan showed extensive lobulated soft tissue mass involving mediastinum, chest wall, abdomen, pelvis and pancreatic involvement. Trucut biopsy of the abdominal mass revealed malignant melanoma. He then showed signs of peritonitis during subsequent admission and laparotomy was performed. Intraoperatively, there were multiple hyperpigmented nodules on small bowel, a hard lesion on ascending colon, a friable and necrotic lesion on descending colon with a huge retroperitoneal lesion adjacent to it. There was no finding of perforation or obstruction. Biopsy taken, peritoneal lavage and ileostomy were performed, with palliative intention. Biopsy result confirmed intestinal malignant melanoma.

### DISCUSSION

It is now still difficult to confirm primary versus metastatic origin of intestinal malignant melanoma. Some authors conclude that the primary cutaneous lesion might be regressed at the time patient presented with intestinal symptoms, thus making it harder to find. Intestinal malignant melanoma is usually asymptomatic, but it may also occur with chronic abdominal pain, obstructive symptoms or rarely perforation as late presentations.

### CONCLUSION

Intestinal malignant melanoma is rare, and it is difficult to achieve early diagnosis. CT scan is a great modality to facilitate the process of making diagnosis and usually surgical resection is not feasible due to extensive disease at presentation.

## ISOLATED PANCREATIC TUBERCULOSIS MASQUERADING PANCREATIC MALIGNANCY

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Tuberculosis (TB) is a common infectious disease in developing countries. Although the lung is the most commonly affected, extra-pulmonary TB accounts for one-fifth of the cases. Isolated pancreatic tuberculosis is a rare entity and it often occurs in the setting of disseminated TB and in patients with immunodeficiency states. Patients usually presented with non-specific symptoms such as abdominal pain, jaundice or weight loss. Pancreatic TB can present as either a cystic mass or solid mass hence always give the resemblances of a pancreatic malignancy.

We presented a case of pancreatic tuberculosis in a lady who was not in an immunodeficiency state or had any previous contact with TB patients. Initial provisional diagnosis was pancreatic malignancy based on Contrast Enhanced Computed Tomography (CECT) imaging. This patient underwent exploratory laparotomy and biopsy which histopathology confirmed the diagnosis of pancreatic tuberculosis. She responded well with anti TB treatment.

Pancreatic tuberculosis can present with a variable spectrum of imaging findings. CT findings may demonstrate hypodense collections within the pancreas or complex pancreatic mass with or without peripancreatic lymphadenopathy. Tuberculosis of the pancreas should be considered as a diagnostic possibility in young patients with positive TB contact or imaging shows pancreatic space occupying lesion associated with peripancreatic lymphadenopathy.

Most of the patients are diagnosed intra-operatively in view of suspicious malignancies. However, the role of CT guided biopsy, EUS guided biopsy or ERCP cytology and biopsy may help to diagnose this disease which will response successfully with anti-tuberculous drugs.

## **SOLID PSEUDOPAPILLARY TUMOUR OF PANCREAS IN EXTREME AGE: A CASE SERIES**

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Solid Pseudopapillary Tumour of pancreas (SPT) is an uncommon type of pancreatic tumour and it represents about 1-3% of exocrine pancreatic neoplasm. It is almost exclusively occur in young females in the second to fourth decade of life.

The disease has vague clinical presentations such as abdominal pain, increase abdominal distension, gastric outlet obstruction and 30% of the patients can be asymptomatic. It has a low-grade malignant potential therefore has a good prognosis. Overall 5-year survival can be as high as 97% after surgical resection.

### **CASE 1**

A 57-year-old lady presented to surgical clinic with history of epigastric discomfort and vomiting. Examination revealed mass at epigastric region which is soft, mobile and non-tender. CT scan abdomen done noted large cystic mass with enhancing rim in retroperitoneal region measuring 11.5cmx10.4cmx12.3cm with solid component at infero-posterior part of the lesion. Distal pancreatectomy was performed and postoperative recovery was uneventful.

### **CASE 2**

A 65-year-old lady presented to emergency department with recurrent abdominal pain that radiated to the back associated with vomiting. Clinically no mass palpable as she was obese. Computed Tomography (CT) abdomen showed large calcified mass at body of pancreas (4.6cm x 5.5cm x 5.3cm). Intra-operatively, hard calcified mass was noted at body of pancreas. Histopathological examination noted to be a solid pseudopapillary tumor of pancreas in both cases.

In view of extreme age, SPT in elderly or even in man should be followed up closely in view unclear risk of malignant potential and risk of recurrence.

## NON-OPERATIVE MANAGEMENT OF GASTROCOLIC FISTULA

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### INTRODUCTION

Gastrocolic fistula; though a rare condition, frequently presents as a complication of gastric carcinoma. Benign conditions giving rise to gastrocolic fistula make up less than 5% hence making it much rarer.

### OBJECTIVE

We present a series of two cases of gastrocolic fistulae.

### MATERIALS AND METHOD

There were 2 patients that presented with gastrocolic fistula. First case was a 70 year old man with a past history of distal gastrectomy while the other was a 46 year old male with a history of perforated gastric ulcer. The first patient presented with symptoms of gastric outlet obstruction while the second patient presented with merely constitutional symptoms. Gastroscopy revealed an abnormal opening at the distal stomach with feculent material. A contrast study thereafter confirmed gastrocolic fistula between stomach and distal transverse colon in both patients. Surgery was planned in the first patient however ended up futile as the fistula site had formed a frozen mass. The second patient refused surgery but was kept on close follow up for disease progression and malnutrition. Histopathological examination of the fistulous opening did not reveal neoplasm in origin.

### RESULTS

Both recovered over period of time. Early initiation of nutrition therapy helped in progression of malnutrition.

### DISCUSSION

Benign gastrocolic fistulas are extremely rare and pose challenges in various aspects particularly those that have been operated upon. Good outcomes in these patients can be achieved without surgical intervention through a multidisciplinary approach and early nutrition therapy.

### KEYWORDS

Gastrocolic fistula, gastrectomy, peptic ulcer disease

## NEUROENDOCRINE TUMOR: IT'S NOT ONLY IN THE GIT, WHERE ELSE IT CAN HAPPEN?

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### INTRODUCTION

This is a case report and discussion about a rare Neuroendocrine Tumor of Breast.

### CASE REPORT

A 62 years old lady presented with left breast lump for 3 months. Ultrasonography showing hypoechoic lesion with lobulation correspond with mammography finding as lobulated low density mass around 2.4 x 2.9cm. Core biopsy showed no malignancy. The patient underwent wide local excision of left breast lump. The resected tumor measured 4x3x4 cm and was pale tan homogenous appearance. Histologic examination of the tumor composed of densely packed small round cells with hyperchromatic nuclei, inconspicuous nucleoli and scanty cytoplasm and display an infiltrative growth pattern. Tumor cells are arranged in alveolar pattern with rounded solid mass of round cells invading a collagenous stroma. No necrosis, mitotic figures or apoptosis seen. Ki-6 proliferation vile is low (<1%). Immunohistochemistry test for this tumor are : Chromogranin:Negative; Synaptophysin:Positive; NSE:Focal Positive; PanCK AE1/AE3:Positive; LCA:Negative. This confirmed as neuroendocrine tumor well differentiated (low grade). The tumour cells were strongly positive for progesterone and estrogen receptors. The diagnosis was neuroendocrine carcinoma of the left breast.

### CONCLUSION

Primary breast NET comprise <2% of all primary breast cancers. It is more common in woman in 60s or 70s. NET of the breast as tumors with expression of one or more immunohistochemical markers (neuron specific enolase, chromogranin A, and synaptophysin) in at least 50% of the tumor cells. A simple or radical mastectomy was the standard treatment of primary carcinoid tumors. Further imaging example; PET scan and endoscopic study maybe useful to look for possible primary NET in this case. No significant study to suggest the use of hormonal therapy in this kind of NET.

## **PARATHYROID CARCINOMA IN RENAL HYPERPARATHYROIDISM: A CASE REPORT**

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Parathyroid carcinoma is a rare endocrine malignancy that affects 1.25 - 5.73 per 10,000,000 persons per year and in primary hyperparathyroidism the incidences were extremely rare comprises about 1-2%. The risk factor will be neck irradiation, long standing secondary hyperparathyroidism. Majorities were symptomatic with neck mass and bone diseases. The diagnosis of parathyroid cancer based on histological examination when there were vascular invasion, cervical lymph node metastasis and distant metastasis.

Here I reported a case of parathyroid cancer in renal hyperparathyroidism.

## **PERSISTENT ANEURYSMAL VITELLINE VEIN WITH PORTAL VEIN THROMBOSIS IN A NEONATE**

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### **INTRODUCTION**

Vitelline veins undergo selective involution to form the portal vein during embryonic development. Abnormal patterns of involution results in anomalies of the umbilical-portal venous system. We report a case of persistent vitelline vein with a thrombus.

### **CASE REPORT**

A full term baby boy was referred on day 1 of life for an intra-abdominal cystic vascular mass detected during the antenatal ultrasound. Ultrasound and CT scan on day 1 of life showed an aneurysmal vein from the umbilicus to the splenomesenteric junction with a thrombus within. The child underwent a laparotomy on day 2. A huge thrombus was noted to be within the vitelline vein just before the junction of the SMV and splenic vein with absence of the normal umbilical vein. Thrombectomy and resection of the vitelline vein was done, followed by a Ladd's procedure as the child had an associated midgut malrotation. Heparin infusion was started immediately following the ligation of the vitelline vein. Post operatively, child recovered well though a repeat ultrasound showed right portal vein thrombosis. Thrombolysis was continued for 6 weeks with Enoxaparin. Follow-up ultrasounds showed a gradual, complete resolution of the thrombus with recanalization of the portal vein.

### **DISCUSSION**

Prenatally detected intrabdominal cystic mass have a variety of differential diagnosis ranging from intestinal duplication to choledochal cyst. However, umbilical-portal venous anomalies such as persistent vitelline veins should also be considered as the risk of postnatal portal vein thrombosis and subsequent liver cirrhosis is high.

### **CONCLUSION**

We advocate early surgical thrombectomy and anticoagulation in cases of persistent vitelline vein as medical therapy alone is not sufficient to prevent portal vein thrombosis.

## LAPAROSCOPIC ANTERIOR RESECTION IN QUEEN ELIZABETH HOSPITAL, SABAH: A RETROSPECTIVE REVIEW

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### INTRODUCTION

Laparoscopic colectomy has been reported with proven short-term benefits for patient recovery. Elective laparoscopic anterior resection for colorectal carcinoma was started in Queen Elizabeth Hospital (QEH), Sabah since early year 2013.

### OBJECTIVE

To review the short term outcome of elective laparoscopic anterior resection for colorectal carcinoma from January 2013 to December 2015 in QEH, Sabah.

### METHODS

This was a retrospective review whereby cases were identified from Record Unit QEH. All patients aged 18 and above who underwent elective anterior resection for histopathologically proven colorectal carcinoma were eligible. The primary outcome measured was short term outcome which including post-operative complications, post-operative pain control, duration of hospitalization, and histopathological characteristic of resected specimen.

### RESULTS

We identified 31 patients - 16 males and 15 females with mean age of  $60.6 \pm 10.0$  years during the study period. Clinical stages at presentation were Stage I - 9.7%, Stage II - 35.5%, Stage III - 29.0%, and Stage IV - 25.8%. Total of 19 patients had complete laparoscopic anterior resection, five needed conversion to open resection, and seven underwent open surgery - conversion rate of 20.8%. Surgical site infection and anastomotic leak were the two commonest complications. Those who needed conversion to open resection had longer stay in hospital ( $25.0 \pm 21.2$  days) and duration of analgesia (epidural  $3.0 \pm 0.8$  days, intravenous  $3.0 \pm 1.4$  days, oral  $21.2 \pm 12.5$  days). All operations fulfilled oncological excision except two distal margins were involved from complete laparoscopic anterior resection (9.5%).

### DISCUSSIONS

Laparoscopic colorectal surgery in our centre has a contemporary conversion rate of 20.8%, as compared to 19.7% in National Patient Cancer Registry. Those required conversion had higher morbidity compared to complete laparoscopic and even to open surgery.

### CONCLUSION

Patient selection is important in laparoscopic anterior resection to avoid conversion as higher morbidity noted in conversion surgery.

## THE NATIONAL MEDICAL STUDENTS BASIC SURGICAL SKILLS WORKSHOP AND COMPETITION: A COMPARATIVE ANALYSIS

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### INTRODUCTION

The National Medical Students Basic Surgical Skills (NMBSS) workshop and competition is an annual event organized by the College of Surgeons, Academy of Medicine Malaysia in collaboration with Advanced Surgical Skills Centre (ASSC), Universiti Kebangsaan Malaysia. Introduced in 2013, it intends to provide aspiring surgeons an opportunity to practice and compete in a wide range of surgical challenges, from suturing and knot-tying to more complex virtual invasive procedures during the final stages.

### METHODOLOGY

This is a descriptive study where we retrospectively review participants of the NMBSS workshop and competition over a duration of 4 years; 2014 till 2017. Their details with regards to demographic data and performance were looked into.

### RESULTS

There is an increase in the total number of participants, from 89 to 137 students. The total number of participating universities have doubled from 9 to 18, with an increase in the participation from the public varsities (33.7% to 71.5%). The participation from the private institutions however showed a decreasing trend, from 66.3% to 28.5%. Among the group too, we have recorded 4 Malaysian students from overseas medical schools; namely India, China, Russia and Glasgow.

We observed an increase in the participation of female students (55% to 58%) while a decrease of participation amongst male students (45% to 42%) were noted. The number of participants qualified for the final round of the competition ranges between 12 to 15 students per annum. The number of participating public universities had increase from 41.7% to 60% while a decreasing trend was noted among the private institutions (58.3% to 40%). The number of male finalists increased from 33.3% to 46.7% while female participation observed a reduction from 66.7% to 53.3%. No particular medical school dominated the list of winners.

### CONCLUSION

The NMBSS indeed is successful and popular among budding surgeons. Given the promising progression, we recommend its continuation for the years to come.

## **FINALS OF THE NATIONAL MEDICAL STUDENTS BASIC SURGICAL SKILLS WORKSHOP AND COMPETITION: A REPORT**

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### **INTRODUCTION**

The top performers of the preliminary rounds of the National Medical Students Basic Surgical Skills (NMBSS) workshop and competition would be selected to proceed to the grand finale. This is a half-day event held to test the participant's abilities in completing challenging surgical tasks where 3 to 5 participants would be crowned as winners.

### **METHODOLOGY**

This is a retrospective study where we review the demographic data and performance of the finalists of the NMBSS workshop and competition over the past 4 years, from 2014 to 2017.

### **RESULTS**

There was either 12 or 15 finalists, which alternate every year according to the number of participants. The number of participating public universities had increase from 41.7% to 60% while a decreasing trend was noted among the private institutions (58.3% to 40%). The number of male finalists increased from 33.3% to 46.7% while female participation observed a reduction from 66.7% to 53.3%.

The number of winners were either 3 or 5 depending on the number of finalists. There was an increase in the number of winners from the public institutions from 66.7% to a dominating 100% while a decrease from 33.3% to nil was observed among the private universities.

This paper reports the breakdown of winners according to universities and their year of studies. We will also discuss the stations and the participant's performance for each station.

### **CONCLUSION**

Our data shows that this competition is becoming more popular and the performance of the participants is improving over the 4-year period.

## **THE NATIONAL MEDICAL STUDENTS BASIC SURGICAL SKILLS WORKSHOP AND COMPETITION: AN ANALYSIS ON THE GENDER DIFFERENCES**

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### **INTRODUCTION**

The National Medical Students Basic Surgical Skills (NMBSS) workshop and competition is annual event organized by the College of Surgeons, Academy of Medicine Malaysia in collaboration with Advanced Surgical Skills Centre (ASSC), Universiti Kebangsaan Malaysia. Established in 2013, it is open to all medical students in Malaysia and intends to provide aspiring surgeons an opportunity to practice and compete in a wide range of surgical challenges.

### **METHODOLOGY**

This is a retrospective study of participants of the NMBSS workshop and competition over a duration of 4 years. Their details with regards to demographics and performance were looked into.

### **RESULTS**

Generally, there is an increase in the participation of female students (55% to 58%). As for the finalists, the number of male finalists increased from 33.3% to 46.7% while female participation observed a reduction from 66.7% to 53.3%. The number of male winners had increase from 33.3% to 60% while female winners decreased from 66.7% to 40%.

This paper discusses the demographic differences and possible explanation to this finding.

### **CONCLUSION**

Although we observed a general increase in trend among female participants, the male participants generally performed better in both the qualifying rounds and grand finals.

# **AN ANALYSIS ON THE UNIVERSITY PARTICIPATION IN THE NATIONAL MEDICAL STUDENTS BASIC SURGICAL SKILLS WORKSHOP AND COMPETITION**

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## **INTRODUCTION**

The National Medical Students Basic Surgical Skills (NMBSS) workshop and competition is annual event organized by the College of Surgeons, Academy of Medicine Malaysia in collaboration with Advanced Surgical Skills Centre (ASSC), Universiti Kebangsaan Malaysia. This competition is open to all universities offering the medical course in Malaysia.

## **METHODOLOGY**

This is a retrospective study of participants of the NMBSS workshop and competition over a duration of 4 years. Their demographic data and performance were looked into.

## **RESULTS**

The total number of participating universities doubled from 9 to 18, with an increase in the participation from the public varsities (33.7% to 71.5%). The participation from the private institutions however showed a decrease, from 66.3% to 28.5%. As for the final round, the number of public universities had increase from 41.7% to 60% while a decreasing trend was noted among the private institutions (58.3% to 40%). There was an increase in the number of winners from the public institutions from 66.7% to a dominating 100% while a decreasing trend was noted (33.3% to nil) amongst the private universities.

This paper will discuss the breakdown of the universities and their pattern of participation of the 4 years.

## **CONCLUSION**

Participation from the private universities should be encouraged to ensure a balanced competition.

## OBSTRUCTIVE DEFECACTION SYNDROME IS A RARE CAUSE OF FAILURE OF LAPAROSCOPIC ANTIREFLUX SURGERY: AN INTERESTING CASE REPORT

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### BACKGROUND

Recurrence of reflux symptoms following laparoscopic anti-reflux surgery (LARS) is associated with failure of the procedure. Wrap disruption due to an increased intra abdominal pressure is among the commonest cause of failure. We present the first known case of a failure of fundoplication with recurrence of Gastro-oesophageal reflux symptoms following LARS secondary to Obstructive defecation syndrome (ODS).

### CASE DISCUSSION

A 30-years-old male patient was referred for LARS. The patient initially presented with persistent typical and atypical symptoms of Gastro-oesophageal reflux disease (GERD) despite optimal medical treatment. Oesophagealduodenoscopy (OGDS) confirmed the presence of grade B (LA Classification) reflux oesophagitis. He was counselled and eventually underwent laparoscopic anterior partial fundoplication. His post operative recovery was uneventful. During post-operative follow-up, he describe a complete resolution to the preoperative gastro-oesophageal reflux symptoms with a Visick score of 0. A repeat upper endoscopy also revealed a complete resolution to his reflux oesophagitis with a good intact fundal wrap. The patient was then diagnosed with solitary rectal ulcer syndrome (SRUS) with ODS at 8 months post LARS. Subsequently patient underwent laparoscopic resection rectopexy (LRR) and recovered well. Unfortunately the patient had recurrence of reflux symptoms immediately within a month after LRR. Subsequent, OGDS show complete wrap disruption, recurrent oesophagitis and a positive 24 hours pH study. He subsequently underwent a successful revisional LARS surgery with a Nissen fundoplication.

### CONCLUSION

Increased intra-abdominal pressure due to ODS is a rare cause of LARS failure.

### KEYWORDS

Fundoplication, Solitary Rectal Ulcer Syndrome, Gastro-oesophageal reflux disease

## **CUTANEOUS METASTASIS OF PANCREATIC CARCINOMA, A RARE CLINICAL MANIFESTATIONS: A CASE REPORT**

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### **INTRODUCTION**

Cutaneous metastasis from pancreatic carcinoma is a rare entity with majority of cases reported involving the umbilicus, classically referred to as Sister Mary Joseph's nodule. However, non-umbilical cutaneous metastasis is less well-described in the literature.

### **CASE PRESENTATION**

We report a case of pancreatic adenocarcinoma in which the initial presentation was a non-umbilical cutaneous deposit. An 80-year-old man without any premorbid illness presenting with an enlarging painless ulcerated right infrascapular skin nodule. Further workup revealed an advanced metastatic unresectable pancreatic tail adenocarcinoma. He eventually succumbed to the disease 3 weeks later.

### **DISCUSSION**

This case highlights that metastasis from an internal organ must always be considered when a cutaneous malignant lesion is encountered. Although the more common site of cutaneous deposits from subdiaphragmatic malignancy is around the umbilicus, non-umbilical cutaneous secondaries can be a presentation. Such skin lesions may even be the first manifestation of an intraabdominal malignancy and are often a harbinger of advanced disease that portends an ominous prognosis. Of note, the body and tail of pancreas are the commonest site of primary when pancreatic cutaneous metastases occur.

### **CONCLUSION**

Clinician should be well aware that pancreatic carcinoma may first present with non-umbilical cutaneous metastasis.

## GROUP A STREPTOCOCCAL NECROTISING MASTITIS: A RARE PRESENTATION OF BREAST INFECTION

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Necrotising mastitis is a rare soft tissue infection of the breast. It is usually seen in patients with background of immunosuppressive illnesses, trauma, or surgery. It is also more common in lactating mothers. Two types of necrotising fasciitis have been described. Type 1 is usually polymicrobial and is associated with diabetes mellitus and peripheral vascular disease, while Type 2 is monomicrobial, and Group A Streptococcus (GAS) is commonly implicated. With this in mind, we would like to describe a patient with GAS necrotising mastitis, initially presented as breast abscess. She was in septicemic shock upon presentation, and she underwent extensive wound debridement of her involved breast. At operation, the classical dishwasher pus associated with necrotising fasciitis and necrosis of subcutaneous tissue and fascia of the left breast were found. Microbiological examination of the specimens yield GAS and histopathology showed acute inflammatory cells with extensive fibrin exudates infiltrating breast ducts and acini with areas of fat necrosis, suggestive of necrotising mastitis. Postoperatively, she received ventilator and inotropic support at the intensive care unit, and further wound debridement done on day 2. She recovered well and refused breast reconstruction, hence the wound was allowed to granulate and secondary suturing done. Early clinical suspicion, aggressive wound debridement and antimicrobial therapy with early multidisciplinary involvement facilitates optimum management.

## PITFALLS IN THE DIAGNOSIS OF BREAST CANCER

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Breast cancer survival depends on the stage of cancer at presentation. Delayed in diagnosis will cause a major health problem and lead to poor outcomes.

Recognizing the pitfalls in diagnosing breast cancer will provide early diagnosis and improved quality of life after primary treatment. Combination using ultrasound and mammogram has become more widespread in diagnosis of breast cancer. Ultrasound alone can only see solid or cystic lesion but will miss the microcalcifications. Mammogram will be less sensitive in younger patients due dense fibroglandular tissue. It is also time to rethink the use of fine needle aspiration and cytology in view of high inadequate rate and limited clinical usefulness compare to core needle biopsy, which can provide more reliable information. Here we reported a case series of pitfalls in the diagnosis of breast cancer.

## GASTRIC HEPATOID ADENOCARCINOMA: A CASE REPORT

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### INTRODUCTION

Gastric hepatoid adenocarcinoma (GHA) is rare variant of gastric adenocarcinoma. It is characterized by high alpha fetoprotein (AFP). Histologically, it share the same liver characteristic. GHA is more aggressive than other types of adenocarcinomas.

### CASE REPORT

23 years old female referred to us with complaints of hematemesis for 2 days, associated with epigastric pain and passing out malenic stools. Her AFP was 1045. OGDS findings showed a tumor at body of stomach invading greater and lesser curvature with contact bleeding. There was communication with transverse colon. OGDS Biopsy revealed an adenocarcinoma. Intraoperatively there was a locally advanced gastric cancer invading the splenic flexure laterally, superior aspect of body of pancreas posteriorly and anterior abdominal wall. A total gastrectomy+extended right hemicolectomy+splenectomy+distal pancreatectomy was done. HPE from the biopsy taken confirmed the diagnosis of hepatoid adenocarcinoma.

### DISCUSSION

Gastric hepatoid adenocarcinoma, a rare type of primary gastric cancer is characterized by hepatocellular carcinoma-like histology. The term hepatoid adenocarcinoma of the stomach was introduced three decades ago with the observation of high serum AFP levels in some gastric adenocarcinoma patients. It is composed histologically of two different areas (hepatoid and adenocarcinomatous). The reported incidence of this variant ranges from 1.3% to 15% of all gastric cancers. However, not all AFP-producing carcinomas show hepatoid features histologically. Studies shown that patients with GHA have an average age of 63.5 years, predominantly male, have tumors mainly located at the antrum. Studies reported 3-years survival rates of 22.6% with median survival time of 6 months.

### CONCLUSION

GHA is rare variant of gastric carcinoma & is associated with poor prognosis. Therefore high index of suspicious is warranted in recognizing this variant.

## KNOWLEDGE AND AWARENESS OF BREAST CANCER AMONG UNIMAS FEMALE STAFF

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Based on the data from the National Cancer Registry (NCR) 2006 reported that there were 3,525 female breast cancer cases in Malaysia and this made it the most commonly diagnosed cancer in women (29.9% of all new cancers). The overall Age-Standardized Incidence Rate (ASR) was 39.3 per 100,000 populations. In other words, it also means that 1 in 20 women will develop breast cancer in their lifetime. Apart from that, the data also stated that a peak age specific incidence rate is in the 50 - 59 age groups with a value of approximately slightly over 50% of the total incidence. Based on these figures, it can be seen that breast cancer is a major disease and also a major concern in the medical field and service. It also burdens the medical field and it requires a lot of funding for further management plan.

Hence, this study is conducted to assess the level of knowledge regarding breast cancer by interviewing the female support staff of UNIMAS. The questionnaire comprises of 3 different sections; General knowledge regarding Breast Cancer, Knowledge of risk factors on Breast Cancer and Knowledge on Diagnosis and Treatment on Breast Cancer. Subsequently, a cross-sectional survey was conducted in UNIMAS, both at Kota Samarahan and Lot 77, involving 108 participants and data were analyzed using SPSS version 20.

Overall, it can be seen that most staff knows what breast cancer is although they only have superficial knowledge regarding it. However, the necessity of having breast cancer awareness campaigns within the university and among the staff is off to be highly considered.

(A Research for the fulfilment of MDP20505 Elective Posting, Session 2012)

### KEYWORDS

Breast cancer, Knowledge, Risk Factor, Prevention, Treatment, Female, Support Staff, UNIMAS CPG Guidelines2010

## EXTRA-OSSEUOUS EWING'S SARCOMA OF SMALL BOWEL MESENTERY MISTAKEN FOR OVARIAN DYSGERMINOMA

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Extra osseous Ewing's sarcoma is a rare entity that involves the lower extremities, paravertebral regions of the spine, retroperitoneum, pelvis and the chest wall. Involvement of mesentery as this case has been only reported five times in English literature. An eleven year old girl presented with progressive abdominal distension for 2 months duration to gynecology clinic. Her abdominal examination revealed a firm intra-abdominal mass 10cm x 15cm arising from right iliac fossa. CT scan of the abdomen performed and discussed in MDT suggestive of ovarian dysgerminoma. Subsequently, she was referred for surgery. Intra-operatively, she was referred to surgical team in view of tumor arising from mesentery of terminal ileum. Complete resection of tumor with right hemicolectomy was done. Histopathological assessment of the tumor revealed features of small blue round cell tumor which after an expert immunohistochemical staining reported as extra-osseous Ewing sarcoma. She underwent a course of adjuvant chemotherapy and currently well during follow up. Due to rarity of this tumor, a proper consensus on management has not been outlined. However, complete resection and adjuvant chemotherapy remain a standard therapy which showed a good operative outcome.

## DUODENAL GIST: RARE DISEASE WITH COMMON SYMPTOMS

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Duodenal Gastrointestinal Tumour (GIST) is a very rare entity of its type. Although it remains the commonest primary duodenal tumour, it is considered as rare location of GIST (less than 5%) where this tumour is usually located within stomach (60%) followed by small intestine. It represents a unique dilemma in choosing the right surgical methods to ensure completeness of resection with minimal operative morbidities.

We presented a case of an-80-year-old man who presented with recurrent history of upper gastrointestinal bleeding. Serial OesophagoGastroDuodenoscopy (OGDS) showed bleeding arise from mass at second part of duodenum. Biopsy revealed proliferation of spindle cell type which represent GIST.

He successfully underwent local resection with negative margin. Histopathology results revealed low grade GIST (size 2.5cm) with CD117 positive and free tumour margin.

## **INTRADUCTAL PAPILLARY MUCINOUS NEOPLASM (IPMN) OF PANCREAS IN ASSOCIATION WITH AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE (ADPKD)**

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Intraductal Papillary Mucinous Neoplasm (IPMN) of the pancreas in association with Autosomal Dominant Polycystic Kidney Disease (ADPKD) is extremely rare. ADPKD is known to be associated with simple pancreatic cyst in very small percentage (7-10%). Those with risk to develop simple pancreatic cyst in ADPKD is female gender, older age group and known PKD1 mutation.

The first case report to describe about IPMN in ADPKD patients was published by Yasunori Sato from Japan in 2009. Since then less than 10 case reports are available worldwide to describe about this condition. We reported such a rare case of a 67-year-old man with ADPKD who was referred to our centre because of chronic abdominal pain.

The CT scan abdomen showed presence of cystic lesions at head, body and tail of pancreas with prominent main pancreatic duct. The intraperitoneal component of the abdomen was small and pushed anterior and medially by bilateral enlarged polycystic kidneys. Endoscopic Ultrasound (EUS) showed cystic neoplasm within the pancreas communicating with the main pancreatic duct. The pancreatic fluid cytology revealed C4 lesion (most probably malignant). He was treated as Intraductal Papillary Mucinous Cancer.

Despite of the high risk comorbidities, he successfully underwent pylorus preserving total pancreaticoduodenectomy with splenectomy.

## **AN EXTERNALLY VALIDATED RISK SCORE FOR INTRAHEPATIC CHOLANGIOCARCINOMA FOLLOWING SURGICAL RESECTION: A SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS (SEER) DATABASE ANALYSIS**

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### **INTRODUCTION**

Intrahepatic cholangiocarcinoma (iCCA) is the second most common primary liver cancer. Surgery in the form of hepatectomy remains the only curvative option for patients with iCCA. However the long-term survival for iCCA patients following hepatectomy remains poor. We sought to develop a post-operative score to predict the patient survival following liver resection for iCCA and validate the score on a local population.

### **METHODS**

The Surveillance, Epidemiology, and End Results (SEER) database identified patients with histologically confirmed iCCA between 1998 - 2013 as the derivation cohort. Prognostic factors were evaluated using Kaplan-Meier curves and Cox proportional hazards models. Primary end-points assessed in the study was overall Survival (OS). The score was externally validated upon a patient cohort from the United Kingdom.

### **RESULTS**

The derivation cohort included 809 patients undergoing surgical resection for iCCA. Multivariate Cox regression model identified male ( $p=0.013$ ), multifocal tumours ( $p<0.001$ ), local invasion ( $p=0.027$ ), vascular invasion ( $p=0.002$ ), poor/anaplastic differentiation ( $p<0.001$ ), tumour size  $>5\text{cm}$  ( $p=0.013$ ) and N classification ( $p<0.001$ ) as prognostic factors. The corresponding c-statistic for the derived score was 0.71 ( $CI_{95\%}$ : 0.67 - 0.76) for the derivation cohort and 0.80 ( $CI_{95\%}$ : 0.65 - 0.92) for the validation cohort ( $p=0.001$ ).

### **CONCLUSION**

This novel risk score derived from a large national database, with external validation, may be useful in guiding post-operative management of patients following surgical resection for iCCA.

## VALIDATION OF THE AMERICAN JOINT COMMISSION ON CANCER (AJCC) 8<sup>TH</sup> EDITION STAGING SYSTEM IN PATIENTS WITH PANCREATIC ADENOCARCINOMA: A SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS (SEER) ANALYSIS

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### BACKGROUND

The 8<sup>th</sup> edition AJCC staging system for pancreatic cancer incorporated several significant changes. We sought to evaluate this staging system and assess its strengths and weaknesses relative to the 7<sup>th</sup> edition system.

### METHODS

Using the Surveillance, Epidemiology and End Results (SEER) database (2004 - 2013), 8,960 patients undergoing surgical resection for non-metastatic pancreatic adenocarcinoma were identified. Overall survival was estimated using the Kaplan-Meier method and compared using log-rank tests. Concordance indices (c-index) were calculated to evaluate the discriminatory power of both staging systems. Cox proportional hazards model were used to determine the impact of T and N classification on overall survival.

### RESULTS

The c-index for AJCC 8<sup>th</sup> staging system (0.60, CI<sub>95%</sub> 0.59 - 0.61) was comparable to that for the 7<sup>th</sup> AJCC staging system (0.59 CI<sub>95%</sub> 0.58 - 0.60). Stratified analyses for each N classification system demonstrated diminishing impact of T classification on overall survival with increasing nodal involvement. The corresponding c-index for N0, N1 and N2 classifications were 0.58 (CI<sub>95%</sub>: 0.55 - 0.60), 0.53 (CI<sub>95%</sub>: 0.51 - 0.55), and 0.53 (CI<sub>95%</sub>: 0.50 - 0.56) respectively.

### CONCLUSION

This is the first large-scale validation of the AJCC 8<sup>th</sup> edition staging system for pancreatic cancer. The revised system provides similar discrimination as compared to the 7<sup>th</sup> edition system. However, the 8<sup>th</sup> edition system allows finer stratification of patients with resected tumors according to extent of nodal involvement.

## **CASE REPORT: MASSIVE RUPTURED MALIGNANT PHYLLODES TUMOR**

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### **INTRODUCTION**

Phyllodes tumors are fibroepithelial tumours of the breast. It is a rare entity, comprising 0.3-0.9% of all breast tumours. Its incidence peaks at the 4<sup>th</sup> decade of life. Surgery remains the gold standard treatment. R0 resection offers high rates of local control. We present a case of ruptured malignant Phyllodes tumor with rib and pleural metastasis and its subsequent management, which ultimately resulted in improved life quality.

### **CASE REPORT**

A 58-year-old Chinese lady presented with a right breast lump for 1 year. She did not seek medical treatment till the tumour size impedes her movements, ruptured and became unbearably foul smelling for the past 2 months. On examination, there was a huge fungating right breast tumor extending from the clavicle to the umbilicus level with multiple areas of foul smelling pus discharge. Computed tomography (CT) of the thorax and abdomen revealed a large tumour with extension to the rib and pleura. Core biopsy result was inconclusive.

She underwent a right toilet mastectomy. The tumour was dissected off the right 6<sup>th</sup> rib en bloc with the pectoralis major muscle. Histopathological examination revealed a 6.0kg Malignant Phyllodes tumor measuring 40cm x 38cm x 16cm. Post-operative Positron Emission Tomography (PET) scan noted residual tumour involving the ribs, but no distant metastasis. After 1 month of admission for wound management, she was discharged home with a much-improved quality of life.

### **CONCLUSION**

Malignant Phyllodes tumours, being rare fibroepithelial breast tumours, warrant the clinician to maintain a high index of suspicion if a patient presents with a rapidly enlarging breast lump. A simple mastectomy should be performed if negative margins are not achievable by wide local excision. Adjuvant therapy is considered in individual patients.

## TRAUMATIC SUPERFICIAL TEMPORAL ARTERY PSEUDOANEURYSM: A CASE REPORT

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### INTRODUCTION

Pseudoaneurysms of the superficial temporal artery (STA) are uncommon and the first case was described by Thomas Bartholin in 1740. Fewer than 200 cases of traumatic STA pseudo-aneurysm have been reported in the literature. It accounts for only 1% of all the traumatic aneurysm and usually occur as a result of blunt trauma to the temporal region. Surgical resection remains the gold standard treatment and is associated with the lowest rate of recurrence and postoperative complications.

### CASE REPORT

A 75-year-old woman presented with a swelling in the left temporal region after falling from her bed with her left temporal hit the floor two weeks previously. On examination, she had a pulsatile mass at her left temporal region, measuring 5 x 5 cm. No bruit was audible and neurological examination also was normal. The patient underwent Computed Tomographic angiography of the head that revealed a pseudo-aneurysm of the left superficial temporal artery. An excision of the pseudoaneurysm and ligation of the artery was done. In view of large defect, the wound closure was done using delayed split skin graft technique. The patient recovered with no complication after surgery. Histopathological findings confirmed the diagnosis of pseudoaneurysm.

### CONCLUSION

STA pseudo-aneurysm should be kept in mind when evaluating the temporal head swelling especially following the blunt trauma to the temporal region. A thorough history and physical examination are mandatory to make the diagnosis and imaging modalities such as CTA are helpful in confirming the diagnosis.

## **INVASIVE BLADDER GIST MIMICKING PERITONITIS: RARE PRESENTATION**

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### **INTRODUCTION**

GIST is group of mesenchymal tumours that express KIT protein. It is the most common mesenchymal tumours of gastrointestinal tract but rarely arise from the bladder. GIST usually present with bleeding or mass effect. Acute presentation of bladder GIST in the form of peritonitis is rare.

### **CASE REPORT**

38 years old male presented with 3 days history of lower abdominal pain with vomiting. He has generalized abdominal guarding and rigidity. Chest x-ray showed air under diaphragm. Partial cystectomy and small bowel resection done for bladder wall tumour adhered to small bowel with perforation. Histopathology report showed intermediate risk GIST.

### **DISCUSSION**

Bladder GIST which is known as Extra-gastrointestinal stromal tumours is a very rare tumour. They can be described immunohistochemically and histologically. The treatment of choice for GIST is surgical resection with negative margins and avoidance of tumor spillage. Despite complete surgical resection, less than 50% patients have 5 year disease free survival. These tumors has shown limited response to chemotherapy or radiotherapy. GIST clinical presentation is determined mainly by their location and size. Symptomatic tumors are generally large and exhibit mass effect.

### **CONCLUSION**

GIST commonly present with mass effect or hemorrhage. However, clinicians should be aware that GIST can present with peritonitis and involve extra gastrointestinal organs.

## **PAIN CONTROL EFFECT OF CHANNA STRIATUS EXTRACT SPRAY ON CLEAN WOUND; A PROSPECTIVE RANDOMIZE CONTROLLED TRIAL**

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### **BACKGROUND**

*Channa striatus* (Haruan), a fresh water fish indigenous to many tropical countries have long been regarded as valuable food fish in the Far East. Several studies showed, the Haruan did contain all the essential amino acids and fatty acids uniquely capable of accelerating the wound healing and it has anti-nociceptive effect. However so far no human study been done to assess the effectiveness of *Channa striatus* in wound healing. A prospective randomize controlled trial has been conducted on the effect of Haruan Spray versus placebo on clean wound to assess its pain control effect.

### **METHODOLOGY**

81 patient who undergone clean elective surgery. Post-operatively they are randomized into two group. One group received Haruan Extract spray (n=41) another group receive placebo (n=40) on daily basis for 2 week. Then they were follow up on 2<sup>nd</sup>, 4<sup>th</sup> and 6<sup>th</sup> week to assess the pain control effect based on visual analog score (1 to 10).

### **RESULT**

The group treated with haruan spray display a better outcome in term of pain control compared to placebo. Repeated Measures ANOVA between group analysis, p-value=0.002.

### **CONCLUSION**

Our study suggest that application of *Channa striatus* (Haruan) Extract spray on clean wound has a better pain control comparatively with placebo.

## THE DARK SIDE OF BARIUM LOOPOGRAM - A CASE REPORT

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Radiological studies using barium are low risk procedures, however they are not without complications. The reported complications associated with barium include perforation, obstruction or impaction, aspiration, extravasation of contrast and embolization. Obstruction is generally of late onset and occurs because of impaction of the barium or formation of a Barolith. The contributory factors to barolith formation include a low residue diet, dehydration, poor colonic motility, electrolyte imbalance, diabetic enteropathy, Parkinson's disease and Ogilvie's syndrome.

We present a 33 years old gentleman who developed intestinal obstruction following reversal of ileostomy. He had an exploratory laparotomy, segmental resection and double barrel stoma in 2014 done for perforated Meckel's Diverticulum and subsequently had a distal loopogram done in March 2016, which was normal. We proceeded with reversal of ileostomy in December 2016. Unfortunately, patient did not recover as anticipated post operatively and developed intestinal obstruction. We proceeded with CT Abdomen, and it showed inspissated barium (Barolith) in various bowel loops, with 2 radiopaque serpiginous lesion at site of ileostomy closure. He was treated conservatively, with laxatives and gradually improved. He was discharged well seventeen days following surgery.

Inspissated barium (Barolith) is a rare cause of bowel obstruction. The majority of patients with Barolith bowel obstruction present with abdominal pain, distention, nausea, vomiting and constipation or obstipation. Barolith formation can be avoided by using water soluble contrast agent. In the absence of perforation or bowel ischemia, colonic lavage, fleet enemas, warm saline irrigation or colonoscopic dissolution offers a safe, effective and minimally invasive method of relieving the obstruction. However if this method fails, surgery should be kept as an option. Intestinal obstruction secondary to barolith is a complication that surgeons should be aware of to avoid unnecessary surgery and patient morbidity.

## DEEP VEIN THROMBOSIS OF THE UPPER EXTREMITY MIMICKING ACUTE LIMB ISCHAEMIA

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Upper extremity venous thrombosis is a clinical entity with numerous etiological factors. Almost 4% of all patients with venous thrombosis have upper extremity deep vein thrombosis and the incidence increases over time. We present a case of successful management of upper limb thrombosis with anti-coagulant therapy. A previously healthy 35 years old gentleman presented with complaint of one week history of left upper limb pain, numbness and swelling. He denied of any history of recent trauma, cannulations or previous history of thromboembolism. Physical examination on admission revealed left upper limb edema extending up to the shoulder. The movement of left arm was limited. There were no dilated superficial or collateral veins were seen on the anterior chest wall. Distal pulses were intact and no evidence of sensory deficit. Duplex ultrasound of left upper limb revealed long segment vein thrombosis involving the left subclavian vein extending to left basilic vein. His thrombophilia screening study was all normal. Patient was given infusion of heparin before bridging with oral warfarin. His symptoms diminished markedly after treatment. There are no universal accepted consensus in the management of upper limb deep vein thrombosis. The available choice of treatment include anti-coagulant therapy, catheter directed thrombolysis and systemic thrombolysis. The treatment modality should be individualized according to the extension of disease.

## ENDOVASCULAR ANEURYSM REPAIR (EVAR): HOSPITAL SERDANG'S 7-YEAR EXPERIENCE

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### INTRODUCTION

EVAR has significantly reduced mortality and morbidity when compare to conventional open abdominal aortic aneurysm repair. EVAR is less invasive especially in first 30 days of intervention. Hospital Serdang has established itself as vascular surgery referral centre since 2009. We report our outcome of EVAR in 7 years.

### METHOD

Retrospective descriptive analysis on elective EVAR performed in Hospital Serdang from 2010 till 2016.

### RESULT

Forty cases (n=40) of EVAR have been successfully performed. 37 (92.5%) were fusiform aneurysms and 3 (7.5%) were saccular aneurysm. Male to female ratio is 37:3. Their mean age were 71.4 ( $\pm 5.9$ ). 22 patients (55%) presented with cardiovascular co-morbidities, while 5(12.5%) with kidney disease. There were also 4 (10%) cases with underlying carcinoma, three colorectal and one prostatic. Mean size of aneurysm was 6.3 ( $\pm 1.3$ )cm. All cases had successful technical deployment of graft without need of conversion to open surgery. Types of device include Endurant II® Stent Graft (Medtronic), AFX2® Endovascular System (Endologix), Nellix® Sealing System (Endologix) and Zenith-Flex® Bifurcated Main Body Graft (COOK). 7 (17.5%) cases developed minor wound complications. None of them developed contrast induced nephropathy. No lower limb ischaemia was observed. Average duration of hospital stay was 7.3 ( $\pm 3.4$ ) days. CT angiography surveillance was regularly performed. 7 (17.5%) cases of endoleak were reported, consist of 5 cases of type II endoleak, 1 case of type IA and another case of type IB. Only 2 (5%) required interventions. In long term follow-up, one mortality occurred after 2 years of EVAR due to severe pneumonia during hospitalization for type IA endoleak repair. Another 2 patients passed away due to underlying medical illness unrelated to EVAR. No 30-day mortality was observed.

### CONCLUSION

With suitable anatomy and good patient selection, EVAR produced favorable outcomes. Complications of endoleak reported in Hospital Serdang are similar to those reported globally.

## LIVER INJURY IN A REGIONAL TRAUMA CENTRE: 3-YEARS' EXPERIENCE

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### BACKGROUND

Liver injury is a common form of injury seen in polytrauma patients in Malaysia. Our objectives were to study the prevalence, severity and outcome of liver injury patients managed by the Trauma Surgery Unit in this regional trauma centre.

### STUDY DESIGN

This is a retrospective analysis conducted in Hospital Sultanah Aminah, Johor Bharu which serves as a trauma referral centre for Southern Malaysia. Duration of the study was from May 2011 to April 2014. All parameters were analysed from the local Trauma Surgery Registry and recorded. Mortalities recorded were inpatient deaths during the same admission. AAST grading system was used to grade liver injury.

### RESULTS

There were a total 224 (10.1%) out of 2208 polytraumatic patients who sustained liver injury. Most of them (31.2%) were young comprising from 21 - 30 years old. Majority of the patients 84.8% were involved in road traffic accidents and 91.5% were blunt injuries. 49.1% (n=110) of the liver injured patients sustained high grade liver injury (AAST grade III, IV and V). Mortality rate of this cohort was 21.9% (n=49). 79.6% (n=39) of the deaths involved high grade liver injury. 93 patients (85.3%) with underwent crash laparotomy. Most of these patients (n=65) 69.9% were high grade liver injuries. Massive haemorrhage and coagulopathy (n=21) was the root cause of most deaths. Statistical analysis of the medians of ISS, RTS and TRISS shows statistically significant difference ( $p < 0.001$ ).

### CONCLUSION

As the Regional Trauma Centre handling major trauma, mortality rate of patients with liver injury managed in this series were in tandem with the severity of the injury sustained. These data is of paramount importance in aiding future improvements in trauma management to improve the outcome of patients.

## RESULTS OF SURGICAL INTERVENTION FOLLOWING THROMBOSED ARTERIOVENOUS GRAFTS FROM A SINGLE TERTIARY VASCULAR CENTRE

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### INTRODUCTION

Arteriovenous graft (AVG) thrombosis is a major challenge. Its development can be related to stenotic lesions affecting the feeding arteries, within the graft or in the draining veins. Several management strategies have been recommended. We report the various surgical intervention taken for at our centre and its primary patency after one year.

### OBJECTIVE

To evaluate the primary patency of thrombosed AVGs after surgical intervention.

### METHODS

This is a retrospective audit. All patients who underwent surgical intervention to thrombosed AVGs performed at our centre from March 2013 to June 2016 were reviewed. The list of patients and their clinical data were retrieved from the surgical logbook and patients' notes. Patients were then assessed in the clinic; examining the patency of their AVGs for at least a year after the surgical intervention. Finally, the findings were analysed with regards to types of surgical intervention taken and primary patency.

### RESULTS

34 patients with thrombosed AVGs were examined. 28 (82.4%) underwent surgical intervention: 23 (82.1%) underwent AVG-salvage intervention and 5 (17.9%) underwent non AVG-salvage intervention (ligation of AVG; 4 and explantation of AVG; 1). The AVG-salvage intervention included thrombectomy; 6 (21.4%), thrombectomy with jump graft; 12 (42.9%), thrombectomy with interposition graft; 4 (14.3%) and thrombectomy with venous patch; 1 (3.6%). Slightly half of these patients; 13 (56.5%), required re-intervention within one year. Primary patency was 69.6% within one year and 30.4% for more than one year.

### DISCUSSION

One of the goals following treatment for thrombosed AVGs, as specified by the 2006 Kidney Disease Outcomes Quality Initiative is primary patency of 50 and 40% at 6 and 12 months after surgical thrombectomy. The primary patency at our centre is comparable to the guidelines and other similar international studies. In a number of series, primary patency after thrombectomy was 37 - 63% at three months and 11 - 39% after six months.

### CONCLUSION

Once thrombosed AVG has occurred, treatment options include percutaneous or surgical thrombectomy, in conjunction with angioplasty of any identified stenotic lesions. The approach chosen is largely based upon local practice and expertise.

## CASE REPORT: A UNILATERAL CHYLOTHORAX SECONDARY TO SUPERIOR VENA CAVA OBSTRUCTION

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### INTRODUCTION

Chylothorax is a rare condition that results from the damage of thoracic duct causing the chyle leakage from lymphatic system to the pleural space. The central vein obstruction is a rare cause of chylothorax and the main cause is mainly related with central venous catheterization. We reported a case of an End stage renal failure that presented with persistent chylothorax.

### ABSTRACT

A 58 years old gentleman, a case of end stage renal failure presented with recurrent shortness of breath, chesty cough and intermittent fever. He had a history of Right Internal jugular cannulation of venous access in 2012. Clinically, there were dullness on percussion up to midzone of right lung and reduce air entry on auscultation. Chest radiograph shows opacity in the right lung. Pleural drain was inserted and the fluid was milky in nature. It was confirmed as a chylothorax with a present of cholesterol in a pleural fluid analysis. Computed tomography of the thorax showed complete occlusion of the superior vena cava with an established collateral circulation. Lymphangiogram revealed lipiodol seen opacified lymph node and lymphatic vessels until the level of T3 on the right and T5 on the left. There was no obvious lipiodol opacification seen at the region of the right thorax. Effusion was improved after the instillation of fibrinolytic agent and the the chest radiograph shows improvement.

### CONCLUSION

In conclusion, the presence of unilateral chylothorax with the previous history of central venous cannulation should raise a high clinical index of suspicious about the presence of SVC obstruction.

## PELVIC CONGESTION SYNDROME TREATED WITH LEFT OVARIAN VEIN EMBOLIZATION

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Pelvic congestion syndrome (PCS) is a recognized but often under-diagnosed cause of chronic pelvic pain in women. It can lead to significant physical and functional disability in affected patients. The cause is multifactorial but mainly thought to be due to ovarian vein incompetence. We present the case of a woman afflicted with PCS followed by a discussion on its symptoms, physical findings and investigations. The technical aspects, advantages and complications of percutaneous transcatheter embolization of the left ovarian vein are explored in this report.

## **PER-ORAL ENDOSCOPIC MYOTOMY (POEM) - A NOVEL TREATMENT FOR ACHALASIA CARDIA; EARLY EXPERIENCE AT UNIVERSITY OF MALAYA MEDICAL CENTER**

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### **INTRODUCTION**

Achalasia cardia is an oesophageal dysmotility syndrome of unknown aetiology. Traditional treatments have been associated with significant recurrence rates. POEM is a novel technique for the treatment of achalasia that was pioneered at Showa University Northern Yokohama Hospital in Japan, and has shown to have very good short and medium term results. Here we report our early experience with this technique.

### **OBJECTIVES**

To report our early experience with POEM.

### **METHODS**

Eight patients with proven achalasia via oesophageal manometry studies underwent POEM at our center from August 2016. Patient demographics, type of achalasia, pre- and post-procedure Eckardt scores, success rates, and complications were recorded and compared. Success was defined as a post-procedural Eckardt score of less than 2, or reduction of more than 4 points from baseline after two months.

### **RESULTS**

Of the eight patients, four (50%) had Type I achalasia, and the other four (50%) had Type II achalasia. Two cases (25%) had to be abandoned due to intra-procedural bleeding. Another one (12.5%) procedure was abandoned due to failed submucosal tunneling. The remaining five patients (62.5%) reported good resolution of their symptoms.

### **DISCUSSION**

Inoue *et al*, in his follow-up series of 500 patients, reported a success rate of 91.3% at two months post-procedure, and an 88.4% success rate at 3 years post-procedure. Adverse events was reported at 3.2%. Undoubtedly, this procedure is associated with a significant learning curve, but early results at our center seem promising.

### **CONCLUSION**

POEM has been shown to be a safe and reliable treatment modality for achalasia. We anticipate that success rates at our center will improve with an increased case load.

## SENTINEL LYMPH NODE BIOPSY IN BREAST CANCER: A 6-YEAR EXPERIENCE IN A SINGLE INSTITUTION

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### INTRODUCTION

Sentinel lymph node (SLN) biopsy has replaced conventional axillary lymph node dissection (ALND) in early breast cancer patients. It provides similar survival benefits and regional control as ALND but with fewer complications.

### OBJECTIVES

We reported our experience on the accuracy of the intraoperative analysis of SLN biopsy using frozen section (FS) versus imprint cytology (IC) and the overall recurrence rate of our patients.

### MATERIALS AND METHODS

A total of 156 clinically-node-negative early breast cancer patients underwent SLNB at Putrajaya Hospital from January 2011 to December 2016. All patients had dual methods for SLN identification (radioisotope and isosulphane blue dye injection). SLNs were intraoperatively evaluated using FS in 88 patients and the remaining 68 using IC. The intraoperative results were compared with the postoperative permanent H&E section results.

### RESULTS

57 patients (36.5%) required ALND either during the same setting or as a secondary surgery. Sensitivity of FS and IC were 90% and 80% respectively whilst specificity was 97% and 93.8% respectively. False-negative rate was 2.9% for FS and 8.2% for IC. The overall accuracy of the intraoperative assessment of SLNs was 92.9%. Of the 6 false-negative cases, 3 were macrometastases, 1 was micrometastases and 2 isolated tumour cells cases. With a median follow-up period of 18 months (range 3-96), there were 5 cases of recurrence (3.2%). Four of these patients were SLN-negative whilst one patient had macrometastases.

### DISCUSSION & CONCLUSION

The accuracy of intraoperative analysis of SLN biopsy and our overall recurrence rate are comparable to other studies. Frozen section is more accurate than imprint cytology. A follow-up study is needed to further evaluate recurrence rates of SLN biopsy at our centre.

## LOOKING FOR A TUMOR IN A HAYSTACK: A CASE REPORT ON THE INVESTIGATIVE EFFORTS IN DIAGNOSING A JEJUNAL ADENOCARCINOMA

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Small bowel tumors are both rare and difficult to diagnose, given its relative centrality as well as its vast length. This report explores the case history of a patient with a past history of resected colorectal cancer who presented acutely with non-specific symptoms that were initially treated as adhesion colic. Further investigation, however, employing the use of CT scans, Push enteroscopy, Capsule endoscopy and PET scans revealed the mass to be likely a metachronous jejunal tumor. The mass was subsequently resected and revealed to be an adenocarcinoma. The patient made an uneventful recovery and was discharged well post-operatively.

### **KEYWORDS**

small bowel tumors, jejunal adenocarcinoma, push enteroscopy, capsule endoscopy

## ADVERSE LATE OUTCOME FOLLOWING ENDOVASCULAR ANEURYSM REPAIR (EVAR) DUE TO PERSISTENT TYPE 2 ENDOLEAK

**Yurkdes Sittampalam**, Ismazizi Zaharudin, Zainal Ariffin Azizi

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Type II endoleaks are a known endovascular complication of endovascular abdominal aortic aneurysm repair (EVAR). Some advocate a conservative approach unless there is clear evidence of sac expansion, while others maintain that early intervention is best to prevent adverse late outcomes such as rupture. We present a case series of three patients with persistent type II endoleak following endovascular aneurysm repair. One patient presented with a ruptured aneurysmal sac and two patients with aneurysm sac expansion. All patients underwent a laparotomy and ligation of the lumbar and inferior mesenteric arteries. Overall, the patients made good post-operative recoveries.

### **KEYWORDS**

endoleak, endovascular repair, aneurysm

## **ENDOVASCULAR STENT GRAFTING OF POPLITEAL ARTERY PSEUDOANEURYSMS SECONDARY TO BLUNT TRAUMA IN YOUNG PATIENTS**

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Injury to the popliteal artery is well known to be associated with high rates of morbidity and limb loss. Penetrating wounds result usually from stabs, low-velocity gunshots, iatrogenic injury during orthopedic procedures and blunt injuries. Often lead to the formation of pseudoaneurysms. Here we present 2 cases of patients with popliteal artery pseudoaneurysms who underwent successful endovascular management of these pseudoaneurysms that developed after blunt injuries.

### **KEYWORDS**

Popliteal artery, pseudoaneurysm, endovascular management

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small bowel tumors, jejunal adenocarcinoma, push enteroscopy, capsule endoscopy

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### **KEYWORDS**

endoleak, endovascular repair, aneurysm

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**Yurkdes Sittampalam**, Ismazizi Zaharudin, Zainal Ariffin Azizi

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### **KEYWORDS**

Popliteal artery, pseudoaneurysm, endovascular management

## WHY ARE PATIENTS DECLINING REFERRAL AND SURGERY FOR AORTIC ANEURYSMS? FINDINGS FROM A 2 YEARS AUDIT ON AORTIC ANEURYSMS IN HOSPITAL SIBU

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### INTRODUCTION

Aortic aneurysms have higher incidence of mortality in patients who presents in the emergency setting. Clinical presentation varies from incidental finding during a medical check up to a sudden onset of shock. Limitations in the service provision in Sarawak presents a formidable challenge to manage patients with aortic aneurysms.

### METHODS

A 2-years retrospective audit on patients presented with symptomatic and asymptomatic aortic aneurysm between June 2014 and June 2016. Only confirmed diagnosis of aortic aneurysms with imaging were included.

### RESULTS

A total of 32 patients were diagnosed with aortic aneurysms during the 2-years period. Median age at diagnosis was 73 years old. 69% were male while 31% were female. 16% did not have symptoms while symptomatic aortic aneurysms account for 84% of patients. Frequency based on anatomical location were as follows thoracic (18.8%), supra renal (15.6%) and infra renal (65.6%). Eight patients (25%) died have ruptured aneurysm. Fourteen patients (44%) declined vascular referral. Eight patients (25%) opted or was decided for conservative management after discussion with vascular team. Two patients (6%) had open surgical repair.

### DISCUSSION

Logistical and geographical factors are the main obstacles when considering referral or deciding for surgery. Social circumstances and financial status could also have a part in the outcome of this audit.

### CONCLUSION

The relatively high decline rate for vascular referral among the patients and a low take up rate for surgical repair were the highlights of this audit. Future study into these aspects will be of benefit to improve the overall delivery of care.

# CAECAI BASCULE: THE CASE REPORT OF A RARE PATHOLOGY OF CAECAI DILATATION TREATED WITH CAECOPEXY AND APPENDICECTOMY

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## INTRODUCTION

Caecal volvulus is a surgical emergency caused by the axial twist of the caecum, distal ileum and proximal colon. Whereas, caecal bascule is a rare type of volvulus as the caecum folds anteromedially toward the center of the abdomen. Caecal volvulus is an infrequently encountered clinical condition and may present with variable clinical presentations that contribute to diagnostic and treatment delays. This rare diagnosis, if delayed, can lead to severe complications and even death. In the absence of bowel ischemia, simple detorsion, decompressive tube caecostomy and caecopexy have all been recommended, but the optimal treatment is still controversial.

## MATERIALS AND METHOD

We present a case of a 50 year old male with medical history of hypertension, cerebrovascular accident, end stage renal disease secondary to bilateral adult polycystic kidney disease and hepatitis C who was presented with sudden onset of epigastric and left iliac fossa pain, constipation and multiple admissions which were treated for acute gastritis. Physical examination demonstrated tachycardia, dehydrated, no fever and generalized tenderness per abdomen. He was diagnosed to have caecal volvulus after computerized tomography (CT) abdomen was performed in view of worsening abdominal symptoms, tachycardia and leucocytosis. Intraoperatively, revealed folding of the caecum anteromedially toward the left iliac fossa with dilated caecum and viable small and large bowel. We decided to proceed with detorsion, caecopexy and appendicectomy for this patient in view of his multiple co-morbid conditions, present of spontaneous bacterial peritonitis and viable bowel. Patient was discharged well after 15 days of admission.

## CONCLUSION

This case highlights the importance of considering rare diagnosis and also serves as a reminder on how to treat caecal bascule.

## KEYWORDS

Caecal bascule, volvulus, caecopexy

## PARTIAL STERNAL RESECTION FOR METASTASIS PAPILLARY THYROID; A CASE REPORT

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### INTRODUCTION

Surgical resection of distant bony metastasis from differentiated thyroid carcinoma is known to be curative, palliative and beneficial for effectiveness of radioiodine therapy. We report a case of recurrent papillary thyroid carcinoma with metastasis to the sternum which treated with partial sternectomy and myocutaneous flap reconstruction

### CASE REPORT

A 66 years old Malay gentleman who was diagnosed with papillary thyroid carcinoma, underwent total thyroidectomy and left modified radical neck dissection (MRND) in December 2015 followed with bilateral MRND in June 2016 for cervical lymph nodes recurrence. Since July 2016, whole body scan (WBS) post radioactive iodine (RAI) treatment showed iodine avid metastasis to the sternum at T7/T8 level which became more intense even after another dose of RAI 6 months later. No other significant uptake elsewhere. Clinically, the sternal lesion was palpable and causing pain. CT scan showed a lytic lesion at sternal body near the 3rd left costochondral joint about 3 x 3cm with soft tissue component measuring 2.4 x 2cm.

Partial sternotomy with 2cm margin around the tumour was performed. The sternal body along with a pair of 3<sup>rd</sup> rib cartilages was resected with full thickness. The sternal defect was closed with double layer polypropylene mesh and further covered with pectoralis major myocutaneous flap. Postoperative condition was uneventful.

### CONCLUSION

It is safe to performed sternal resection, hence will bring better outcome and quality of life for patient from sternal tumour disease progression. The better result can be achieved by involving surgeons from multidisciplinary team.

## FACTORS INFLUENCING OUTCOME IN GASROENTEROPANCREATIC NEUROENDOCRINE TUMOUR: A SINGLE CENTRE EXPERIENCE

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### INTRODUCTION

Neuroendocrine tumours (NETs) of the gastro-entero-pancreatic (GEP) system are a group of malignant neoplasms that occur at virtually any site of the GEP system. Known factors of poor outcome in GEP NET includes presence of liver metastases, certain sites of primary tumour, hereditary traits, presence of endocrine symptoms, tumour cell necrosis, mitotic count, and the Ki67 proliferative index. We observed the outcome of patients diagnosed with GEP NET in Malaysia and determine if there are factors that may predict their overall survival.

### METHODS

All patients diagnosed with GEP-NET from year 2000 until 2015 in Selayang Hospital were recruited for this observational study. Demographic and tumour specific data were extracted from a database of patient medical records. Univariate and multivariate analyses were then applied to this data set to identify factors of prognostic value.

### RESULTS

97 patients were recruited whereby 60% patients had metastatic disease on presentation. 76% (N=74) was still alive up to the date when study is conducted. Three quarters of the patients were between 45 - 68 years of age, of which 71% were female. More than half of them were ethnically Malay. The pancreas accounts for the most common organ for primary tumour. In univariate analysis, TNM stage, WHO classification, extra-pancreatic site of primary tumour, presence of necrosis and high mitotic count had a significant prognostic effect. However when subjected to a multivariate analysis, only TNM stage, WHO classification and site of primary tumour retained their significance.

### CONCLUSION

Majority of Malaysian patients with GEP-NET present late. This may impact their outcome and overall survival. A higher TNM stage or WHO classification and an extra-pancreatic site of primary tumour have a strong negative effect on survival. These factors are as predicted, and should alert the clinician in managing the patients expectations.

## A CASE REPORT OF A PATIENT WITH MULTIPLE PRIMARY CANCERS

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### INTRODUCTION

Multiple primary cancers (MPCs); a rare clinical entity has been described as early as the 1800s. Due to various evolving factors, multiple primary cancers are on the rise.

### MATERIALS AND METHOD

We present a 54 year old female who presented with a breast lump of 2 months. She had also experienced per rectal bleeding and tenesmus of similar duration. Mammogram revealed a BIRADS 4 mass in the left breast and colonoscopy showed an obstructing tumor in the sigmoid colon. Staging CT confirmed the clinical findings but did not reveal any distant metastasis. Preliminary biopsies proved malignant for both pathologies. She then underwent mastectomy with axillary dissection and an anterior resection for the sigmoid carcinoma.

### RESULTS

Formal histopathology report of the breast specimen was reported to be node negative infiltrating ductal carcinoma while the sigmoid colon was found to be that of an adenocarcinoma with nodal metastasis.

### DISCUSSION

MPCs; are classified as synchronous; where a second primary is detected within 6 months or metachronous where a second primary diagnosed after a 6 month period. Various combinations of multiple neoplasms have been reported and literature review finds that most colorectal cancers with second primary tend to be metachronous as unlike this case. Management of these cases poses challenges such as patient selection, treatment options and adjuvant therapies.

### CONCLUSION

MPCs though a trying situation for patients does not confer increased risk for recurrence or associated with poorer survival if detected early. A multidisciplinary and an individualized tailored approach to these patients ensures best possible outcome.

### KEYWORDS

Multiple Primary Cancer, synchronous, sigmoid cancer

## A RARE CASE OF INFLAMMATORY MYOFIBROBLASTIC TUMOUR (IMT) OF THE THYROID GLAND

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Inflammatory Myofibroblastic Tumour (IMT) of the thyroid is a rare entity with only 19 cases reported so far in the literature. Historically it is also known as inflammatory pseudotumour (IPT) or plasma cell granuloma (PCG) that occurs primarily in the viscera or soft tissue and it has been reported to occur in any parts of the body, including the thyroid gland. Previously known to be a benign disease, recent cases have shown that there is likelihood that this type of tumour to become aggressive. We present a case of a 50 year-old male who attended our surgical clinic with a complaint of a painless neck lump, in a euthyroid state. Radiological and cytological assessments showed a non-suspicious thyroid nodule and patient wishes for surgical resection. A unilateral hemithyroidectomy was performed and histologically showed an IMT of the thyroid. The literature is reviewed for management of this disease.

## **ANEURYSM OF AN ABERRANT RIGHT SUBCLAVIAN ARTERY (KOMMERRELL)**

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### **INTRODUCTION**

Kommerell diverticula occur in some anomalies of the aortic arch system. It usually refers to the bulbous configuration of the origin of an aberrant left subclavian artery in the setting of a right sided aortic arch. We present a case of Kommerell Aneurysm which was incidentally diagnosed during a computed tomography of the thorax.

### **ABSTRACT**

We report a case of a 51-year-old male who presented to us with symptomatic cervical spondylosis. There is no history of dysphagia or shortness of breath. Clinically was unremarkable. Widened mediastinum was noted on chest radiograph. Computed Tomography (CT) of the thorax showed a 2.0cm aneurysmal change on an aberrant right subclavian artery. There was no evidence of dissection or rupture. As patient is asymptomatic and the size of the aneurysm is less than 3cm, a conservative treatment approach is chosen with an annual CT Thorax Angiogram.

### **CONCLUSION**

Aneurysm of ARSA is extremely rare but should not be overlooked as potential complications include rupture and dissection. CT Thorax remains as the mainstay imaging modality. Management is usually via surgery, endovascular and hybrid procedures as there is no conclusive treatment approach outlined in literature.

## **OLD FRIENDS AND OLD WINE ARE THE BEST; EXPANDING THE USE OF T-TUBES IN EMERGENCY GASTROINTESTINAL SURGERY**

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### **INTRODUCTION**

The use of T-Tube is invaluable to the general surgeon. It is cost effective, readily available and can be swiftly placed regardless of the surgeon's operative experience. We highlight the use of a T-Tube in protecting a primary bowel anastomosis in a high risk patient.

### **METHODS**

MP is a 30-year-old lady with idiopathic thrombocytopenia purpura who presented with severe sepsis 10 days following an elective splenectomy. An urgent CT abdomen showed multiple loculated intraabdominal collections with pneumoperitoneum. She underwent an emergency laparotomy. Intraoperatively, a 50cm segment of unhealthy and perforated bowel; 240cm from duodenal-jejunal flexure was discovered. Bowel resection was performed with a remaining 190cm of small bowel. T-tube was incorporated as a mean of protecting the anastomosis.

### **DISCUSSION**

The safest option would be to fashion a stoma. However, the need for stoma reversal in a potentially hostile abdomen prompted us to consider a safe alternative. Partial primary anastomosis with the placement of a T-Tube to complete the anastomosis was the chosen option. We believe it lowers the morbidity risk to the patient in the event of a leak while serving as a controlled fistula. Similar technique were reported prior to this in the literature. Post-operatively, she recovered gradually and her T-tube was later removed in the outpatient clinic.

### **CONCLUSION**

T-Tube with primary anastomosis was shown to be a safe alternative to stoma creation in this situation. It did not prolong the surgery and was easily placed. As the specific use of T-Tube in this situations are limited to case reports, further study is warranted in order to further evaluate its safety.

## RECURRENT RETROPERITONEAL MALIGNANT PERIPHERAL NERVE SHEATH TUMOUR IN A 13 YEAR-OLD-GIRL

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### INTRODUCTION

Malignant peripheral nerve sheath tumours (MPNSTs) are sarcomas which originate from peripheral nerves or from cells associated with the nerve sheath, such as Schwann cells, perineural cells, or fibroblasts. It is a rare and very aggressive tumour associated with poor prognosis. Incidence of MPNST is 1 per 1,00,000 populations. The aetiology is unknown but up to 50% of MPNSTs occur in patients with Neurofibromatosis type 1 (NF1).

### CASE PRESENTATION

13-year-old girl presented with history of abdominal mass, progressively increase in size for the last 3 months. On examination, there were multiple café au lait spots over her body. Abdomen examination showed a central abdominal mass measuring 10cm x 8cm. CT abdomen revealed a huge well defined lobulated heterogeneously enhancing mass at the left paraaortic region crossing midline, measures 6.8cm (AP) x 11.2cm (W) x 13.2cm (CC) with multiple tortuous vessels within, no calcification likely retroperitoneal tumour with external compression to the duodenum. Laparotomy and excision was performed. Intraoperatively noted it was an encapsulated retroperitoneal tumour measuring about 13cm x 11cm x 6cm, part of tumour attached to mesentery and closed proximity to the inferior vena cava and abdominal aorta. HPE showed a cellular tumour with prominent alternating hypocellular and hypercellular areas, hemangiopericytoma-like vascular pattern and fascicular growth pattern area also seen. Post operatively her recovery was uneventful. While waiting for adjuvant therapy she presented again after 44 days' post-surgery with a palpable tender mass at the left lumbar region. CT Abdomen showed Recurrence of tumour. She was referred to the paediatric oncologist for further management.

### CONCLUSION

In general, MPNST is known to have high metastatic potential and poor prognosis. Reported long-term outcomes vary widely across multiple series, with 5-year survival ranging between 15% and 50%.

## **UNEXPECTED FINDINGS DURING EXPLORATION FOR STRANGULATED INGUINAL HERNIAS - A SERIES OF 2 RARE CASES FROM A DISTRICT HOSPITAL**

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### **INTRODUCTION**

Strangulated inguinal hernia is a surgical emergency. Diagnosis is usually achieved by clinical assessment and imaging is not required. In rare situations, intra-operative findings may surprise the surgeon.

### **STATEMENT OF THE OBJECTIVE**

We intend to report 2 cases with initial diagnosis of strangulated inguinal hernia, where intraoperative findings were unexpected and post-operative diagnosis were relatively rare.

### **SUMMARY OF THE CASES AND RESULTS**

Case 1: 37 year old man presented with right sided strangulated inguinoscrotal hernia and sepsis. During exploration we found pus in the hernia sac, along with the caecum, perforated appendicitis and incarcerated omentum, also known as Amyand's Hernia. Appendicectomy via the groin incision, followed by omentectomy and herniorrhaphy was performed.

Case 2: 40 year old man had acute presentation suggestive of left sided strangulated inguinal hernia, with an absent left testis. During exploration we found torsion of the left undescended inguinal testicular tumour which appears to be infarcted with 360 degree rotation. Radical orchidectomy followed by herniorrhaphy was performed. Final histopathology confirmed infarcted left seminoma with clear margins.

### **STATEMENT OF THE CONCLUSIONS**

Amyand's Hernia containing perforated appendicitis is very rare. Torsion of an undescended testis is more common in intraabdominal testis compared to inguinal testis. Very few reports torsion of an undescended inguinal testis with preexisting malignant transformation. Operative strategy should follow the principles of managing respective conditions. Repair of inguinal hernia should be suture repair rather than mesh repair.

# A REVIEW OF APPENDICECTOMIES IN HOSPITAL TANAH MERAH IN 2016 AND ESTIMATING ACCURACY OF RIPASA SCORE IN DIAGNOSING ACUTE APPENDICITIS

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## INTRODUCTION

Appendicectomy is a major bulk of general surgical workload in a district hospital. Raja Isteri Pengiran Saleha Appendicitis (RIPASA) score was developed in Brunei for diagnosing acute appendicitis in the South East Asian population.

## OBJECTIVE

To determine the rate of negative appendicectomy and accuracy of intra-operative diagnosis of acute appendicitis in our practice.

To estimate the sensitivity, specificity, positive and negative predictive values of RIPASA score in diagnosing acute appendicitis in local Kelantan population.

## MATERIAL AND METHODOLOGY

A retrospective cross sectional study where medical records and histopathological reports of 145 patients who underwent both open and laparoscopic appendicectomies from 1 January to 31 December 2016 were reviewed and RIPASA scoring was given based on demographic, clinical and laboratory information on admission. There were no missing data. Proportions, sensitivity, specificity, positive and negative predictive values were derived.

## RESULTS

Negative appendicectomy rate was 15.2% and accuracy of intra-operative diagnosis was 89.6%. Sensitivity and specificity of RIPASA score in our sample population was 96.7% and 18.2% respectively, positive and negative predictive value was 86.8% and 50% respectively. Our sample lacks true negative subjects, therefore specificity and negative predictive value is not representative of the true value in this population.

## CONCLUSION

Negative appendicectomy rate is comparable with standards. Histopathological diagnosis is still more valuable compared to intra-operative diagnosis of acute appendicitis. RIPASA score is sensitive in diagnosing acute appendicitis and promising for local use. However our study sample is not representative of the true population, therefore a prospective cohort study is necessary.

## A DESCRIPTIVE STUDY ON TRACHEOSTOMY IN A DISTRICT HOSPITAL

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### BACKGROUND

Tracheostomy is commonly done in the critically ill patients and its indication has evolved across the millennia. The complications, however, can be disastrous, and it is advocated that the implementation of a tracheostomy care protocol helps to reduce the complications.

### OBJECTIVE

To identify the demographics and complications associated with tracheostomy in our hospital.

### METHODS

Retrospective data on tracheostomies done in Hospital Bintulu, from January 2016 to March 2017, was collected from the hospital's information system database and operation theater census. Several parameters included the demographics of the patients, data relating to the tracheostomy procedure, and the complications. A total of 25 patients were included in the study. The main discerning complications were tube blockage, dislodgment, and hemorrhage from site, in which the prevention and the handling have been consistently described in the tracheostomy care protocols across the world.

### RESULTS

Majority of the patients in the study were male and the most common diagnosis was sepsis. The mean timing for tracheostomy was 10 days. 68% of the patients were cared for in the ICU post-operatively. Almost all of the tracheostomies performed were done in an open surgical technique (96%). The complications were divided into intra-op/immediate (28%), early (<7 days) (40%), and late complications (24%). Tube blockage was the most common complication (28%) and has significant association with patients with short neck (71.4%). Most of the complications of tube blockage occurred in the ICU (71.4%) The complication rates were much higher in our center when compared to a study done by Halum et al<sup>1</sup>, but comparable or less than other reports<sup>2,3</sup>. A study showed that implementation of tracheostomy care policies with MDT ward rounds resulted in improved outcome<sup>4</sup>.

### CONCLUSION

Care of tracheostomy should constitute implementation of tracheostomy care policy coupled with multidisciplinary ward round to reduce the complications associated with tracheostomy.

## **A CASE REPORT: RECURRENT RENAL CELL CARCINOMA WITH ANTERIOR CHEST WALL AND INTRAMUSCULAR METASTASIS**

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### **INTRODUCTION**

Renal cell carcinoma (RCC) accounts for around 2-3% adult malignancies and about 30% already presented with metastasis on the time of diagnosis and 60% of it comes from Clear Cell tumour. RCC is a highly vascularized tumour thus dissemination via haematogenous route becomes the main route of tumour metastasis. Statistically shown that the tumour metastasized mostly to the lungs, bone, liver and brain. However, metastasis to the skeletal muscles is fairly rare.

### **MATERIALS AND METHOD**

We present a case of a 57 year old gentleman diagnosed to have right RCC in 2012, underwent a radical right nephrectomy with histopathological report showing Clear Cell carcinoma. He presented to us with altered behaviour and fever for the past 2 weeks. Physical examination revealed Glasgow Coma Scale of 14/15, cachexic body and a non-erythematous, soft, non-tender, immobile right lower anterior chest wall of about 7 x 8cm size. Blood investigation showed impaired renal profile with metabolic acidosis. CT brain, thorax, abdomen and pelvis done for restaging disease revealed recurrence of RCC with extensive distant metastasis to the lungs, nodal, anterior chest wall, right gluteus muscles and pelvis. Patient's family refused for palliative chemo/radiotherapy and due to his advance disease, patient passed away on Day 8 of admission.

### **CONCLUSION**

This case highlights the rare occasion of RCC metastasis to chest wall and intramuscular region.

### **KEYWORDS**

Renal cell carcinoma, metastasis

## CYSTIC LYMPHANGIOMA OF THE ADRENAL GLAND: A CASE REPORT

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### INTRODUCTION

Cystic adrenal neoplasms are uncommon and may be discovered incidentally or may be symptomatic. It is a rare benign tumour of the lymphatic vessels that occur more frequently in women. The location can be diverse and commonly occur in the neck or axilla. This tumour is less common in adult and most frequently in children and very rarely involves the abdomen. Evaluation of cystic adrenal lesion is important both in recognizing true adrenal cyst and in differentiating these lesions from malignant neoplasm of adrenal gland. How to diagnose correctly preoperatively is depends on a good clinical discussion between the surgeon, endocrinologist and radiologist as well as experience in handling such case.

### CASE REPORT

Here we report a case of 42-year-old lady presented with symptoms of anorexia, vomiting and lethargy for 3 weeks. Apart from evidence of mild dehydration, there was no positive physical examination. Upon admission, her blood urea and creatinine was high and she was diagnosed with end stage renal disease most probably secondary to chronic glomerulonephritis. Ultrasound of the abdomen revealed a right adrenal mass which was confirmed with computed tomography (CT) scan with Hounsfield unit (HU) of 13, 20 and 21 on plain, venous and delayed phase giving an absolute wash out of 12.5%. Hence she was subjected for right adrenalectomy in view of suspicious of adrenal malignancy. However, histopathology reported as adrenal cystic lymphangioma with no evidence of atypia or malignancy.

### CONCLUSION

Adrenal cystic lymphangioma is a benign lesion and mainly found incidental upon investigating for other disease. CT scan is a good modality in diagnosis and treatment mainly directed for symptomatic relief or suspicion of malignancy is high. Laparoscopic adrenalectomy is the best choice as it provides symptom relief and definite histopathology confirmation.

## **SURGICAL MANAGEMENT OF ACUTE SUPERIOR MESENTERIC ARTERY (SMA) THROMBOSIS**

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Acute occlusion of the Superior Mesenteric Artery (SMA) is associated with poor prognosis with mortality rate of 59-93%. Management consist of early diagnosis, vascular restoration of blood flow to the intestine and surgical resection of necrotic bowel. This is a case report of a 50 years old male who developed small bowel ischaemia secondary to acute thrombosis of SMA. He initially admitted under us for acute abdomen. Clinical signs and laboratory parameters favoured intestinal ischaemia. Contrast Enhanced CT Abdomen revealed SMA thrombosis with small bowel ischaemic changes. He immediately underwent exploratory laparotomy with resection of gangrenous small bowel. Post operatively, patient was started on infusion heparin and a scheduled 2<sup>nd</sup> look laparotomy performed 48 hours later showed good viability of remaining small bowel. Primary anastomosis of small bowel performed and infusion heparin continued throughout his stay in hospital, patient recovered well and discharged after 10 days with warfarin. Acute SMA Thrombosis is an abdominal emergency with high mortality rate. Contrast Enhanced CT Abdomen is feasible for early diagnosis of SMA occlusion and also to determine the subsequent treatment plan. Prognosis depends on the proximity of the occlusion and extent of bowel resection. Management consist of early thrombolytic therapy which is effective in avoiding extensive bowel involvement followed by a 2<sup>nd</sup> look laparotomy which remains the gold standard for assessment of bowel viability and to determine a clearer resection border between irreversible bowel gangrene and viable bowel. Limited bowel resection at primary laparotomy with early thrombolysis and planned 2<sup>nd</sup> look laparotomy improves the prognosis in the management of SMA thrombosis.

## POSTOPERATIVE MULTIPLE ABDOMINAL WALL AND INTRAABDOMINAL DESMOID TUMORS : A CASE REPORT

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Desmoid tumor is rare benign myofibroblastic neoplasms that does not possess any metastatic potential. However, they are locally aggressive and have a strong tendency to invade and cause compression to surrounding tissues. It accounts for 3% of all soft tissue tumors and 0.03% of all neoplasms. its pathogenesis remains unclear and may involve genetic abnormalities, sex hormones and traumatic injury, including surgery.

We report a case of 25-year-old lady who developed multiple abdominal wall and intraabdominal desmoid tumor with history of right hemicolectomy. She presented with 9-month history of abdominal pain. She had history of midline laparotomy and appendicectomy for perforated appendicitis in 2013 and laparotomy and right hemicolectomy for pericaecal abscess with tuboovarian abscess a year later. CT abdomen revealed 3 large solid masses; one adhered to mesentery and the other two located at the anterior abdominal wall.

Radical resection of the tumors was performed with small bowel resection and abdominal wall reconstruction with composite mesh. Histological diagnosis confirmed as fibromatosis. Surgery remains the cornerstone of treatment. Although, the infiltrative nature of the tumour would render a challenge in surgical resection in order to spare the function and cosmesis. It is suggested function-sparing surgery would be a better option of treatment, rather than trying to achieve negative margins which might cause unnecessary morbidity. Chemotherapy and radiotherapy have a role in decreasing recurrence rate, in case of inoperable tumor or incomplete excision. However, the efficacy is still in debate. Response for each treatment may vary from individuals. Despite standard surgical and medical approach, tumor recurrence remains high and management remains a major dilemma.

## PERIPHERAL OSSIFYING FIBROMA: A CLINICAL REPORT

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### INTRODUCTION

Benign fibrous overgrowths arising from the mucous membrane are termed as fibromas and are frequent growths in the oral cavity. Many of the fibrous growths originate from underneath the periodontium, similar to peripheral ossifying fibroma (POF). POF is an occasional growth of the anterior region of mandible and accounts for 3.1% of all oral tumors and 9.6% of the gingival lesions. About 60% of these tumors occur in maxilla and more than 50% of all cases of maxillary POF are found in the incisors and canine areas.<sup>1-4</sup>

### OBJECTIVE

To report a case of Peripheral Ossifying Fibroma in an elderly lady.

### METHODS

Case report.

### RESULTS

A 63 years old, non-smoker female, presented with a large growth in the anterior mandibular region. Medical history was insignificant. History revealed a small nodule appeared approximately a year ago, which was painless but rapidly increased in size. In the meantime, she was under dental follow up for the same apparent reason. On examination, there was a pale pink swelling in the right central mandibular region with nodular, irregular and ulcerated surface, which measured 15cm x 10cm in size and was extending out from the labial gingiva. The growth was considerably hard in consistency, sessile and not easily movable. Histopathological examination revealed features suggestive of peripheral ossifying fibroma.

### CONCLUSION

The POF represents a reactive benign lesion of connective tissue and is not the soft tissue counterpart of ossifying fibroma (COF) and is also not related anyhow to POdF. It occurs frequently in anterior part of jaws of young females, exclusively on gingiva. The accepted treatment protocol includes surgical excision followed by histopathologic evaluation and follow-up.

## A RARE CASE OF SQUAMOUS CELL CARCINOMA OF THE BREAST IN A MALE PATIENT

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### INTRODUCTION

Breast cancer is the most common type of cancer diagnosed in women. There are various types of breast cancers, which include ductal carcinoma and lobular carcinoma.<sup>1</sup>

Metaplastic breast carcinoma (MBC) is a rare primary breast malignancy characterized by the co-existence of carcinoma with non-epithelial cellular elements. They can be classified as monophasic spindle cell (sarcomatoid) carcinoma, biphasic carcinosarcoma, adenocarcinoma with divergent stromal differentiation (osseous, chondroid, rhabdoid), adenosquamous and pure squamous cell carcinomas.<sup>2</sup> Primary Squamous Cell Carcinoma of the breast is a very rare, invasive, primary breast tumor that presents squamous pattern. The outcome is poor, due to its aggressiveness.<sup>1</sup> Male breast cancer constitutes 1% of all breast cancer cases, and men tend to be diagnosed at an older age than women. Several risk factors, such as genetic (inherited BRCA mutation), hormonal abnormalities, alcohol abuse and exposure to certain ionizing radiation, were identified.<sup>2-4</sup> The incidence is 1 in every 100,000 men.<sup>2</sup>

### OBJECTIVE

To report a rare case of Squamous Cell Carcinoma of the Breast in an elderly man.

### METHODS

Case report

### RESULTS

A 71 years old gentleman presented with left breast swelling for 8 months, gradually increasing in size and associated with pricking pain. Gross examination showed a 4cm x 4cm hard swelling which was fixed to the skin. Histopathological examination revealed features of squamous cell carcinoma. Computed Tomography imaging showed features of adjacent structural invasion and distant metastasis.

### CONCLUSION

The incidence of metaplastic carcinoma in male breast is extremely rare. Male breast cancer is usually misdiagnosed as gynecomastia and comes later in life with an advanced presentation. So one should keep in mind that if an elderly male comes with gynecomastia carcinoma of the breast should be ruled out.

## LEIOMYOMATOSIS PERITONEALIS DISSEMINATA: A CASE REPORT

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### INTRODUCTION

Leiomyomatosis peritonealis disseminata (LPD) is a very rare disease characterized by formation of multiple smooth muscle tumor or nodules disseminated throughout the omental and peritoneal surfaces. It is a benign disease of unknown aetiology which usually occur in women of reproductive age. The tumor may originated from the mesentery, the omentum and even the peritoneum covering the abdominal wall. Literatures have shown the association between LPD and endometriosis and uterine fibroid. Some believed the tumors arise from endometriosis foci, though no evidence to support that.

### CASE REPORT

We reported a case of 56 years old lady with history of TAHBSO for multiple uterine fibroid presenting with abdominal mass for three months duration associated with abdominal discomfort and early satiety. CT imaging of the abdomen revealed multiple well defined heterogeneously enhancing interloop soft tissue lesions of varying sizes with peripheral calcifications with central necrosis. Exploratory laparotomy, tumor debulking and omentectomy was performed. Intraoperatively, we found multiple cystic lesions varies in size largest 10cm x 10cm arising from the omentum and mesentery. The histopathological examination reported multiple well circumscribed tumor exhibiting features of leiomyomata with degeneratives changes.

### CONCLUSION

LPD, a challenge to surgeons, can be managed surgically. Role of screening, early detection and proper follow up for this disease are now being investigated.

## ADRENAL SCHWANNOMA; A RARE TYPE OF ADRENAL INCIDENTALOMA: A CASE REPORT AND LITERATURE REVIEW

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Schwannoma or known as neurilemma is a benign tumor arising from myelin sheath of peripheral or cranial nerves. Its visceral involvement is uncommon. The incidence of adrenal incidentaloma is extremely rare, estimated around 4% to 6% in general population. This tumor is frequently incidental discoveries on imaging or autopsy. Adrenal incidentalomas has extensive differential diagnosis ranging from cortical lesion such as adenoma to medullary lesion such as pheochromocytoma. We reported a 64-year-old man who underwent CT abdomen as part of his health-screening program. An 80 x 70mm right adrenal tumor discovered from the CT with features suggestive of malignancy. He has neither apparent abdominal symptoms nor symptoms related to adrenal hypersecretion. Apart from chronic hypertension, he also suffered from morbid obesity with BMI of 38. There was no clinical feature to suggest Cushing disease, phaeochromocytoma or primary hyperaldosteronism. His laboratories evaluation including endocrinology studies consistent with a non-functioning adrenal mass. He underwent an uneventful standard transabdominal right adrenalectomy. Immunohistochemistry report showed the tumor has characteristic of Atony A type and positive for S-100 immunochemistry stained. The diagnosis of adrenal schwannoma was made. This case report highlights the difficulty in the management of adrenal incidentaloma.

### KEYWORDS

adrenal, incidentaloma, schwannoma, adrenal carcinoma.

## INTRADUCTAL RADIOFREQUENCY ABLATION OF MALIGNANT BILIARY OBSTRUCTION: A SINGLE-CENTRE EXPERIENCE

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### INTRODUCTION

Endoluminal Radiofrequency Ablation (ELRA) is a relatively new treatment modality for common bile duct (CBD) tumour ablation. It has long been used in oesophageal, rectal and liver tumours with relatively good outcome. Due to its limited availability, data for biliary malignancy remains under-reported and lacking of strong evidences. We reported our first experience of ELRA in our centre.

### CASE STUDY

A 62-year-old lady was referred for 6 months history of painless jaundice. Blood investigations showed features of obstructive jaundice. Trans-abdominal ultrasonography revealed gross dilatation of the CBD and intra-hepatic duct (IHD), consistent with the subsequent Computer Tomography (CT) Scan of the abdomen. Subsequent Endoscopic Retrograde Cholangio-Pancreatography (ERCP) revealed stricture at the confluence of the hepatic ducts consistent with Klatskin tumour (Bismuth II). Brush cytology performed during the ERCP setting showed atypical cells which suspicious of malignancy (C4). Ca 19-9 tumour marker was raised, highly suspicious of cholangiocarcinoma. Post ERCP, she developed post ERCP-Pancreatitis and ascending cholangitis and deemed not fit for surgery. The patient underwent Endoluminal Radiofrequency Ablation (ELRA), an intraluminal form of RFA. Currently, patient is out of obstructive jaundice and symptoms free for 6 months.

### DISCUSSION

ELRA is a new technique developed to treat malignant biliary obstruction as an alternative for non-resectable biliary tumours. Literatures have shown good safety margin and efficacy in recanalization of obstructed biliary system. However more data is needed in the future to determine duration of biliary duct patency and post procedure risks.

## EVARIABLE ABDOMINAL AORTIC ANEURYSM THAT TURNED UP WITH OPEN SURGICAL REPAIR: CAUSES AND RESULT. A RETROSPECTIVE STUDY IN TERTIARY VASCULAR CENTRE

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### INTRODUCTION

Endovascular aortic repair is now an option besides open repair, however multiple factors of the anatomy of the aorta is the concern before we decided whether it is doable or not depends on the centre expertise. Open repair remain the mainstay, less costly and long term results are convincing.

### OBJECTIVE

- 1) To identify the incidence of EVARable cases of AAA but end up with open surgical repair
- 2) To determine the causes of incidence EVARable case but turn up with open surgical repair.

### METHODOLOGY

We conducted a retrospective database review to identify all open AAA surgical repair performed in elective case between 2014 and 2016. All open surgical repair cases were analyzed whether the cases are EVARable or not. If the cases are EVARable we will identify the causes that made the case end up with open surgical repair. The EVARable AAA was defined as the AAA has an anatomical suitability for EVAR: neck more than 1cm, angulation less than 60 degrees, and no circumferential thrombosis

### RESULTS

In all, 31 open surgery AAA repair and 6 EVAR took place during the study period. Six patients (19%) from open AAA repair was initially planned for EVAR but ended with open repair. Their mean age was 66 (range 64-79) years and all were men. The reasons of being end up with open repair were patient's decision ( $n=2$ ), bacteremia ( $n=1$ ), refusal for annual CTA surveillance ( $n=1$ ), delayed financial subsidy ( $n=1$ ) and due to worsening kidney function ( $n=1$ ). Median length of stay in hospital was 5 (range 4-6). There was noted only 2 post-operative complication in this group, ileus and reduce perfusion of unilateral lower limb. There were no instances of early or in-hospital mortality following conversion.

TYPE OF SURGERY	TOTAL
Open repair	25
• EVARable end up with open repair	6
EVAR	6

### DISCUSSION

The EVAR nowadays has becoming the most common method of treating abdominal aortic aneurysm in many centres worldwide. Although initially introduced in higher risk individuals, it is now being used in average risk patients with good short-term and acceptable longer-term outcomes in randomized trials. However, there likely will always remain a subset of patients who initially planned for EVAR but at the end need to go for open repair method. To our knowledge, there is no report yet analyze the incidence of EVARable cases that end up with open repair method. Most of our patients opted the open repair rather than EVAR as such they did not keen to have a yearly follow up with CTA besides the EVAR has high rate of reintervention rate and it occurred later as compared to open surgical repair. Despite of end up with open surgical repair, this group had only 2 non-serious postoperative complications and the median length of stay was 5 days. Not much difference in the open surgical repair group.

### CONCLUSION

Despite the modern endovascular technology in treating AAA disease, one must not underestimate the open technique and it still an available safe option of treatment and acting as bail out management for AAA disease.

# CLINICAL AUDIT: OUTCOME OF OPEN VERSUS ENDOVASCULAR AORTIC REPAIR (EVAR) TREATMENT OF MYCOTIC AORTIC ANEURYSMS IN HOSPITAL CANSELOR TUANKU MUKHRIZ PPUKM

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## INTRODUCTION

Mycotic aneurysm is rare and only occurs in 1% of all aneurysms. It is a challenging to treat it due to the lack of specific guidelines in terms of surgical approach to these aneurysms. However, it has been noted that there is a recent paradigm shift of surgical approach from open to endovascular. Hence, this clinical audit aims at reviewing the outcomes of both surgical and endovascular approach.

## OBJECTIVES

1. To compare the survival rate of patients whom was treated via open vs endovascular repair
2. To determine the complications of open vs endovascular repair, length of hospital stay until recovery, common organisms and choices of antibiotics, duration of sterilization prior to repair, emergency vs elective repair and choice of open and endovascular repair and lastly the choice of graft being used during the repair

## METHODS

Patients from the department of vascular surgery at Hospital Canselor Tunku Mukhriz who were diagnosed with mycotic aneurysm and were treated surgically over the duration of 7 years from the year 2009 until 2016 were retrospectively reviewed. A standardized data collection sheet was used. Data was obtained using the hospital patient information database where pre-and post-operative reports as well as laboratory reports were obtained.

The diagnosis of mycotic aortic aneurysm was evidenced by infective symptoms, infective markers, Computed Tomography findings and a positive culture. Data collected included the aneurysmal dimensions by Computed Tomography findings, Septic parameters and details on operative intervention done for the patient.

The data obtained was analyzed using IBM SPSS version 24 and relevant mean and standard deviation values were calculated. The findings for this audit are as shown in the results section that follows.

## RESULTS

From our clinical audit of the Vascular Surgery Department at HCTM from 2009 until 2016, only ten patients received treatment for mycotic aneurysm of abdominal aorta. The table below summarizes the overall demographics of mycotic aneurysm patients included in this audit.

**Table 1: Overall demographic data of patients**

Patient Demographics	Results
Male:Female Ratio	4:1
Age, mean±SD (range), year	66.1±9.8 (54.0-84.0)
Length of hospital stay prior to surgery, mean±SD (range), days	25.2±17.1 (8.0-59.0)
Total White Blood Count ( $\times 10^9/L$ ), mean±SD (range), days	21.5±10.1 (9.4-42.4)
Erythrocyte Sedimentation Rate(ESR), mean±SD (range), mm/Hr*	82.3±23.8 (86.0-102.0)
C- Reactive Protein(CRP), mean±SD (range), mg/L**	15.9±7.0 (9.0-26.0)

\*The ESR was only measured for four patients

\*\*The CRP was only done for seven patients

**Table 2: Organisms isolated prior to surgery**

Organism Isolated Prior To Surgery	Number Of Patients Affected
Salmonella spp	3
No growth	3
Extended-Spectrum beta lactamase (ESBL) organisms	1
Klebsiella	1
Pseudomonas	1
Acinetobacter	1

Out of the ten patients, eight patients were sterilized with **antibiotics prior to operative intervention**. All these eight patients underwent open repair of mycotic aneurysm whilst the remaining two that did not receive antibiotics underwent EVAR instead.

**Table 3: Antibiotic regimen prior to surgery**

Antibiotics Regimen Prescribed Prior To Surgery	Number Of Patients Given
No Antibiotic	2
Single	3
Combination of two	4
Combination of four	1

The antibiotics used were Rosephin, Tazocin, Flagyl, Ceftazidime, Tienam, Gentamycin and Vancomycin. Four out of the ten patients were prescribed with Rosephin while Flagyl and Vancomycin was used for three patients.

All patients had a positive history of infection and for all patients a Computed Tomography scan was done. The site of aneurysm for 9 patients were infrarenal and only one was located at juxtarenal.

In accordance to our clinical audit title, below shows a comparison table between Open and EVAR approach in mycotic aneurysm repair.

**Table 4: Open vs EVAR approach in mycotic aortic aneurysm repair**

	Open Approach	Evar Approach
Number of patients	8	2
Age, mean±SD (range), year	63.8±8.4	75.5±12.0
Total White Blood Count (x10 <sup>9</sup> /L), mean±SD (range), days	24.0±9.7	11.6±3.1
Erythrocyte Sedimentation Rate(ESR), mean±SD (range), mm/Hr	82.3±23.8	-
C- Reactive Protein(CRP), mean±SD (range), mg/L	15.8±7.7	16.1
Length of hospital stay prior to surgery, mean±SD (range), days	26.4±18.4	20.5±14.8
Duration for surgery, mean±SD (range), hours	4.6±1.6	4.5±2.1
Operative Complication: Leakage	7 patients	None
Post-operation Survival		
Alive	6	1
Deceased	2	1

Our clinical audit has found that PTFE was the choice of graft used for 8 patients, where 7 were used for Open repair approach and one via EVAR approach. One patient had Dacron graft via open approach and another one via EVAR approach.

Out of the ten patients, only one patient had post-operative follow-up however with time, this patient lost to compliance of follow-up.

## CONCLUSION

Both intervention are options available for treatment of mycotic aneurysm.

## **AUDIT ON QUALITY OF SURGICAL RECORD OF HOSPITAL KAJANG BASED ON NHS TRUST CLINICAL GUIDELINE FOR THEATRE PRACTICE STANDARDS - GENERIC**

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### **INTRODUCTION**

Surgical note is an important post-op document to record details of surgical procedure. NHS Trust has developed a guideline for theater practice standard which listed the details to be recorded in the surgical note.

### **OBJECTIVE**

To assess if the surgical note details are complete following the guidelines set by NHS Trust.

### **MATERIALS AND METHODS**

A retrospective study was conducted. Sample size was 109 patients, who went for surgery under the general surgery team in December 2016. 19 NHS trust guidelines were identified, but only 17 were audited with IC number and registration number replacing date of birth and NHS number.

### **RESULTS AND DISCUSSION**

92 Surgical notes were available for analysis; overall, details of the surgical notes are complete. Details recorded are IC number (98.9%), Registration Number (85.9%), Sex (84.8%), Type of Anesthesia (86.9%), Name of Anesthetist (93.5%), Scrub Nurses (96.7%), Circulating Practitioner (85.9%), and Time Entered and Leave Theatre (94.5%). Name of Surgeon, Patient, Anesthetist were recorded in all surgical notes. Only some of the Surgical recorded implanted material and its details because most procedures require no implant. No untoward incident is recorded in all the surgical notes analyzed.

### **CONCLUSION**

Surgical notes of Hospital Kajang General Surgery, has, overall met the standards set by the NHS trust for theatre practice.

## **LOCALLY ADVANCED BILATERAL BREAST CANCER IN ESRF PATIENT. DILEMMA IN MANAGEMENT**

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Locally advanced breast cancer is a common presentation in developing countries, and reasons given for late presentation is because of strong belief in traditional medicine, fear of surgery, ignorance and geographical isolation.

In locally advanced breast cancer, with multimodality treatment utilising a combination of chemotherapy, surgery, radiotherapy and hormonal therapy, 5-year survival of almost 50% possible with local control rates of 80%.

The incidence of bilateral breast cancer is very rare and yet with renal failure will be extremely rare. However there is difficult point in treatment, since most of the chemotherapeutic drugs will be metabolised through kidney. Here we reported a case of locally advanced bilateral breast cancer in end stage renal failure (ESRF) patient.

## **MASTECTOMY, BREAST RECONSTRUCTION & CHEST WALL COVER. SARAWAK GENERAL HOSPITAL 2014 - 2016**

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The breast, an organ for nurturing the young and a symbol of feminism in many of today's cultures. In Malaysia breast cancer is, by a wide margin the top cancer amongst the female population. Since its inception in 1800s many new breast reconstruction techniques have been established. This study aims to audit the amount of mastectomy and breast and chest reconstruction procedures performed in Sarawak General Hospital (SGH) in the years 2014 - 2016.

### **METHOD**

An analysis of data from both the Department of General Surgery and Department of Plastic and Reconstructive Surgery of SGH between 2014 - 2016.

### **ANALYSIS**

Throughout the study period of the 334 mastectomies, only 12 reconstruction and coverage procedures were performed. They comprise of 1 case of non-malignant cause, 4 cases on the same setting and 7 at a later date. Cases done on same setting were mainly for chest wall coverage or phyllodes tumour. Of the 12 cases, 6 TRAM flaps, 4 LD flaps, 1 DIEP flap and 1 expander.

### **CONCLUSION**

Only 4% of patients underwent breast reconstruction or chest wall coverage in the audit period. Often immediate reconstruction is not available due to the underlying pathology. TRAM flaps are breast reconstruction of choice whilst LD flaps are chest wall reconstruction of choice. Further studies are required to discern the contrasting ratio of mastectomy to reconstruction.

## EXTRAMAMMARY PAGET'S DISEASE: A CASE REPORT

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Extramammary Paget's disease (EMPD) is rare intra-epidermal neoplasm of that occurs in areas rich in apocrine glands and commonly involves the vulva, perianal region, perineum, and scrotum. It generally appears as eczema and most frequently presented symptom is itchiness. Due to these poor clinical features, the diagnosis, which is based on the biopsy, is usually delayed. A 76 years old gentleman presented for a dermatological assessment with itchy erosive plaques over the left inguinal region extending to the scrotum for the past 4 years after being treated conservatively with oral and topical antibiotics and ointments. A skin biopsy proved the diagnosis of EMPD and subsequently Wide Local Excision was done and histopathological confirmed the diagnosis of EMPD. Investigations for internal malignancies were negative. A long-term follow-up was planned for him to look for recurrences.

Although commonly appears as carcinoma in situ, it is associated with an underlying regional lymph node as well as systemic metastasis, which resulted with a worse prognosis and higher mortality. Management of EMPD included thorough search for occult or underlying malignancy followed by complete excision surgery. Even then, recurrences are high and long-term follow-up is advocated.

## PERFORATED POSTERIOR DUODENAL ULCER: A CASE REPORT

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### INTRODUCTION

Perforated posterior duodenal ulcer is a rare entity. The operative management is technically challenging and mainly depends on the nature of the ulcer, patient's intra-operatively haemodynamic status and the surgeon's experience.

### CASE REPORT

A 65 year old Chinese man, history of pulmonary tuberculosis exposure and peptic ulcer disease, presented with fever, non billous vomiting and epigastric pain for 5 days, which progress to generalized abdominal pain for 2 days. He appeared septic, dehydrated with generalized abdominal guarding. Chest radiography revealed right upper lobe consolidation but no pneumoperitoneum. He was resuscitated and underwent a laparotomy. Intra-operatively, there were gross contamination with purulent peritoneal fluid, pus and necrotic material at lesser sac, with perforated ulcer at posterior aspect of D1. He underwent antrectomy, duodenal stump closure, gastrojejunostomy reconstruction and Witzel jejunostomy. Histopathological examination of the specimen was negative for malignancy, *Helicobacter pylori* and acid fast bacilli. Post-operatively, he was resuscitated and care in ICU. He recovered from his initial critical condition, started anti-tuberculous treatment for smear negative pulmonary tuberculosis. However, he subsequently developed nosocomial sepsis, multiple intra-abdominal collection and duodenal stump fistula. The intra-abdominal collection was drained percutaneously with ultrasound/CT guidance. Diagnostic fistuloscopy via the matured tract of the percutaneous drain was done to assess the cavity for collections; facilitate irrigation and re-positioning of drainage catheters in a more desirable location. One of the fistuloscopy examinations revealed duodenal stump fistula and was confirmed with a fistulogram. This was managed conservatively and subsequently healed. He was then followed up with serial imaging to monitor the intra-abdominal collection till full resolution. Patient currently is well and under follow up.

### CONCLUSION

The management of perforated posterior duodenal ulcer is technically challenging. It ranges from damage control procedure, simple repair and lavage or complex definitive ulcer surgery.

## TOTAL PANCREATECTOMY FOR INTRADUCTAL PAPILLARY MUCINOUS NEOPLASM (IPMN) WITH CONCOMITANT PANCREATIC NEUROENDOCRINE TUMOUR (P-NET)

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### INTRODUCTION

The incidence of concomitant intraductal papillary mucinous neoplasm (IPMN) and pancreatic neuroendocrine tumour (P-NET) is rare and not widely reported in literature. This dual pathology is often discovered during histopathological examination and has implication on management.

### CASE REPORT

A 31-year-old male, presented initially with urinary tract symptoms. A CT-urogram done was normal but revealed incidental findings of cystic neoplasm of the pancreas. He had no other symptoms and urinary symptoms resolved spontaneously. Blood investigations were unremarkable with normal Ca19-9 and CEA. A contrast-enhanced computer-tomography (CECT) of the pancreas revealed an enhancing solid cystic lesion at the neck, extending into the head and body, with no evidence of metastasis. Endoscopic Ultrasound (EUS) revealed IPMN with dilated main pancreatic duct at 2.3cm, with mass seen within the cyst and fish mouth appearance at the papilla with mucin discharge. Patient was advised for total pancreatectomy with splenectomy. Pre-operative vaccination and diabetic risk counselling was done. Patient underwent surgery and intra-operative period was uneventful with minimal blood loss. Post-operatively, he was allowed orally by post-operative Day-4 with pancreatic enzyme supplement. There was an episode of diabetic ketoacidosis during transition from insulin infusion to subcutaneous boluses. Otherwise, recovery was uneventful and patient was discharged on post-operative Day-12. Histopathology report revealed an encapsulated solid cystic tumour (10 x 5 x 4cm), involving the head, body and tail of pancreas. Microscopically, intraductal tumour with complex papillary structure and features of high grade dysplasia was seen. There was also finding of small clusters of tumour cells, exhibiting salt and pepper appearance that stained strongly for chromogranin and synaptophysin suggestive of Grade1 neuroendocrine tumour.

### CONCLUSION

IPMN can present in younger population and remained asymptomatic. A total pancreatectomy is warranted in this patient due to tumour size and location. Concurrent finding of P-NET in IPMN nowadays is not uncommon as literature revealed.

## **BILATERAL MALIGNANT STRUMA OVARIII WITH LUNG METASTASIS: A CASE REPORT**

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Malignant struma ovarii [SO] is a rare tumour defined as a mature ovarian teratoma containing 50 % or more thyroid tissue. It comprises 5 % of all ovarian teratomas and mostly are benign and unilateral. Malignant transformation of SO occur in less than 5 % of all cases. It is even rare for bilateral and metastatic disease. Due to rarity of the tumour, there has been paucity of data in the literature pertaining to treatment and follow up procedures for this tumour. It gives dilemma to surgeon and the managing team.

We present an interesting case of 24 years old, single, nulliparous lady who was asymptomatic. Incidentally during medical check up noted to have bilateral ovarian mass. Ct scan of abdomen, thorax and pelvis performed prior to surgery revealed bilateral complex ovarian cystic lesions with multiple lung nodules [ largest 0.9 cm] and presence of ascites. Tumour marker of Ca125 was 655. She was counseled for surgery and opted for exploratory laparotomy with right salpingoophorectomy and left cystectomy for fertility sparing. Histopathological examination revealed bilateral malignant papillary thyroid carcinoma with metastasis. Patient was still undecided pertaining to total thyroidectomy and subsequent thyroid suppression therapy and radioactive iodine ablation therapy.

Adjuvant therapy recommended includes total thyroidectomy, thyroid suppression therapy and radioactive iodine ablation follow by biological monitoring of serum thyroglobulin.

Prognosis for malignant disease was uncertain and long term follow up required.

## OCCULT PRIMARY BREAST CANCER: HELLO! I'M HERE, CAN YOU SEE ME?

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Occult primary breast cancer is defined as histologically proven breast cancer discovered outside the breast in the absence of a primary breast cancer. The incidence of occult primary breast cancer is 0.3 - 1% of all newly diagnosed breast cancer. Even though, NCCN guidelines for occult Primary cancer is available, the dilemmas in managing this unique initial presentation of tumour still a big challenge to surgeon. Convincing the patient to comply to treatment will be another major obstacles in the absence of clinical and radiological proof .

We present a case of 57 years old Malay lady, married with 8 children. She has no risk factors except for consuming oral contraceptives pills for 8 years. She presented way back in 2007 with axillary swelling measuring 5 x 5cm without any breast lump clinically. Biopsy from the axilla revealed metastatic breast cancer. However, neither mammogram nor MRI revealed pathology in the breast. Axillary clearance performed and subsequently chemotherapy for 6 cycles and radiotherapy for 25 cycles followed by hormonal therapy. Yearly mammogram and PET scan performed after completed treatment revealed normal findings. She presented back after 5 years with left breast lump measuring 0.5 x 0.5cm. mastectomy was offered , however patient insist for wide local excision. The dilemma in convincing the patient was a big challenge to the managing team.

We will discuss the thoughtful diagnostic process and careful interdisciplinary approach to patient management to avoid unnecessary therapy.

## FOOD FLOTILLA FOR MYANMAR - SURGICAL OPERATING THEATER SETUP IN NAUTICAL ALIYA

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Recently in February 2017, groups of Non-Government Organizations (NGOs) from 13 countries involved in humanitarian mission - Food Flotilla for Myanmar, mainly to deliver 2,200 tonnes of foods, medical aid and hygiene kits to the state of Rakhine and its borders, for the forgotten people of Rohingya. Food flotilla being the initiative between the Consultative Council of Islam Organization (MAPIM), Kelab Putra 1 Malaysia (KP1M) and others 27 non-governmental organizations including Haluan Malaysia, Yayasan Amal, Muslim Care and others.

About 180 volunteers involved, media practitioners, former minister, members of Parliament (MP), religious leaders, crew, including the deployment of almost 30 medical personals including surgeons, anesthetist, emergency physicians, physiatrist, medical officers and medics, making the 3 weeks voyage to hand humanitarian aid to the displaced Rohingya.

The foods and humanitarian aids were loaded onto the working vessel, named Nautical Aliya and the voyage being successful delivered all aids to the needs.

Being in the open sea for almost 21 days, medical personals being one of the main highlight. The author personally involved in the Food Flotilla for Myanmar, as a surgical registrar, with the help of 2 surgeons, anesthetist, and emergency physicians, we setup an operation theater in Nautical Aliya. Our aim is to cater all surgical emergency during the journey.

This poster details the way we setup the ship's surgical operating theater, with the limitations, difficulties, resources and medical drills that being frequently conducted to make us ready in every different emergency situations. Despite limited resources and many problems that encountered during the voyage, we manage to give the best medical and surgical aids.

## “WHERE’S THE PATHWAY OF COMMON BILE DUCT IN AN ECTOPIC AMPULLA?” A CASE REPORT ON PANCREATIC DIVISUM

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### INTRODUCTION

Peculiarity of pancreatic and biliary drainage pathways in pancreatic divisum (PD) may pose technical difficulties in cannulating the ectopic ampulla during endoscopic procedure. Radiological diagnosis often pragmatic. We reported a case of PD in a patient with acute pancreatitis, discussing endoscopic technical difficulties and diagnostic challenges in the oddity of a rather common anatomy.

### THE CASE

A 60-year-old lady presented with classical history of epigastric pain and treated as mild acute pancreatitis. Computed Tomography (CT) scan performed previously during surveillance for her colon cancer incidentally revealed cholelithiasis with choledocholithiasis, attributed as the cause of the current pancreatitis attack. Endoscopic Retrograde Cholangio-Pancreatography (ERCP) was attempted but failed to cannulate common bile duct (CBD) due to an oddly sited ampulla. Magnetic resonance cholangiopancreatogram (MRCP) discovered PD, a pancreatic duct variant with separated dorsal and ventral pancreatic tissue. CBD and only ventral duct were connected at the major ampulla draining the system via ventral duct of Wirsung. No stone in CBD and system was not dilated. Symptom resolved with conservative management.

### DISCUSSION

PD is the most frequently encountered pancreas anatomical anomaly. Failure of ventral and dorsal duct fusion during 6<sup>th</sup> to 8<sup>th</sup> week embryological development results in narrowed major duodenal papilla, obstructing pancreatic juice flow leading to dorsal duct hypertension and secondary pancreatitis. Though the pancreatitis aetiology retrospectively explained, PD poses technical difficulties for endoscopist in identifying the awkwardly sited ampulla as well as cannulating the variant CBD pathway. MRCP is useful in laying out the anatomical anomaly for further planning when endoscopic or surgical intervention indicated for recurrent pancreatitis.

### CONCLUSION

Oddity maybe explained but anomaly is often estranged. When facing difficulty in cannulating the ampulla, suspect the anomaly. It may be more common than we thought.

## PANCREATIC LESION: A RARE CASE OF EXTRAPULMONARY TUBERCULOSIS

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### INTRODUCTION

Tuberculosis is a common disease in developing countries in which there is an increasing incidence of extrapulmonary tuberculosis. However pancreatic tuberculosis is a rare entity. It is known from literature that it can mimic carcinoma and diagnosis is usually made after laparotomy and resection.

### CASE REPORT

35-year-old lady presented with painless jaundice for 1 month, associated with tea colored urine and statorrhea with pruritus and loss of appetite. Ultrasound showed dilated intrahepatic duct (IHD) and common bile duct (CBD) consistent with Computer Tomography (CT) scan revealing a peri-ampullary tumor. A pylorus preserving pancreato-duodenectomy was performed with evidence of coeliac lymphadenopathy seen. Histopathology Examination (HPE) proved to be chronic granulomatous lymphadenitis with reactive hyperplasia of celiac and portal nodes.

### DISCUSSION

Pancreatic tuberculosis is a rare entity in extrapulmonary tuberculosis manifestations as the pancreas is biologically protected from seeding of mycobacterium tuberculosis by the pancreatic enzymes. It can present in wide spectrum of symptoms such as painless jaundice, fever, anorexia and constitutional symptoms and history of extra abdominal tuberculosis symptoms are not very common. CT imaging rarely gives a diagnosis of tuberculosis. As such, it is common to diagnose it histologically after surgery.

### CONCLUSION

Pancreatic tuberculosis can masquerade itself as a carcinoma and should be considered in young patients and preoperative histological diagnosis should be attempted in these patients.

## **SOLID PAPILLARY CARCINOMA OF BREAST: A RARE FORM OF BREAST CANCER**

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### **INTRODUCTION**

Papillary carcinoma of the breast accounts for approximately 1% of breast carcinomas. The prevalence of this carcinoma is higher among postmenopausal women in their 6<sup>th</sup> and 7<sup>th</sup> decade of life. Common presentations include bloody nipple discharge, breast lump while some are asymptomatic.

### **MATERIALS AND METHOD**

We report a 67 year old lady, who presented with painless right breast mass without any associated symptoms. Mammogram and ultrasound showed ill-defined mass with no calcifications. Core biopsy confirmed a solid papillary carcinoma of the breast. She was then subjected to mastectomy and axillary dissection.

### **RESULTS**

Histopathology of the specimen revealed a solid papillary carcinoma without definite invasion (pTis).

### **Discussion**

Solid papillary carcinoma is a variant of intraductal papillary carcinoma which has a solid papillary pattern and often with neuroendocrine differentiation, intracellular or extracellular mucin formation. Papillary carcinoma is indistinguishable from other carcinomas clinically, and diagnosis is usually made following histopathology examination. Literature review finds that there is no clear differentiation between invasive and non- invasive tumors.

### **CONCLUSION**

Solid papillary carcinoma of the breast; when diagnosed should prompt clinicians to report due to its rarity. Though differences in long term prognosis and exact clinical behavior have been reported, continuous reporting will ensure this clinical entity to be studied further.

### **KEYWORDS**

Solid Papillary Carcinoma, intraductal papillary carcinoma, breast cancer

## RECURRENT LARYNGEAL NERVE INJURY: IS CLINICAL ASSESSMENT IS ACCURATE TO DETERMINE RECURRENT LARYNGEAL NERVE INJURY COMPARE TO FLEXIBLE LARYNGOSCOPY

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Recurrent Laryngeal Nerve (RLN) injury is the paramount complication in neck surgery especially in thyroid and parathyroid surgery. The gold standard assessment for RLN injury is by using Flexible Laryngoscopy (FL). It is a normal practice to assess the vocal cord function via FL prior to the thyroid and parathyroid surgery. However, it is not a routine procedure after the surgery. Usually, only patients with clinical evidence of vocal cord injury will be reassessed by FL post-operatively. Hence the Clinical Assessment (CA) is the most important measures to recognize vocal cord injury. We prospectively evaluate the accuracy of CA in detecting vocal cord injury compare to FL.

### MATERIAL AND METHODS

A prospective controlled, non-randomized study of 40 patients undergoing thyroidectomy and parathyroidectomy for various diagnosis. The clinical assessment for vocal cord function was done by a single assessor a day before operation and at day 2 post-operatively. The FL also was done at the same period of time by the Otolaryngology medical officer. Demographic data were collected and results were compared.

### RESULTS

40 patients underwent thyroid and parathyroid surgery. Seven (17.5%) patients were noted to have hoarseness of voice and one (2.5%) patient had unproductive cough from the CA. Abnormal FL was observed in four (10.0%). Among the seven patients with hoarseness of voice, two (28.6%) patients had abnormal FL, the other five patients have normal FL. The sensitivity of hoarseness of voice is 50% and specificity 86.1%. One patient with unproductive cough showed abnormal FL, give the sensitivity of 25% and specificity of 100%. No patient experience choking in this study, showed it is not a sensitive test. One patient with normal CA showed abnormal FL.

### CONCLUSION

Clinical Assessment does help in predicting RLN injury, however post-op Flexible Laryngoscopy is important to avoid delayed recognition and treatment of vocal cord palsy.

### KEYWORD

RLN injury

## A RARE CASE OF A SYMPTOMATIC ABDOMINAL WALL SCHWANNOMA

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Schwannomas involving the head, neck, flexor surfaces of both upper and lower extremities are commonly heard off and many cases have been reported of their occurrence in these areas. However, symptomatic schwannomas arising from a peripheral nerve within the muscles of the anterior abdominal wall is very rare. We report a case of a schwannoma arising from within the internal oblique muscle which was successfully excised via laparoscopic surgery.

A 45 year old gentleman of Chinese ethnicity presented to our clinic with complaints of intermittent, dull pain at the right hypochondriac region for the past 2 years. Abdominal examination revealed a vague mass with a smooth surface at the epigastrium extending to the right hypochondrium, measuring 4cm x 5cm, unable to get above but with a well felt lower border. A CT scan was done and it showed a solid lesion arising from the right internal oblique muscle with features suggestive of a desmoid tumour. We proceeded for a CT guided biopsy and the histopathology examination of the biopsy sample showed features suggestive of schwannoma with strong and diffuse immunoreactivity to S100. We proceeded for surgery and the intraoperative findings were in favour of a schwannoma measuring 10cm x 8cm arising from the internal oblique muscle. There was no obvious involvement of the 9<sup>th</sup> rib as well and no breach of parietal peritoneum (entirely extraperitoneal) with the external oblique being intact as well. The tumour was excised successfully via laparoscopic surgery along with the 9th rib and sent for histopathological analysis. Histopathological examination of the tumour shows features consistent with a schwannoma and the 9th rib being clear of any tumour.

The incidence of Schwannomas in adults is as low as 5%. However, rare causes of chronic abdominal pain such as this should always be kept in mind in clinical practice.

## INTESTINAL TUBERCULOSIS PRESENTING AS AN ENTEROCUTANEOUS FISTULA

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Abdominal tuberculosis is one of the most morbid chronic infection of the abdomen that can affect the intestines, lymph nodes and the peritoneum. The presentation may vary from chronic abdominal pain to features suggestive of obstruction or even peritonitis. Here we would like to highlight a rare presentation of intestinal tuberculosis as an enterocutaneous fistula.

This is a case of a 25 year old girl who was referred to our centre with complaints of feculent discharge from the Lanz incision scar over her abdomen, 2 months after undergoing an open appendicectomy. She initially underwent an open appendicectomy, where the appendix was found to be macerated with the base, caecum, and terminal ileum reported as being healthy. She was discharged well only to come back 2 months later with feculent discharge from her Lanz incision wound. She was admitted and a CT scan and a sinogram were done which showed a right iliac fossa enterocutaneous fistula to a loop of small bowel, possibly to distal ileum. Patient subsequently underwent an exploratory laparotomy. Intraoperatively, the skin opening of the fistula was located at the previous Lanz incision scar and the other opening noted at the distal ileum. There were whitish nodules throughout the serosa of large bowel, small bowel and peritoneum, suggestive of tuberculosis. Adhesiolysis, resection of small bowel segment containing the fistula, and double barrel ileostomy creation was done. She was discharged well. HPE of the resected bowel and tissue around the fistula site shows necrotizing tuberculous granulomatous inflammation. She is now under our follow up and is planned for reversal of ileostomy after she completes her anti tuberculosis regime.

Gut Tuberculosis should always be at the back of a surgeons mind when dealing with day to day cases and should be investigated for and treated promptly.

## PATIENT SURVIVAL POST OPERATIVELY FOR PANCREATIC AND PERIAMPULLARY MALIGNANCIES: HISTOPATHOLOGICAL CRITERIA AS A PREDICTOR

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### INTRODUCTION

Pancreatic cancer is the fourth leading cause of cancer death worldwide. Accurate and simple prognostic criteria based on postoperative histopathology would be helpful in assessing prognosis.

### OBJECTIVE

To evaluate the histopathological parameters on survival rate while considering the epidemiological distribution in Sarawak.

### METHODOLOGY

This is a retrospective review of pancreatic carcinoma patients diagnosed from January 2014 to December 2016. Patients with confirmed diagnoses of pancreatic and periampullary carcinoma were included. Benign histopathologies were omitted.

### RESULTS

There were total of 243 cases of pancreatic carcinoma, majority were male patients (60.5%) with a mean age of 60-69 years old. Iban patients comprised 33.3% (n=81) followed by Chinese patients (28.8%, n=70) while 26.7% (n=65) were Malay patients. Only 52 patients (21.4%) were operated on. Surgeries performed were Whipples (48%, n=25), pyloric preserving pancreaticoduodenectomy (30.7%, n=16), triple bypass (15.4%, n=8), distal pancreatectomy (3.8%, n=2) and total pancreatectomy (1.9%, n=1). Patients who underwent resection had a survival rate of 48.6%. R0 resection was achieved in 80.2% of patients. Histologically identified perineural and lymphovascular invasion was observed equally in 3.8% of cases and were associated with poor prognosis. Lymph node involvement was described in 21.2% of cases while 19.2% had positive surgical margins. Survival rate was 10% and 20% with positive surgical margins and lymph node involvement respectively, with an average survival period of 9.5 months. Patients negative for both factors had a survival rate of 42.9%, whereas survival rate for those positive for both was only 2.9%.

### CONCLUSION

Pancreatic and periampullary carcinoma is common amongst men ranging 60-69 years old. Nodal involvement and positive margins are significant in predicting survival rates postoperatively for these malignancies.

## **A 2 YEARS AUDIT ON LAPAROSCOPIC CHOLECYSTECTOMY IN SIBU HOSPITAL: DOES 3D LAPAROSCOPIC CHOLECYSTECTOMY LEAD TO IMPROVED OUTCOMES?**

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Laparoscopic cholecystectomy is the gold standard for the treatment of symptomatic cholelithiasis. We review the clinical outcomes of laparoscopic cholecystectomy performed in Sibul Hospital over a 2 year period.

### **METHODS**

128 patients who underwent laparoscopic cholecystectomy from 1<sup>st</sup> January 2015 till 31<sup>st</sup> December 2016 were included. Main outcomes were complications based on the Clavien-Dindo classification and the conversion rate to open surgery. A subgroup analysis was performed to compare laparoscopic cholecystectomy performed with the aid of a 3-dimensional optical system in relation to the conventional 2- dimensional system.

### **RESULTS**

128 patients (male = 39, female = 89) with a mean age of 51 (range 21 - 89) had laparoscopic cholecystectomies performed during this period. There were 16 cases of conversion to open cholecystectomies (12.5%). Majority of the conversions were due to the inability to define the Strasberg critical view of safety (13 out of 16 cases, 81.3%) while (3 out of 16 cases 18.7%) were for vascular and suspected bile duct injury. Median length of stay was 2 days. There were 5 cases of Clavien-Dindo Grade I, 3 cases under Grade II, and lastly 2 cases under Grade III. Of note, the subgroup patients of who had 3D laparoscopic cholecystectomies (N=29) showed mean operating time of 88 minutes, 3 cases of post-operative complications (2 cases of Grade I and 1 case of Grade II) and 2 out of 29 cases converted to open surgery.

### **CONCLUSION**

The recent introduction of 3D laparoscopy system in our center and its favourable outcome has led to an NMRR approved randomized controlled trial in which we are awaiting its results.

## TRAUMATIC DIAPHRAGMATIC HERNIA; A SURGICAL EMERGENCY

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Traumatic diaphragmatic hernia is uncommon and accounts for 1% of blunt traumatic injury. It poses several management dilemmas such as;

- 1) Difficulty in differentiating, preoperatively, between pre-existing congenital hernias with acquired traumatic hernias,
- 2) Decision making regarding timing of repair and operative approach; laparotomy vs thoracic approach.
- 3) Late presentation or misdiagnosis leading to increase mortality and morbidity.

This case reports a 24-year-old male who presented with respiratory distress following a motor-vehicle accident. CXR done during primary survey revealed bowel within the left thoracic cavity with mediastinal shift to the right. CT scan confirmed left diaphragmatic hernia with presence of free fluid in the pelvis, hence laparotomy approach of repair was done. The herniated organ comprised of small bowel, transverse colon, spleen, omentum and stomach. Contents were reduced and a defect of 10cm x 5cm over the posterior attachment of the left hemidiaphragm was repaired primarily with interrupted Prolene sutures. The post-operative recovery period was uneventful. Patient was extubated after day 1 of surgery, weaned off oxygen by day 3 and discharged on day 5 of surgery. Over the 1 month follow up period, patient remained asymptomatic with no further respiratory complication.

In conclusion, all patients presenting with diaphragmatic hernia following a trauma, should be treated as an urgent setting and undergo surgery promptly to reduce morbidity and mortality, such as cardiorespiratory compromise, bowel obstruction or strangulation. Access via laparotomy approach would be the preferred option in acute trauma as it can also safely assess and evaluate abdominal organs to look for any other intra-abdominal injury which might be missed from initial imaging.

## HEPATOCELLULAR CARCINOMA (HCC) WITH PARANEOPLASTIC SYNDROME: A CASE REPORT AND LITERATURE REVIEW

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### INTRODUCTION

Paraneoplastic syndrome associated with HCC is rare. We report a case of a 64 years-old gentleman who presented to our centre and was diagnosed with HCC complicated with paraneoplastic syndrome

### METHODS

AH was a newly diagnosed Hepatitis C positive gentleman who presented with epigastric discomfort and constipation, associated with loss of weight and appetite for 1 month. He was not jaundiced and his liver edge was palpable up to 2cm from the right costal margin. His alpha - fetoprotein was raised at 16511mcg/L. A 3 phase computed tomography of the abdomen revealed a solitary well defined liver mass in segment VIII measuring 5cm x 8.9cm x 9.5cm in a non-cirrhotic liver which enhances in the arterial phase with venous washout. In addition, he was hypercalcemic and required pharmacological treatment. In view of a normal intact parathyroid hormone level and a normal ultrasound neck, diagnosis of a paraneoplastic syndrome secondary to HCC was made.

### DISCUSSION

Description of HCC with paraneoplastic syndrome is currently limited to retrospective case series from Asia. HCC with secreting parathyroid hormone (PTH) - related peptide tend to have a larger tumour volume and a markedly elevated serum alpha-fetoprotein. Hypercalcaemia tend to be resistant to pharmacological treatment and successful outcome and resolution following emergency tumour resection was reported.

### CONCLUSION

HCC can manifest as paraneoplastic syndrome due to the secretion of the PTH-related peptide. Hypercalcaemia tend to be resistant to pharmacological means and early surgery can be curative based on current evidence.

## FOLLICULAR THYROID CARCINOMA WITH SPLENIC AND THIGH METASTASIS

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### INTRODUCTION

Follicular thyroid carcinoma is one type of the well differentiated thyroid cancer. It is commonly metastasis through the hematological route. However, the splenic metastasis following the follicular thyroid carcinoma is rare. From the literature review there are only few case reports regarding the similar case. Till now, we are still unable to reach the conclusion why the spleen is the rare organ for metastasis compare to lung, liver and kidney.

### CASE REPORT

We are presenting a patient 34 years old gentleman who had history of follicular thyroid carcinoma in 2005. He had underwent total thyroidectomy in 2005 follow by radioactive iodine in 2006 in Hospital Kuala Lumpur. Unfortunately, patient defaulted follow up till 2013 and he presented with recurrence of disease. CT scan demonstrated the large splenic vascular lesion and bilateral lung nodules. Subsequently he had underwent another 3 times radioactive iodine ablation in Hospital Pulau Pinang. Despite extensive radioactive iodine, the metastatic splenic lesion progressively increase in size and metastasis to left thigh where patient presented with left thigh swelling after the 4<sup>th</sup> RAI. The tru cut biopsy of the left thigh consistent with the metastatic follicular thyroid carcinoma. Case was discussed in the multidisciplinary team meeting and conclusion made to proceed for splenectomy and excision biopsy of left thigh tumour in view of the poor response of metastatic splenic lesion towards the radioactive iodine. Patient underwent laparotomy, splenectomy and excision biopsy of left thigh swelling.

### CONCLUSION

The metastasis to spleen marks the aggressiveness of the disease, however, the impact on the patient's morbidity and mortality remain unexpected due to its rare occurrence.

## **CORING AND LIGATION OF THE EXTERNAL ANAL FISTULA TRACT: A CROSS-SECTIONAL STUDY**

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### **PURPOSE**

Fistula-in-ano is a benign anorectal disease which always poses a big dilemma to the surgeons because of their significant recurrent rate and longer healing duration following surgery. We report our experience with fistulectomy surgeries in our center.

### **MATERIALS AND METHODS**

A cross-sectional study to review the patients that underwent fistula surgery has been made. A total of 43 patients underwent fistulectomy under elective operation list identified. Demographic data of patients were assessed. Patient subjected to endoanal ultrasound prior to the surgery to determine types of fistula based on Park's classification. Follow up was made post-operatively in a scheduled timing to see the progress, duration of healing, and recurrence or persistent of the disease.

### **RESULTS**

Mean age of the patient presented to our center was 38.4 years old. Intersphincteric and transphincteric type of fistula account 40.5% and 54.8% respectively. 54.8% of patients achieved primary healing after the procedure. Mean healing duration of those who underwent core fistulectomy is 3.7 months. 33.3% of patients subjected to core fistulectomy failed to fully recover either had persistent or recurrence of the disease.

### **CONCLUSIONS**

Even though we managed to achieve significant success rate cumulatively, persistent or disease recurrence still imposed the challenge toward patient's management of the disease in a long run. Therefore, further prospective study is recommended to look into this method in term of rapid recovery with minimal morbidity.

## BRCA GENE TESTING. A CONTEMPORARY OVERKILL OR A LIFE SAVIOR

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*BRCA1* and *BRCA2* are human genes that belong to a class of genes known as tumor suppressors. Mutation of these genes is linked to hereditary breast and ovarian cancer. Epidemiological studies suggest that deleterious mutations in either of these genes confer a significant increase in lifetime risk of developing breast and, to a lesser extent, ovarian cancers.

Studies carried out in several Asian countries, indicate that *BRCA* mutations are equally prevalent or may possibly be higher within the Asian population. In women with early-onset breast carcinoma unselected for family history, the prevalence of *BRCA1* mutations is estimated to be between four and nine percent. Despite this emerging knowledge, little is known about the spectrum and frequency of *BRCA* mutations and their involvement in breast cancer incidence within the Malaysian population.

This case is a lady who underwent right mastectomy and axillary clearance on 27/8/15 for breast cancer (T3N0M0) and completed her chemotherapy and radiotherapy. Taking into account her strong family history, she tested herself for the *BRCA1* and *BRCA2* gene which unfortunately was positive. CT scan, bone scan, and mammogram done post operatively showed no evidence of tumor recurrence.

Patient was keen for a mastectomy and oophorectomy in view of her risk factors and hence left mastectomy and TAHBSO was done. Patients HPE of the breast proved to be an invasive carcinoma of no special type, and of the uterus to be benign endometrial polyp. Patient will be undergoing an axillary clearance.

Various studies have been conducted to study the epidemiology and benefit of *BRCA* gene testing to assess the risk of breast cancer. This case proves that there is an evident role for this test and should be offered routinely to patients with strong family history and the role of prophylactic surgery for those who has tested positive.

## ENCAPSULATED PAPILLARY CARCINOMA OF THE BREAST - CASE REPORT

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Encapsulated Papillary carcinoma (EPC) also known as intracystic carcinoma is a rare tumor of breast and traditionally considered as a variant of ductal carcinoma in situ. It accounts of 0.5 to 1% of all breast tumors and can be presented as an isolated lesion or associated with conventional non papillary in situ or invasive carcinoma. However, few studies had proposed that this lesion is an invasive carcinoma in which its lack of myoepithelial cells at their periphery with few reported cases showed few patients presented with axillary nodal or distant metastasis after being diagnosed with papillary breast carcinoma. Pure EPCs are in situ carcinomas with an excellent prognosis and can be managed with local therapy with or without sentinel lymph node biopsy while EPC with invasive components can be manage either with breast conserving surgery or mastectomy. Here we reported a case of encapsulated papillary carcinoma that presented with right breast lump and underwent breast conserving surgery and axillary dissection.

## PLEOMORPHIC ADENOMA OF THE BREAST - CASE REPORT

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Pleomorphic adenoma is one of a benign neoplasm that occurs in salivary gland. However, it has been reported to occur outside of the major salivary glands which include the breast. Pleomorphic adenoma of the breast is a rare, benign tumor. First case report was done by Lecene in 1906. It is most commonly seen in postmenopausal women and is characterized by an admixture of epithelial and myoepithelial cells embedded in abundant myxomatous stroma. Its clinical and histologic appearance can be challenging and may lead to a misdiagnosis of invasive carcinoma. Here we reported a case of pleomorphic adenoma that presented with right breast lump for 6 years and underwent wide local excision.

## EARLY STAGE OF PRIMARY SIGNET RING CELL CARCINOMA OF THE RECTUM: A DISTINCT ENTITY

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Primary signet ring cell carcinoma (SRCC) of the colorectal is a rare type of colorectal cancer. Most of the case detected at late stage which account for the poor overall prognosis of SRCC. We reported a 41 year old Malay man with impending obstruction and preceding history of altered bowel habits, painless per rectal bleeding and tenesmus. Proctoscopy showed a circumferential mass 5 cm from anal verge with hard consistency and HPE reported it as signet cell carcinoma. CT TAP post colostomy showed circumferential rectal mass causing luminal obstruction with no evidence of distant metastasis. Patient was referred to oncology for chemotherapy and currently on Mayo regime. Repeat CT shown that there is focal thickening at mid-descending colon which might represent as skip or synchronous lesion.

Primary SRCC is considered a distinct entity based on the clinical and pathological features. Since the prognosis of primary signet-ring cell colorectal carcinoma is extremely poor, early diagnosis and aggressive treatment strategy are necessary.

## RARE DISEASE - RECTAL ADENOCARCINOMA WITH NEUROENDOCRINE TUMOUR

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### INTRODUCTION

Rectal carcinoma is one of the commonest cancer in Malaysia. There is increase in the incidence following the improvement of the health care system such as the availability of the fecal occult blood test screening and the opportunistic colonoscopy screening among the high risk patient. However, the rectal neuroendocrine tumour is rare compare to adenocarcinoma. The incidence of rectal NET increasing following the greater investigation of endoscopy and improvement of the histology reporting.

### CASE REPORT

We presenting a patient 56 year old gentleman who had painless per rectal bleeding for past 6 months. Colonoscopy examination noted fungating circumferential lesion at the rectosigmoid junction. The biopsy result is consistent with moderately differentiated adenocarcinoma. Subsequently, the staging CT scan done and demonstrated rectosigmoid tumour with nodal metastasis, no distant metastasis. Patient was proceed with laparotomy and anterior resection. Post operatively, unfortunately patient had anastomotic leak and underwent another laparotomy washout, covering ileostomy and simple repair of the anastomotic leak. The anterior resection specimen HPE noted moderately differentiated adenocarcinoma and the distal doughnut showed well differentiated grade 1 neuroendocrine tumour.

### CONCLUSION

The management of advanced and complicated disease remain a challenge. Multidisciplinary team discussion is warranted in order to provide the best option of care to the patient.

## TRANSVERSE COLON PERFORATION WITH INTESTINAL LYMPHOMA: CASE REPORT

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### BACKGROUND

Colorectal lymphoma consists of 6% - 12% of all gastrointestinal lymphomas. Most of the colorectal lymphomas are due to secondary widespread of the lymphomas while primary lymphoma is very rare, consists of 0.2% of the malignancy with cecum, ascending colon and rectum are mostly involved.

### CASE PRESENTATION

We report a case of 58 years old gentleman presented with 2 weeks history of abdominal pain with altered bowel habit and intermittent fever. CECT TAP was done one month prior to presentation showing lesion over the left lobe of lungs and mesenteric region. Colonoscopy was done with normal finding. 6 days after presentation, repeated CECT TAP showed transverse colon perforation and upon clinical evaluation, the abdomen was distended and guarded. Laparotomy and bowel resection was subjected on him immediately. Post operatively, histopathology examination of colon tissue sent, and help to reach to the diagnosis of intestinal lymphoma.

### CONCLUSIONS

Lymphoma was diagnosed after tissue histopathological examination, as the symptoms and physical examination as well as endoscopic evaluation and initial CT scan were not suggestive. Hence, the clinical evaluation and the imaging helped to manage this patient in an immediate course before the provisional diagnosis post operatively made.

## **TRANSGENDER BENDER: A CASE OF MESENTERIC VENOUS THROMBOSIS**

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### **INTRODUCTION**

We present a case of a 43 year old transgender female who presented with generalized peritonitis, with her blood investigation revealing a high white cell count and a compensated metabolic acidosis with high lactate. An emergent laparotomy revealed a segment of gangrenous small bowel measuring 80cm with thrombi within the mesenteric vessels. A small bowel resection with end-to-end handsewn anastomosis was performed. Her thrombophilia screening was negative and the HPE of the resected specimen showed transmural ischaemia with evidence of vasculitis and fibrin thrombi in some blood vessels.

### **DISCUSSION**

Mesenteric venous thrombosis is an entity on the spectrum of mesenteric ischaemia. This spectrum consists of non-occlusive mesenteric ischaemia (NOMI), acute mesenteric arterial embolism (AMAE), acute mesenteric arterial thrombosis (AMAT), and mesenteric venous thrombosis (MVT).

The liberal use of computed tomography imaging has allowed non-operative management to be utilized in the management of MVT. A step wise algorithm can be applied in MVT without peritonitis where the first step is systemic anticoagulation with heparin infusion. If there is no clinical improvement, an endovascular approach can then be used to perform targeted thrombolysis. Surgery is the rescue treatment in the event that systemic anticoagulation and endovascular therapy fail to bring a clinical improvement. Emergency surgery can also be the initial treatment in patients with generalized peritonitis, or bloody vomit or diarrhea as these are signs that indicate transmural infarction.

### **CONCLUSION**

Mesenteric venous thrombosis is a disease which is associated with a high mortality and morbidity rates in the past. The advent of CT imaging and endovascular techniques have introduced a non-invasive treatment method in patients without transmural infarction.

## REVISIT OF DIAGNOSTIC PERITONEAL LAVAGE

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### INTRODUCTION

Diagnostic peritoneal lavage is a rapid and easily performed but invasive bedside procedure that was once the gold standard for the evaluation of abdomen trauma. This method was also used in the management of suspicious intraabdominal sepsis patient who cant send for radiological investigation due to hemodynamic instability.

### CASE SERIES

We are presenting 3 cases of intraabdominal sepsis patients that manage with diagnostic peritoneal lavage. The first case is regarding the old lady presented with lethargy and abdominal distension. On arrival to casualty noted patient tachypnea and persistent hypotension. Patient was intubated and required high inotropic support. Chest x ray show no air under diaphragm. Bedside DPL done and noted bilious fluid. Subsequently, proceed with laparotomy and noted perforated duodenal ulcer. Second case is patient in Intensive care Unit for DKA , however, despite aggressive medical treatment patient remain lactate acidosis. Patient was not suitable for CT scan due to high inotropic support. Bedside DPL noted feculent drainage. Laparotomy done and noted ischemic bowel. Third case is regarding the patient come in unresponsive and post cardiopulmonary resuscitation. Patient had history of peptic ulcer disease prior to the presentation. Bedside DPL done and showed gush of air and bilious fluid. Laparotomy done and showed giant perforated gastric ulcer.

### CONCLUSION

Despite the advanced of the diagnostic technology, the diagnosis of surgical acute abdomen in the intensive care unit remain a challenge to the surgeon. DPL still play a vital role in diagnosing or excluding intraperitoneal collection and also rule out the suspicious intraabdominal injury in hemodynamic unstable trauma patient.

## TRIPLE WHAMMY! A CASE REPORT OF GASTRIC ADENOCARCINOMA WITH COEXISTENT GASTRIC GIST AND GASTRIC TUBERCULOSIS

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### INTRODUCTION

The coexistence of GIST with other gastrointestinal tract malignancies has been reported to be in the range of 0.74 - 33%. Additional gastric tuberculous lymphadenitis in the same setting with coexistent tumours is extremely rare. It poses challenges in patient management and may lead to treatment failure.

### METHOD

We report a case of gastric adenocarcinoma with coexistent gastric GIST and gastric tuberculosis.

### RESULTS

A 76-year-old lady with no known medical illness and no prior history of tuberculosis, presented with worsening dyspepsia and weight loss of 1 month duration. OGDS revealed pyloric Borrmann II tumour. Biopsy showed gastric adenocarcinoma. CT showed thickened pylorus and a heterogeneously enhancing mass at left hypochondrium, with no distant metastases. She underwent elective D2 total gastrectomy. Intra-operatively, a large lobulated exophytic 15 x 10cm fundal tumour and another intraluminal pyloric tumour involving serosa (cT3N2M0) were noted. HPE revealed pT4aN2 poorly differentiated adenocarcinoma of pylorus, coexistent malignant fundal GIST with clear resection margins, and tuberculous granuloma at station 9 lymph node. She had an uneventful recovery, and then was started on anti-TB. Adjuvant chemotherapy for gastric adenocarcinoma and imatinib therapy for the high risk GIST were not initiated in view of the gut tuberculosis.

### CONCLUSION

The treatment algorithms in patients with coexistent multiple primary tumours should be focused on the prognostically relevant malignancy. Additional concurrent tuberculosis further complicates management because gastrectomy results in malabsorption and malnutrition, leading to low serum levels of rifampicin and higher incidence of gastrointestinal side effects with anti-TB treatment. Clinicians should be aware of the possibility of anti-TB treatment failure and take appropriate action.

## EVOLUTION OF LEPTOSPIROSIS TO ATRAUMATIC SPLENIC RUPTURE

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We are reporting a case of atraumatic splenic rupture (ASR) in our hospital. We chose to report this case because it was a rare entity, with masked presentation and masqueraded by medical diagnosis at initial presentation. He was initially diagnosed clinically as sepsis secondary to leptospirosis, which has evolved to spontaneous splenic laceration during his admission after CT abdomen. After exploratory laparotomy with splenectomy, his septic condition resolved remarkably. His blood investigations for infective causes were all unremarkable. We requested a second opinion from Pathologist at Hospital Queen Elizabeth Sabah with regards to histopathological findings of the spleen to look for possible causes of the splenomegaly. We discussed on risks of splenic rupture in this case and decision for splenectomy instead of splenorrhaphy including review on splenectomy guideline.

## SHORT BOWEL SYNDROME, APPROACH AND CONSIDERATIONS: A CASE SERIES

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Short bowel syndrome (SBS) is either anatomic or functional in etiology. Anatomic short bowel syndrome, which results from extensive bowel resection, is an uncommon entity which entails significant risk of mortality and morbidity. Patients with SBS are unable to compensate for loss of functioning small bowel and require either long term parenteral nutrition or surgical intervention. The management of SBS has to be a patient-tailored, multidisciplinary approach beginning from the acute phase of illness till after the intestinal adaptive phase. We hereby report two cases of patients of anatomic SBS requiring long term parenteral nutrition and the outline of their management.

## INDOCYANINE GREEN FLUORESCENT CHOLANGIOGRAPHY AIDED LAPAROSCOPIC CHOLECYSTECTOMY: A UMMC CASE SERIES

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### INTRODUCTION

Indocyanine green (ICG) fluorescent cholangiography is an emerging technique that allows intraoperative visualization of the extrahepatic biliary tract and the critical view of safety (CVS) during laparoscopic cholecystectomy. We present a series of 11 cases using this technique.

### OBJECTIVES

To study the safety and use of ICG in identification of extrahepatic biliary tract and CVS for inflamed and normal gallbladders during laparoscopic cholecystectomy.

### MATERIALS & METHOD

2.5mg of intravenous ICG was given before laparoscopic cholecystectomy and biliary anatomy was visualized using near infrared fluorescence imaging using Karl Storz Endoscope System during the surgery. Case difficulty and timing to visualization of CVS were recorded.

### RESULT

11 cases were performed by 3 different surgeons. There were no conversion to open surgery. Indication for surgery includes previous acute cholecystitis (4), biliary colic (4) and previous choledocholithiasis post ERCP (3). Mean time of ICG administration to gallbladder retraction was  $64.2 \pm 24.8$ min. CVS was visualized with fluorescent cholangiography in all cases except for one, where by a subtotal cholecystectomy was done. Mean duration of identification of CVS from retraction of gallbladder is  $27 \pm 19$ min. The duration increases with increasing difficulty of surgery, rated from a scale of 1 to 4 by the surgeons. There were no adverse reactions recorded to the ICG delivered nor intraoperative complications.

### DISCUSSION

ICG could be used in both normal and inflamed gallbladders. The surgeons felt that the technique was easy to adapt despite having no or little previous exposure.

### CONCLUSION

ICG fluorescent cholangiography is safe and effective for laparoscopic cholecystectomy. Further study to compare its efficacy with conventional non-ICG technique is needed.

## **BRANCH OF COMMON HEPATIC ARTERY ANEURYSM: A RARE ENTITY**

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Hepatic artery aneurysms are rare entity and accounts about 20% of all visceral aneurysm. Over the decades the treatment options have evolved to include embolization. Because of its rarity of these aneurysms, optimal management of asymptomatic aneurysm remains controversial. The risk benefit ratios of treating asymptomatic HAA is difficult to assess in the absence of knowledge about the risk factors associated with rupture. We present a case of this rare entity, an 78 years old lady who was referred to our center for further management that had been successfully intervened through an embolization. Bear in mind that the variant of the arterial system in this region need to be map out before any plan intervention carried out and back up plan as well if any flaws happen.

### 3 PAHOLOGIES, 2 MALINANCIES AND 1 UNFORTUNATE PATIENT

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Mixed cholangiocarcinoma and poorly differentiated large cell neuroendocrine tumour with sarcomatous component of the liver and synchronous adenocarcinoma of the colon, an extremely rare aggressive double pathology in a single patient - a case report.

A 45 year old lady presented with a painful abdominal mass and altered bowel habits to our institution. A CT scan of the abdomen revealed a huge right lobe liver lesion with a synchronous obstructing lesion in the sigmoid colon. Colonoscopy was unable to pass through. She underwent laparotomy, right hepatectomy and sigmoid colectomy. Intraoperatively she was noted to have a huge right lobe liver tumour that ruptured along with a synchronous sigmoid tumour. Her post operative period was complicated with sepsis and anastomotic leak which was managed non-operatively. A repeat CT scan performed 1 month post surgery revealed extensive metastasis to the remnant liver. She succumbed to the disease after 2 months of hospitalization. Histopathological examination of the resected liver revealed a mixed cholangiocarcinoma and poorly differentiated large cell neuroendocrine tumour with sarcomatous component. The sigmoid lesion was reported as adenocarcinoma with focal neuroendocrine differentiation. This case report highlights 2 rare tumours with aggressive behavior present within the same patient. To date very few cases have been reported in the literature and our case represents an extremely rare occurrence with an equally extremely dismal outcome. The pathological and clinical basis of this disease is highlighted in our discussion.

## LIVER TRAUMA IN TRAUMA CENTRES: FROM UMMC TO CAMBRIDGE

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### INTRODUCTION

Liver injury poses great challenges to surgeons in the East and the West in management and intervention.

### OBJECTIVES

We aim to audit and compare liver injuries between two trauma centres, University Malaya Medical Centre (UMMC) Kuala Lumpur, Malaysia and Cambridge University Hospital (CUH) Cambridge, United Kingdom.

### MATERIALS & METHOD

We utilized prospectively maintained databases to identify liver injuries admitted, from January 2010 to September 2016 to UMMC and April 2012 to October 2014 to CUH. Additional parameters were collected retrospectively and analyzed.

### RESULTS

78 liver trauma patients were admitted to UMMC and 96 to CUH respectively. Majority from both centres were male and due to road traffic accidents (UMMC 79% vs CUH 83%). 78 liver injuries in UMMC were analyzed while 75 in CUH were analyzed. Immediate surgical intervention were needed for 10 patients (12%) in UMMC and 7 (9%) in CUH. CT scan AAST grading for liver injury were majority grade 1 to 3; 69% (n=54) in UMMC and 55% (n=41) in CUH. Grade 4 liver injuries were 20.5% (n=16) in UMMC and 24% (n=18) in CUH while grade 5 injuries were 3.8% (n=3) in UMMC and 8% (n=6) in CUH. Median hospital stay was 9 days in UMMC and 14 days in CUH. Median critical unit stay was 2 days in UMMC and 4 days in CUH. Overall mortality in UMMC was 7.7% (n=6) and 9% (n=7) in CUH.

### DISCUSSION

Epidemiology and outcome of management between both centres were comparable.

### CONCLUSION

Management of liver trauma in trauma centres following international guidelines achieve similar outcome despite regional differences.

## ADVANCED STAGE AT PRESENTATION REMAINS A MAJOR FACTOR CONTRIBUTING TO BREAST CANCER SURVIVAL DISPARITY BETWEEN PUBLIC AND PRIVATE HOSPITALS IN A MIDDLE-INCOME COUNTRY

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### INTRODUCTION

Survival disparities in cancer are known to occur between developed and developing countries, as well as between public and private hospitals within the same country.

### OBJECTIVE

We aim to compare breast cancer presentation, treatment and survival between a public academic hospital and a private hospital in a middle-income country.

### METHODS

2767 patients with invasive breast carcinoma diagnosed between 2001 and 2011 in the public hospital were compared with 1199 patients from the private hospital. Demographics, clinical characteristics, and treatment patterns of patients were compared using Chi-square test and logistic regression. Kaplan-Meier analysis and the log rank test were used to compare overall survival (OS), whereas multivariable Cox regression analysis was used to estimate the adjusted relative risk of all cause mortality between the two hospitals.

### RESULTS

Compared to patients in the private hospital, patients from the public hospital were older at presentation, and had more advanced cancer stages. They were also more likely to receive mastectomy and chemotherapy but less radiotherapy. Both the 5-year and 10-year OS in public patients were significantly lower than the private patients (71.6% vs. 86.8%, respectively for 5-year OS and 52.3% vs. 76.6%, respectively for 10-year OS). This difference was largely attributed to discrepancies in stage at diagnosis, and only to a much smaller extent by demographic differences and treatment disparities. Even following adjustment for these factors, patients in the public hospital remained at increased risk of mortality compared to their counterparts in the private hospital (HR:1.59; 95%CI 1.36-1.85).

### CONCLUSION

Late stage at diagnosis appears to be a major contributing factor explaining the breast cancer survival disparity between public and private patients in this middle-income setting. Efforts in early detection and provision of prompt and affordable care are urgently needed to reduce this disparity.

## NEONATAL LIVER ABSCESS: CASE REPORT

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Neonatal liver abscess is uncommon which is found in 0.03% of neonatal admissions as per Doerr CA et al who reported 3 cases of solitary pyogenic liver abscess in neonates. Diagnosis difficulty is probably due to other superimposed infections such as pneumonia or enterocolitis. Previous reports in literature have identified blood culture-proven sepsis, umbilical catheterisation, central parenteral nutrition catheters, necrotising enterocolitis and prematurity as the risk factors for developing liver abscess in neonates. It has high morbidity and mortality of up to 75% but the prognosis has improved with more rapid diagnosis, better imaging modalities, antibiotics and drainage techniques. In this case report we present to you a case of liver abscess diagnosed incidentally through echocardiography at day-7 of life in a premature baby with umbilical catheterisation which was well treated conservatively with antibiotics and not requiring any drainage.

## **RARE CAUSE OF ABDOMINAL WALL HERNIA, A CASE REPORT, DIAGNOSIS, OPERATIVE APPROACH AND OUTCOME**

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### **INTRODUCTION**

Primary lumbar hernias are rare abdominal wall hernia so much so a surgeon may see 1 case in his/her surgical career. The diagnosis can be difficult and often requires diagnostic imaging. Surgery is the only treatment option.

### **CASE REPORT**

Madam Z is a 42 years old Malay female referred by the Gynecologist for right flank pain and altered bowel habits of 4 months. She also complained that when she passes motion she gets a bulge at the right flank associated with pain. CT abdomen done showed small lumbar hernia at right posterolateral aspect of abdominal wall. Colonoscopy showed internal hemorrhoids. Diagnosis of right lumbar hernia was made. Patient underwent laparoscopic transabdominal preperitoneal (TAPP) mesh repair under general anesthesia. The mesh was fixed with absorbable tackers. The operative video is shown and the technique discussed. Post op recovery was complicated by pain due to the fixation device. The pain settled by POD 4 and she was discharged well. On follow up till 4 months she was well and free of symptoms.

### **DISCUSSION**

Lumbar hernia maybe classified as primary or secondary. About 300 cases has been reported in literature. They can present via 2 possible defects in the posterior abdominal wall. Management remain operative with various technique being described. Our patient underwent laparoscopic transabdominal preperitoneal mesh repair with successful outcome.

### **KEYWORDS**

Lumbar hernia, acquired, mesh repair, laparoscopic

## ABDOMINAL WALL SARCOMA - A REVIEW OF RECONSTRUCTIVE TECHNIQUES

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### INTRODUCTION

Abdominal wall soft tissue sarcoma is locally aggressive and severely debilitating but rare; accounting for less than 20% of soft tissue tumours. Achieving adequate surgical resection margin to reduce recurrence is the main surgical objective and inevitably results in large fascial defect.

### OBJECTIVE

A successful post excision reconstruction is of vital importance and remains a challenge and dilemma to surgeons worldwide.

### METHODS

Herein, we report two successful cases of abdominal wall reconstruction using pedicled anterior lateral thigh (ALT) flap combined with composite mesh.

### RESULTS

In our series, cosmetically satisfying soft tissue coverage was accomplished and respiratory function was not affected. Abdominal wall integrity was preserved with no incisional hernia thus preventing potentially life-threatening complication. Due to the successful reconstruction, patients were able to recover and return to work promptly.

### DISCUSSION

Successful abdominal wall reconstructions not only restore abdominal wall integrity but also aim to preserve respiratory function and achieve satisfactory aesthetic outcome. Dynamic repair with pedicled flap is durable, stable, and strong and thus advocated for reconstruction of large complex abdominal wall defects. When used in conjunction with mesh, it has been shown to reduce herniation recurrence rate by 8% than using mesh alone. Well vascularized flap comprising of muscle and fascia does not atrophy easily which can cause weakening and herniation. It also provides an ideal environment for mesh incorporation and further reinforces the reconstruction.

### CONCLUSION

Pedicled ALT flap can be easily harvested with minimal donor site morbidity. A one-stage reconstruction can be done at first attempt with minimal complication thus reducing morbidity and associated risk of incisional hernia with each additional repair.

## COMPARING IMRIE AND SIRS SCORING SYSTEM IN PREDICTING ORGAN FAILURE IN ACUTE PANCREATITIS

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### BACKGROUND

Severity of acute pancreatitis (AP) is determined by presence of organ failure. Early identification of organ failure will lead to early referral to the intensive care unit (ICU) for organ support, which may improve patient outcome.

### OBJECTIVE

To compare Imrie and SIRS scoring system in predicting organ failure in AP.

### METHODS

A prospective observational study was performed at the University of Malaya Medical Centre and Penang General Hospital. Clinical data of patients with AP admitted to both institutions were obtained and were assessed using both Imrie and SIRS scoring system to predict disease severity. Both scoring systems were further compared with the Modified Marshall Score (MMS) to determine organ failure. Primary endpoint was to assess whether Imrie or SIRS score are better in predicting organ failure. The Receiver Operating Characteristic (ROC) curve analysis was used to estimate the predictive value of the scoring methods.

### RESULTS

From 2014 to 2015, 162 patients were included in this study. There were 38.0% (n=58) predicted to have severe pancreatitis using Imrie of which only 24.7% (n=40) were severe on MMS (PPV=53.4%). In the SIRS scoring system, 72 (44%) patients predicted to have severe pancreatitis of which 24.7% (n=40) were severe on MMS (PPV=38.9%). The Area Under the Curve (AUC) of Imrie score for predicting organ failure in acute pancreatitis was 0.818 (95% CI:0.747-0.889) and of SIRS score 0.670 (95% CI:0.574-0.766) [p-value <0.001].

### CONCLUSION

In this study, the Imrie scoring system conventionally used showed better predictive value in determining organ failure when compared with SIRS scoring system although SIRS score was easier to use according to literature.

## INFECTED VASCULAR GRAFT

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### BACKGROUND

Vascular grafts are used in vascular surgery to treat aneurysms, vascular dissection or occlusive vascular disease, either in open surgery or endovascular surgery. It associated with infection in 0.5-4% of cases, lead to major morbidity, mortality and economic cost.

### CASE REPORT

63-year-old man, history of open aneurysectomy and inlay graft repair for infrarenal aorto-iliac aneurysm 6 months ago, presented with intermittent abdominal pain associated with fever, rigor, malaise and anorexia. Clinically, he appeared to be dehydrated and cachexia. There was tenderness over lower abdominal region. Computerized tomography of abdomen (CT) found there was a localized fluid collection over left iliopsoas muscle. Hence, needle aspiration under CT guidance over left iliopsoas purulent collection was done and sent for culture and sensitivity test. Eventually, he recovered well after completion 6 weeks of parenteral antibiotic.

### CONCLUSION

The clinical manifestations of infected aortic grafts are highly variable and depend on the location, pathogenesis of infection and the duration after implantation. Hence, management of infected aortic grafts require high index of suspicion, early recognition of the differences in clinical presentations, appropriate imaging and laboratory tests.

## HUGE GOITER WITH TRACHEOMALACIA; THE MANAGEMENT

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Tracheomalacia is weakness of tracheal wall cause by softening of the supporting cartilage and hypotonia of the myoelastic elements. In patient with huge thyroid, prolonged extrinsic compression leads to degeneration of the previously normal cartilage.

We present a case of 78 years old Malay lady who has no medical illness. She presented with history of anterior neck swelling for 20 years duration. It was associated with difficulty in breathing and hoarseness of voice for a year duration. She had neither hyperthyroid nor hypothyroid symptoms.

Upon clinical examination revealed huge thyroid swelling measuring around 30 x 30cm. it was mobile, multilobulated, firm and had solid and cystic area. The skin noted to have multiple dilated superficial vessels. No obvious cervical lymph nodes palpable.

Her thyroid function test was normal. Preoperative CT scan of the neck and thorax revealed grossly enlarged and heterogeneous thyroid gland with multiple nodules of varying sizes and multiple small calcifications. Superiorly, it extends up to laryngeal level and inferiorly until T3 anterior to the sternum. The visualized larynx and upper trachea [until T3] is displaced to the left and compressed. The narrowest diameter of the trachea is at C6/7 level measuring 4mm [width] x 12mm [AP].

Total thyroidectomy performed. Intraoperatively, trachea was soft indicating tracheomalacia. Operation was complicated by tracheal perforation in which primary repair followed by tracheostomy performed. Total weight of thyroid gland was 1.29kg.

We will discuss the management of tracheomalacia in term of prediction, possible difficulties and management of tracheomalacia.

## PERINEUROMA MIMICKING INGUINAL HERNIA: A CASE REPORT OF ATYPICAL PRESENTATION

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### INTRODUCTION

Perineurioma is a rare entity, it is generally slow-growing, benign, soft-tissue tumors composed of perineurial cells. Presentation is usually a painless nodule in the deep soft tissue of the trunk or extremity. The tumour usually has a benign course and risk of local recurrence is low and metastatic course is rare. The treatment for this tumor is surgical excision. When perineurioma occur in atypical location, its presentation could mimic other pathology. We report the a case of a patient with inguinal perineuroma presented as incarcerated inguinal hernia.

### METHODS

A 56 years old gentleman who presented with irreducible right inguinal swelling which was claimed reducible initially for 3 months but became irreducible for 2 weeks from presentation. On abdominal examination a non-tender and non-reducible 4cm x 4cm right inguinal swelling was noted. Bilateral testis was normal. In view of the clinical findings, diagnosis of incarcerated right inguinal hernia was made and right inguinal hernioplasty was planned.

Intraoperative findings noted 4 X 3cm mass next to cord structure and adhesion to subcutaneous tissue. There is no hernia sac. The mass was excised and histopathology examination reported as "unencapsulated but circumscribed nodular proliferation of fairly uniform spindle cells". Tumour is immunoreactive for EMA with a weak expression of S100 and a perinuclear granular Golgi expression of CD68. Negative for Chromogranin, Actin, Desmin and CD 31. Ki67 proliferative index ~ 1-2%. It was hence reported as Perineurioma.

### DISCUSSION

Soft tissue mass like (extraneural) perineurioma could occur in any part of the body, making diagnosis difficult when the presentation is atypical. When it occur in locations where subcutaneous mass is uncommon, as in this case inguinal region, and the history is misleading, it can be mistaken as pathology that is typical to the region like inguinal hernia.

### CONCLUSION

Perineuroma when occur in inguinal region could be mistaken as strangulated inguinal hernia.

## ACUTE PANCREATITIS: A 2 YEAR LOCAL ANALYSIS IN NORTHERN PERAK, MALAYSIA

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Acute pancreatitis, though is a benign disease, devastating complication may develop if managed sub-optimally. This audit aims to identify local demographic information and clinical nature of acute pancreatitis in Northern Perak region. A retrospective data collection was done from 2014 to 2015 in district Taiping Hospital by reviewing case note and imaging. A total of 54 samples obtained with mean age of 53, two different peak age groups (age 31-40, 51-60) were identified. Gender was distributed equally, which count 29 females, 25 males. There were 31 Malays, 14 Indian, 8 Chinese, one foreigner. Pancreatitis was mainly due to gallstone (57%, n=31) followed by idiopathic (26%, n=14), alcohol (11%, n=6), drug (3%, n=2) and malignancy. Almost half of the cases were severe pancreatitis (43%), in which 66% of them were fatal. The rest were mild (33%) and moderate (24%). The overall mortality rate was 22.2% (n=12). Average hospitalization was 8.6 days, with longest 34 days, shortest 1 day. Half of the cases (48%) were managed in ICU setting comprised of 18 severe and 14 moderate pancreatitic patients. Most of our patients suffered from ARDS (n=16), acute kidney injury (n=10), electrolyte imbalance (n=10), cardiovascular complication (n=5), ileus (n=3), hemorrhagic pancreatitis (n=2). Imaging modalities identified 8 necrotic collection, 6 peripancreatic collection, 5 pseudocysts. 5 cases progress to chronic pancreatitis. A quarter of cases were referred to tertiary Hepatobiliary center mainly for ERCP (n=11) and drainage of pancreatic collection (n=3). In view of significant mortality rate in Northern Perak region, all Pancreatitis should be referred to Hospital with specialist and ICU setting. Early referral to tertiary Hospital with hepatobiliary sub-specialty for further intervention should be considered whenever complication arises.

## A CLINICAL REVIEW ON CHEMOPORT REMOVAL IN NATIONAL CANCER INSTITUTE

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### INTRODUCTION

Early removal of chemoport due to malfunctions or complications prior to completion of treatment will be waste of money and delay the treatment. Evaluation is important to overcome the issue in spite of proper handling and care.

### OBJECTIVE

To evaluate causes of chemoport removal in National Cancer Institute.

### MATERIAL & METHOD

A retrospective study involving 80 patients who underwent a chemoport removal in National Cancer Institute from January 2014 till December 2016. Their clinical data were analyzed especially with regards to the indication of chemoport removal.

### RESULT

Of those patients, 21 were males and 59 were females with a mean age of 51.6 years. Only 7 cases (8.7%) had chemoport removal upon completion of treatment. Majority of them (73 cases, 91%) had removal due to chemoport-related complications. Twenty-three (28.8%) cases of infected chemoport, 18 (22.5%) cases of patency impairment of catheter, 3 cases of venous thrombosis, 2 cases (2.5%) of catheter malposition, 2 (2.5%) cases of chemoport reservoir wound breakdown, 1 (1.3%) case of chemoport not in situ, 1 (1.3%) case of extravasation of chemotherapy drug at chemoport site, 1 (1.3%) case of fractured chemoport catheter and 1 (1.3%) case of venous stenosis.

### DISCUSSION

There were 275 cases of chemoport insertion done in National Cancer Institute. Out of 73 cases of chemoport related complications that require removal, only 18 cases (22.5%) was inserted by local surgical team. Therefore, our overall chemoport related complication occur was 6% (18/275). Our result comparable with other studies.

### CONCLUSION

Good techniques of chemoport insertion, proper care and handling are important to overcome the issue and subsequent complications. Departmental morbidity review may be useful for learning purpose.

## **FIBROLAMELLAR HEPATOCELLULAR CARCINOMA IN SARAWAK GENERAL HOSPITAL: A CASE SERIES**

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### **BACKGROUND**

Fibrolamellar hepatocellular carcinoma is a variant of hepatocellular carcinoma with distinct clinicopathologic features, differ in aetiology, demographics, condition of the affected liver, and tumour markers compared from hepatocellular carcinoma. Review on 3 cases of fibrolamellar carcinoma arise in Sarawak General Hospital to discuss management strategies, recurrence rate and overall survival.

### **METHOD**

Retrospective analysis surgical outpatient department (SOPD) database at Sarawak General Hospital to identify patient with Fibrolamellar Hepatocellular Carcinoma (FLC) between 2009-2015.

### **RESULTS**

Three patients (median age 44 years ( range 34-57), all women, underwent surgery for FLC. No patient had underlying liver disease, two of them had elevated alpha fetoprotein (AFP) at either initial presentation or recurrence. Two patients had a solitary tumour at diagnosis (mean largest diameter = 12cm), one patient had involvement of caudate lobe. All patient underwent surgery, right hepatectomy (N=1), right hepatectomy and segment 1 (N=1), and extended right hepatectomy (N=1). One patient had lymphovascular invasion. No peri-operative deaths occurred. Recurrence occurred post resection in all 3 patients. Overall survival was 60 months.

### **CONCLUSION**

Our series suggests that despite (i) a high resection rate of solitary lesions with clear tumour resection margins, and (ii) absence of underlying liver disease, FLC has a high recurrence rate. These findings concur with recent international experience of FLC.

## IS RADICAL GASTRECTOMY SAFE IN THE ELDERLY? PENANG HOSPITAL EXPERIENCE

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### INTRODUCTION

Gastric cancer is the second commonest cause of cancer death and there are more elderly patients undergoing gastric cancer surgery with an aging population. Malaysia has intermediate gastric cancer incidence of 10 per 100,000 population, and the life expectancy of Malaysian population has increased to 75 years in 2015. This study was intended to evaluate the surgical outcomes of elderly patients with gastric cancer.

### METHODOLOGY

Retrospective review of 66 patients that underwent gastric cancer surgery in Penang Hospital between 2011-2016. Patients were divided into 2 groups: elderly (age  $\geq 75$ , n=14) vs nonelderly (<75, n=52) for clinical and demographic data analysis.

### RESULTS

The mean age of the elderly group was  $78.6 \pm 4.1$  while the nonelderly group was  $60.0 \pm 10.3$ . 70% of patients had Stage III and IV disease. The elderly group had significantly higher proportion of patients with hypertension (85.7% vs 32.7%,  $p=0.001$ ). Similar percentages of patients underwent total gastrectomy (42.9% vs 50%) and extended organ resection (14.3% vs 13.5%) in both groups. 92.8% of elderly and 69.2% of nonelderly group had D2 lymphadenectomy ( $p=0.093$ ). There was no significant difference in operative time, length of hospital stay, post-operative complications and post-operative in-hospital mortality in both groups.

### Conclusion:

Radical gastrectomy in elderly has comparable outcomes as in the nonelderly group. Although elderly patients have reduced functional reserve, more complex comorbidities and frailty, age alone should not be the determining factor for extensive surgery with curative intent in gastric cancer. Early diagnosis, multidisciplinary team management, perioperative optimization and coordination strategies with careful patient selection are vital to improve surgical outcomes in elderly patients.

### KEYWORDS

elderly, gastric carcinoma, gastrectomy, outcomes

## A CASE SERIES OF CARCINOID TUMOR IN SINGLE CENTER

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The appendix is one of the most common single site for carcinoid tumor. Histopathologically, appendiceal carcinoid tumor is mostly comprised of enterochromaffin (EC) cell type and derives from a subepithelial cell population, which is different from neuroendocrine tumor in other sites. Although rare, and usually detected incidentally in appendectomy, it is considered the most common type of appendiceal primary malignant lesion, and is found in 0.3%-0.9% of patients undergoing appendectomy. This tumor rarely presents with metastases. Despite being the most frequently occurring carcinoids, in surgical practice most surgeons encounter only one or two such lesions during their career. Therefore, it is important to define correct management of such a rare tumor.

### OBJECTIVE

We would like to report a series of 3 appendiceal carcinoid tumors found during appendectomy in a single centre and discuss about management strategies.

### RESULTS

Three cases of appendiceal carcinoid tumor, two patients underwent appendectomy and one patient underwent right hemicolectomy. Therefore, consideration should be given to perform a complete mesoappendix resection during appendectomy. Appendiceal carcinoid tumor greater than 2cm in size demonstrates an increased incidence of regional and distant spread and should be managed with a formal right hemicolectomy. Controversy exists over the management following appendectomy, especially with regard to the role of right hemicolectomy in patients with tumor 1 to 2cm in size.

### CONCLUSION

Appendiceal carcinoid tumor commonly presents as acute appendicitis. In most cases, it is found incidentally during appendectomies and its diagnosis is rarely suspected before histological examination. Although appendiceal carcinoid tumor has an excellent overall prognosis, consideration should be given to screening this group of patients, since the frequency of associated synchronous and metachronous colorectal cancer is high (13% -33%).

## POSTERIOR NUTCRACKER SYNDROME IN A RUPTURED ABDOMINAL AORTIC ANEURYSM

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Posterior nutcracker syndrome is a rare condition described as retroaortic vein, which is entrapped between the aorta and the vertebral column. One of the rare complications of ruptured abdominal aortic aneurysm is aortocaval fistula.

We present a case of a 69-year-old gentleman who came with ruptured abdominal aortic aneurysm which was then noted to have retroaortic left renal vein on CT angiogram and also intraoperatively. Aortocaval fistula was also noted during the surgery. Left renal vein was ligated due to good collaterals. The aneurysm and aortocaval fistula were subsequently repaired. He recovered well after surgery.

This report illustrates on the symptoms and signs of posterior nutcracker syndrome and aortocaval fistula alongside with its operative interventions of choice. Interestingly, this case was being presented in acute setting, of which it was a ruptured abdominal aortic aneurysm; hence, the options of operative interventions differed as compared to an elective setting.

## CASE REPORT: INTUSSUSCEPTION IN ELDERLY FEMALE

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### INTRODUCTION

Intussusception of the bowel is defined as the telescoping of a proximal segment of the gastrointestinal tract within the lumen of the adjacent segment. This condition is frequent in children and presents with the classic triad of cramping abdominal pain, bloody diarrhea and a palpable tender mass. However, bowel intussusception in adults is considered a rare condition, accounting for 5% of all cases of intussusceptions and almost 1%-5% of bowel obstruction.

### CASE REPORT

We present a case of a 61-year-old Chinese lady with a 14 days history of colicky abdominal pain associated with vomiting and abdominal distension. When presenting to hospital, she was haemodynamically stable. Examination revealed a mobile mass at right iliac fossa, 5 x 3cm. Normal bowel sounds was heard. Digital rectal examination revealed no bloody or malaenic stools. Investigation showed dilatation of the small bowel seen in abdominal radiograph, while computed topography (CT) showed ileo-ileal intussusception causing small bowel obstruction. The patient underwent laparotomy where an ileo-jejunal intussusception with 3 x 3cm polyps as a leading point was found. Small bowel resection and end-to-end anastomosis were done. Histopathology confirmed inflammatory fibroid polyp.

### DISCUSSION

This case illustrates the difficulty in making a preoperative diagnosis due to its nonspecific and subacute symptoms, unlike children who present with typical clinical picture. Abdominal CT is most useful in making the diagnosis. Surgical resection of the intussusception is necessary as adult intussusception is often associated with malignant organic lesions.

## COLONOSCOPY IN PATIENTS LESS THAN 40 YEARS OLD - AN AUDIT OF APPROPRIATENESS IN HOSPITAL TENGGU AMPUAN RAHIMAH, KLANG

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The demand for colonoscopy in younger adults is increasing in government hospitals in recent years, which inevitably leads to the rise of overall healthcare cost and longer waiting period. In a resource-limited setting, a liberal selection-criteria for colonoscopy may unintentionally implicate in the delay of detection of the actual patients with pathology. The two widely-used guidelines for appropriateness of colonoscopy are the American Society of Gastrointestinal Endoscopy (ASGE) and the European Panel of Appropriateness of Gastrointestinal Endoscopy (EPAGE II).

With this, a retrospective cross-sectional audit was done to review the appropriateness of colonoscopies performed for patients less than 40 years old in Hospital Tengku Ampuan Rahimah, Klang from January 2015 until December 2016. Out of 2350 patients that underwent colonoscopy, 340 (14.5%) were less than 40 years old.

According to the ASGE guidelines, 314 (92.4%) patients were deemed appropriate, while using the EPAGE II criteria, only 205 (60.3%) were considered appropriate. A positive yield using the ASGE guidelines was seen in 92 (29.3%) patients compared to EPAGE II which had 78 (38%) patients. Haemorrhoidal disease were excluded from analysis. The ASGE guideline missed 8 (30.8%) patients while false negative was seen in 15 (17.4%) patients using EPAGE II criteria. 7 (14.3%) patients with positive findings were considered uncertain using EPAGE II criteria.

Our data revealed that the appropriateness criteria, using both ASGE and EPAGE II, is not a predictive factor for positive findings. Thus, until an Asian-targeted guideline for colonoscopy is available, an individualized and thorough clinical assessment is pivotal to determine the indication of colonoscopy in young adults.

## PULMONARY EMBOLCTOMY: THE RESURRECTION

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### INTRODUCTION

Acute pulmonary embolism has been associated with high mortality of up to 17.4% within 90-days of follow up according to International Cooperative Pulmonary Embolism (PE) Registry. We describe our experience in pulmonary embolectomy for patients with acute massive pulmonary embolism since 2011 until April 2017.

### OBJECTIVES

To analyze the demographics, risk factors, presentations, indications for surgery and outcomes of 19 patients who underwent pulmonary embolectomy for massive pulmonary embolism in Hospital Serdang.

### MATERIALS AND METHODS

Cardiac operation theater (COT) census from 2007 until 2017 was reviewed and patients who underwent pulmonary embolectomy were listed down. Patients' clinical notes were studied through Electronic Hospital Information System (eHIS) system.

### RESULTS

A total of 20 patients underwent pulmonary embolectomy since the establishment of cardiothoracic surgical service in Hospital Serdang on 2007. All patients underwent the surgery with cardiopulmonary bypass. 1 of the patient was excluded post operatively in view of intraoperative noted presence of bilateral pulmonary artery vegetation but no thrombus or embolus. There were no difference between genders in patients who underwent pulmonary embolectomy (10 males vs 9 females). The majority of patients (89%, 17 out of 19) patients had dyspnea on presentation, while one had asymptomatic bradycardia post caesarean section and one had sudden cardiac arrest after positioning for orthopaedic surgery. The overall mortality was 15.8% (3 out of 19 patients). 2 of these patients required Cardiopulmonary Resuscitation (CPR) and Veno-Arterial Extracorporeal Membrane Oxygenator (VA-ECMO) preoperatively. The mortality rate for patients who were relatively stable without CPR or ECMO was 5.9% (1 out of 17 patients).

### CONCLUSIONS

In selected patients, pulmonary embolectomy is a lifesaving procedure which can be done with low risk of mortality in patients with massive pulmonary embolism. Cardiac arrest requiring CPR and ECMO is a strong indicator of mortality for pulmonary embolectomy.

## GIANT GASTROINTESTINAL STROMAL TUMORS (GIST): IT IS TECHNICALLY RESECTABLE

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### OBJECTIVE

Giant Gastrointestinal stromal tumors (GISTs) is rare, accounting for approximately 0.1 - 3% of all gastrointestinal tumors<sup>1</sup>. GISTs > 10 cm in diameter are referred to as giant GISTs<sup>1</sup>. To the best of our knowledge, giant GISTs of this size with it resectability have been rarely reported in the literature. Complete excision of giant GIST increase survival.

### METHOD

Retrospective analysis of surgical patient at Sarawak General Hospital to identify patient with (GIST) between 2013-2016.

### RESULTS

Five cases of giant GISTs diagnosed since 2013. The mean age was 58.2 (33-76) years with an M:F ratio of 4:1. The mean duration of symptom was 99 (1-360 days). Three patients had abdominal pain and mass at presentation, 2 patients presented with black tarry stool indicating of upper gastrointestinal bleed. Contrast-enhanced computer tomography (CECT) were the most commonly used modality of investigation. Preoperative biopsy was done in one patient which was confirmed by the histopathology of the specimen. All cases (100%) patients had surgical resection of the tumor. The stomach was involved in 3 cases, the duodenum in 2 cases. The mean tumor size was 18.6 (13-30) cm, the average mitotic index of 15.8 (0-50) per 50 high-power fields. Four (80%) patients had a high-risk tumor, and one patient had a moderate-risk tumor. All cases have a spindle cell type of GIST. Average hospital stay is 6.8 days (range 5-8). Blood loss is common complication range 1-2.5L, one patient requiring DIVC cycle. Atrial fibrillation and surgical site infection happened - 20% respectively. Two patients showed regional lymph node and distant metastasize 2 two month after resection, one patient was given imatinib and has disease free at two year follow up.

### CONCLUSION

Eventhough giant GIST technically is resectable with low morbidity and mortality, the recurrence rate is high. Imatinib may prolonged survival.

## ACUTE PANCREATITIS SECONDARY TO HYPERTRIGLYCERIDEMIA: A CASE REPORT

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### OBJECTIVE

Severe hypertriglyceridemia is one of the many yet rare risk factors associated with acute pancreatitis. We present a cases of severe hypertriglyceridemia-induced acute pancreatitis with concurrent diabetic ketoacidosis (DKA) in adult patient, whereby the high lipid-rich blood sample had a grossly milky appearance. We discuss potential mechanism, diagnosis, and management strategies in these cases.

### METHOD

One patient with known history of diabetes mellitus and hyperlipidemia present with diabetic ketoacidosis, elevated serum triglyceride and typical symptoms of acute pancreatitis. Diagnosis was confirmed with clinical upper abdominal pain, high amylase and abdominal ultrasonography, the patient was managed in intensive care units, received aggressive fluid repletion, intravenous insulin, subcutaneous heparin and lipid lowering agents.

### RESULTS

The patient had uneventful recovery with rapid resolving hyperglycemia and hypertriglyceridemia. Whole blood sample showed grossly milky appearance, the thickness layer of the lipid in serum can be seen and it was compared serially after treatment was commenced. Patient's total cholesterol level was 17.54mmol/L on admission which reduced after treatment. She was transferred to intensive care unit for worsening metabolic. Abdominal pain persistent despite improving lipid and glucose level warrant a further imaging. CT showed presence of free fluid at peripancreatic space extends to right anterior pararenal space, subhepatic, perisplenic, which track into pelvic cavity. Patient was discharged home.

### CONCLUSION

The DKA with concurrent hypertriglyceridemia-induced acute pancreatitis occurs in approximately 4% of DKA cases. A prompt diagnosis is challenging however crucial for appropriate management. CT and lipid panel should be performed to confirm diagnosis when there is clinical suspicion or no improvement after treatment of DKA. Management mainly consist of intravenous fluid, continuous insulin infusion, subcutaneous heparin, and lipid lower agents. Plasmapheresis have been reported in previous literatures with success however not necessary in our case.

## **SMALL BOWEL OBSTRUCTION DUE TO INGESTION OF WATER-STORING GEL BEADS**

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Foreign body ingestion is commonly encountered in pediatric population. Around 80 - 90% of ingested foreign bodies pass spontaneously through the GI tract, while remainder requires endoscopic removal, and less than 1% needs surgical intervention. Small bowel obstruction is one of its rare complications and most often warrants surgical intervention.

We report a case of a 15 month old girl with small bowel obstruction due to ingested water-storing gel bead. The child presented with obstructive symptoms i.e. bilious vomiting and obstipation. Initial imaging revealed dilated small bowel and subsequent ultrasound showed features suggesting a cystic lesion implicating the possibility of a duplication cyst. Decision was then made for laparotomy, which revealed a grossly dilated small bowel and an intraluminal spherical object 3cm proximal to the ileocecal valve. The object was retrieved via enterotomy and found to be a water-storing gel bead.

This case is one of the few reported incidences of water-storing beads ingestion leading to a serious complication. Although most foreign bodies can pass out spontaneously from gastrointestinal tract but it is not the case in water-storing gel bead, where it potentially increases in size along the passage to cause a complete bowel obstruction. Surgical exploration is imperative when there are signs and symptoms of bowel obstruction.

Water-storing gel beads are potentially dangerous foreign bodies and should be kept away from children.

## **CASE SERIES: TRACHEOBRONCHIAL INJURY FOLLOWING TRAUMATIC CHEST INJURIES POST MOTOR-VEHICLE ACCIDENT - HOSPITAL SERDANG EXPERIENCE**

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Traumatic chest injuries with tracheobronchial injuries carried out significant mortality rate. Thus, a high index of clinical suspicious and prompt diagnosis ensure good outcome and prognosis. Tracheobronchial injuries defined as injuries involved trachea and/or bronchi from the level of cricoid cartilage up to the division of bronchi. It was a retrospective observational case series from 2014 to February 2017 at Hospital Serdang. All 3 cases which referred to our center had underwent surgery successfully and discharge home without residual complications. Multidisciplinary team (MDT) discussion and approaches (Surgeon, Respiratory physician, Anesthetics) was pertinent toward targeted good endpoint.

## SIGMOID VOLVULUS IN THE YOUNG: A RISING TREND

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### INTRODUCTION

Sigmoid volvulus is a condition when the sigmoid colon becomes twisted on its mesenteric axis. It can lead to partial or complete obstruction of the bowel lumen and impair the blood supply of the segment. It is responsible for 8% of all intestinal obstructions and is particularly common in elderly and constipated patients. However, in the case we are about to discuss later, it involves a young female with no predisposing factor for intestinal obstruction.

### CASE REPORT

A 26-year-old presented with 5 days of abdominal pain and distention associated with anorexia, nausea and vomiting. She was initially diagnosed as acute gastritis but abdominal X-ray showed large bowel dilatation in right upper quadrant. CT scan showed large bowel dilatation as well. Colonoscopy was done and two twists were noted. The dilated segment was decompressed and watery faeces were removed, rectal tube is inserted. No polyps, mass or ulceration of the mucosal wall seen. On day 1 after the procedure, she started to pass flatus and no longer has complaints like abdominal pain, nausea or vomiting. She was discharged well on day 2 post procedure and was scheduled for colonoscopy in the future.

### DISCUSSION

This case illustrates the potential sigmoid volvulus in young patients despite patient having no predisposing factor and sigmoid volvulus is more common in elderly group. Young patients with such presentation are usually misdiagnosed. Delayed in intervention for sigmoid volvulus may cause bowel ischemia and perforation. Hence early recognition of such condition is critical so appropriate intervention can be done in time to prevent ischemic bowel.

## **COLLISION TUMOR OF THE THYROID: FOLLICULAR CARCINOMA AND PAPILLARY CARCINOMA**

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### **OBJECTIVE**

Collision tumors are rare clinical entities wherein two histologically distinct tumor types occur at the same anatomic site. This report presents a rare case of collision tumor of the thyroid gland involving follicular thyroid carcinoma of right thyroid lobe and papillary thyroid carcinoma of left thyroid lobe, along with the presence of lymphocytic thyroiditis in the remaining thyroid tissues. This report also reviews the various hypotheses and genetic mutations or alterations responsible for this occurrence.

### **METHODS AND MATERIALS**

Case retrieved from the case file at Hospital Duchess of Kent, Sandakan, Sabah. All microscopic slides were obtained from the Pathology Department, Hospital Queen Elizabeth, Kota Kinabalu, Sabah.

### **RESULTS**

The simultaneous occurrence of papillary carcinoma and follicular carcinoma as two separate distinct tumors in a single thyroid gland has been rarely reported. Many hypotheses have been proposed in literature regarding possible causes of the collision tumors. Random collision theory proposes the possibility that two distinct tumor types initiated in a close proximity can result in a polyclonal neoplasm that may be recognised clinically as a single tumor. Another hypothesis is that collision tumors originate from a common progenitor cell with potential for multiphenotypic differentiation. The third hypothesis suggests that the presence of the first tumor alters the microenvironment facilitating the development of the second primary tumor or seeding of metastatic tumor cells. Chronic lymphocytic thyroiditis has been considered as a possible preneoplastic condition for papillary thyroid carcinoma but still highly debated in the literature. The link between chronic lymphocytic thyroiditis and follicular thyroid carcinoma however, has not been as frequently reported. A few genes and genetic abnormalities have been identified to be associated with thyroid carcinoma, such as RAS mutations, *RET/PTC* rearrangements and BRAF gene mutations. Initial approach to patients with thyroid swelling with collision tumors is similar as in any other thyroid malignancies. The definitive treatment for these collision tumors depend on the types of the primary tumors involved. It should be managed with combination of treatments where each component is treated like an independent primary.

## TRACHEOBRONCHIAL INJURIES POST BLUNT TRAUMA: TREATMENT AND OUTCOME

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Tracheobronchial Injury is an uncommon occurrence which is associated a high mortality, with the majority of it mainly occurring from blunt chest trauma sustained from deceleration injury in road traffic accidents. We present a case of a 17-year-old young male who presented in the acute setting post motorcycle accident with respiratory distress, subcutaneous emphysema, right pneumothorax and fracture of posterior right 8<sup>th</sup> and 9<sup>th</sup> ribs. CT shows right main bronchus anterior wall tear, with extensive subcutaneous emphysema, pneumomediastinum, bilateral pneumothorax and pneumoperitoneum. Thoracotomy confirmed the findings and a right bronchus (end-to-end) anastomosis and resection of right lower lobe lacerated segment was done. Early detection and prompt surgical repair is fundamental and carries a high success rate in tracheobronchial injuries.

## **THERAPEUTIC AND PREDICTIVE VALUE OF GASTROGRAFFIN ON PATIENTS WITH SMALL BOWEL ADHESIVE OBSTRUCTION; INTERIM RESULTS FROM A SINGLE CENTRE EXPERIENCE**

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### **INTRODUCTION**

Adhesive small bowel obstruction is one of the commonest surgical emergencies. Studies have shown that the use of gastrograffin predicts the success of conservative management. We examined the value of gastrograffin in patients diagnosed with adhesive small bowel obstruction.

### **METHODS**

All patients diagnosed with adhesive small bowel obstruction in Sibul Hospital had gastrograffin administered through a nasogastric tube following standard resuscitation protocol. This was followed by abdominal X-rays taken 12 hours and 24 hours apart following the contrast. Exploratory laparotomy was scheduled for patients whose contrast failed to reach the large bowel after 24 hours. Exclusion criteria were the presence of peritonitis, haemodynamic instability as well as patients with background history of abdominal malignancy, inflammatory bowel disease and gastrointestinal tuberculosis.

### **RESULTS**

There were 18 patients who were enrolled into the study. Six underwent laparotomy with adhesiolysis. No bowel ischemia was noted intraoperatively. The remaining 12 patients who were successfully treated with gastrograffin and gradually restarted feeding within 24 hours. They had mean hospital stay of three days. Post laparotomy patients had mean stay of five days. No significant complications were reported six weeks after their discharge.

### **CONCLUSION**

The use of gastrograffin is valuable in selecting patients with adhesive small bowel obstruction who is more likely to fail the conservative drip and suck approach. It is readily available, cost effective and does not pose any added risk to the patients. Despite the early promising result, data collection and patient follow up is still ongoing.

# MANAGEMENT OF A COMPLICATED GIANT DUODENAL PERFORATION

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## INTRODUCTION

Perforation of duodenum is a common surgical emergency. Most of the perforations are less than 1cm in size but giant perforations (> 3cm) are challenging because they need a different and more complex operative strategy and are also associated with a higher morbidity.

## CASE PRESENTATION

Mr. A, a 62 years old gentleman, presented with abdominal pain and pus discharge from laparotomy wound for 1 week. He had already undergone exploratory laparotomy, extended right hemicolectomy and double barrel stoma for perforation of the hepatic flexure with a constricting tumour (adenocarcinoma). During this presentation, patient underwent exploratory laparotomy and intraoperatively noted giant perforation (5cm) of the D1 with severe contamination. Perforation repaired with tube duodenostomy and drain inserted. In next ten days duration patient underwent another 2 more surgeries due to suspected leak. Perforation repaired again with jejunal patch in second surgery while pyloric exclusion and gastrojejunostomy was done in the later one.

## DISCUSSION

Duodenal perforations have overall mortality of 1.3%-20%. Factors that increase the morbidity in giant perforations include age, delayed presentation, peritonitis, delayed surgery and size of perforation. Postoperative complications such as leak, respiratory infection, paralytic ileus, wound infection, burst abdomen, renal failure, malnutrition and septicemia are more prominent in larger perforations. Leak rate increases with high intraluminal pressures, duodenal mucosa extrusion through the closure site, improper closure technique, auto digestion by the pancreatic enzymes and bile, anaemia, hypoxia, malnourished patient, chronic medical disease and hypoproteinaemia.

## CONCLUSION

Principles of management for giant duodenal perforations include restoration of the intestinal continuity, decompression of duodenal lumen, external drainage and nutritional support. Primary repair, tube duodenostomy, drainage, pyloric exclusion and gastrojejunostomy are commonly used methods compared to other more complex surgeries. However, the outcome highly depend on the factors discussed above.

## CAECAI PERFORATION DUE TO INSIDIOUS *TRICHURIS TRICHIURA* INFESTATION OF THE GUT - AN INCIDENTAL INTRA-OPERATIVE DISCOVERY

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### INTRODUCTION

The incidental discovery of moderate to heavy colonic infestation of *Trichuris trichiura* during colonoscopy or laparotomy is uncommon in developed countries, with less than 30 reported cases in modern literature. When present, the parasites are found most commonly at the caecum (50%), ascending colon (37.5%), multiple sites (caecum and descending colon (6.3%) and rectum (6.3%).<sup>2</sup>

### CASE REPORT

This is the case of a 28 year-old man who presented with acute onset of colicky abdominal pain that moved to the right iliac fossa in December 2016. There was tenderness over the right iliac fossa with rebound tenderness. Laboratory investigations revealed mild leukocytosis with no anaemia or eosinophilia. Patient was subsequently planned for emergency surgery with the suspicion of acute appendicitis. However, intra-operatively, he was found to have caecal perforation and multiple small thread-like parasites in the caecum, thus the procedure was converted to a limited right hemicolectomy. Histopathological examination of the excised caecal specimen revealed the parasite to be *Trichuris trichiura*, commonly known as the whipworm. Patient was given a single dose of Albendazole prior to discharge and he made an uneventful recovery.

### REFERENCE

<sup>2</sup>Do KR, Cho YS, Kim HK, Hwang BH, Shin EJ, Jeong HB, Kim SS, Chae HS, Choi MG, Intestinal Helminthic Infections Diagnosed by Colonoscopy in a Regional Hospital During 2001-2008, The Korean Journal of Parasitology, 18;48(1):75-8 March 2010.

## 2 YEARS RETROSPECTIVE ANALYSIS OF NEUROENDOCRINE TUMOURS IN SARAWAK GENERAL HOSPITAL (2015-2016)

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### INTRODUCTION

Despite its prevalence, there is limited data on neuroendocrine tumour (NET) in Malaysia. This is the first epidemiological study done in Sarawak on NET.

### METHODS

This is a descriptive cross-sectional study based in a tertiary hospital of NET diagnosed from January 2015 to December 2016.

### RESULTS

There were 86 cases over 2015-2016. They included pulmonary NET (n=32), lymph node (n=11), large bowel/duodenum (n= 9), liver (n=5), pancreas (n=2), adrenal (n=4), appendix (n=3) and stomach (n=2).

Patients were Chinese (n = 31), Bumiputeras (n=29) and Malays (n=26). 55% (n=47) of patients were older than 60, 24% (n=21) 50s and 21% (n=18) younger than 50.

Based on WHO grading of NET, 76% (n=65) were high grade (G3), 9% (n=8) moderate (G2) and 15% (n=9) low grade (G1).

There were more males (n = 33) than females in 2016, with equal distribution in 2015 (n = 21). There was 97% sensitivity (n=83) for Synaptophysin and 81% sensitivity (n=70) for Chromogranin A.

There was average survival of 7.8 months for colorectal NET, with limited data for other NET due to defaulters.

### DISCUSSION

Compared to a similar study based in Hong Kong<sup>2</sup> on gastropancreatic NET, large bowel/ duodenum NET was more prevalent in Malaysia compared to pancreatic and stomach NET. Majority of tumors were high grade compared to the Hong Kong<sup>2</sup> study where majority were low grade. Synpatophysin was a more sensitive test compared to Chromogranin A, but Chromogranin A remains a viable test for GEP-NET.

### CONCLUSION

The number of NET cases diagnosed in our center is low compared to other international institutions due to under-diagnosis and under-reporting. A multidisciplinary approach can garner more cases and insight into survival.

## FEASIBILITY OF BREAST LUMP EXCISION AND INGUINAL HERNIA REPAIR AS DAYCARE SURGERY IN SIBU HOSPITAL

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### INTRODUCTION

Breast lump excision and hernia repair are common procedures advocated for daycare surgery due to their relatively low post-operative surgical and anaesthesia risks.

### OBJECTIVES

To evaluate the feasibility of performing these two common surgeries as daycare in a specialised district hospital in Sarawak.

### MATERIALS AND METHODS

Patients who had breast lump excision and hernia repair under general anaesthesia in Sibu Hospital from July 1<sup>st</sup> 2016 - February 28<sup>th</sup> 2017 were retrospectively evaluated. Demography, home address and American Society of Anaesthesiology (ASA) score were collected. Patients' home to Sibu Hospital distance was then calculated using Google Maps online application.

### RESULTS

27 and 59 patients had breast lump excision and hernioplasty with mean ages of 32.9 and 59.4 year-old, of whom 100% and 89.8% respectively have ASA score  $\leq 2$ . About 40.7% and 54.3% of the respective cohorts stay  $>50$ km away with mean distances of 55.0km and 87.5km respectively. Two thirds and 11.8% of respective cohorts had their surgery performed in day care surgery setting.

### DISCUSSION

Patients with breast lump are younger without significant co-morbidities. They stay nearer to Sibu town, reflecting the propensity for the younger generation to study and work in an urban setting. Inguinal hernioplasty patients however are older with more significant co-morbidities. They stay in rural areas and frequently have difficulties with transportation and logistics problems. Furthermore, they may encounter difficulties arranging for caretaker as they mostly stay with a similarly elderly spouse. To expand existing daycare services, we propose surgery on day of admission (SODA) as an alternative to cater for out-station patients.

### CONCLUSIONS

Transportation and logistics obstacles remain formidable barriers to daycare surgery practices in Sibu Hospital.

## EARLY OUTCOME OF LAPAROSCOPIC VERSUS OPEN INGUINAL HERNIOPLASTY IN A DISTRICT SPECIALISED HOSPITAL IN SARAWAK

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### INTRODUCTION

Inguinal hernioplasty is a commonly performed surgery. With the introduction of laparoscopic inguinal hernioplasty in Sibu Hospital, it is timely their outcome be examined for quality assurance while allowing benchmarking against accepted standards.

### METHODOLOGY

All patients who underwent open and laparoscopic inguinal hernioplasty in Sibu Hospital from February 1<sup>st</sup> 2016 to January 31<sup>st</sup> 2017 were included. They were prospectively followed up at 1-month, 3-month post-surgery. Data on demography, hernia description, surgery type, post-operative complications and recurrence were collected.

### RESULTS

The majority (96.5%) of the 115 patients had unilateral repair. Eighty seven (75.6%) and 28 (24.3%) had open and laparoscopic repair respectively. From the laparoscopic cohort, (39.2%) and (60.7%) underwent TAPP and TEP repairs respectively. Open conversion rate was 11% due to huge hernia sac and adhesions from previous surgery. Seroma formation was more common within the open (4.6%) vs. laparoscopic cohort (3.6%). Acute post-operative mean pain scores (2 vs 2.3) and recurrence rates (3.4% vs. 3.6%) were relatively similar.

### DISCUSSION

Laparoscopic hernioplasty in Sibu Hospital is associated with lower seroma formation, shorter hospital stay and similar recurrence rate with open repair. The higher incidence of seroma formation amongst the open cohort is possibly due to selection bias as this cohort includes patients with large complete inguino-scrotal hernia. Acute post-operative pain is similar as the majority of our patients had unilateral repair. Longer follow-up is needed to determine the incidence of chronic post-hernioplasty pain syndrome.

### CONCLUSION

Laparoscopic inguinal hernioplasty is feasible in a district specialised hospital with stringent patient selection and open conversion criteria to ensure patient wellbeing.

## **“TO TAP OR NOT TO TAP?” MALIGNANT PERICARDIAL EFFUSION IN BREAST CANCER: CASE STUDY**

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Breast cancer is most commonly complicated with malignant effusion, either pleural or pericardial, and is associated with poor survival rate.

This is a 57 year old lady with known case of Advanced Left Breast Cancer with metastasis to lung, presented with shortness of breath as well as symptoms and signs of heart failure. Pleurocentesis was done but symptoms persist, proceeded with an ECHO which showed evidence of significant pericardial effusion. Pericardiocentesis was then performed by the cardiology team in Johor Bahru and the cytology results of the pericardial effusion showed presence of malignant cells. Thereafter, the patient was discharged home well with long term oxygen therapy. During her follow up at our clinic 5 months later, she was well and continued her follow up with the oncology team in Johor Bahru.

Malignant pericardial effusion is associated with significant decreased patient survival or death if presented with cardiac tamponade. According to studies done in Korea and Japan, prompt diagnosis and treatment by Pericardiocentesis can have a median survival time of 4 months after the procedure. Further studies and analysis should be considered before application of therapeutic or palliative pericardiocentesis in Breast cancer patients in Malaysia.

## OUTCOME OF OPERABLE LUNG CANCER: A 10 YEARS SERDANG EXPERIENCE

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### INTRODUCTION

Lung cancer is common and contributes to one of the main cause of cancer mortality in Malaysia. As one of the major cardiothoracic centre, Hospital Serdang's Cardiothoracic department have a vast experience managing operable lung cancer cases. This is a retrospective observational study, from 2007 till 2016.

### OBJECTIVES

To analyze the outcome of all operated lung cancer cases at Hospital Serdang, taking into consideration the risk factors, clinical staging and the current status of the patient.

### MATERIALS & METHODS

Data collected through our online hospital information system (eHis), composing of 43 patients. Data analyzed in aspects of age, gender, clinical staging, operation types, outcomes and the recurrences.

### RESULTS

Commonest age group for lung cancer that was operated is from 61 to 80 years old, 62.8%. The commonest types of lung cancer were adenocarcinoma, 62.7%. Noted that all cases that are operated are stage 3A and below, with stage 1A 23.3%, stage 1B 16.3%, stage 2A 23.3%, stage 2B 18.6% and stage 3A 11.6%. The commonest operation performed was lobectomy, 74.4 %, with open thoracotomy the commonest approach, 96.3 %. Peri operative mortality was just recorded in 1 case, 2.3 %. Analyzing the outcome, 56.3% of patients are still alive and well, and 10.5% had recurrence, and 34.2 % passed away. In group of the patients who had recurrence, 57.1% had in less than 1 years, and 42.9% in less than 5 years.

### CONCLUSION

The outcome is relatively better in a lower clinical staging case, but few limitations of the study must be taken into consideration.

## **BILATERAL VATS SYMPATHECTOMY FOR PALMAR HYPERHYDROSIS: NO MORE SWEATY PALMS, A 7 YEARS SERDANG EXPERIENCE - OUTCOME REVIEW**

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### **INTRODUCTION**

Primary palmar hyperhidrosis is not uncommon in Malaysia, but rather underdiagnosed. The treatment varies from medical to surgical therapy. Palmar hyperhidrosis can be physically and emotionally distressing condition for patients. VATS sympathectomy is a common surgical intervention, that is routinely performed in our centre. This is a retrospective study, of all bilateral VATS sympathectomy, from 2010 till 2016, done in Hospital Serdang.

### **OBECTIVES**

The objective for this study is to analyze the outcome of the procedure, in the aspect of evaluation of quality of life post procedure, immediate post-operative success rate, and post-operative complication.

### **MATERIALS & METHODS**

The primary data is collected from our online hospital information system (eHis), and a telephone based quality of life survey was conducted. The data is then further analyzed.

### **RESULTS**

From the analysis, primary palmar hyperhidrosis is commoner in male 60%, compared to female. The immediate post-operative success rate was 100%. 56% of patients were discharged the following day. The commonest post-operative complications were pneumothorax, observed in 22% of the patients, and they require chest drainage. Also, noted that 40 % of patients experienced compensatory hyperhidrosis but none were significantly distressed. A telephone based survey on quality of life revealed that 96% of patients were psychologically more confident after the operation.

### **CONCLUSION**

As a conclusion, from this study, its noted that bilateral VATS sympathectomy provides a good outcome, with good improvement in quality of life, with a short hospital stay and relatively low complications.

## **VIDEO ASSISTED THORACOSCOPIC SURGERY (VATS): MIRACLES THROUGH SMALL INCISIONS, A 5 YEARS SERDANG RETROSPECTIVE REVIEW**

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### **INTRODUCTION**

Video assisted thoracoscopic surgery (VATS) is gaining popularity in recent years. The indication for VATS includes biopsy for diagnosis of pulmonary/pleural or mediastinal pathology, pleurodesis for recurrent pleural effusions or spontaneous pneumothorax, wedge resection of lung masses, resection of mediastinal or pleural masses, thoracic sympathectomy for hyperhidrosis, decortication for early empyema and VATS lobectomy/mediastinal lymphadenectomy for lung cancer.

### **OBJECTIVES**

To analyze all the VATS procedures performed at our institution, from 2010 till 2014.

### **MATERIALS & METHOD**

We reviewed the department registry for all patients who underwent VATS in our hospital from 2010 until 2014. Our patients were referred from private and government settings. Our total patient for this study was 185 patients from year 2010 to 2014.

### **RESULTS**

A total of 185 patients underwent VATS between 2010 to 2014. 75% was male and 25% was female with Malay ethnicity comprising the highest prevalence at 69% followed by Chinese 20%, Indian 9% and others 2%. VATS bullectomy and pleurectomy for recurrent pneumothorax was the most commonly performed procedure (56%) followed by sympathectomy 28%, VATS biopsy (lung, pleural) 8%, VATS drainage and pleurodesis for recurrent pleural effusion 5% , VATS lobectomy 2% and lastly VATS thymectomy 1%. The overall conversion rate to open thoracotomy was 6.5%.

### **CONCLUSION**

VATS is currently performed on a broad spectrum of patients referred for thoracic surgical intervention at our institution. The conversion rate to open thoracotomy is acceptable, with a low risk of morbidity and mortality.

## **RUPTURED JEJUNAL MESENTERIC MYXOID LIPOSARCOMA: RARITY OF AN ENTITY**

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### **OBJECTIVES**

Intra-abdominal liposarcomas are rare, as they usually occur in the limbs or the retroperitoneal area. Studies on these liposarcomas are few and to date, there are no clear treatment guidelines. This is a case report of an ruptured jejunal mesenteric myxoid liposarcoma.

### **CASE PRESENTATION**

Our patient is a 35 year old prisoner who presented with abdominal pain and hypotension to the emergency department (ED). A bedside sonography showed free fluid in the abdomen and after resuscitation with blood products, he was immediately pushed to theatre for an emergency laparotomy. Intra-operatively: there was 2.5L of hemoperitoneum and a ruptured smooth, purplish soft tissue tumour arising from the mesentery of the jejunum. Segmental bowel resection was performed with primary anastomosis and he was discharged well. HPE as per FNCLCC confirmed tumour Grade 2 (Tumour differentiation 2, Mitotic index 1, Tumour necrosis 2). During follow up he was noted to have an irregular mass on his thigh and is currently being staged before an oncology consult.

### **DISCUSSION**

The 2013 WHO classification recognizes four major liposarcoma subtypes: atypical/well-differentiated, dedifferentiated, myxoid, and pleomorphic liposarcoma and the common grading system used is the French Federation of Cancer Centers Sarcoma Group (FNCLCC). Tumour biology (lower grade) and complete resections (R0) were associated with better outcomes. Mainstay of treatment constitutes surgery with clear margins, radiotherapy, chemotherapy and novel agents. Myxoid liposarcomas have been reported to be more chemoradiosensitive however the results are weak. Given the gene PPAR-gamma's role in adipocyte regulation, novel agents targeting them appear promising.

### **CONCLUSION**

Mesenteric liposarcomas are rare and associated with high recurrence rates, hence long term follow up is crucial. Full staging and HPE subtyping is required to direct treatment goals.

## 5-YEAR AUDIT OF COLON CANCER IN HOSPITAL TAIPIING PERAK

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### OBJECTIVES

This audit was undertaken to audit 5 year colon cancer outcome from year 2012 to 2016.

### METHODS

Retrospective reviews of patients with histopathology confirmed colon cancer diagnosed between 2012 to 2016 were included in the study. Data source included HPE registry, operative, surgical clinic follow up and case notes.

### RESULTS

152 patients were diagnosed with colon cancer in that duration, of which 108 patients underwent further surgery. 49 patients were excluded due to poor documentation/loss of follow up. Out of the remaining 59 patients, the mean age was 64 years old with a 1.5:1 male:female preponderance with 49% (n=29) Chinese majority. Almost 2/3 (n=39) presented in an emergency setting with 78% in intestinal obstruction. Most of our patients were found to be at an advanced stage (stage 3 above) even in the elective surgery setting (78% of emergency surgery, 70% of elective surgeries) and our tumours were mostly located in the sigmoid colon (45.8%, n=27). Unfortunately more than half 55.9% (n=33) of our patients do not undergo adjuvant chemotherapy. Our 5-year survival rate is dismal at 10% (n=1, stage3). The recurrence rate was found to be 30.5%, but this was including patients operated in 2016.

### CONCLUSION

Most of the colon cancer patients presented are obstructed and at an advanced stage. There is a significant loss of patients to follow up and attrition to adjuvant chemotherapy. A screening program for colon cancer should be considered to improve detection rate.

## **CREEPY CARCINOID. AN ASYMPTOMATIC TYPICAL LOW GRADE NEUROENDOCRINE TUMOR OF THE MIDDLE LOBE OF THE RIGHT LUNG. A CASE REPORT**

**Dinesh F<sup>1</sup>, A K Nair<sup>2</sup>, Z Zulkifli<sup>2</sup>, A M K Alam<sup>2</sup>, A Amin<sup>2</sup>, M Kuppusamy<sup>2</sup>, Hashim S<sup>2</sup>, Raja Amin R M<sup>2</sup>, S Krishnasamy<sup>2</sup>**

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### **INTRODUCTION**

The World Health Organization classification recognizes 4 major types of lung neuroendocrine tumors: typical carcinoid, atypical carcinoid, small cell lung cancer, and large cell neuroendocrine carcinoma. Carcinoid bronchopulmonary tumors are rare, they represent 1% - 2% of all lung neoplasms and approximately 25% of all carcinoid tumors.

### **CASE REPORT**

We report a 51 year old lady with no co-morbidities who presented to a Private GP with cough without associated symptoms for a duration of a week in January, 2017. Treated as Community Acquired Pneumonia, her repeat CXR one week later showed a persistent small oval shaped lesion adjacent to the right lung hilum, initially thought to be due to consolidation. Subsequently proceeded with a CT Thorax, revealing a lung mass in right middle lobe measuring 1.9 x 2.1 x 2.6cm. Bronchoscopic biopsy was done on 14/2/2017, HPE revealed a Grade 1 Neuroendocrine Tumor, positive for CD56, Synaptophysin. Chromatogranin. Proceeded with a Rigid and Flexible Bronchoscopy, Right Thoracotomy and Middle Lobectomy on the 5/4/2017. Bronchoscopy revealed no intraluminal invasion. Intraoperatively we found a 3 x 3cm firm mass with regular borders in the right middle lobe, well away from right middle lobe bronchus and vasculature. No chest wall invasion or pleural seedlings. No pleural effusion. Enlarged station 4R, 7 and 11 lymph nodes which was biopsied. Frozen section showed clear margins of tumour from the right middle lobe bronchus.

### **CONCLUSION**

Due to its rare occurrence, a good index of suspicion and knowledge of the tumor is very important for a good outcome. Generally, although in the presence of lymph node metastasis, typical carcinoid tumours carry an excellent prognosis, with this case as an example of early detection.

## MY FOLLICULAR BREAST BONE. PARTIAL STERNECTOMY DONE FOR A CURIOUS CASE OF METASTATIC FOLLICULAR CANCER OF THE THYROID GLAND. A CASE REPORT

Dinesh F<sup>1</sup>, A K Nair<sup>2</sup>, Z Zulkiffi<sup>2</sup>, A M K Alam<sup>2</sup>, A Amin<sup>2</sup>, M Kuppusamy<sup>2</sup>, Hashim S<sup>2</sup>, Raja Amin R M<sup>2</sup>, S Krishnasamy<sup>2</sup>

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### INTRODUCTION

Sternal metastasis arising from Follicular Thyroid Cancer are rarely reported in literature. We discuss a patient who underwent a completion left hemithyroidectomy, partial sternectomy and chest wall reconstruction with titanium mesh.

### CASE REPORT

A 49 year old lady with a history of a right hemithyroidectomy done for a benign lesion 15 yrs ago presented to the Orthopaedic team in UMMC in September 2016 for right shoulder and back pain with associated anterior neck and right shoulder swelling which started 4 years ago. A CT scan, and a right shoulder biopsy done revealed a metastatic follicular thyroid carcinoma, and CT images confirmed multiple bony metastasis. Subsequently referred to the Oncologist, palliative radiotherapy was delivered and the patient was not keen for a completion thyroidectomy with RAI at that time. An MRI done also confirmed multiple lesions over the sacrum, iliac bone, sternum, T10 spinal stenosis with a compression fracture which was deemed unstable. Proceeded with an MIST instrumented fusion of T6-L1 in February 2017. She was advised for a completion thyroidectomy with a partial sternectomy and chest wall reconstruction which involved the Cardiothoracic Team and Plastic & Reconstructive Surgery Team as well. The patient eventually agreed for surgery in the month of April 2017. Intraoperatively, the remaining thyroid gland itself measured 2 x 1cm, with the major bulk of the tumour involving the sternum. The postoperative course has so far been uneventful.

### CONCLUSION

Debulking surgery for metastatic thyroid follicular carcinoma in particular to the sternum can be challenging to manage, requiring a multidisciplinary team approach as illustrated here. RAI without debulking surgery would not be beneficial for this patient due to tumour mass, hence the decision made for surgery to improve long term survival and quality of life.

## DAYCARE SURGERY IN SIBU HOSPITAL - INITIAL EXPERIENCE

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### INTRODUCTION

Daycare surgery has proven to be more cost-effective whilst reducing risk of nosocomial infections and improving patient satisfaction. To this intent, the service of daycare surgery under general anaesthesia was commenced on July 1st 2016 in Sibü Hospital, a specialised district hospital in Sarawak.

### OBJECTIVE

To determine outcome of patients who had daycare surgery under general anaesthesia in Sibü Hospital.

### MATERIALS AND METHODS

Records of patients who underwent daycare surgery under general anaesthesia from July 1<sup>st</sup> 2016 - February 28<sup>th</sup> 2017 were reviewed prospectively. These include follow-up telephone calls made 48 hours post-operatively to check on patients' wellbeing. Patient demography, type of surgery, admission rate, re-presentation to a healthcare facility and the reason(s) for re-presentation were collected.

### RESULTS

Fifty patients had daycare surgery; 28 (56%) excision biopsy, 10 (20%) laparoscopic cholecystectomy, 6 (12%) open hernioplasty, 4 (8%) circumcision and 1 case of wound secondary suturing and breast lumpectomy respectively. Eight patients (16%) required admission to the ward; 5 for post-operative nausea and vomiting together with 1 each for post-operative ischaemic stroke, parenteral pain relief and sudden unavailable caretaker respectively. None of the 42 patients that were allowed home re-presented to a health care facility within 48 hours post-operatively.

### DISCUSSION

During the initial introduction, we consciously adhere to stringent patient selection criteria to minimise post-operative surgical and anaesthesia risks. The majority of cases were therefore open surgeries that both the surgical and anaesthesia teams were relatively comfortable to allow home. Laparoscopic procedures were then introduced over the last four months of study duration, as the involved teams are better versed with the nuances of daycare surgery.

### CONCLUSION

Daycare surgery is safe and feasible with stringent patient selection and post-operative admission criteria coupled with a strong aspiration from involved teams to champion its implementation.

## **RADIAL ARTERY PSEUDOANEURYSM FORMATION FOLLOWING TRAUMATIC WRIST LACERATION: A CASE SERIES AND REVIEW OF THE LITERATURE**

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### **INTRODUCTION**

Upper extremity arterial aneurysms are relatively rare compared to lower extremities. A radial artery pseudoaneurysm is exceptionally infrequent, most of the cases being as a result of a catastrophic complication of an arterial cannulation due to cardiac catheterization and very rarely due to penetrating trauma.

### **METHODS**

We describe a series of patients who developed radial artery pseudoaneurysm as a result of trauma.

### **RESULTS**

Two patients developed radial artery pseudoaneurysm following trauma to the wrist with both patients being surgically managed with ligation of the radial artery.

### **CONCLUSION**

These cases attest the importance of early detection and ruling out arterial injury to the wrist as arterial pseudoaneurysms, although rare have potentially life threatening complications that can lead to infection, nerve compression and thromboembolism.

## CASE REPORT: ENDOVASCULAR APPROACH FOR MIDAORTIC SYNDROME

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### INTRODUCTION

Midaortic syndrome (MAS) is a rare vascular disorder defined by segmental narrowing of abdominal or distal thoracic aorta. It constitutes about 0.5 - 2% of all aortic coarctation cases. It may be congenital, due to developmental anomaly in fusion and maturation of embryonic dorsal aortas, or acquired, in which Takayasu's arteritis is one of the commonest cause.

### ABSTRACT

We reported a case of mid aortic syndrome in Takayasu's arteritis. A 22 years old gentleman presented with 3 weeks history of non healing wound over left 5<sup>th</sup> toe, claudication pain for 1 year and resting pain for the past 3 days prior to presentation. Clinically pulses were not palpable from femoral down to dorsalis pedis and posterior tibial arteries bilaterally. The blood investigation were suggestive of Takayasu's arteritis and was started on prednisolone. CT scan revealed circumferential thickening of infrarenal aortic wall at the level of L1 until L2/L3 with smallest luminal diameter of 4mm. There was no stenosis distal to the mentioned level. We decided to proceed with endovascular aortic stenting instead of aortic bypass graft due to the advantage of minimally invasive technique. The procedure was successful and patient regained his lower extremities flow. He was started on double antiplatelet therapy. The outcome was satisfactory and patient had significant relief of the claudication pain after 1 month assessment and remain symptoms free after 1 year follow up.

### CONCLUSION

Management of MAS is complex, thus require a multi-disciplinary approach. Since there were lack of supportive data regarding long term outcome of aortic stenting and natural history of MAS are limited to early reports, it is difficult to make inferences regarding the improvement in survival.

## CASE REPORT: ENDOVASCULAR APPROACH FOR MIDAORTIC SYNDROME

Mohd Ammar Ahmad<sup>1</sup>, Rosnelifaizur Ramely<sup>2</sup>, Hanif Hussein<sup>1</sup>, Zainal Ariffin Azizi<sup>1</sup>

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### CONCLUSION

Management of MAS is complex, thus require a multi-disciplinary approach. Since there were lack of supportive data regarding long term outcome of aortic stenting and natural history of MAS are limited to early reports, it is difficult to make inferences regarding the improvement in survival.

## CLINICAL OUTCOME AFTER DISTAL BYPASS SURGERY FOR CRITICAL LIMB ISCHAEMIA: SINGLE CENTRE EXPERIENCE

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### INTRODUCTION

Vascular bypass surgery has been known to markedly reduce symptoms of critical limb ischemia (CLI). It can be performed as primary procedure or secondary procedure following failure of endovascular therapy.

### OBJECTIVES

To review the outcome of lower limb arterial bypass surgeries performed on our patients from January 2014 to September 2016, and to identify areas of possible improvement of our results and services in general.

### METHODS

We retrospectively reviewed the medical records of all patients who underwent lower limb arterial bypass surgeries performed by vascular surgeons in Universiti Kebangsaan Malaysia Medical Centre from January 2014 to September 2016. These patients were at least 6-12 months post-operative currently. Patients who defaulted follow-up and not contactable were excluded. Their clinical data were analysed with regards to patients' demographics, risk factors, types of graft, patency and final outcome of the patients.

### RESULTS

A total of 13 patients were selected out of 21 patients, with mean age of 65.9 years (range: 48-88) and a male to female predominance (8 to 5). According to the Fontaine classification, the grade was evaluated as III in 3 limbs and IV in 10 limbs. Arterial bypass surgery was the primary choice of treatment for 3 (23.1%) patients, while the other 10 (76.9%) was planned for bypass after failing angioplasty. Types of graft used for bypass consisted of either native: 7 (53.8%) or synthetic: 6 (46.2%). Early post-operative outcome shows 3 (23.1%) of them had thrombosis of the synthetic graft in which 2 of them managed to be salvaged with successful emergency thrombectomy and the other one ended up with major amputation. The remaining 10 patients (76.9%) had patent graft and the patency persisted until their last follow-up with us. Final outcome of the 13 patients were as follows; 8 (61.5%) had fully healed ulcer/wounds, 3 (23.1%) had resolved rest pain, 1 (7.7%) had thrombosed graft leading to a major amputation and 1 (7.7%) passed away (cause of death was cardiac in origin).

### DISCUSSION/CONCLUSION

In our review, the 1-year limb salvage and survival rates were 92.3%. Among the 3 patients with thrombosed synthetic graft, the apparent common risk factors were diabetics with chronic kidney disease. Otherwise there were no significant correlation with other risk factors or type of graft used. Since the sample size was small, it is difficult to make inferences regarding the clinical outcome of distal bypass surgery. We have also identified that many of our patients were non-compliant to follow-up, thus it is important to educate our patient to be compliant.

## EPIDEMIOLOGY AND OUTCOME OF CHILDHOOD PAPILLARY THYROID CANCER IN KELANTAN 10 YEARS EXPERIENCE

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### INTRODUCTION

The incidence of clinically palpable thyroid nodules in children is estimated to be around 1-1.5%. When compared to adults, children have four times greater risk of malignancy when a thyroid nodule is diagnosed. In US, around 350 individuals aged less than 20 years diagnosed of thyroid carcinoma annually. In Belarus, 27.6% recurrence was diagnosed.

### OBJECTIVE

Understanding the differences in epidemiology, clinical course, and outcomes in the population is crucial for therapeutic decisions. This review evaluates the epidemiology, clinical presentation, recurrence, and overall survival as well as the quality of life in children and adolescents with papillary thyroid cancer.

### METHOD

The records of 9 children and adolescents, 8 female and 1 male with thyroid carcinoma were traced and reviewed in our hospital. They ranged in age from 6 to 17 years at the time of diagnosis, came with palpable thyroid nodule. There were 8 Malay and 1 Chinese. All patients able to reach for completion of the study.

### RESULT

Outcome consisted of assessment the quality of life and survival rate. The overall survival rate was 100% with a follow-up of ranging 1-10 years, and no recurrence. The 5-year progression-free survival rate was 33% and the rest still under follow up below 5 years. Study show quality of life were affected in 33%.

### CONCLUSION

Disparity in epidemiology and clinical course may give rise to various outcome in different population.

## 10 YEARS REVIEW OF INTRAOPERATIVE FINDING OF CHILDHOOD PAPILLARY THYROID CANCER IN A SINGLE BREAST AND ENDOCRINE UNIT (HRPZ II)

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### INTRODUCTION

A retrospective study in Belarus involved 740 paediatric patient with thyroid cancer. Total thyroidectomy was performed in 426 (57.6%), lobectomy in 248 (33.5%), subtotal thyroidectomy in 58 (7.8%), and 8 (1.1%) underwent partial lobectomy. Recurrence was diagnosed in 204 cases (27.6%).

### OBJECTIVE

This analysis was performed to evaluate the influence of clinical and treatment factors on local tumor control, control of distant metastasis, recurrence, survival, and quality of life in children and adolescents with thyroid carcinoma, in local population.

### METHOD

The records of 9 children and adolescents with thyroid carcinoma were reviewed in our hospital. Age ranged from 6 to 17 years at the time of diagnosis. There were 8 females and 1 male. Treatment consisted of total thyroidectomy in all patients. All 9 patients received postoperative thyroid hormone suppressive and iodine therapy after surgery.

### RESULT

The intraoperative findings of childhood papillary thyroid cancer were reviewed in our unit. There were 1 ( $\leq 2$ cm), 1 (2-4cm), 7 ( $\geq 4$ cm) in size, and 4 ( $\leq 50$ g), 4 (50-100g), 1 ( $\geq 100$ g) in weight respectively. At diagnosis, 3 (33%) patients had disease confined to the thyroid, 4 (44%) had additional lymph node metastasis to the neck or upper mediastinum, and 2 (22%) also had lung metastasis. The overall survival rate was 100% with no recurrence, and 33% in which quality of life were affected.

### CONCLUSION

Total thyroidectomy and lymph node dissection, followed by postoperative iodine therapy, thyroid hormone replacement (suppressive) administration, and diligent surveillance are warranted.

## DUODENAL GANGLIOCYTIC PARAGANGLIOMA - A RARE CASE REPORT

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Duodenal gangliocytic paraganglioma is an extremely rare benign tumour which commonly located in the second part of duodenum. Patients can either presented with upper gastrointestinal bleeding, abdominal pain or symptomatic anaemia. It is frequently mistaken for gastrointestinal stromal tumour (GIST) or neuroendocrine neoplasm during upper endoscopy and on computed tomography (CT) imaging. The diagnosis is based on histopathological presence of epithelioid, spindle-shaped and ganglion-like cells. It can either be resected surgically or endoscopically with a clear margin. Endoscopic submucosal dissection (ESD) is preferred if the location, depth and lymph nodes status are favourable Surgical excision is reserved for tumour not amenable for endoscopic resection. Adjuvant therapy is not indicated after complete resection of the tumour. We report a rare case of duodenal gangliocytic paraganglioma and review the latest literatures.

## PRIMARY BREAST LYMPHOMA. A CASE REPORT

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Breast cancer is the most common malignancy affecting women. A subtype, primary breast lymphoma (PBL) remains an infrequent neoplasm that can affect a few. It is reported to exhibit a poor prognosis and the management remains controversial. We report a case of primary breast lymphoma in our centre.

A 61 years old lady with multiple comorbid, presented with an incidental left breast lump to our clinic. Physical examination revealed a benign swelling at the inner lower quadrant. Mammogram showed a well circumscribed lesion with scattered micro-macrocalfication. Biopsy showed high grade non-hodgkin B-cell lymphoma favouring a Diffuse Large B Cell Lymphoma subtype. CT staging showed no distant involvements. Case was discussed in a multidisciplinary meeting (MDT) which recommended combination chemo and radiotherapy. No surgery was done.

PBL is a rare disorder constitutes less than 0.6% of all breast malignancies. It manifests as a painless mass detected incidentally during examination. Most PBL are the non-Hodgkin's type with B-cell phenotype. Therapeutic management remains controversial and is not completely established yet. There is currently no consensus on the treatment of this subtype of lymphoma; however, combining radiotherapy with chemotherapy is considered the most successful therapy without surgery. Our MDT concluded with an aggressive chemotherapy regimen followed by involved-field radiotherapy should suffice. A successful treatment follow-up with PET scan should revealed non-significant uptake at the periphery of the breast, indicating a radiologically favorable response.

PBL remains a rare tumor that presents commonly with lumps with no specific appearance and can be confused with poorly differentiated carcinoma. Clinicians should be aware of this entity to distinguish its management. Early and accurate diagnosis of PBL is crucial for selecting the appropriate MDT treatment strategies to avert potentially harmful surgical interventions.

## RETROSPECTIVE EVALUATION OF THE USE OF HYDRODISSECTION TECHNIQUE WITH ADRENALINE IN MASTECTOMIES WITH AXILLARY CLEARANCE IN SELAYANG HOSPITAL

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### INTRODUCTION

Mastectomies with axillary clearance (MAC) is a well-known treatment of breast surgery. However, complication such as bleeding and seroma may cause significant morbidity and delay subsequent treatment to the patient. Alternative techniques for raising breast flap such as hydrodissection by injecting a tumescent solution containing adrenaline within the subcutaneous space might facilitates less complication rates. This is a retrospective study to evaluate the outcome following MAC in our unit associated with the use of alternative techniques.

### METHOD

Retrospectively analyze the outcome of all patients who underwent MAC with and without hydrodissection randomly from June 2016 til Feb 2017 by 2 breast surgeons. The incidence of complications including bleeding, surgical site infection (SSI), seroma and length of stay was evaluated and correlated using SPSS 21.

### RESULTS

51 patients underwent MAC. Total complications rate reported was 31%. We found that there was a significantly higher rate of seroma in those groups of without hydrodissection ( $p < 0.05$ ) but no significance differences in bleeding and SSI. There was also a significant reduction of mean length of stay of patients with hydrodissection by 4 days ( $p < 0.05$ ) as compared to those without hydrodissection.

### CONCLUSIONS

Hydrodissection technique with adrenaline in MAC is an acceptable alternative to reduce the rate of seroma and length of hospital stay. We recommend that this method to be practice to reduce the complication rates.

## **CASE REPORT: EXTRAMAMMARY PAGET'S DISEASE WITH UNDERLYING CECAL CARCINOMA**

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### **INTRODUCTION**

Extramammary Paget's disease (EMPD) are rare neoplasms arising from apocrine gland bearing skin. It was first described by Crocker in 1889 as a distinct entity from Paget's disease of the nipple. It is more common in women, and incidence peaks at the 5<sup>th</sup> to 8<sup>th</sup> decade. It is believed to be strongly associated with an underlying visceral or adnexal malignancy. Surgery remain the gold standard treatment, but recurrence rates are notoriously high. We present a case of EMPD with underlying colon carcinoma and its subsequent management.

### **CASE REPORT**

A 77-year-old gentleman presented with a scrotal lesion for 20 years. The lesion was treated with multiple excisions and Imiquimod dressings but consistently recurred after treatment. He denies any high risk behavior, and has no family history of malignancy. 1 year ago, the patient presented with anemic symptoms, and was subsequently diagnosed to have cecal carcinoma on colonoscopy. An open right hemicolectomy was performed, and Stage III cecal carcinoma was confirmed on Histopathological (HPE) examination. He has completed adjuvant chemotherapy. However, his scrotal lesion recurred. After another excision, HPE confirmed a lesion compatible with metastasis from colon.

### **CONCLUSION**

It is believed that EMPD is associated with a high risk of malignancy, with reported rates up to 45%. Therefore, diagnosis of EMPD should be accompanied by a thorough investigation for an underlying carcinoma. This may include pelvic ultrasound scan, hysteroscopy, laparoscopy or an MRI scan of the pelvis; colonoscopy, sigmoidoscopy and/or barium enema; cystoscopy and mammogram and chest radiographs.

## CHILAITIDI SYNDROME: A RARE CAUSE FOR PSEUDO-PNEUMOPERITONEUM

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In 1910, a greek radiologist, Demetrius Chilaiditi presented case series, which showed radiological findings of interposition of the colon in between the right diaphragm and liver. This is commonly referred as Chilaiditi sign. In majority of the cases these patients are asymptomatic. However, a small subset group of these patients exhibits clinical symptoms due to the hepatodiaphragmatic interposition of colon and they are known as Chilaiditi Syndrome. The clinical presentation ranges from nausea, flatulence to acute abdominal pain. Due to its rarity with prevalence of 0.025% to 0.28% among general population, it can be misdiagnosed as pneumoperitoneum by the unfamiliar attending clinicians. The current study describes a 78-year-old gentleman who presented with acute abdominal pain for 1 day. He was diagnosed with Chilaiditi Syndrome based on the radiological findings of chest radiograph. He had undergone OGDS and colonoscopy and revealed mild gastritis with diverticulae disease. Hence patient was treated conservatively. The clinical manifestation, diagnosis and treatment of this syndrome are discussed and this study may be useful to familiarize clinical practitioners with Chilaiditi syndrome, in order to avoid a misdiagnosis during clinical encounter.

## PATIENT OUTCOMES FOR SURGICAL MANAGEMENT OF ANAL FISTULA: A 5-YEAR RETROSPECTIVE ANALYSIS

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### AIM

The purpose of this study is to evaluate the outcomes of different surgical approaches for the treatment of anal fistula, consisting of sphincter-cutting and sphincter-saving techniques.

### METHODOLOGY

Medical records of adult patients undergoing fistula surgery, from January 2011 to December 2015, were retrospectively reviewed. Demographics, method of fistula treatment and complications were retrieved. Healing was defined as resolution of symptoms with complete epithelialization of external openings.

### RESULTS

Fifty patients (mean follow-up 12.9 months) were included. Five patients had more than one surgical procedure, making a total of 55 fistula surgeries (27 sphincter-cutting, 28 sphincter-sparing). Fistula healing was achieved in 31 cases. The sphincter-cutting group had a higher overall healing rate as compared to the sphincter-sparing group (70.4% vs 42.9%). Within the sphincter-cutting group, fistulotomy had the highest healing rate (79.2%), compared to LIFT in the sphincter-sparing group (43.8%). Patients who had seton placement pre-operatively had a higher healing rate than those who did not (68.6% vs 35%). Two cases classified as high transphincteric fistula experienced continence disturbance postoperatively.

### CONCLUSION

Sphincter-cutting approaches such as fistulotomy have excellent outcomes but may compromise function. Sphincter-saving techniques preserve function at the cost of lower healing rates. Complex high fistulas therefore remain challenging to be treated.

## ABDOMINAL PAIN IN LATE PREGNANCY: A DIAGNOSTIC CHALLENGE

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Diagnosing acute surgical emergency in late stage of pregnancy is a challenging task. The pathology is often missed until post delivery as symptoms of labour often masked the abdominal symptoms. This case report described a 25 years old lady with previous history of open appendicectomy whom complained of persistent abdominal pain associated with bilious vomiting, abdominal distension, no bowel output and unable to pass flatus, 1 day post partum. Clinically patient was having abdominal distension, peritonitis and a plain abdominal Xray showed dilated small bowel. Patient had undergone exploratory laparotomy with operative findings of gangrenous small bowel with adhesion band at the mesentery causing strangulation of small bowel segment. This report may be useful to illustrate the challenges faced by clinician in diagnosing acute surgical emergency in pregnant lady. Restrictions of radiation exposure of imaging in pregnancy generally has made diagnosis of this condition more challenging and often lead to misdiagnosis. Thus, a high index of suspicion by clinician with regular closed monitoring is paramount important to diagnose acute surgical emergencies in pregnant women especially in their late trimester and immediate post partum to provide prompt and timely management for these patients.

## THE VALUE OF INTRAOPERATIVE FROZEN SECTION IN WIDE LOCAL EXCISION FOR BREAST CANCER

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### INTRODUCTION

Wide local excision (WLE) is a better alternative to mastectomy as it preserves the desired cosmetic outcome without compromising the patient survival rate. Margin involvement is the main pitfall for WLE. It leads to reoperation which is technically challenging and potentially causes emotional stress to the patient. This study evaluates intraoperative frozen section in determining the margin status during WLE.

### METHOD

All breast cancer patients who underwent wide local excision were included in the study. In our institution, intraoperative frozen section for WLE was started in 2015. This cohort of patients was compared with earlier patients whom WLE were performed without frozen section. Patients demographic, tumour characteristics, margin status and number of reoperations were analysed.

### RESULT

A total of 20 patients included in the study with eight of them had frozen section. Out of these, six patients had at least one positive margin involvement (30.0%). Three patients had multiple cavity shavings, two were extensive ductal carcinoma in situ (DCIS) and one was invasive ductal carcinoma with DCIS component. Two patients were converted to mastectomy after persistent positive margin despite twice cavity shavings. Frozen section had sensitivity of 100% and specificity of 96.9%.

### CONCLUSION

Intraoperative frozen section is feasible and accurate in assessing margins of WLE. Further study is needed to establish the relation of low reoperation rate with cost effectiveness.

## NOT YOUR ORDINARY ECTOPIC PREGNANCY: A CASE REPORT

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Choriocarcinoma, a malignant form of gestational trophoblastic disease (GTD), has a vast metastatic potential. They rapidly grow and invade blood vessels. Small bowel metastasis from choriocarcinoma is very rare, and only a small number of cases have been reported. We are presenting a case of a 20 year old G2P1 lady at 10 weeks period of amenorrhea who presented with abdominal pain and vomiting for a week's duration. She was pre-operatively diagnosed as an ectopic pregnancy and underwent a diagnostic laparoscopy. On table, a lesion was seen over the small bowel and we proceeded with a laparotomy. Metastasis of GTD in small bowel typically has been uncommon, but we should consider the probability of them. In this case report, we present a rare case of metastatic choriocarcinoma in the small bowel.

## A RARE PHENOMENON OF A CYSTIC LYMPHANGIOMATOSIS IN A SMALL BOWEL: A CASE REPORT

**Z Kamarudin**, G Dhayalan, D S Sanjay, O David

*Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*

Cystic Lymphangiomatosis is a subtype of benign malformation of the lymphatic system. About 90% of lymphangiomas occur in children under the age of 2 years and majority of them involves the head and neck region. The incidence of lymphangiomas in adults which affected the gastrointestinal system is extremely low. We are presenting a case of intestinal cystic lymphangiomatosis in a 43-year-old man who presented to our hospital with abdominal distension and pain for one day duration. Preoperative blood investigations were normal. Abdominal X-ray revealed a dilated small bowel with thickened wall. He was subjected for emergency laparotomy due to peritonitis. On table, multiple cystic lesions of a small bowel segment, involving its mesentery and serosa was found. A segmental bowel resection was done. Histopathology evaluation showed presences of numerous cystic lesions of varying sizes within the intestinal wall and mesenteric fats, with aggregates of multinucleated giant cells and lymphoplasmacytic infiltrations. The incidence of cystic lymphangiomatosis involving the gastrointestinal tract is not common. Majority of the patients go through an asymptomatic course or even mild symptoms allowing further imaging for us to come to a diagnosis. However, the cyst can rupture leading to peritoneal irritation leading to peritonitis. It is also a challenge to recognize such a diagnosis on table as these lesions can mimic necrotizing enterocolitis. Therefore, this case illustrates the rare presentation of cystic lymphangiomatosis of the small bowel presenting as an acute abdomen.

## ANGIOSARCOMA OF THE SPLEEN. A RARE, DEVASTATING DISEASE. A CASE REPORT

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*Hospital Sultan Hj Ahmad Shah, Temerloh, Pahang, Malaysia*

### BACKGROUND

Angiosarcoma is uncommon malignant neoplasm characterized by rapidly proliferating infiltrating anaplastic cells derived from blood vessels. The incidence of the disease is 0.14–0.23 cases per million, with slight male predominance. We report a case of which angiosarcoma was detected to originate from the spleen and had widespread lymph nodes metastasis.

### CASE

A 31 year old Malay lady presented to us with complain of respiratory distress and mass at the left hypochondriac region. On examination shows 6 x 6cm mass at left hypochondriac region and left supraclavicular nodes and it was heterogenous and increase vascular echogenicity in the U/S abdomen. Computed tomography of thorax, abdomen and pelvis showed multiple splenic collections suggestive of micro abscesses. Thus she was treated as Meiloidosis infection, started on iv ceftazidime and was discharged from medical ward. She presented again with peritonitis and impending respiratory distress thus emergency intubation and laparotomy were done. Finding was grossly enlarged spleen with hemangioma nodules. Liver is enlarged with multiple nodules and there were generalized cancer seedling over omentums, peritoneum and small bowel mesentery. She succumbed after 1 months post operation due to her advance disease. Left supraclavicular lymph nodes biopsy result was metastatic tumor suggestive of angiosarcoma and sample sent from omentum was angiosarcoma.

### CONCLUSIONS

Angiosarcoma are aggressive, often multicentric, and tend to recur locally. It spreads widely and have high rate of lymph nodes and systemic metastasis thus accounts for its high rates of tumor related death. Survival can be improved if early diagnosis is made and a complete excision achieved to prevent recurrence.

## SPONTANEOUS LIVER RUPTURE FOLLOWING HELLP SYNDROME: A CASE REPORT

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### BACKGROUND

Liver rupture following haemolysis, elevated liver enzymes and low platelet count (HELLP syndrome) in pregnancy is a rare condition and associated with high mortality. Its presentation can be variable from a stable to a rapidly deteriorating patient. We report a case of spontaneous liver rupture in a 37-year-old lady who succumbed due to massive intra-abdominal hemorrhage.

### CASE

A 37-year-old pregnant lady in her 3<sup>rd</sup> trimester presented with complaints of epigastric pain and headache for 1 week. At presentation, she was clinically stable. However, her blood pressure was 150/80mmHg and thus was observed in high dependency unit and started on magnesium sulfate infusion. Subsequently, she complained of upper abdominal pain and deteriorated rapidly. CPR was commenced and she was revived, intubated and transferred to ICU. On examination, she was pale, with weak pulse and her abdomen was grossly distended. Bedside ultrasound showed gross free fluid with floating bowel. Preoperatively her hemoglobin was 5g/dl, INR was 3 and hemodynamically unsupported. She was taken in for an emergency laparotomy and had a massive liver hematoma at segment 7. Intra-abdominal packing was done and intraoperatively she lost 4 liters of blood. After 2 hours of operation, she developed asystole again this time she could not be revived after CPR in the operating room.

### CONCLUSIONS

Spontaneous liver rupture following HELLP syndrome is a rare condition and carries a high mortality. Apart from early diagnosis and intervention, treatment should be individualized based on the expertise available and the extent of liver rupture.

## BILATERAL NECROTIZING FASCIITIS OF THE BREAST: A CASE REPORT

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<sup>2</sup>Hospital Sultan Hj Ahmad Shah, Temerloh, Pahang, Malaysia

### BACKGROUND

Puerperal breast infections encompass mastitis, abscess, and rarely Necrotizing fasciitis. Necrotizing fasciitis (NF) is a rapidly progressive skin, subcutaneous tissue and underneath fascial infection in which involvement of the breast is extremely not common. Delay in differentiating NF from puerperal mastitis leads to increased morbidity and loss of breast tissue to variable extent. We report a case of NF of bilateral breast in a lactating young lady which required almost subtotal mastectomy in one of the breast.

### CASE

A healthy 19 year old lactating mother who had a baby two months prior to admission complaint of bilateral swollen and painful breast one week prior to admission. It was associated with fever and skin discoloration at the most painful area of the breasts. Clinically she was in sepsis and white cell counts were markedly raised. She was posted for incisional and drainage but intra-operatively revealed massive necrotic tissue almost occupying the left breast and a quadrant of the contralateral breast. Tissue culture grew staphylococcus aureus and she underwent repeated debridement, received a broad spectrum antibiotic and expectant wound dressing. She was discharged with a date for secondary suturing for the left breast wound.

### CONCLUSIONS

Necrotizing fasciitis of the breast is a rare condition and carries high mortality and morbidity. Early diagnosis and prompt intervention save life and are vital for preservation of breast tissue. The mainstays of treatments include vigilance resuscitation, aggressive surgical debridement with concurrent broad-spectrum antibiotic therapy.

## **CHOLEDOCHOLITHIASIS AND SMALL BOWEL VOLVULUS IN AN ADULT. COINCIDENCE OR CO-RELATED?**

**A Nur Husna**, W Vikneswaran, N A Nik Azim  
*General Surgery, Sarawak General Hospital, Sarawak, Malaysia*

### **INTRODUCTION**

Choledocholithiasis and small bowel volvulus are 2 different pathological entities. Small bowel volvulus is usually due to intestinal malrotation.

### **CASE REPORT**

57 years old lady with underlying hypertension, diabetes, dyslipidaemia and history of intestinal obstruction secondary to terminal ileum volvulus done laparotomy and untwisting of small bowel in May 2015 presented with right hypochondriac pain, jaundice and fever for 5 days. She was able to defecate. Clinically her abdomen was soft, distended but tender at right upper abdomen. Liver function test was suggestive of biliary obstruction. Impression was ascending cholangitis with recurrent volvulus. Computed tomography abdomen done showing choledocholithiasis with proximal biliary obstruction with prominent segmental large bowel loops involving ascending up to sigmoid colon. Colonoscopy and decompression was done and was confirmed as recurrent terminal ileum volvulus. Subsequently endoscopic retrograde cholangiopancreatography (ERCP) was done showing large choledocholithiasis with ectatic common bile duct (CBD) and the biliary system was stented. She underwent limited right hemicolectomy and biliary reconstruction electively. Intraoperatively, noted redundant terminal ileum about 30 cm with large common bile duct stone and ectatic CBD. Post operatively she was discharged well. Histopathology report showed ischaemic changes of the resected bowel with no evidence of malignancy, chronic cholecystitis and choledocholithiasis.

### **DISCUSSION**

Second reported case of choledocholithiasis associated with abnormal biliary architecture and intestinal malrotation in an adolescent. Distortions of biliary system, which were because of malrotation of the midgut has induced long-standing cholestasis and the development of a bile duct stone.

### **CONCLUSION**

Choledocholithiasis with small bowel volvulus is rarely reported together but when diagnosed can undergo simultaneous procedure in a single setting with good outcome if done at a tertiary center as surgery is a significant mainstay in the treatment armamentarium.

## **EPIPHRENIC DIVERTICULUM OF THE ESOPHAGUS - A CASE REPORT, DIAGNOSIS, SURGICAL APPROACH AND OUTCOME**

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### **INTRODUCTION**

Esophageal diverticulum is a pouch that protrudes outward in a weak portion of the esophageal wall. They are classified anatomically as upper, mid and lower diverticulum. Also classified as pulsion or traction diverticulum based on aetiology. A case is presented, diagnostic modality described, video of the surgery is shown and technique discussed. Postoperative outcome also described.

### **CASE REPORT**

Mr. M is a 63 years old malay, male referred by the Gastroenterologist for progressive dysphagia and recurrent chest infection, of 6 months (only able to tolerate liquid diet). Barium swallow done showed large distal oesophageal diverticulum and CT thorax showed gross oesophageal dilatation with abrupt tapering at gastro-oesophageal junction and pulmonary infection secondary to aspiration of oesophageal content. Upper GI endoscopy showed oesophageal diverticulum. Diagnosis of epiphrenic oesophageal diverticulum was made. Patient underwent endo-laparoscopic diverticulectomy, cardio esophageal myotomy, cruroplasty and posterior Toupe fundoplication under general anesthesia. Post operative recovery was smooth and he was discharged well on POD 8. On follow up till 1 month she was well, able to swallow smoothly and taking normal diet. He also claimed the regurgitation had disappeared after the surgery.

### **DISCUSSION**

Lower esophageal (epiphrenic) diverticulum are rare, common in elderly male and are pulsion diverticulum. Common complaints are dysphagia, regurgitation and recurrent pulmonary aspirations. Diagnosis is by barium swallow and upper endoscopy. pH study and manometry are useful adjuncts. Symptomatic or complicated diverticulum require operative correction. Aim of surgery is to remove the diverticulum, repair the wall and relieve obstruction. Laparoscopic diverticulectomy with cardiomyotomy plus antireflux procedure is associated with the most success, lowest morbidity and good quality of life.

## A RARE PHENOMENON OF A CYSTIC LYMPHANGIOMATOSIS IN A SMALL BOWEL: A CASE REPORT

**K Zalikha**, G Dhayalan, D S Sanjay, O David

*Department of General Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*

Cystic Lymphangiomas is a subtype of benign malformation of the lymphatic system. About 90% of lymphangiomas occur in children under the age of 2 years and majority of them involves the head and neck region. The incidence of lymphangiomas in adults which affected the gastrointestinal system is extremely low. We are presenting a case of intestinal cystic lymphangiomas in a 43-year-old man who presented to our hospital with abdominal distension and pain for one day duration. Preoperative blood investigations were normal. Abdominal X-ray revealed a dilated small bowel with thickened wall. He was subjected for emergency laparotomy due to peritonitis. On table, multiple cystic lesions of a small bowel segment, involving its mesentery and serosa was found. A segmental bowel resection was done. Histopathology evaluation showed presences of numerous cystic lesions of varying sizes within the intestinal wall and mesenteric fats, with aggregates of multinucleated giant cells and lymphoplasmacytic infiltrations. The incidence of cystic lymphangiomas involving the gastrointestinal tract is not common. Majority of the patients go through an asymptomatic course or even mild symptoms allowing further imaging for us to come to a diagnosis. However, the cyst can rupture leading to peritoneal irritation leading to peritonitis. It is also a challenge to recognize such a diagnosis on table as these lesions can mimic necrotizing enterocolitis. Therefore, this case illustrates the rare presentation of cystic lymphangiomas of the small bowel presenting as an acute abdomen.

## NEURO ENDOCRINE CARCINOMAS OF THE BREAST: A CASE REPORT

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Neuroendocrine breast cancers are a rare type of breast carcinomas, accounting to only 2-3% of all breast carcinoma. It was defined as neuroendocrine tumour by the presence of more than 50% of invasive tumour cells with cytoplasmic immunoreaction for neuroendocrine markers synaptophysin, chromogranin or neuron specific enolase as per WHO classification. We report a case of an invasive breast carcinoma with neuroendocrine differentiation. A 50-year-old woman was admitted to our centre after presented with right upper inner quadrant breast mass for 3 months. Clinical staging of the tumour was T3N0Mx. Mammography and supplementary ultrasound examinations, revealed large rounded mass with irregular margin, BIRADS 4 suspicious of malignancy. Ultrasound-guided biopsy showed features and immunohistochemically stains in keeping with carcinoma with neuroendocrine features. Subsequently, she underwent right modified radical mastectomy with axillary lymph node dissection. A Lymph node out of 14 was metastatic. Microscopically, the tumour cells were positive for neuroendocrine markers, Chromogranin A and Synaptophysin. Estrogen and progesterone receptors were strongly positive, and HER2 was negative in the breast tumour and the metastatic nodes. Pathology staging was pT2N1 and confirmed as invasive carcinoma with predominant neuroendocrine differentiation, according to WHO classification 2012. This patient was planned for 6 cycles of Cisplatin and Etoposide as adjuvant chemotherapy regime. The clinical implication and best management of this type of tumour is still need to be explored and studied.

## **ADULT-TO-ADULT LIVING DONOR LIVER TRANSPLANTATION WITH THE EXTENDED RIGHT LOBE GRAFT - THE UNIVERSITY OF MALAYA'S FIRST EXPERIENCE**

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*University Malaya Medical Center, Kuala Lumpur, Malaysia*

### **INTRODUCTION**

In adult living donor liver transplantation (LDLT), a split liver graft volume has to be at least 40% of the expected liver volume of the recipient and hence the larger right lobe liver graft is often the only choice. Extended right lobe graft (ERL-graft), incorporating middle hepatic vein was reported to have superior graft survival due to good outflow.

### **OBJECTIVE**

We report the first adult LDLT using ERL-graft in Malaysia.

### **MATERIAL & METHOD**

University Malaya Medical Center performed our first adult-to-adult LDLT using the ERL-graft in January 2017. The recipient is a 27 year-old male with biliary atresia and Kasai's procedure done at one year-old, he was in liver failure (MELD 24) secondary to biliary cirrhosis. The compatible donor is his 34 yo biological brother. The donor and recipient weight is 62kg and 57kg respectively. The donor's right and left liver lobe is 776g (65%) and 361g (35%) and are 68% and 32% of the recipient's expected liver volume respectively. ERL-graft was used, donor's and recipient's surgery took 6 hours for donor and 13 hours respectively.

### **RESULT**

LDLT was successful with donor discharged well on day 5 post surgery. Recipient had ascites and raised bilirubin post surgery but resolved and discharged on day 34 post surgery. Both donor and recipient are currently well.

### **DISCUSSION**

Liver transplantation is the only effective treatment for liver failure and sometime hepatocellular carcinoma. Due to the scarcity of deceased organ for transplantation in the Asian countries, LDLT is often the only choice in emergency. The ERL-graft, with good graft survival rate is suitable for wider group of recipient.

### **CONCLUSION**

Adult LDLT using ERL-graft is a safe and uncomplicated technique with good graft survival rate.

## CARDIAC AIR EMBOLISM - A RARE YET FATAL COMPLICATION OF ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY

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### INTRODUCTION

Endoscopic retrograde cholangiopancreatography (ERCP) has become a common diagnostic and therapeutic procedure for hepatobiliary diseases. It is relatively safe with an overall mortality of 0.33%. However, unbeknownst to clinicians, air embolism although rare, can occur, with mortality of 40%. We describe a fatal cardiac arrest likely due to cardiac air embolism during ERCP to alert clinicians of the life-threatening event that requires prompt detection and treatment.

### CASE PRESENTATION

A 53-year-old lady with hypertension underwent elective ERCP for complete cholangiography. She had a prior history of ascending cholangitis with biliary stenting done. Preanaesthetic investigations were normal and monitored sedation was achieved uneventfully. Promptly after sphincterotomy, she developed a sudden drop in end tidal carbon dioxide followed by bradycardia, hypotension, cyanosis and subsequently went into cardiac arrest. Advanced cardiac life support was performed but to no avail. Air embolism was established as the likely cause of death after retrospective review.

### DISCUSSION

As of 2015, 29 cases of air embolism related to ERCP were reported, of which 14 were fatal. Common attributing factors include previous invasive procedures, chronic inflammation, gallstone diseases, stent materials, contrast medium and high pressure air insufflated. Cardiac air embolism presents variously and non-specifically especially in sedated patients thus requires high index of suspicion from clinicians. Early detection, assisted via cardiac echocardiogram, and prompt treatment, including Trendelenberg positioning with adjustable table and administering 100% oxygen, thus necessitate these to be available during ERCP. Additionally, continuous communication between endoscopists and anaesthetists is vital for constant vigilance.

### CONCLUSION

High degree of awareness among clinicians is crucial as cardiac embolism is potentially fatal. A well-equipped suite with good teamwork and understanding among endoscopists and anaesthetists is imperative to obtain better outcome.

## A RARE CASE OF MASSIVE HEMOTHORAX IN THE PERI-PARTUM PERIOD

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Acute respiratory distress in the peri-partum period accounts for less than 0.1% of pregnancies. Common causes include pulmonary embolism, asthma, amniotic fluid embolism, & etc. Spontaneous hemothorax without an external trauma however is rare.

We report a 33-year-old lady, day 4-post-partum, with sudden onset right-sided severe chest pain with shortness of breath without previous history of chest trauma. Also, a prior uneventful vaginal delivery and antenatal period. Her initial chest radiograph showed a massive right-sided pleural effusion. Contrast CT Thorax revealed right T7/T8 intercostal artery aneurysms without active contrast extravasation. Chest drain was inserted, before preparing for an endovascular embolization in a tertiary center. However, deteriorating clinical condition led to an emergency right-lateral-thoracotomy. The two aneurysmal sacs were identified arising in close proximity with the intervertebral foramina. Hemostasis achieved. On post-operative day one, she remained hypotensive and a repeat aortography ruled out active contrast extravasation; however, noted blood clot compressing her spinal cord. MRI of the spine confirmed this and she was transferred to a neurosurgical facility to undergo an emergency decompressive laminectomy of segment T7/T8 and evacuation of clots. Post-operatively, her neurology unchanged with loss of motor power from T8 onwards with loss of bladder and sphincter functions. The Histo-Pathologic-Examination of the aneurysmal sac showed mesenchymal lesions, consistent with the diagnosis of neurofibroma plexiforme without atypia.

Physiologic changes of pregnancy influencing the cardiovascular and endocrine system may contribute to the instability of the aneurysms if present. Embolization is preferred prior to surgical intervention whenever permissible. Close proximity nature of these lesions with the spinal canal requires consideration while attempting a surgical approach to prevent debilitating post-operative neurological sequelae.

## SECCA NON-ABLATIVE RADIOFREQUENCY - FEASIBILITY AS A SALVAGE PROCEDURE FOR FAECAL INCONTINENCE

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### INTRODUCTION

Faecal incontinence (FI) affects individuals' quality of life profoundly, through physical and social debility. Associated sphincter defects can be repaired surgically, but sphincter function declines with time despite successful repair. SECCA utilizes non-ablative radio-frequency energy to stimulate internal sphincter hypertrophy, with functional improvement in mild to moderate FI, but requires the presence of unscarred sphincter muscle. Effectiveness in patients who have undergone multiple surgeries is therefore uncertain. We present our initial experience of SECCA on a patient who had undergone multiple sphincteroplasties for obstetric anal sphincter injury (OASI), requiring a stoma.

### MATERIAL AND METHODS

Pre-operative assessment with endoanal ultrasound (EAUS) and anal manometry (AM) was performed. Under conscious sedation, the patient was placed in Lloyd-Davies position, and anal field block administered. Following examination, the SECCA anoscope was inserted and positioned with the needles aligned to the dentate line. After confirming optimal impedance, radiofrequency energy was applied in three locations (3, 6 and 10 o'clock positions) and three levels, 5mm apart.

### RESULT

EAUS revealed a 110° deficiency of the external and internal sphincter in the 11 to 2 o'clock region. Mean pressures were 27.4mmHg (resting) and 54mmHg (squeeze). The SECCA procedure time was 30 minutes. There was minimal bleeding over needle puncture sites. Post-operative pain scores were 2-3/10, on oral analgesia. The patient was discharged the next morning.

### CONCLUSION

SECCA is safe and feasible for FI, even in patients who have undergone multiple surgical repairs.

## **CHOLEDOCHOLITHIASIS AND SMALL BOWEL VOLVULUS IN AN ADULT. COINCIDENCE OR CO-RELATED?**

**A Nur Husna**, W Vikneswaran, N A Nik Azim  
*General Surgery, Sarawak General Hospital, Sarawak, Malaysia*

### **INTRODUCTION**

Choledocholithiasis and small bowel volvulus are 2 different pathological entities. Small bowel volvulus is usually due to intestinal malrotation.

### **CASE REPORT**

57 years old lady with underlying hypertension, diabetes, dyslipidaemia and history of intestinal obstruction secondary to terminal ileum volvulus done laparotomy and untwisting of small bowel in May 2015 presented with right hypochondriac pain, jaundice and fever for 5 days. She was able to defecate. Clinically her abdomen was soft, distended but tender at right upper abdomen. Liver function test was suggestive of biliary obstruction. Impression was ascending cholangitis with recurrent volvulus. Computed tomography abdomen done showing choledocholithiasis with proximal biliary obstruction with prominent segmental large bowel loops involving ascending up to sigmoid colon. Colonoscopy and decompression was done and was confirmed as recurrent terminal ileum volvulus. Subsequently endoscopic retrograde cholangiopancreatography (ERCP) was done showing large choledocholithiasis with ectatic common bile duct (CBD) and the biliary system was stented. She underwent limited right hemicolectomy and biliary reconstruction electively. Intraoperatively, noted redundant terminal ileum about 30cm with large common bile duct stone and ectatic CBD. Post operatively she was discharged well. Histopathology report showed ischaemic changes of the resected bowel with no evidence of malignancy, chronic cholecystitis and choledocholithiasis.

### **DISCUSSION**

Second reported case of choledocholithiasis associated with abnormal biliary architecture and intestinal malrotation in an adolescent. Distortions of biliary system, which were because of malrotation of the midgut has induced long-standing cholestasis and the development of a bile duct stone.

### **CONCLUSION**

Choledocholithiasis with small bowel volvulus is rarely reported together but when diagnosed can undergo simultaneous procedure in a single setting with good outcome if done at a tertiary center as surgery is a significant mainstay in the treatment armamentarium.

## ADOLESCENT WITH COLON CANCER

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Colorectal cancer is rare in teenagers, and is more likely to be diagnosed at an advanced age. Here we report a case of mucinous adenocarcinoma of the sigmoid colon in a nineteen years old female patient without any risk factors. Objective of this study is to highlight this cancer incidence at an early age. This retrospective study is carried out in Miri Hospital. The patient was initially presented with no bowel openings and no flatus for three days, with distended abdomen. She had a central abdominal pain a week before with diarrhea. CT scan demonstrates markedly dilated bowels with air fluid levels and a mass over the sigmoid colon, suspicious of colo-colon intussusception. Exploratory laparotomy, extended left hemicolectomy and Hartmann's procedure was done on Christmas day 2016. Findings are constricting mass at the sigmoid colon with grossly dilated proximal part of the colon involving whole transverse colon until hepatic flexure. The lesion was confirmed to be mucinous adenocarcinoma.

## EPIDEMIOLOGY AND CLINICAL OUTCOME OF PYOGENIC LIVER ABSCESS: SARAWAK GENERAL HOSPITAL'S 6 YEARS EXPERIENCE

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### OBJECTIVE

This study aims to determine the demographic distribution and clinical outcome of pyogenic liver abscess among the population of Kuching, Sarawak.

### METHOD

This is a retrospective descriptive study of all patients who were diagnosed with pyogenic liver abscess at Sarawak General Hospital, Kuching from January 2011 until January 2017. Patients were identified through the admission census and outpatient clinic cards. Multiple logical regressions were done using SPSS (Ver. 19).

### RESULTS

A total of 130 patients were diagnosed with pyogenic liver abscess from January 2011 until January 2017. It has a male to female ratio of 5:2. The median age of patients diagnosed with pyogenic liver abscess is 50.5 (range 15-86). Common presenting complaints were fever (83.1%) and right hypochondrium pain (79.2%). Micro-organisms were identified among 46.9% (N=61) of the patients. *Klebsiella Pneumoniae* was the most common organism isolated (N=32, 52.5%). Only 3.8% (N=5) of the patients required surgery. It was identified that patients with the following have higher risks of septic shock; biliary stones ( $p=0.017$ ), anaemia on presentation ( $p=0.004$ ), previous history of ERCP ( $p=0.016$ ), and jaundice on presentation ( $p=0.005$ ).

### CONCLUSION

Pyogenic liver abscess is common among the male gender in their 5<sup>th</sup> decade of life. Surgery is rarely indicated for managing liver abscess.

## **METACHRONOUS PANCREATIC ADENOCARCINOMA AND LIVER METASTASIS NEUROENDOCRINE TUMOUR - A RARE OCCURRENCE**

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### **INTRODUCTION**

Pancreatic adenocarcinoma accounts for 85% of pancreatic cancer whereas neuroendocrine tumour (NET) are comparatively uncommon, less than 1% incidence. Pancreatic adenocarcinoma with liver metastasis NET, however has never been reported thus far.

### **CASE REPORT**

A 53 year old male presented in 2010 with six months of painless jaundice and constitutional symptoms. Computed tomography (CT) showed features of resectable pancreatic head tumour with regional lymphadenopathy. He underwent pylorus preserving pancreatoduodenectomy (PPPD) which was uneventful postoperatively. Histopathology showed poorly differentiated adenocarcinoma with free surgical margins with no metastatic lymph nodes. He then underwent six cycles of gemcitabine and radiotherapy. Repeated CT showed neither recurrence of tumour nor rise in CA 19-9 during follow up. He was in remission for 5 years until noted appearance of suspicious nodules in the segment II and VII of liver based on ultrasound during follow up. Further CT scan and Magnetic resonance imaging (MRI) of liver showed two well defined liver lesions with irregular margins at segment II (size 1.7x1.9cm) and VII (1.3x1.5cm) suggestive of hypervascular liver metastasis. Positron Emission Tomography (PET) scan was done which showed avid mets to Segment II and III. Biopsy from segment II liver nodule showed metastatic neuroendocrine carcinoma. He then underwent left lateral segmentectomy of the liver with histopathology consistent with metastatic NET and clear margin.

### **DISCUSSION**

NET are typically indolent compared to its adenocarcinoma counterpart but frequently metastasise to the liver leading to decrease long-term survival. Literature on coexisting pancreatic adenocarcinoma and NET, however, are still scant and its clinical course remains unclear.

### **CONCLUSION**

It is necessary dwell on the possibility of such occurrence to discuss potential etiologies, better management strategies and prognosis.

# ABDOMINAL AORTIC ANEURYSM WITH CONCOMITANT ABDOMINAL PATHOLOGY REQUIRING SURGERY: CASE SERIES AND LITERATURE REVIEW

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## INTRODUCTION

The occurrence of abdominal aortic aneurysm (AAA) in the presence of intraabdominal malignancy represents a therapeutic dilemma, especially when both pathologies deemed urgent intervention. The challenges are whether to treat the abdominal aortic aneurysm and abdominal pathology simultaneously or in staged manner.

## Methods

Retrospective case review of patients in Hospital Kuala Lumpur presented with synchronous abdominal pathology which needed surgical intervention, and abdominal aortic aneurysm in between January 2014 until March 2017. We managed to gather in total of 5 patients with different approaches of management.

## RESULTS

1 patient with 4.8cm AAA with bladder transitional cell carcinoma was decided for nephrectomy and cystectomy, and conservative treatment on the aneurysm. Another patient with a 6.8cm aneurysm with incidental finding of small bowel tumor, proceed with ileal resection while aneurysm was not operated. Both patient died of ruptured aneurysm within a week. A patient underwent a 9-hour synchronous aneurysm repair and nephrectomy for AAA with renal cell carcinoma; he passed away on postoperative day 4. A lady with ovarian serous cystadenoma underwent simultaneous aneurysm repair and bilateral salpingoophorectomy, while another gentleman went for perforated gastric ulcer repair without aneurysm repair. Both patients were alive at the time of study.

## DISCUSSION

The decision needs to be made on individual basis, depending on factors such as risk of aneurysm rupture, prognosis of secondary pathology, and comorbidities. Most literature agreed that more life-threatening lesion should be address first. In aneurysm less than 5cm, conservative approach may be considered as the secondary lesion been operated. In the case of aneurysm more than 5cm, synchronous surgery might be feasible, with involvement of expert sub-specialization.

## **BREAST CANCER INCIDENCE IN SARAWAK GENERAL HOSPITAL IN 2016 IN COMPARISON FROM JULY 2007 TILL JUNE 2015**

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### **INTRODUCTION**

Breast cancer is the most common cancer among women. Over the years, there is still high number of patients presented late due to various reasons.

### **OBJECTIVES**

The purpose of this study is to compare the demographic data and incidence of breast cancer in Sarawak general Hospital in 2016 with the data from July 2007 till June 2015.

### **METHOD**

All data for breast cancer patients presented in 2016 were collected and was compared with the audit done from July 2007 till June 2015.

### **RESULTS**

In 2016 we evaluated 101 patients with age ranging from 27 till 81 years old and the peak age group 41 to 55 year old which is almost similar to the audit done in 2015. Malay women make up 32.6%, Chinese 35.6%, and Dayak 8.8%. 75% of patients presented with breast lump followed by 7.4% through incidental findings during screening and others presented with mastalgia, nipple discharge, and ulcerating breast lesion. In comparison to 2007-2015 audits, whereby 92.9% presented with breast lump, this data showed that there is increasing awareness among women to do screening for breast cancer. In 2016, 67% of patient presented within a month compared to 16% in 2007-2015. In 2016, 65% presented with early breast cancer compared to only 6% in 2007-2015. There is also reduction in the number of patient that present with metastatic disease whereby in 2016 only 6% compared to 21% in 2007-2015. 87.1% of patients opted for non conserving surgery whilst only 12.9% of patients opted for breast conserving surgery which is almost similar compared to previous data.

### **CONCLUSION**

There is increasing number of patient presented with early breast cancer, which shows that there is success in giving awareness to public regarding early screening for breast cancer.

## RETRO AORTIC LEFT RENAL VEIN AND IMPLICATION IN ABDOMINAL AORTIC ANEURYSM SURGERY

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Retro aortic left renal vein (RLRV) is a rare anatomical variation of left renal vein with incidence of 1-2.4 percent, in which the vein runs posterior to abdominal aorta. Among these, the incidence of it in abdominal aortic aneurysm was as low as about 0.2%. In the presence of RLRV, clamping of the proximal neck would be difficult with risk of injuring the venous structure. This anomaly is sometimes overlooked especially in emergency setting. We herein report 2 case comparisons of RLRV incidence in abdominal aortic aneurysm, in between emergency and elective settings, along with literature review of case reports and case series on this topic.

Time constraints in emergency surgery often make it difficult for detail evaluation of the vessels and detect the morphological anomaly as compared to elective settings. Hence, an understanding of normal renal vasculature and careful preoperative detection of the venous anomalies is crucial. Preoperative contrast-enhanced CT would aid in assessing the aneurysm structure, which may minimise the risk of major bleeding complication.

## **BROKEN TOOTHBRUSH, THE CULPRIT OF SMALL BOWEL PERFORATION - A CASE REPORT**

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### **INTRODUCTION**

Foreign body ingestion is a common clinical entity. Intervention to facilitate removal is usually not required as it readily passes through the alimentary tract in most cases. Very rarely the alleged ingestion will result in alimentary tract perforation.

### **CASE REPORT**

A 46 year old male with history of midline laparotomy for perforated appendicitis thirty years ago presented with four days history of severe left-sided abdominal pain. Prior to his symptoms he had ingested the bristle-end of a toothbrush by accident when it broke in his mouth. Abdominal palpation revealed left hypochondrial region tenderness with no peritonism. Initial X-ray imaging were inconclusive of a perforated viscus but otherwise demonstrated a foreign body at the left upper quadrant of the abdomen. Abdominal Computed Tomography (CT) demonstrated intraluminal foreign body with perforation at jejunum and pneumoperitoneum. Exploratory laparotomy was performed with the findings of multiple adhesion and 0.5cm anti-mesenteric small bowel perforation 100cm from duodenojejunal flexure. The 3cm-long foreign body (toothbrush) with sharp end was intraluminal and proximal to the site of perforation. Adhesiolysis, small bowel resection, removal of foreign body and primary anastomosis was done. Ultimately, he was discharged well.

### **DISCUSSION**

Clinical diagnosis for small bowel perforation is difficult as symptoms are subtle and non-specific. CT is useful in detecting extraluminal gas and has a 86% accuracy in predicting site of perforation.

### **CONCLUSION**

Intestinal perforation is rare (<1%) after ingestion of foreign body and should always be included as a differential diagnosis when symptoms and clinical findings do not correlate. CT is the best modality to indicate site of perforation enabling early diagnosis and timely management.

## COLORECTAL CANCER IN SARAWAK GENERAL HOSPITAL, KUCHING: A TWO-YEAR REVIEW (2015-2016)

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### OBJECTIVE

Colorectal cancer (CRC), being second most common cancer in Malaysia is also our major cause of death, ranking tenth in 2015. This study provides an overview of a two-year demographic distribution of colorectal cancer observed in Sarawak General Hospital (SGH).

### METHODS

Data was prospectively collected from our CRC database within year 2015 and 2016.

### RESULTS

A total of 418 patients were included in the analysis. The median age of presentation is 63 years old (range: 26 - 90 years old). 15.8% of patients presented young (<50 years old), whereas peak age of presentation was within the 60-69 years old age group (N=139, 33.3%). Male:female ratio of 1.5:1. Majority were Chinese (N=181, 43.8%), followed by Malays (N=97, 23.5%) and Iban (N=72, 17.4%). Rectum was the most common site of CRC (N=155, 37.1%) followed by sigmoid colon (N=94, 22.7%) and rectosigmoid colon (N=44, 10.5%). A staggering 405 patients (96.9%) had adenocarcinoma type CRC. Most patients presented late; 36.1% in Stage IV and 32.3% in Stage III as compared to 13.77% and 16.8% in Stage I and II respectively. A total of 417 patients underwent surgery in SGH - 77.3% were under elective setting while 22.7% were emergencies. Overall early post operative mortality (<30 days) was 4.1%. When done under emergency setting, early post-operative mortality was 10.5% (N=10) compared to 2.17% (N=7) done under elective setting.

### CONCLUSION

Our data shows that elderly patients, male and Chinese were most significantly affected with predominance of left-sided CRC. Most of which presented in late stages. Emergency surgeries carries significantly higher post-operative early mortality compared to those done under elective. A formal screening guideline is crucial for early CRC detection to facilitate early treatment and thus provides better prognosis for patients.

## MICRODOCHECTOMY: SINGLE CENTRE EXPERIENCE

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### OBJECTIVE

To look for breast pathology in patients presented with nipple discharge and diagnostic benefits of smear cytology.

### PATIENTS AND METHODS

We retrospectively examined the records of patients who underwent microdochectomy from January 2010 to December 2016. All patients who were operated during study period were included. Patients with nipple discharge and/or breast lump that underwent other modalities of breast surgery were excluded from the study. Histopathologic examination and results were reviewed. Data and statistical analysis were done with Microsoft Excel and SPSS version 21.

### RESULTS

31 patients underwent microdochectomy during the study period (2 patients had surgery on the contralateral nipple at different time interval during the study period). There were 15 Chinese patients (52%), 2 Malay patients (7%) and 1 patient from Indian and other ethnicity (3%). 9 patients (29%) presented with pathological nipple discharge. 6 (19%) patients had concurrent breast lump. Mean age at presentation was  $51.74 \pm 15.86$  SD. Median follow up time was  $29.03 \pm 1.85$  months.

12 patients had cytology smear done, to which showed no malignancy in 10 of them. 1 patient had intraductal papilloma and papillary neoplasm from cytology examination but the final pathology are benign. 9 patients were diagnosed with malignancy from final microdochectomy specimen: 78% (n=7) were DCIS. Statistically, there is no significant correlation between pathological nipple discharge and breast cancer detected from microdochectomy. Nipple discharge cytology also does not have strong correlation to the malignancy.

### CONCLUSION

Microdochectomy remain a useful diagnostic evaluation in the patient who presents with nipple discharge. Smear cytology does not add to diagnostic value to predict malignant disease.

## YOUNG COLORECTAL CANCER: A TWO-YEAR ANALYSIS IN SARAWAK GENERAL HOSPITAL

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### INTRODUCTION

Young patients (Age <50 years old) with colorectal cancer (CRC) has shown an increase in the incidence rate. It is now the 3rd leading cause of mortality of young patient with cancer. This study is aimed to compare the demographic, clinical presentations, histopathological features and outcome of young patients with colorectal cancer compare to those older patients.

### METHODOLOGY

The data was extracted from prospectively collected CRC database of Sarawak General Hospital for the year of 2015 and 2016. This data was analyzed using SPSS version 18.0 to compare the variables between the two groups for its significant difference. P value of <0.05 will be taken as statistical significant.

### RESULTS

There were 66 young patients with CRC, which constitute 15.7 % of all CRC registered within the two years duration. Young patients were significantly higher among Malay (N=19 or 28%  $p=0.004$ ) as compared to elderly patients which were predominantly Chinese (N=168 or 48.2%). Young CRC also significantly presented at late stage of III (26.8% Vs 33.2%) and IV (46.4% Vs 34.6%) ( $p=0.005$ ). Otherwise there is no significant difference in term of sex, family history, mode of presentation, and location of tumor. Histopathological features of tumor showed young patients with CRC had significantly higher mucinous adenocarcinoma type (12.1% vs 2.1%  $p=0.002$ ) as compared to elderly patients. However there was no significant difference in term of size of tumor, lymphovascular invasion and concomitant polyp between these two groups. There was no statistical significant difference in term of 30 days post-operative mortality (0% vs 3.2%) as well.

### CONCLUSION

Our study showed that young CRC were significantly higher among Malay, had more advanced stage and mucinous type. Further prospective research and study with long follow up is needed, so that more representative comparison and conclusion can be made.

## EPIDEMIOLOGY OF HEPATOCELLULAR CARCINOMA IN HOSPITAL PULAU PINANG

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### OBJECTIVE

to review the epidemiological characteristic of patients diagnosed with hepatocellular carcinoma in Hospital Pulau Pinang.

### PATIENTS AND METHODS

We retrospectively reviewed medical records of patients diagnosed with hepatocellular carcinoma from January 2014 till December 2016 using in house electronic database. Secondary liver tumour was excluded. Diagnosis made via triphasic computed tomography or histopathology examination. Data analysis was conducted using Microsoft Excel.

### RESULTS

57 patients were diagnosed with primary hepatocellular carcinoma during the study period. There were 41 Chinese patients (86%) followed by 7 Malay patients (12%), other ethnicity (5%, n=3) and 1 Indian patient (2%). Median age at presentation was 66.0 years old. Male:female ratio was 5.3:1.0. In regards to aetiology; hepatitis B, C and alcohol intake were highest in Chinese ethnicity, while commonest cause for Malay and Indian ethnicity was hepatitis B and cryptogenic respectively. None of our patients had concomitant hepatitis B and C. 30% of the patients were diagnosed incidentally (n=7) while the commonest symptoms were abdominal pain (19%, n=11). Median AFP was 11.70IU/mL. Majority of the patients were in stage C at diagnosis (37%, n=21) while it is interesting to note that half of the patients at stage A were on surveillance program for hepatitis B or C. Portal vein thrombosis was noted in 16% of patients (n=9) and 14% (n=8) had extrahepatic spread on radiological study. Resection of tumour and RFA were primary treatment in stage A (89% and 11%) patients while 89% patients in stage B received TACE. All patients in stage C and D were managed conservatively. Median time for follow up was 5 months and median survival was 4 months.

### CONCLUSION

Hepatocellular carcinoma at our region is common among Chinese ethnicity, male predominant, and most of our patients presented at late stage with poor clinical outcome.

## RETROSPECTIVE 3 YEARS ANALYSIS MANAGEMENT OF BILE DUCT INJURY AND OUTCOME IN SARAWAK (2014-2016)

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### OBJECTIVE

To evaluate rates of Bile Duct Injury (BDI) in cholecystectomies done in Sarawak over 3 years, followed by their management and outcomes.

### METHODS AND MATERIALS

Patients were identified using Endoscopic Retrograde Cholangiopancreatography (ERCP) and CODTS data. 27 patients with BDI were identified following 1088 cholecystectomies performed from 2014 to 2016 in Sarawak.

### RESULTS

Patients were divided into 2 groups open(A) and laparoscopy (B). BDI rates were 2.48% (27/1088) in total. Specific rates were 4.8% (12/271) for Group A and 1.71%(15/817) for Group B. Rates for both groups in different situations were compared, Group A emergency 6.25% (9/144) and elective 2.36% (3/127). Group B emergency 5.74% (5/87) and 1.36% (10/730). 25 patients underwent ERCP post operatively while 14 were managed surgically. Majority of the patients were diagnosed with Strasberg A injury consisting of 51.8% (14/27) managed by ERCP and biliary drainage. Others were 5 with Strasberg D, 1 with Strasberg E2, 3 with Strasberg E5 and 4 with unknown classification. Those mentioned above majority were complicated BDI which required surgery. Three patients had to undergo biliary reconstruction while another patient had biliary reconstruction and right hemihepatectomy. One mortality was recorded in Group A. Mean days for detection of BDI were 18.1 days.

### FOLLOW UP

11 patients of Strasberg A (8) and Strasberg D (3) were discharged well. 2 patients developed stricture at the hepaticojejunostomy anastomotic site post biliary reconstruction. The rest are still being followed up.

### CONCLUSION

BDI rates were higher in emergency open cholecystectomy as most of the cases were complicated in our centre as compared to laparoscopically. Optimal management depends on the timing of detection, extent of BDI, and patient's condition.

## METAPLASTIC BREAST CARCINOMA: A DIAGNOSTIC AND MANAGEMENT DILEMMA FROM GENERAL SURGICAL POINT OF VIEW

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Metaplastic carcinoma of breast is an aggressive type of cancer which accounts less than 1% of all breast cancer. It is a rare entity and therefore carries substantial challenges in diagnosing and managing this type of malignancy. This case report described a 56 years old lady with strong family history of breast and skin cancer, whom presented with 2 months history of painless left breast lump associated with loss of appetite and weight. Upon physical examination, there was a vague lump over her left breast with no palpable lymph node. Mammogram showed features of malignancy of Birads 4 and histopathological examinations was inconclusive. Due to high degree of clinical suspicion with strong family history of breast cancer and imaging finding, a wide local excision procedure was performed and histopathological examination of the surgical specimen revealed metaplastic carcinoma with squamous cell carcinoma with ductal carcinoma in situ. Subsequently patient was subjected to left axillary clearance and planned for adjuvant chemotherapy. This case report will be useful to illustrate the difficulties faced by clinicians in term of making the diagnosis and managing this type of malignancy due its rarity and the limited data available to guide the management.

## EARLY EXPERIENCE ON LAPAROSCOPIC DISTAL PANCREATECTOMY WITH SPLENECTOMY. A SINGLE INSTITUTION EXPERIENCE

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### INTRODUCTION

Laparoscopic distal pancreatectomy (LDP) is a standard of treatment for small distal pancreatic tumor. We are reported 3 cases of laparoscopic distal pancreatectomy with splenectomy in Sarawak General Hospital from March 2016 to August 2016.

### METHODS

A consecutive series of 3 cases with resectable solid and cystic tumor of pancreas were selected to undergo LDP. Pre and post-operative data were collected with a data on follow-up of 3 monthly.

### RESULT

All 3 cases are female age ranging from 65 to 48 years old. Two patients had an American Society of Anesthesiologists score (ASA) of 2, and one had ASA score 1. The mean Body Mass Index (BMI) is 29.41kg/m<sup>2</sup> with 1 patient categorized under obese and 2 under overweight group. Histopathological examination report of one of the cases was moderated differentiated ductal adenocarcinoma of pancreas. The other two patient had serous cystadenoma and solid psuedopapillary neoplasm (SPN). The cases of ductal adenocarcinoma showed R0 negative malignancy margin with 2 lymph nodes harvested were free from malignancy. However there were lymphovascular and perineural invasion The average maximal dimension of tumour size is 48mm. Mean operative time is 151.67 minutes. No patients required intraoperative blood transfusion or conversion to open surgery. Two patients complicated with pancreatic fistula. The average hospitalization is 18 days, while 5 days for patient without postoperative complication. In all 3 cases, we used 3 ports technique and transected the pancreas with Covidien® EndoGIA™ 30mm stapler.

### CONCLUSION

LDP with splenectomy en-bloc is safe and feasible even to embark in small volume center. Pancreatic fistula can be managed conservatively.

## RESECTION OF METASTATIC INTRATHORACIC PHYLLODES TUMOUR: CASE SERIES

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### INTRODUCTION

Phyllodes tumour is a fibroepithelial tumour of the breast. It is uncommon and account for less than 1% of all breast neoplasms. Phyllodes tumour rarely metastasize and only 10% of patients develop distant metastasis. Typically it is a large and rapidly growing tumour. Surgical resection is the primary treatment modality.

### CASE PRESENTATION

Two women age 44 and 63 years old had history of mastectomy for phyllodes tumour in 2012 and 2009 respectively. Both of them presented with cough associated with chest pain. Imaging of both patients showed large mass in the right hemithorax. Right hemiclampshell was performed to remove the tumour. We are discussing about the surgical technique and the challenges in removing the huge intrathoracic tumour.

### CONCLUSION

Intrathoracic distant metastasis from phyllodes tumour can occur few years after a mastectomy. When detected, the mass is usually huge hence giving a doubtful possibility of surgical resection. However, due to the well circumscribe and non-invading nature of the tumour, it can be removed feasibly.

## **BOWEL ISCHAEMIA SECONDARY TO BLAST CRISIS IN ACUTE MYELOID LEUKEMIA: IS IT WORTH TO INTERVENE SURGICALLY?**

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National Cancer Institute estimated about 19,950 new cases of Acute Myeloid Leukemia (AML) in the United States for 2016 and there were about 10,430 deaths from AML. It is an aggressive type of cancer which can progress rapidly and associated with fatal complications such as bleeding, leukostasis, and CNS leukemia to name a few. The dominant features of AML is hyperleukocytosis and it can developed into leukostasis which is a fatal oncologic emergency. This clinical condition is believed to cause organ dysfunction by impairment of microvascular perfusion. Prompt treatment is indicated as it can lead to a significant mortality rate (20-40%) if left untreated. This clinical condition commonly affect the pulmonary and central nervous system, while the gastrointestinal system which lead to bowel ischaemia is a rare occurrence. Although it is an uncommon complication of leukocytosis in AML, the incidence of it is rising.

Here we report a case of a 45 years old gentleman who has been diagnosed with AML but refused further treatment. Later, he presented with one day history of abdominal pain associated with distension and vomiting. Physical examination revealed peritoneal irritation with radiological finding demonstrated pneumoperitoneum. He was in blast crisis evidenced by the blood investigations. Exploratory laparotomy was performed with the finding of right sided colon ischaemia with no palpable pulse of ileocolic and right middle colic artery. Post operatively, his condition deteriorating as he refused to receive cytoreduction treatment. He developed multiorgan failure and eventually succumbs to his condition due to blast crisis.

## **CONCURRENT SMALL CELL CARCINOMA AND ADENOCARCINOMA OF THE GALLBLADDER - FIRST SUCCESSFULLY TREATED CASE REPORTED?**

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### **INTRODUCTION**

Gallbladder cancers are often adenocarcinomas. Other histological types are uncommon. Extrapulmonary small cell carcinoma (EPSCC) of the gallbladder is extremely rare. Diagnosis and management of both gallbladder adenocarcinoma and EPSCC poses a significant challenge.

### **OBJECTIVES**

To report and appraise a case of concurrent small cell carcinoma and adenocarcinoma of the gallbladder.

### **MATERIALS AND METHOD**

Medical records and histopathology report of the patient were reviewed retrospectively. Clinical, intraoperative and pathological findings were recorded. Literature search was performed for gallbladder adenocarcinoma and gallbladder EPSCC.

### **RESULTS**

A 42 year-old gentleman was diagnosed with advanced EPSCC of gallbladder with nodal metastases in April 2016 and completed 6 cycles of carboplatin chemotherapy with 25 fractions of radiotherapy in October 2016. Post chemo-radiotherapy, PET scan showed regression of nodal metastases but persistent hypermetabolic focus in the gallbladder. Laparoscopic cholecystectomy was performed. Surgery was uneventful and he was discharged well without complications. Histological examination showed primary adenocarcinoma and small cell carcinoma of gallbladder.

### **DISCUSSION**

The initial diagnosis and a management of EPSCC was successful with delivery of chemo-radiotherapy. Published treatment modalities are highly variable but chemotherapy are associated with significant improved survival. Diagnosis of concurrent adenocarcinoma was incidental. Further management for the adenocarcinoma would need to take into account preoperative chemotherapy given. His disease would have to be monitored aggressively in this case, as literature and guidelines for concurrent gallbladder cancers are lacking.

## A SURGICAL AUDIT: OPEN AND LAPAROSCOPIC CHOLECYSTECTOMIES IN HOSPITAL PULAU PINANG

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### INTRODUCTION

Gallstone disease is a common surgical problem of which cholecystectomy is the “gold standard” treatment for symptomatic cholelithiasis. Laparoscopic cholecystectomy is now the preferred technique due to faster recovery and shorter hospital stay. However, it is associated with higher risk of complications.

### OBJECTIVE

Aim of our audit is to review cholecystectomy surgeries done in Hospital Pulau Pinang (HPP), its conversion rate and compare complications between both techniques.

### METHODS

All patients who undergone cholecystectomies in HPP in January 2014-December 2016. Medical records were accessed via in-house online database.

### EXCLUSION CRITERIA

Cholecystectomies performed for non-gallbladder pathology.

### RESULTS

243 patients undergone cholecystectomies in HPP during the study period. 49.59% were done via open method, while 50.41% undergone laparoscopic technique. The conversion rate reported was 12.41%. The median age is 56 years old, with a standard deviation of 15.74. 170 (69.96%) cases were electively operated, while 73 (30.04%) were emergency cases. The incidence of common bile duct (CBD) injuries is 6 (2.47%), of which 3 (50%) were done laparoscopically. Other morbidities included: SSI (1.64%), CBD stricture (2.05%), right hepatic artery injury (0.41%), while 2 cases (0.82%) required relaparotomy. 29.4% of all morbidities were seen in laparoscopic cholecystectomies. There was 1 mortality case reported, due to gallbladder empyema.

### CONCLUSION

Conversion rate of laparoscopic cholecystectomies to open is 12.41%, which is within the range reported in literature (2.6%-14%). 2.47% of cases were complicated with CBD injuries, equally seen in open and laparoscopic surgeries; whereby 29.4% of surgeries that reported morbidities were done laparoscopically.

## **SARCOMATOUS RECURRENCE IN BREAST CANCER PATIENT WITH IMMEDIATE IMPLANT RECONSTRUCTION: A CASE REPORT**

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### **INTRODUCTION**

At present there is no convincing evidence that silicone breast implants associated with increase risk of other cancer especially sarcomas, however post radiation sarcomas developing in breast cancer patient are more frequently reported. We report a case of breast cancer patient who had mastectomy with immediate implant reconstruction developed sarcomatous recurrence 6 years after completion of treatment.

### **METHOD**

A 37 years old Malay lady was diagnosed with invasive ductal carcinoma (IDC) of right breast (pT2N0M0) in May 2008 by wide local excision. In view of close surgical margins, she underwent skin sparing mastectomy and axillary clearance with immediate implant reconstruction. She completed 6 cycle of adjuvant chemotherapy (FEC regime) followed by hormonal therapy for 5 years. No radiotherapy to the chest wall post operation.

She was well until November 2014, she presented with right shoulder pain and sudden onset hematoma over the implant breast. CT scan showed right chest wall recurrence with liver, lungs and bone metastasis. She had implant removal as the hematoma cause discomfort and not subsided after multiple aspirations. Intraoperatively, tumor recurrence noted at medial aspect of chest wall within the capsule of the implant causing the slow bleeding. Unfortunately histology came back as a high grade sarcoma. She received second line chemotherapy and radiotherapy to the chest wall. Despite treatments, her disease progressed and she succumbed to death in February 2016.

### **CONCLUSION**

Survival for breast cancer is improve tremendously with the introduction of multimodality treatment, however the risk of secondary malignancy increases particularly saromas. This case may be the first case of sarcoma developing in breast cancer patient who was not received radiotherapy but had silicone implant reconstruction.

## **CARCINOMA SHOWING THYMUS-LIKE DIFFERENTIATION (CASTLE) OF THYROID: A CASE REPORT AND LITERATURE REVIEW**

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### **INTRODUCTION**

This is a case report and discussion about a rare Right Thyroid Carcinoma Showing Thymus-Like Differentiation (CASTLE).

### **CASE REPORT**

50 years old lady presented with right neck swelling for 2 months. Ultrasonography showed ill-defined hypoechoic lesion with mixed echogenicity measures 1.9 x 1.9cm.

FNAC revealed atypical cells. Patient underwent for right hemithyroidectomy. The nodule present at the lower pole. The resected tumor shows circumscribed discrete tan firm solid tumor measuring 25 x 20 x 25mm. The section of tumor shows invading the thyroid in broad fronts and growing in jagged islands and cords, accompanied by fibrous stroma with prominent lymphoplasmacytic infiltrates. The tumor cells have syncytial appearance, lightly eosinophilic cytoplasm, oval vesicular nuclei, small distinct nucleoli and mild to moderate atypia. Tumor cells are positive for CD5 and E-cadherin, negative for TTF-1, Thyroglobulin and Calcitonin. The diagnosis confirm of carcinoma showing thymus-like differentiation (CASTLE).

### **CONCLUSION**

WHO has recently designated CASTLE as an independent type of thyroid carcinoma. CASTLE comprises a very rare entity, accounting for 0.1-0.15% of all thyroid cancers. It commonly occurs during the fourth and fifth decades of life and has a slight female predominance (1 : 1.3). Despite the metastatic potential, CASTLE is regarded as an indolent neoplasm with a favorable prognosis. Radiology for CASTLE is not specific as it has no characteristic imaging features when compared with other thyroid nodules, except for its unique location in the lower neck between the inferior pole of the thyroid and the upper mediastinum. CD5- and CD117-specific immunoreactivity is useful for diagnosis.

# THE IMPACT OF LONG-COURSE NEOADJUVANT CHEMO-RADIOTHERAPY IN RECTAL CANCER ON THE COMPLETE PATHOLOGICAL RESPONSE: DATA FROM PUSAT PERUBATAN UNIVERSITI KEBANGSAAN MALAYSIA

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## INTRODUCTION

Neoadjuvant long-course chemo-radiotherapy had been accepted as the standard of care for locally advanced rectal cancer. It is associated with better loco-regional control and overall survival especially in the presence of complete pathological response.

## OBJECTIVES

The aim of this study is to evaluate the immediate surgical outcome and complete pathological response of locally advanced rectal cancer after neoadjuvant long-course chemo-radiotherapy.

## METHODS AND MATERIALS

A retrospective review was done on all patients who had long-course neoadjuvant chemo-radiotherapy and surgery in PPUKM for past 5 years between 1 January 2011 to 31 December 2016. All patients had 45Gy of radiotherapy over 4-5 weeks period.

## RESULTS

A total of 64 patients (46 males, 18 females) were included in the study with the majority had low rectal tumour (50 patients). 51.6% had anterior resection, 28.1% had abdominoperineal resection, 12.5% had Hartmann's procedure and 7.8% had anterior pelvic exenteration. 98.4% of the patients had adenocarcinoma of the rectum with 42.2% being moderately differentiated and 28.1% being well differentiated adenocarcinoma. Four patients (6.3%) had complete pathological response. The average interval between the completion of chemo-radiotherapy and surgery was 8.5 weeks (4-17weeks). The 30 day mortality rate was 1.6% and 30 day morbidity rate was 42.2%.

## DISCUSSION

The complete pathological response of our series of patients were significantly lower than published data between 11.4%-26%. The lower tumour response rate to neoadjuvant radiotherapy may be due to the different tumour biology or tumour sensitivity in our local population.

## CONCLUSION

Further studies on the outcome and pathological response on our local population should be done to identify the differences which may alter the management of patients with rectal cancer.

# APPENDICULAR MUCINOUS CARCINOMA PRESENTING AS AN APPENDICULAR MUCCOCELE WITH PSEUDOMYXOMA PERITONII - A CASE REPORT AND REVIEW OF LITERATURE

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## INTRODUCTION

Primary adenocarcinomas of the vermiform appendix are extremely rare tumors accounting for 0.05%-0.2% of all appendectomy specimens and 6% of all malignant appendicular tumors. They are classified into 4 groups, namely: Mucinous Adenocarcinoma, Colonic-type Adenocarcinoma, Goblet Cell Carcinoma and Signet Ring Carcinoma.

## CASE REPORT

We report a 71 year old gentleman with underlying Hypertension who presented with a 3 day history of right-sided lower abdominal discomfort. Further history revealed he had experienced loose stools for 3 months in the absence of other constitutional symptoms. He was afebrile and inflammatory markers were normal. Clinical examination revealed lower abdominal pain most pronounced in the right iliac fossa and suprapubic region. Colonoscopy was unremarkable. Contrast-enhanced CT revealed findings suggestive of an Appendicular Mucocele measuring 4.9 x 3.8 x 3.8cm. Intraoperative findings at Exploratory Laparotomy revealed a large opening at the appendicular base which was discharging copious amounts of mucoid material spread to all quadrants - the appendix was not visualized. Additionally there were multiple peritoneal nodules. A diagnosis of ruptured Appendicular Mucocele with Pseudomyxoma Peritonei was made and a right hemicolectomy with primary anastomosis was performed. The patient's recovery was uncomplicated and histopathological assessment revealed perforated mucinous adenocarcinoma of the appendix with pseudomyxoma peritonei. He was promptly referred to the Oncological team for further treatment

## DISCUSSION

Mucinous adenocarcinoma of the appendix remains a diagnosis by post-operative histopathological examination. The vast majority of patients present with clinical findings of acute appendicitis rather than malignancy. Current recommended treatment for primary adenocarcinoma of the appendix is right hemicolectomy with adjuvant chemotherapy depending on peritoneal involvement. This case is not only interesting for its rarity, but also reinforces the mandatory histopathological assessment of all appendicular specimens. Additionally, intraoperative suspicion when presented such findings is required to prevent the need for second stage surgery and hasten treatment.

## RETROPERITONEAL SCHWANNOMA: A CASE REPORT

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Neural sheath tumours are a subclass of soft tissue neoplasms that include both benign and malignant schwannomas and neurofibromas. Retroperitoneal schwannomas are rare, usually benign tumours that originate in the neural sheath and account for only a small percentage of retroperitoneal tumours. Treatment depends solely on surgery. We report a case of 45-year-old female who initially underwent total abdominal hysterectomy for posterior broad ligament leiomyoma before she was referred to us for intraoperative findings of retroperitoneal mass. Histopathological examinations revealed retroperitoneal schwannoma.

## **LATISIMUS DORSI MYOCUTANEOUS FLAP FOR WOUND CLOSURE AFTER MASTECTOMY IN ADVANCED AND LOCALLY ADVANCED BREAST CANCER**

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### **INTRODUCTION**

The vascular reliability of the pedicle myocutaneous latissimus dorsi (LD) flap is well documented. The use of LD flap to cover defect after surgical resection in advanced or locally advanced breast cancer makes the wide resection is possible to achieve clear surgical margins and improves outcome.

### **OBJECTIVE**

We reported our experience in using myocutaneous latissimus dorsi flap for wound closure after mastectomy in advanced and locally advanced breast cancer (LABC).

### **MATERIALS AND METHODS**

A total of 40 patients with advanced or LABC and had mastectomy with LD flap for wound cover in Putrajaya Hospital and National Cancer Institute from January 2014 to December 2016. All of them received neoadjuvant or palliative chemotherapy before underwent surgery. Their clinical staging, systemic therapy, surgical margins, complications and recurrence were analysed.

### **RESULTS**

Of 40 patients, 27 with stage III disease (9 T3, 1 T4a, 6 4b, 11 T4c) and 13 with stage IV disease. Clear margins (>2mm) were achieved in 67.5 %. Surgical margin involved in 81% of stage IV patients, especially in those with satellite skin nodule. None developed flap failure or major necrosis, however 2.5% had skin necrosis at the wound edge, 10 % had wound infection and 2.5% had to undergo wound debridement. With a mean follow up of 12 months seven patients had local recurrence before initiation of radiotherapy (1 patient T4b, 4 patients T4c and 2 patients T3) and six patients expired within a year.

### **DISCUSSION & CONCLUSION**

The reliability of this pediculated flap was confirmed here by the low incidence of flap necrosis and failure. It is a safe procedure and can be easily performed.

## FAILED SUICIDE ATTEMPT: A CASE REPORT

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Suicide by stabbing is uncommon and mortality associated with self-inflicted stab wounds is surprisingly low. Haemothorax, haemopneumothorax, and pneumothorax are the most common complications in patients with penetrating stab injuries of the chest. We report a case of 81-year-old female who was found by her daughter with impacted kitchen knife at her left upper thorax. As vital signs were stable, computed tomography (CT) Thorax was performed. Open left antero-lateral thoracotomy was performed to retrieve the knife. The trachea and oesophagus were spared and no intraluminal injury of the aorta.

## PARASITIC FETUS ‘THE UNBORN TWIN’: A CASE REPORT

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Fetus-in-fetu is a congenital abnormality in which a nonviable, parasitic fetus grows within its twin. It is a rare cause of retroperitoneal abdominal mass in infants and children. In some cases an accurate preoperative diagnosis can be established, while in others diagnosis is not accomplished until laparotomy. We report a case of 15-year-old boy who presented with abdominal distension which turned out to be fetus-in-fetu following an exploratory laparotomy. With respect to the parents together with religious and cultural issues, no histopathological examination was performed.

## FOOD POUCH IN THE CHEST: LAPAROSCOPIC SURGERY FOR A LARGE EPIPHRENIC DIVERTICULA: A CASE REPORT

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### INTRODUCTION

Epiphrenic diverticula are outpouching of esophageal lumen at the distal third of the esophagus, close to the diaphragm. The prevalence of esophageal diverticula is 0.06% to 4% based on radiological findings. We report this case of a large epiphrenic diverticula which was removed via laparoscopy approach.

### CASE SUMMARY

53 year old gentleman has been having dysphagia with weight loss for 6 months. OGDS showed diverticulum with food particles close to the cardioesophageal junction. Barium swallow shows an outpouching of esophagus on the left side of sternum measuring 7 x 5cm. He underwent laparoscopic diverticulectomy and myotomy with Dor fundoplication. He recovered well post operatively.

### DISCUSSION

Achalasia is the underlying motility disorder in over 60% of epiphrenic diverticula. Surgery should be reserved for those with incapacitating symptoms. There are no direct studies to compare laparoscopy and VATS for treatment of epiphrenic diverticula. But several studies preferred laparoscopy for similar diseases like achalasia. There are no clear relations shown between size of diverticula and the method of approach (thoracoscopy vs laparoscopy). Myotomy is routinely performed during the surgery for epiphrenic diverticula as achalasia is a main cause of epiphrenic diverticula formation.

### CONCLUSION

Large epiphrenic diverticula can be operated via laparoscopy without complications. The indication of surgery is based on symptoms and not size of the diverticula. Myotomy must be performed with diverticulectomy to reduce complications rate.

## RECTAL NEUROENDOCRINE TUMOURS: A CASE SERIES

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Neuroendocrine tumours (NETs) are neoplasm arising from enterochromaffin cells. NETs of the colon are rare and constitute <2% of all gastrointestinal malignancies. Rectal NETs are among the commonest gastrointestinal NETs and mostly identified at screening colonoscopy. The tumours are usually small in size, non-functioning, without distant metastasis and have a good prognosis. A reviewed of the management of NETs documented that, tumours of <1cm in size can be treated with local excision but a tumour of >2cm requires surgical resection. We report two cases of rectal neuroendocrine tumours in our centre. The first case is a middle age man presented with per rectal bleeding for 3 months. Colonoscopy revealed a 2cm tumour at mid rectum. He was subjected for Low Anterior Resection and covering ileostomy. Histopathologic evaluation, revealed well differentiated Grade 1 Neuroendocrine Carcinoma. Tumour cells positive for chromogranin and synaptophysin. CT staging showed no evidence of distant metastasis. Surveillance colonoscopy revealed no tumour recurrence at anastomotic site. The stoma was then reversed. The second case also is a middle age lady with background of colon carcinoma. Screening colonoscopy revealed a small rectal polyp. Endoscopic polypectomy was done and the biopsy showed neuroendocrine tumour with positive for synaptophysin. Yearly surveillance colonoscopy was negative for tumour recurrence. In conclusion, neuroendocrine tumours were once rare, but recent epidemiologic studies show that it is on the rise. Diagnosing NETs clinically is difficult and needs to rely on histopathologic assessment. The treatment of NETs is complex but with adequate management, the prognosis is favorable with long term survival.

## INFECTED URACHAL CYST IN YOUNG ADULT, A RARE INCIDENCE

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### INTRODUCTION

The urachus is the remnant of the cloaca, which in adults attaches the bladder dome to the umbilicus. An urachus obliterates after birth and presents as a midline umbilical ligament thus a very rare occurrence in adults as a patent urachal anomalies are usually diagnosed in childhood.

### OBJECTIVE

To discuss about a young adult male whom was diagnosed with infected urachal cyst with a history of recent appendectomy and atypical presentation making its diagnosis to be challenging.

### MATERIAL AND METHODS

Review of medical reports and formal reporting of Ultrasound Abdomen & CECT Abdomen & Pelvis.

### RESULTS

We discuss a case of a 24 year old young gentlemen whom presented with abdominal pain for 2 days whom also had an open appendectomy 9 days prior to presentation. Pain was described to be sudden in onset, sharp and intermittent in nature, aggravated upon coughing and motion, associated with pus discharge from umbilicus, dysuria and fever. An early ultrasound abdomen revealed an elongated lesion along the urachus course possible of infected urachal cyst which then proceeded with CECT of Abdomen and Pelvis revealed an ill defined enhancing hypodense lesion at the midline of anterior abdominal wall with adjacent mesenteric streakiness and adjacent small bowel inflammation represent an infected urachal cyst. After a course of antibiotics, a lower midline laparotomy with urachal cyst exploration with removal of urachal cyst, adhesiolysis, serosal tear repair & omentectomy was done.

### DISCUSSION

In cases of Infected Urachal Cyst, adult patient often presents themselves with atypical symptoms of lower abdominal pain often over the umbilical region at times with discharge over the umbilicus with dysuria.

### CONCLUSION

Nature of urachal cyst and its rare incidence among adults makes its atypical presentations difficult to be diagnosed among adults. A complete surgical excision is the treatment of choice due to risk of malignant transformation.

## **VERRUCOUS CARCINOMA OVER RIGHT CHEST WALL, A RARE INCIDENCE**

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### **INTRODUCTION**

Verrucous Carcinoma is a rare variant of squamous cell carcinoma as its relatives uncommon, locally aggressive, clinically exophytic, low grade, slow growing and its a well differentiated squamous cell carcinoma with minimal metastatic potential.

### **OBJECTIVE**

To discuss regarding a 74 year old gentlemen whom was diagnosed with Verrucous Carcinoma of the right chest wall which is a rare as its normal anatomical occurrence are over oral cavity, anogenital region and foot compared to other subcutaneous region.

### **MATERIALS AND METHODS**

Review of medical reports, operative notes and formal histopathological reporting of the exophytic growth.

### **RESULTS**

Case is about a 74 year old gentleman whom presented himself with a swelling over the right chest wall for past 8 months, couliflower-like in appearance, non-tender which was progressively increasing in size and with on and off contact bleeding also with no history of pus discharge. On examination, noted an exophytic lump measuring 4cm x 4cm, pedunculated, minimal contact bleeding and no pus discharge. A wide local excision was done, with the histopathological evidence of Verrucous carcinoma with free resection margins.

### **Discussion**

Verrucous carcinoma may affect any part of the skin or mucosa, but it most commonly involves the oral cavity, anogenital region, or sole of the foot. As its pathogenesis is not yet fully elucidated, leading theories include human papillomavirus (HPV) infection, smoking, tobacco chewing and chronic inflammation. With a complete surgical resection with clear margins or Mohs micrographic (MMS) surgery as the current treatment of choice.

### **CONCLUSION**

Compared to incidence of verrucous carcinoma over it normal anatomical regions, the rare occurrence on chest wall makes it difficult to be diagnosed and a wide local excision has ensured a resection clear margin.

## 2 DAYS-OLD NEONATAL PERFORATED APPENDICITIS: A CASE REPORT

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### INTRODUCTION

Appendicitis is the most common cause of acute surgical abdomen in children and adults but very rare in infants and neonates. Nonspecific clinical features and low index of suspicion make its diagnosis and management challenging which may result in high chances of complications like perforation and peritonitis thus increasing the morbidity and mortality. There were seven cases of neonatal appendicitis with a review of the english language literature of the last century in Turkey.

### OBJECTIVE

We would like to report a case of perforated appendicitis in a neonate and literature review relating to this rare incidence.

### CASE REPORT

We report a case of 2 days-old boy, born borderline premature 36 weeker with birth weight 2.54kg, admitted to Neonatal ICU for respiratory distress and clinical sepsis. He presented with 2 episodes of vomiting, abdominal distension and melanic stool. On examination, abdomen was soft, distended, but no discoloration. Initial abdominal xray show no significant abnormality. However clinical condition fastly deteriorated within 24 hours of observation. Repeated abdominal xray show prominent bowel loops with bowel wall thickening without pneumoperitoneum. We think of necrotizing enterocolitis (NEC), and proceed with exploratory laparotomy. Surprisingly, bowel was normal and noted appendix was inflamed and perforated at body. Appendicectomy performed, patient made an uneventful recovery, and feeding was allowed at day 2 post-operatively.

### DISCUSSION/CONCLUSION

The challenges in diagnosis and management of neonatal perforated appendicitis are highlighted. It is extremely difficult to make a diagnosis of acute appendicitis in neonates due to non specific signs and symptoms that usually result in perforation of the appendix. Early diagnosis and prompt treatment confers excellent prognosis.

## CASE OF BOERHAAVE'S SYNDROME SUCCESFULLY TREATED WITH ENDOSCOPIC STENTING

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### INTRODUCTION

The use of covered stent for the treatment of perforated esophageal malignancies has been described, but rarely this modality applied to benign esophageal perforations. We report a case of Boerhaave's syndrome treated with endoscopic stenting.

### CASE PRESENTATION

A 48 years old Indian gentleman who is a chronic alcohol consumer presented with severe abdominal pain and vomiting for 1 week. Subsequently patient developed respiratory distress which requesting intubation. Plain chest radiograph (CXR) and CT thorax revealed left hydropneumothorax. Chest tube was inserted which drained brownish fluid resembled gastric content. OGDS showed edematous and inflamed mucosa at esophagealgastro junction. A 10cm covered stent was deployed to occlude the perforation. Additionally a nasogastrojejunal (NGJ) tube inserted and tip was placed at D3. Patient was started on IV antibiotics and NGJ feeding. Patient was extubated on day 4 of post stenting. Subsequent CXR and CT scan showed minimal residual collection. He was discharged well on day 22 upon his request and scheduled for OGDS with removal of stent in 4 weeks.

### DISCUSSION

Boerhaave's syndrome first described by Herman Boerhaave in 1724. The syndrome is rare, accounts 15% of traumatic perforation of esophagus. Presentation of Boerhaave's syndrome is non specific. The classical Mackler's triad of vomiting, chest pain and subcutaneous emphysema only present in minority of patients. In 90% of patients CXR reveals pleural effusion. CT scan of thorax and upper abdomen is investigation of choice. Management of Boerhaave's syndrome can be conservative, endoscopic or surgical depends on extent of perforation, patient's delay in presentation and comorbidities. Endoscopic stent is an option in non septic patients with multiple comorbidities.

### CONCLUSION

Temporary stenting for Boerhaave's syndrome will allow esophageal healing while controlling mediastinal soiling. In future, stenting may prove to be the treatment of choice in benign esophageal perforations.

## **‘YES, I DO’ A CASE REPORT OF PENILE INCARCERATION WITH METALLIC RING**

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### **INTRODUCTION**

Penile incarceration injury by heavy metallic ring is a rare genital injury where a man place a metal object over the penis for erotic or autoerotic purposes, for masturbation or increasing erection and due to psychiatric disturbances.

### **OBJECTIVE**

To discuss regarding a case involving a young male with a metallic ring over the base of the penis for 2 years causing penile incarceration.

### **METHODS**

Review of old medical records.

### **RESULTS**

We discuss regarding a 25 year old male with penile swelling for 3 days with metallic ring around the penis which was inserted 2 years prior to presentation. Throughout the 2 years, patient able to pass urine with no history with penile swelling. On examination, noted the metallic ring constricting the base of the penis with visible laceration. The metallic ring was then removed under sedation with a steel cutter and observed for a few days.

### **DISCUSSION**

The incarcerating injury may result in reduced blood flow distal to the injury, leading oedema, ischaemia and sometimes gangrene. Thus an early intervention will prevent such irreversible changes from occurring.

### **CONCLUSION**

Penile incarceration with encircling devices is an unusual clinical condition and consequences can be severe, Prompt recognition, urgent decompression of the involved tissues and early removal of the encircling object is required to prevent potential complication.

## OUTCOME OF PSEUDOANEURYSM REPAIR AT A TERTIARY EAST COAST HOSPITAL IN MALAYSIA

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Symptomatic arterial pseudoaneurysm is not an uncommon emergent vascular case presenting to a tertiary hospital. These are mainly associated with infection, iatrogenic puncture or trauma. The resultant morbidity, limb loss and mortality present a challenge to the surgeons managing these cases.

We will present our series of pseudoaneurysm repair treated at our centre from 2012-2016.

Our main issue includes the repair of mycotic aneurysm and subsequently the duration of post-operative antibiotic. The demographics, etiology and management issues will also be highlighted.

## **VERSATILITY AND OUTCOME OF ROUND BLOCK TECHNIQUE IN ONCOPLASTIC BREAST SURGERY - HOSPITAL SELAYANG, MALAYSIA EXPERIENCE**

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### **PURPOSE**

To evaluate the usefulness and outcome of round block technique (RBT) in oncoplastic breast surgery. RBT is one of the oncoplastic technique in breast surgery which involved excision of the breast lesion via periareolar incision with an added benefit of mastopexy and reshaping of the breast. It can be adapted for removal of periareolar/centrally located tumors in small to medium shaped breast. This technique provides wider exposure for resection with favourable aesthetic outcome.

### **MATERIALS AND METHODS**

Records of patient with breast lump managed with round block technique were searched in the database of Surgical Department, Hospital Selayang from January 2016 up till November 2016. The patients' age, diagnosis, technique of surgery, complications, cosmesis result, histopathological result and surgical excision margin were recorded. The cosmetic outcome was evaluated based on Harvard grading score (excellent, good, fair, poor) individually for each patient.

### **RESULTS**

Total 35 female patients were included in this study with the mean age of 47.8. All patients included were patient having breast lump based on imaging (Mammogram/ultrasound/Both) with BIRADS scoring. Out of 35 patients, 2 (5.7%) had BIRADS 2, 2 (5.7%) had BIRADS 3, 14 (40.0%) had BIRADS 4a, 12 (34.3%) had BIRADS 4b and 5 (14.3%) had BIRADS 5. Final histopathological result of 3 (21.4%) patients with BIRADS 4a turned out to be malignant, 7 (58.3%) patients with BIRADS 4b has malignancy and 4 (80.0%) of BIRADS 5 patients also proven malignant. Total 14 patients with HPE proven malignancy had 3 (21.4%) surgical margin involvement by using the RBT. 7 (20.0%) patients developed surgical site infection, 1 (2.9%) patient had skin ecchymosis/hematoma and 3 (8.6%) patients developed wound seroma. Total of 15 (42.9%) patients rated the aesthetic result as excellent, 13 (37.1%) patients rated as good and 7 (20.0%) patients evaluated as fair.

### **CONCLUSIONS**

Round block technique is a relatively newer technique used for tumor excision associated with wider surgical exposure and more favourable cosmetic result.

## LAPAROSCOPIC RESECTION OF A LARGE OESOPHAGO-GASTRIC JUNCTION DUPLICATION CYST WITH CONCOMITANT SLEEVE GASTRECTOMY FOR MORBID OBESITY

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### INTRODUCTION

Gastrointestinal tract duplication cysts are rare congenital gastrointestinal malformation in young patients and adults. They consist of foregut duplication cysts, small bowel duplication cysts, and large bowel duplication cysts. Gastric duplication cysts (GDCs) represent 4% of all alimentary tract duplications, and approximately 67% manifest within the first year of life. Duplication cysts in adults are generally encountered as incidental findings at endoscopy or laparotomy. We report a case of symptomatic GDC in an adult with morbid obesity.

### CASE DESCRIPTION

A thirty-two year old lady presented to the surgical clinic with complaints of upper abdominal pain and dyspepsia. An upper endoscopy was unremarkable except for mild reflux oesophagitis. However, an abdominal ultrasound revealed a large sub-hepatic cyst on the left side. A CT scan of the abdomen was performed subsequently. A radiological diagnosis of a cystic GIST of the upper stomach with a differential diagnosis of a large liver cyst were made. She was also morbidly obese with a BMI of 38kg/m<sup>2</sup>. A collective decision was made to perform a laparoscopic resection of the cystic lesion with a concomitant sleeve gastrectomy.

The cystic lesion was at the oesophago-gastric junction and was successfully resected en masse along with the sleeve gastrectomy. The peri-operative period was uneventful. During the follow-up, the patient successfully reduced her weight to a BMI of 26kg/m<sup>2</sup> after one year. Her upper abdominal symptoms were completely resolved and a repeated ultrasound did not show any evidence of any other cystic lesions.

## PERFORATED APPENDIX IN PERIPARTUM: DIAGNOSTIC DILEMMA IN DISTRICT HOSPITAL

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Acute appendicitis is the most common extra-uterine surgical emergency encountered during pregnancy. In normal adult, they classically present with fever, pain over right iliac fossa, nausea and vomiting. However, the presentation differs in pregnancy especially as the gestation week advances. This might be attributed to the displacement of appendix as the uterus enlarges with gestation week and the fact that nausea vomiting is commonly associated with hormonal changes during pregnancy. The absence of well-trained surgical clinician and imaging studies in district hospital further delay the diagnosis and compromise the mother and fetal well being. The current study describes 34 years old Gravida 4 Para 3 at 36 weeks presented to a district hospital with complaint of epigastric pain for the past 3 days but not associated with fever or nausea vomiting. On examination, there was tenderness over epigastric and right hypochondrium region. Patient initially treated as gastritis and observed in ward. Later, patient developed fever and vomiting episodes while being warded and there was worsening of abdominal tenderness over epigastric and right hypochondrium. Patient was initially referred as acute cholecystitis to tertiary centre and planned for ultrasound hepatobiliary. Unfortunately before ultrasound could be done, patient progressed to premature labour and delivered a healthy baby. Patient undergone diagnostic laparoscopy and it revealed perforated appendix with 600cc of pus in the peritoneum. The pathophysiology, clinical manifestation and imaging modalities are discussed and this study is intended to familiarize clinical practitioners with the peculiarities of appendicitis in pregnancy, in order to avoid delay of diagnosis and expedite transfer of patient from district hospital to tertiary center for immediate care.

## ATYPICAL PRESENTATION OF HEPATIC ARTERY VASCULITIS WITH BLEEDING IN A SLE PATIENT

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### INTRODUCTION

Systemic lupus erythematosus (SLE) patients often suffer gastrointestinal symptoms and at times symptomatic gall bladder vasculitis. We present the case of a patient with SLE and antiphospholipid syndrome, presenting with hemobilia secondary to hepatic artery vasculitis leading to upper gastrointestinal bleeding.

### CASE REPORT

She's a 37 years old lady, diagnosed with SLE, lupus nephritis, hypertension, chronic kidney disease, antiphospholipid syndrome with minor sensory motor stroke, under treatment with T. prednisolone, T. hydroxychloroquine, T. azithiopine, T. aspirin. She presented with epigastric pain 48 hours, fever and passing out malaena.

On clinical examination, the right hypochondrium and epigastric was tender but no guarding. Digital rectal examination was melanic stool.

Blood tests showed hemoglobin 8g/dL, White cell count  $7.6 \times 103/\mu\text{L}$ , platelet 124 and amylase 90 with raised liver enzymes (AST 445/ALT 549/ALP 396 and LDH 440) and raised total bilirubin levels 40umol/L with renal impairment.

We proceeded with OGDS and noted fresh blood from ampulla with no other obvious lesions. Subsequently, CT contrasted abdomen done noted hyperdense content in distended gall bladder with no thickened wall or enhancing lesion, suggestive of gall bladder hematoma, with irregularity of segment 3 hepatic artery in arterial and venous phase suggestive of vasculitis.

Patient was hemodynamically stable after blood transfusion.

We proceeded with contrasted angiography which showed blush of contrast at a branch arising to segment 4. Seelective embolization of segment 4 done via left hepatic artery. We also noted right hepatic artery variant arising from SMA.

Post procedure, patient was well with no more evidence of bleeding and discharged home day 3 post procedure.

### DISCUSSION

Systemic lupus erythematosus (SLE) is a systemic autoimmune inflammatory disease with protean clinical manifestations. The gastrointestinal tract is one of the most commonly affected systems in SLE (20%). This is a rare case where it is not documented in literature patient presenting with bleeding from intrahepatic artery manifesting as hemobilia.

### CONCLUSION

Single organ vasculitis causing hemobilia in SLE involving intra hepatic arteries is so rare that it can mimic as upper gastrointestinal bleeding and can be managed by radiological intervention to determine the source and the outcome is excellent for patient's recovery.

## PARANEOPLASTIC CEREBELLAR DEGENERATION SYNDROME WITH AXILLARY LYMPH NODE METASTASES

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### INTRODUCTION

Paraneoplastic neurologic syndromes (PNS) are rare, affecting only 0.01% of cancer patients. Paraneoplastic cerebellar degeneration syndrome (PCDS) is one of the commonest PNS and is commonly seen in those with breast and gynaecological malignancies. Axillary lymph node metastases often arises from breast cancers but metastases from other organs is possible.

### OBJECTIVE

This case discusses a rare combination of PCDS and non-breast cancer causing axillary swelling.

### CASE DISCUSSION

A 51 year-old nulliparous woman presented with a left axillary swelling preceded by headache & vertigo. Examination revealed a 5 x 3cm hard but mobile lymph node, nystagmus & unsteady gait. Computed tomography scan of the thorax, abdomen and pelvis showed a right ovarian mass with para-aortic, mesenteric and left axillary lymphadenopathy. Magnetic Resonance Imaging of the brain showed no evidence of metastases. Serum Anti-Yo antibody was positive. She underwent left axillary lymph node dissection and subsequently total hysterectomy, bilateral salpingo-oophorectomy. The histological report of the axillary lymph node was a metastatic adenocarcinoma from the ovary. The right oophorectomy revealed a high grade serous ovarian cancer. She received 6 cycles of carboplatin and avastin. She declined immunoglobulin therapy. Her nystagmus worsened and she expired 2½ years from her initial presentation.

### CONCLUSION

Ovarian cancer although usually confined intra-abdominally may metastasise to axillary lymph nodes. Removing the primary cancer alone may not improve the PCDS.

## RELIABILITY OF BIRADS SCORING IN DETECTING BREAST CANCER IN WOMEN, HOSPITAL SELAYANG, MALAYSIA

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### PURPOSE

To evaluate the reliability of Breast Imaging Reporting and Data System (BIRADS) in detecting high risk patients with suspicious breast lump. BIRADS is a widely accepted risk assessment and quality assurance tool in mammography, ultrasound or MRI. Part of the initial implementation was to make the reporting of mammograms more standardised and comprehensible to the non-radiologist reading the report.

### MATERIALS AND METHODS

Records of patients with breast lump managed with surgical excision were searched in the database of Surgical Department, Hospital Selayang from January to November 2016. The patients' age, BIRADS scoring, diagnosis, and histopathological result were recorded.

### RESULTS

Total 35 female patients were included in this study with the mean age of 47.8. All patients included were patient having breast lump based on imaging (Mammogram/ultrasound/Both) with BIRADS scoring. Out of 35 patients, 2 (5.7%) had BIRADS 2, 2 (5.7%) had BIRADS 3, 14 (40.0%) had BIRADS 4a, 12 (34.3%) had BIRADS 4b and 5 (14.3%) had BIRADS 5. Final histopathological result of 3 (21.4%) patients with BIRADS 4a turned out to be malignant, 7 (58.3%) patients with BIRADS 4b has malignancy and 4 (80.0%) of BIRADS 5 patients also proven malignant.

### CONCLUSION

BIRADS scoring was regarded as a standard in imaging reporting for surgery requirement in women with breast lump. However from our experience we still emphasized comprehensive assessment on the risks of women who are highly suspicious of breast cancer for surgery.

## A THREE YEAR ANALYTICAL STUDY ON PERFORATED PEPTIC ULCER DISEASE IN HOSPITAL TUANKU FAUZIAH

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*Hospital Tuanku Fauziah, Perlis, Malaysia*

### INTRODUCTION

Perforated peptic ulcer is the second most common complication of Peptic Ulcer disease in this hospital after bleeding ulcer. Bleeding ulcers are much more common than Perforated Peptic ulcer in the ratio of 6:1. In Perlis the ratio of perforated peptic ulcer is 9 to 10 per 100,000 per year. This analysis shows an overall report on the statistics in Perlis and related causes for perforated gastric ulcer.

### OBJECTIVE

To analyze and identify factors that account for a poor outcome for perforated gastric ulcer patients and its impact on healthcare.

### MATERIAL AND METHODS

All patients of perforated peptic ulcer were admitted in Hospital Tuanku Fauziah, treated and studied in a series involving 61 patients during the period 2012 to 2015. In analysis we considered the timing of surgery, outcome in relation to duration of hospital stay, complication and surgery. We also looked into the size of the perforation and its relation to outcome.

### DISCUSSION

Every year peptic ulcer disease (PUD) affects 4 million people around the world. Complications are encountered in 10%-20% of these patients and 2%-14% of the ulcers will perforate. Complications to peptic ulcer disease include perforation, bleeding and obstruction. Perforated peptic ulcer (PPU) is relatively rare, but life-threatening with the mortality varying from 10% to 40%.

### CONCLUSION

Perforated Peptic Ulcer is a common cause for emergency laparotomy. Therefore, a systematic diagnosis and early treatment ensures a better outcome and is vital in reducing mortality and improving survival especially in elderly patients.

## HYBRID PROCEDURE IN MANAGEMENT OF ESOPHAGEAL PERFORATION: HTAR EXPERIENCE

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### INTRODUCTION

Esophageal perforations are life threatening conditions, which are difficult to diagnose early, and therefore leads to high rate of morbidity and mortality. Despite decades of development in the field of medicine, esophageal perforations continue to be a great challenge for most surgeons. Video assisted thoracoscopic surgery (VATS) with endoscopic assistance can be of a treatment option. In this procedure, the perforation site is identified through an endoscopy which is then repaired in the means of thoracoscopy surgery.

### CASE HISTORY

20-year old girl came in with a 1 week history of progressive dysphagia to solids after ingestion of 'keropok lekor'. Subsequently, a rigid scope was done which revealed superficial mucosal abrasion at 17cm from incisor. Following the procedure, patient developed shortness of breath and right shoulder pain. Patient then required chest tube insertion. Hemo-purulent fluid was drained. Proceeded with CECT thorax revealed defect at the posterolateral wall of the distal esophagus which was communicating with the right pleural cavity. She was started with broad spectrum antibiotics as well as TPN. On day 5 of admission, a hybrid procedure was done to close the perforation primarily (VATS with endoscopic assistance). Patient had an uneventful recovery process. She was oxygenating under room air within a week and tolerating fluids. Gastrograffin study was done and there was no leak. She was discharged on post op day 9.

### CONCLUSION

The treatment method for esophageal perforation must still be chosen based on individual basis. Rapid diagnosis is critical for expediting the optimal treatment. The hybrid procedure involving VATS with endoscopic assistance can be considered as a treatment option.

## SIGMOID VOLVULUS IN THE YOUNG: A RISING TREND

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*University of Malaya, Kuala Lumpur, Malaysia*

### INTRODUCTION

Sigmoid volvulus is a condition when the sigmoid colon becomes twisted on its mesenteric axis. It can lead to partial or complete obstruction of the bowel lumen and impair the blood supply of the segment. It is responsible for 8% of all intestinal obstructions and is particularly common in elderly and constipated patients. However, in the case we are about to discuss later, it involves a young female with no predisposing factor for intestinal obstruction.

### CASE REPORT

A 26-year-old presented with 5 days of abdominal pain and distention associated with anorexia, nausea, vomiting and diarrhea. She was initially diagnosed as acute gastritis. However, abdominal X-ray showed large bowel dilatation in right upper quadrant. CT scan showed dilatation of caecum, ascending, transverse and descending colon with twisting of colonic mesentery and mesenteric vessels. Colonoscopy was done and two twists were noted. The dilated segment was decompressed and watery faeces were removed, rectal tube is inserted. No polyps, mass or ulceration of the mucosal wall seen. On day 1 after the procedure, she no longer complained of abdominal pain and started to pass flatus. She was discharged well on day 2 post procedure and was scheduled for colonoscopy in the future.

### DISCUSSION

This case illustrates the potential sigmoid volvulus in young patients despite patient having no predisposing factor and sigmoid volvulus is more common in elderly group. Young patients with such presentation are usually misdiagnosed. Delayed in intervention for sigmoid volvulus may cause bowel ischemia and perforation. Hence early recognition of such condition is critical so appropriate intervention can be done in time to prevent ischemic bowel.

## **BREAST RECONSTRUCTION AUDIT IN SARAWAK GENERAL HOSPITAL, A 4-YEAR REVIEW**

**Ragnild R, Kueh N S, John Ranjit**  
*Sarawak General Hospital, Kuching, Sarawak, Malaysia*

### **INTRODUCTION**

Breast cancer is the most common cancer affecting women in Malaysia. Breast reconstructive surgery post mastectomy is a relatively new concept in Malaysia. Data on breast reconstructive surgery post mastectomy is still scarce in the Sarawakian population.

### **OBJECTIVE**

This audit was created to analyse the demographics, history and operative options of patients who underwent breast reconstructive surgery post mastectomy.

### **METHODS**

Breast reconstruction cases post mastectomy for malignancy detected in Sarawak General Hospital, Kuching were collected from January 2012 to December 2015. Demographics, history, clinical and operative data were collected.

### **RESULTS**

13 patients underwent breast reconstructive surgery post mastectomy, performed by 2 plastic surgeons in a government hospital over the 48 month study period. The ages ranged from 32 to 68 years old, and a peak age group of 41-50 year old. The distribution among races are not significantly different. Malay women made up 38.4% of our patients, while both the Chinese and Dayak women made up 30.8% of our patients respectively.

Latissimus dorsi (LD) flap and transverse rectus abdominis myocutaneous (TRAM) flap had similar percentages of 38.4% respectively. The remaining 23.2% of our patients underwent a deep inferior epigastric perforator (DIEP) flap. Only 7.7% of our patients underwent a nipple reconstruction after the breast reconstructive surgery.

### **DISCUSSION**

Breast reconstructive surgery post mastectomy is not commonly performed in Sarawak. Sarawak General Hospital is the only referral centre for the whole of Sarawak. The choice of type of surgery is mainly based on surgeon preference.

### **CONCLUSION**

Breast reconstructive surgery is still a relatively new concept is poorly accepted by our population in Malaysia. Less than 1% of women affected by breast cancer underwent breast reconstructive surgery post mastectomy.

## RETROSPECTIVE STUDY ON THE OUTCOME OF APPENDICITIS IN PREGNANCY SGH EXPERIENCE 2014-2016

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### OBJECTIVE

To evaluate rates of appendicitis in pregnancy in our centre over 3 years, followed by their management and outcomes.

### METHODS AND MATERIALS

Patients were identified using CODTS data. There were a total of 551 female patients with appendicitis operated in Sarawak General Hospital from 2014 to 2016 and out of this 10 (1.8%) were pregnant patients.

### RESULTS

The frequency of appendicitis was higher in second trimester 8/10. In our setting 1 was in her 1<sup>st</sup> trimester pregnancy, 8 2<sup>nd</sup> trimester and 1 3<sup>rd</sup> trimester. 6 patients had open appendicectomy while 4 had laparoscopic appendicectomy. There were 8 patients with acute appendicitis and 2 with perforated appendicitis. The median length of stay was higher about 4.5 days in open appendicectomy while 3 days in laparoscopic appendicectomy. All the patients had ultrasound but only 1 had a positive finding suggestive of appendicitis. However our diagnosis was based on clinical judgment and operated within 24 hours. All patients managed to deliver their babies with no maternal or fetal mortality. However out of 10 patients, 3 underwent emergency lower segment caesarean section (LSCS). 1 opted for elective LSCS while 6 more delivered vaginally. There was one patient which had a preterm delivery requiring emergency LSCS at 30 weeks 1 day post open appendicectomy for a perforated appendix on the same setting due to acute fetal distress.

### FOLLOW UP

All the patients were followed up in the clinic and subsequently discharged well.

### CONCLUSION

Appendicitis in pregnancy is rare but should be identified early and operated on early. Imaging help in our diagnosis but patients still need to be assessed clinically for the diagnosis. Presence of perforation increases chances of complications and preterm delivery.

## TRANSARTERIAL CHEMOEMBOLIZATION IN UNRESECTABLE HEPATOCELLULAR CARCINOMA SARAWAK GENERAL HOSPITAL 6 YEARS EXPERIENCE

**Richelle Chua**, Vikneswaren W, C S Tee, Nik Azim N A  
*Sarawak General Hospital, Sarawak, Malaysia*

### OBJECTIVE

Hepatocellular carcinoma (HCC) is the most common primary malignant tumor of the liver and high mortality. According to Barcelona Clinic Liver Cancer (BCLC) staging, transarterial chemoembolization (TACE) is considered a recommended option for intermediate HCC. The purposes of our study is to evaluate the various factors affecting the outcome of TACE, to study the efficacy of TACE by evaluating the imaging response and the survival of patients.

### METHODS

This is a retrospective study for patients with unresectable HCC that is treated with TACE from year 2011-2016. Baseline imaging characteristics were obtained. Survival from the time of the first chemoembolization treatment was calculated.

### RESULTS

A total of 91 patients (Male 65; Female 26) underwent chemoembolization. Median age is 65 years (range 42-96 years). The cases was seen most in Chinese (N:43;47.3%), followed by Dayak (N:33;36,2%) and Malay (N:15;16.5%). 73.8% (N:67) belong to Child-Pugh class A, while 17.6% (N:16) Child-Pugh class B, and 8.8% (N:8) Child-Pugh class C. 56% (N:51) of patients has underlying Hepatitis B, while 6.6%(N:6) Hepatitis C, 1% (N:1) Hepatitis B and C, 36.4% (N:33) non Hepatitis B/ C. Most of the patients have a tumor size of > 10cm(N:33) followed by 5-10cm(N:30), then <5cm (N:28).

Median study period was 18 months. 36 patients are alive by the end of the study. Survival rate post TACE <1 year is 52.7%, followed by 1-2 year (27.3%), then 2-3 year (10.9%), and >3 years (9.1%).

### CONCLUSIONS

Chemoembolization is an effective and safe treatment for unresectable HCC. In this study, TACE has shown to improve survival rate of a year or more in HCC. Factors that had adverse effect on survival are Child class B and C, larger tumor size.

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## ATYPICAL PRESENTATION OF ACUTE APPENDICITIS: CASE SERIES

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### INTRODUCTION

Acute appendicitis classically present as a right lower abdominal pain with fever, nausea and vomiting. The abdominal pain sometimes present as shifting pain from the umbilicus to the right iliac fossa which denotes a shift of inflammation from the visceral to the parietal peritoneum. On physical examination, there is tenderness and maximum guarding over the McBurney's point. Occasionally other signs are present which include Rovsing's, Blumberg's and Cope's Psoas sign. The variations in the site of pain and the presence of different signs mark the variability of the anatomical location of the appendix. We report two cases of acute appendicitis with atypical presentations.

### OBJECTIVE

This case series demonstrate the variability of the inflamed appendix.

### CASE DESCRIPTION

Case 1: A 47 year old Indonesian lady presented with 3 weeks history of right lateral abdominal swelling, pain and fever. She was diagnosed as right iliopsoas abscess and an incision and drainage was done. However postoperatively, her fever still persists, a subsequent diagnostic laparoscopy shows an embedded inflamed appendix in the right lateral abdominal wall.

Case 2: A 73 year old malay lady with history of anterior resection for rectal carcinoma presented with generalize abdominal distention and obstructive symptoms for 1 day, not associated with fever or right iliac fossa pain. She was initially treated as intestinal obstruction with suspected recurrence of the rectal carcinoma after correlation with her CT scan findings. When her symptoms did not resolve, a laparotomy was done with the findings of a perforated appendix.

### CONCLUSION

The inflamed appendix may have atypical presentations. The surgeon must have a high index of suspicion of the condition to include acute appendicitis as a differential diagnosis. An early diagnosis will result in an early intervention which may otherwise have dire consequences.

## A RARE CASE OF POSTPARTUM SPONTANEOUS RUPTURE OF BLADDER

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Spontaneous rupture of bladder is rare and provides a diagnostic challenge. The objective of this case report is to highlight a rare presentation of spontaneous rupture of bladder in the postpartum period. The patient is an eighteen years old lady, Para 1 with no comorbidities. She presented on postpartum day six with the complaint of lower abdomen pain for two days not associated with urinary tract infection symptoms. Laboratory investigations revealed metabolic acidosis with acute kidney injury and urinary tract infection on the urine for microscopy test. An ultrasound revealed left acute pyelonephritis with minimal free fluid at right iliac fossa and pelvic region. The patient was treated for left acute pyelonephritis with antibiotics and was discharged on day two of admission as her symptoms and renal function test improved. The patient came to the emergency department the following day with fever and lower abdomen pain but denied urinary tract infection symptoms. Upon admission the patient developed peritonitis with tenderness on the right iliac fossa hence was planned for a laparoscopic appendicectomy.

Intra-operatively there was about 500cc clear peritoneal fluid with slough covering the bladder, part of caecum and uterus. There was a 2 × 2cm perforation at bladder dome covered with slough. Methylene blue test via Foley's catheter was positive. The laparoscopic procedure was converted to laparotomy with bladder repair and appendicectomy done. Subsequently the patient was discharged well with a catheter and planned for a cystourethrogram as outpatient. Post-operative follow up plays an important role especially in cases where the cause of spontaneous bladder rupture is uncertain at the time of discharge. Further investigation is required to prevent recurrence of spontaneous rupture of bladder.

## **BILIARY CUTANEOUS FISTULA MASQUERADING AS STITCH SINUS: A CASE REPORT**

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*Hepatopancreaticobiliary Unit, Department of Surgery, Hospital Sultanah Bahiyah, Alor Setar, Kedah*

Biliary cutaneous fistula is an abnormal communication between the biliary tree and the skin. Classified as per etiology; spontaneous, traumatic, therapeutic and iatrogenic. Iatrogenic biliary cutaneous fistula (BCF) is a rare surgical complication and its management remains challenging despite recent advances in the field of surgery. We present a 58 year old lady who developed delayed BCF pursuant to an emergency open cholecystectomy with non anatomical segment IV and V liver resection and right hemicolectomy for suspected gall bladder empyema/gallbladder carcinoma who has been successfully managed via multimodal approach.

## **RUPTURED ABDOMINAL AORTIC ANEURYSM IN A YOUNG ADULT: A CASE REPORT**

**K Y Low**, Kanesh K, Y L Tan, C N Khang, L G Chew  
*Hospital Serdang, Selangor, Malaysia*

### **INTRODUCTION**

AAA is a disease of elderly and usually presented among male 65-80 years old. Aneurysm of aorta are extremely rare in young adults especially those without any genetic disorder.

### **CASE REPORT**

We are reporting a case of a 31 year old lady who presented to Hospital Serdang with rupture AAA. Patient is a young hypertensive which was never investigated and was diagnosed with right ovarian cyst in pregnancy at 2016. Patient initially presented to Hospital Serdang with sudden onset of severe colicky lower abdominal pain. Upon examination of the abdomen noted tender at the lower abdomen with guarding. Patient was referred to gynaecology department in view of previous history of ovarian cyst. Ultrasound done noted fluid collection and possible ruptured of uterine cyst, thus proceeded with open cystectomy. However intraoperatively, the surgeon noted there was a retroperitoneal hemotoma at the zone 1. Thus, surgical team was called in and proceeded with exploration which revealed a ruptured AAA. The aneurysm was resected and a Dacron graft implanted. Post-operative was uneventful and patient was discharged, HPE of the wall shows only occasional chronic inflammatory cells and did not show any fungal hyphae. Vessel wall did not grow any organisms upon CNS.

### **CONCLUSION**

AAA in the young are usually associated with genetic disorder like Marfan Syndrome or Ehler Danlos syndrome. However there is still a subset of patient who has no family history and clinical finding which causes and association is still undiscovered. Further studies are needed in such subsets of patient.

## THE MISSING FAMILY JEWELS POST TRAUMA - A CASE REPORT AND LITERATURE REVIEW

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Traumatic testicular dislocations are a rare consequence of blunt scrotal trauma. We report a case of a 21 year old gentleman who presented with complaints of pain at the inguinal region following a straddle injury from a motorcycle accident. Physical examination revealed absence of both testes within a well-formed scrotal sac and bilateral non-tender, non-pulsatile inguinal swellings which were firm in consistency with well defined margins. Both femoral pulses were present and cough impulse was negative. On further questioning, he was sure that both testes were felt within the scrotum and denied any history of undescended or retractile testis prior to the incident. An urgent ultrasound of the inguinal region confirmed that the testes were displaced to the superficial inguinal pouch bilaterally with intact vascularity. He underwent emergent surgical reduction and orchidopexy of bilateral testis. Intraoperatively, the testes were intact and located at the level of the superficial inguinal ring bilaterally. He was discharged well the next day and a follow-up at 6 months showed no evidence of testicular dysfunction or atrophy. Herein, we review literature and discuss the occurrence and management of traumatic testicular dislocations.

## NEGLECTED PERIORBITAL CARCINOMA: CASE WRITE UP

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Periorbital Carcinoma is an uncommon malignancy of the globe. Treatment by complete surgical excision with adequate margins by histologic confirmation is currently the mainstay of treatment with or without adjuvant therapy. The aim of this paper is to share our experience of closure of orbital exenteration wound with free gracillis muscle flap in the setting of an advanced invasive tumor to improve the quality of life with a multi-disciplinary team approach.

We report a 59 years old man with 40-pack-years of cigarette smoking, presented with a fungating, ulcerative mass over his right eye, increasing in size associated with pain, loss of visual acuity and constitutional symptoms. Examination noted a hard ulcerative, fungating mass occupying the whole of the right orbit measuring 15 x 15cm with areas of slough and foul smelling discharge. There was a large anterior cervical lymph node palpable on the right side measuring 2 x 2cm. Pre-operative CT scans showed a locally advanced lesion of the right orbit with involvement of the ipsilateral cervical lymph node with no distant metastasis. Patient subsequently underwent wide local excision of the tumor, orbital-exenteration with supra-omohyoid neck dissection. For reconstructive purpose, free gracillis muscle flap was harvested. HPE was reported as moderately differentiated squamous cell carcinoma with clear margins and one lymph node positive for tumor deposit. Patient had an uneventful post-operative recovery and discharged home well.

Advance malignancies of the head and neck region poses a debilitating effect to both the patients and clinicians as surgical treatment options are limited. However, with the aim to improve quality of life for these unfortunate group of patients, a multi-modal approach could render a solution as well as a curative possibility in these complex situations.

## SARAWAK SURGICAL SERVICE IN THE TWENTIETH CENTURY

P R Sengupta

The Sarawak Surgical Service had a chequered start with no Specialist Surgeons in the first half of the Twentieth Century! Due its vast hinterland, poor connectivity for a scattered, small and diverse population coupled with the shortage of doctors, the gap in the government curative services was complemented by Sarawak Shell, Brunei and the Christian missionaries. Striking a balance between the hospital and rural medical services was of paramount importance and emphasis was to provide for the latter.

The work ethics, sacrifices, dedication of the dozen or so pioneer surgeons who served under the most trying circumstances during the 25 year period from 1955-80, contributed to a solid surgical bedrock. Their mentoring including providing opportunities to improve the technical skills of the young doctors undeniably inculcated and inspired an interest in surgery in many. They worked diligently, with great enthusiasm, subspecialised and were soon rewarded with success.

The contribution of Prof. Dato' M. Balasegaram "**From Small-Town Boy to World - Class Surgeon**" cannot be underestimated.

An attempt is made to present several milestones of the Sarawak surgical services during the twentieth Century and to discuss the Challenges.

## **SURVIVAL OUTCOMES OF OPEN VERSUS LAPAROSCOPIC GASTRECTOMY WITH CURATIVE INTENT FOR GASTRIC CANCER**

Tan See Teng, Raymond Yii Shi Liang, **Lau Peng Choong**

*Upper Gastrointestinal Surgery Unit, Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia*

### **BACKGROUND**

In Malaysia, laparoscopic gastrectomy (LG) has been performed by a limited number of surgeons since year 2008 and the number has increased over years. The purpose of the study is to evaluate the clinical advantages of LG as compared to open gastrectomy (OG) for gastric cancer in Malaysia.

### **MATERIALS AND METHODS**

We retrospectively assessed 54 OG patients and 35 LG patients between January 2008 to November 2016. The retrieved clinical data was compared between both groups. Survival analysis was compared using Kaplan-Meier analysis.

### **RESULTS**

The mean age of our study patients was 62.8 years old ( $\pm 12.3$  years) with the ratio of Chinese: Indian: Malay = 5: 2 :1.

The operative time was in LG ( $458.3 \pm 20.9$  minutes) vs OG ( $322.8 \pm 22.3$  minutes,  $p < 0.05$ ). The intra-operative blood loss was estimated 500 ml, indifferent between two groups ( $p = 0.46$ ). OG and LG have similar length of hospital stay (9.5 days after OG vs 10 days after LG,  $p = 0.59$ ). Major postoperative complications (Clavien III-IV) in OG were observed to be 20.5 % (N=8) as compared to 7.7% in LG (N=2).

The median follow-up for OG group was 23 months and LG was 28 months ( $p = 1.0$ ). The 1,3,5-year survival rate for OG were 64.7%, 38.6% and 38.6% as compared to LG of 61.5%, 41.9% and 33.5%. Median disease free survival time was 19.3 months for OG and 16.4 months for LG ( $p = 0.83$ ).

### **CONCLUSIONS**

LG yields similar survival rates and does not increase morbidity based on our small study. We conclude that LG can be safely performed in experienced hands.

### **KEYWORDS**

Laparoscopic, Open, Gastrectomy, Gastric cancer, Survival

## **SURGICAL OUTCOMES OF GASTRIC GASTROINTESTINAL STROMAL TUMOURS (GIST): ELEVEN-YEAR EXPERIENCE AT A TERTIARY REFERRAL HOSPITAL IN MALAYSIA**

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*Upper Gastrointestinal Surgery Unit, Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia*

### **OBJECTIVE**

Gastrointestinal stromal tumour (GIST) is rare in Malaysia whereby its incidence was underreported. The aim of the study is to evaluate the clinical outcomes of gastrointestinal stromal tumour post primary resection in Malaysian population.

### **METHODOLOGY**

A total of 52 patients who underwent primary resection, either using laparoscopic or open approach, for GIST between September 2005 and October 2016, were included in the retrospective study.

### **RESULTS**

43 patients were included in the analysis after exclusion of 9 patients with non-gastric GIST. 31 patients underwent laparoscopic resection whereas 12 patients underwent open resection. Median age of entire cohort was 65 years. Of the 28 patients from laparoscopic arm who underwent local resection, 25 (67.8%) had wedge resection, 6 (21.5%) underwent intra-gastric resection and 3 (10.7%) underwent trans-gastric resection. Median size of tumour was 10cm for open resection arm compared to 5cm of laparoscopic resection arm (p-value 0.026). Laparoscopic resection arm had shorter length of hospital stay by 2.5 days (p-value 0.04) as compared to open resection arm. Otherwise, no statistical difference was demonstrated for operative duration, complications, recurrence, distant metastasis and R0 resection rate. Laparoscopic resection cohort had higher 5-year cumulative survival rate 81% compared to 63% of open resection arm (p-value 0.009). There was no demonstrable significant statistical difference in the disease-free survival between the groups.

### **CONCLUSION**

Notwithstanding the relatively limited sample, the evidence from this study offers valuable insights into clinical outcome of gastric GIST in Malaysia and suggests that laparoscopic resection is safe and effective for gastric GIST with additional advantage of shorter length of hospital stay. The results are comparable to those of previous literatures.

### **KEYWORDS**

Resection; Gastric; GIST; Laparoscopic; Malaysia; Outcomes

## SHORT TERM OUTCOMES OF HYBRID MINIMALLY INVASIVE OESOPHAGECTOMY VERSUS OPEN OESOPHAGECTOMY: AN ANALYSIS FROM UMMC

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### OBJECTIVES

The purpose of this study is to evaluate short term outcomes of hybrid minimally invasive oesophagectomy (HMIO) and open oesophagectomy (OO) in UMMC.

### METHODS

Observational analysis on short term outcomes of patients who underwent either open or hybrid minimally invasive oesophagectomy in UMMC between August 2015 and August 2016, including post-operative complications, length of stay, total numbers of lymph nodes harvested and circumferential and longitudinal margin.

### RESULTS

A total of 10 patients underwent HMIO and 6 underwent OO. No statistically difference in terms of post-operative complications such as leak, stroke, and pneumonia ( $p\text{-value} = 0.540$ ) was found. Shorted length of stay was observed in the group of hybrid MIE with mean of  $16.75 \pm 7.3$  days and mean difference of 1.4 days. Open oesophagectomy group had slightly higher lymph nodes harvested with mean difference of 2 but this was not statistically significant ( $p\text{-value} 0.638$ ). As expected, open oesophagectomy had shorter operative duration by approximately 120 minutes. Circumferential and longitudinal surgical margin were clear for all cases from both groups. There was no conversion to open surgery in hybrid MIE group.

### CONCLUSION

Hybrid minimally invasive oesophagectomy is safe, with comparable rates of post-operative morbidity and shorter length of stay as open technique and therefore could be offered to the patient when considering surgical management of oesophageal cancer.

### KEYWORDS

Minimally-invasive, hybrid, oesophagectomy, outcomes

## OUTCOMES AND FEASIBILITY OF LAPAROSCOPIC T-tube FEEDING JEJUNOSTOMY

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### BACKGROUND

Malignant tumours of the upper gastrointestinal tract often renders the patients malnourished, requiring nutritional supplementation. In our centre, laparoscopic feeding jejunostomy placement is often done during staging procedure or during primary tumour resection. The objective of this study is to assess the technical success, complications and clinical outcomes of patients in our institutions who underwent placement of feeding jejunostomy using a laparoscopic approach.

### TECHNIQUE

Laparoscopic Jejunostomy was performed using T-tube. The T-tube is placed transversely along antimesenteric border of the intestine and secured to the anterior abdominal wall using sutures. Placement of the T-tube facilitates easy removal and also prevents the risk of dislodgement as compared to the conventional witzel tube.

### METHODS

Records from 73 patients who underwent laparoscopic jejunostomy between 2012 to 2015 were reviewed, done both as a sole procedure or together with oesophagogastric resection surgery. Data were collected in regards to the procedure technical success, short and long-term complications base on records of clinical notes available.

### RESULTS

73 consecutive patients underwent laparoscopic jejunostomy during the study period. Mean age is 60 years. A total of 73 cases were performed during the study period from 2008-2015, 45 (61%) were performed together during laparoscopic oesophagogastric resection, and 28 (38%) were performed as a primary procedure. Out of 73 cases, 66 (90.4%) were for malignancies, and 7 (9.6%) were benign strictures. There were no conversions to open surgery. Complications occurred were SSI (10.9%), catheter blockage (8.2%). Only 1 (1.4%) patient had obstruction at 6 weeks, successfully managed by replacing T-tube catheter with a replacement feeding gastrostomy tube.

### CONCLUSION

Laparoscopic T-tube jejunostomy tube placement is a safe and reliable method for providing nutrition support for those undergoing major upper gastrointestinal surgeries. This procedure can be performed totally laparoscopically and is a cost effective method which does not require any specialized equipment or commercial feeding tubes compared to conventional laparoscopic feeding jejunostomy placement.



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