College of Surgeons
Academy of Medicine of Malaysia

ANNUAL SCIENTIFIC CONGRESS

PRIMUM NON NOCERE

11th - 13th May 2018
Aman Jaya Convention Centre
Ipoh, Perak, Malaysia

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SURGERY FOR LARGE GOITRE

Imi Sairi Ab Hadi
Hospital Raja Perempuan Zainab II, Kelantan, Malaysia

There is no article to date detailing how to deal with large and difficult thyroid surgery. I hope to address this need in this small presentation, at least partly, through experiences and difficulties as an independent consultation endocrine surgeon.

I particularly describe the resolution strategies to several difficulties that are commonly encountered and how we as a team have negotiated them. Rhythm in surgery is important and every operation has slow and fast phases with frequent micro-pauses for observation and reflection and then action.

A note of caution to the “Young Turk”, although thyroid surgery may not take an excessive amount of operative time, true success is not the same as speed but outcome. Therefore a further moment or two taken to safely ensure preservation of the nerve or complete tumour resection and haemostasis is always worth it in any sizes of the goitres.
FIRST DO NO HARM: SAFE SURGERY SAVES LIVES

Abdul Jamil Abdullah
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

The “Safe Surgery Saves Lives” initiative was launched by WHO in 2008. Its aim was to reduce preventable surgical mortality and improve safety of surgical care around the world. The use of the Checklist is the most notable part of this effort.

Ministry of Health Malaysia launched this initiative in 2009. The checklist was adopted with some modifications. The Malaysian Checklist included the ‘Whiteboard’, ‘Intraoperative Communication’ and ‘Informing relatives’. The other existing nursing checklist were also standardised and incorporated into this document. All Ministry of Health Hospitals now use the checklist.

The other strong recommendation of the committee is the Pre and Post-Operative visit by the operating surgeon for elective surgeries. This improves the patient-doctor relationship besides allowing the surgeon to make final assessment of the case he will encounter the following day. Last minute changes can be addressed before the patient goes to theatre.

Some other areas that needs to be addressed is the decision to (or not) operate. This is especially true when dealing with very ill patient where risk outweighs benefit. On the other hand, surgeons, sometimes refused to take risk when dealing with life threatening situations. Acutely expanding subdurals are sometimes referred to the Neurosurgical centre nearby, just to end up with fixed and dilated pupils on arrival.

Surgical safety requires awareness, administrative policy and role models. Statistics, audits and feedback will help aculturise this initiative. Safe Surgery Saves Lives has been incorporated into the Peri-operative Nursing Curriculum, questions in exams and an important component of MSQH Hospital Accreditation standards.
HOW TO PROMOTE TRANSPLANT SERVICES IN RURAL AREAS

Clarence Lei
Universiti Malaysia Sarawak, Kuching, Sarawak

The objective of this presentation is to review & improve the current status of kidney transplantation, especially from the perspective of the rural Sarawak. The data is from the author’s personal involvement with kidney transplantation in Malaysia since 1987, updated with data from the National Renal Registry (www.msn.org.my/nrr) & National Transplant Resource Centre (www.dermorgan.my). Haemodialysis and peritoneal dialysis have been available since the Institute of Urology and Nephrology, GHKL was set up in 1974. Indeed, the first kidney transplant in Malaysia was done on 15.12.1975 for a teenager whose donor was his adolescent younger brother, from rural Bau of Sarawak. Since then, about 50 transplants were done yearly. There were only sporadic cadaveric transplants until cadaveric donations picked up in 1998. In the early 1990s, the average number of transplants from rural Sarawak was about 6 per annum, with a handful contributed in the later years by the cadaveric programme. In 2015, the deceased organ donors in Malaysia was still very low, 0.6 per 1 million population, whereas it is 39.7 in Spain. In neighbouring Indonesia, the kidney transplant programme only took off in 2011 when Cipto Hospital in Jakarta reported 491 transplants (mostly living related) for the period from 2011 to 2017. However, there are 11 other centres across Indonesia doing only a handful of transplants per year. Kidneys are ideally suitable for transplantation across distances as the kidney can tolerate cold ischaemia of up to 48 hours. However, a review of literature indicated that patients who are of lower educational status and living in rural areas are less likely to be on the waiting list and to be transplanted. The problems confronting renal transplantation in rural areas may include: the lack of transplant medical personnel, lack of coordinating teams, lack of funds especially for the transportation of the medical team & patients in rural areas. In addition, the patient factor may include education and cultural attitudes adverse to organ donation and transplantation. As the earning power and the insurance scheme for rural areas are less, economic priorities may have to be concentrated in other areas of need, e.g. communicable diseases, cancers, accidents, maternal and child health. There is a need to intensify the multi-prone strategy which includes significant government funding as well as community involvement.
SPHINCTER-SAVING PROCEDURES IN LOW RECTAL CANCER - IS IT FOR EVERYONE?

Ho Kok Sun
Mount Elizabeth Medical Centre, Singapore

Low rectal cancer surgery presents a challenge for the surgeon, in terms of balancing the wishes of the patient of not having a permanent stoma, at the expense of possibly poorer oncologic and functional results.

We discuss the various factors in the consideration to select patients for sphincter-saving procedures.
Symptomatic Haemorrhoidal disease is amongst the most common presentation at the surgical outpatient clinics. Treatment strategies are varied from simple conservative measures to a variety of office and operating room procedures. Choice of a procedure should depend upon the nature of one’s presentation and the amount of tissue prolapsing.

The treatment approach to most patients with symptomatic low grade haemorrhoids is conservative. This would consist of a multimodal approach consisting of dietary/lifestyle modification with a combination of topical and/or oral medications.

Office based procedures can be considered for symptomatic low grade haemorrhoids or those who have failed a conservative approach. Surgery should be reserved for low grade haemorrhoids refractory to home or office based procedures, high grade haemorrhoids or complicated haemorrhoids. The choice between an excisional or a pexy based procedure is dependant upon several variables which is discussed in further detail.
Meet-The-Expert Breakfast Session 3 | *Vascular Trauma*

**MANAGING VASCULAR INJURIES: BASIC PRINCIPLES AND CASE DISCUSSIONS**

**Kevin Mossinac**  
LohGuanLye Specialists Centre, Pulau Pinang, Malaysia  
Gleneagles Penang, Pulau Pinang, Malaysia

Perhaps vascular injuries can be reduced where surgeons strive to do no harm to the patient, to themselves (regret and legal liability), and to society (unnecessary depleted resources).

Elective surgical procedures should only be undertaken and referrals after vascular injuries (iatrogenic or otherwise), should only be accepted if the surgical team has appropriate experience (mileage/volume), laboratory, radiological, & critical care support, and where there is confidence that no controversy from colleagues, and legal liability are likely to arise, should any untoward event occur.

Perhaps, where possible, open procedures should be favoured over percutaneous procedures, especially in regions notorious for iatrogenic vascular injuries.

In the management of established injury, preoperative preparation may include where applicable, optimising, coagulation, cardiovascular status, fluids and electrolytes, and antimicrobial treatment. The operating team should be aware of the indications, the operative plan, and the measures to be undertaken should untoward events occur.

Where intraoperative injury has occurred or when a referred vascular injury is explored, control should be attempted by digital pressure, packing and tamponade, reduction of inflow, coagulation support, local repair and where necessary, ligation and bypass.

Priorities should be, life over limb, over liability.
Gastric cancer is the 7th most common cancer in Malaysia among males and 10th most common among female. There is a sharp rise in incidence after the age of 60.

80% of patients present at advanced stage. There is a stark incidence in terms of ethnicity in which its highest among Chinese.

H pylori plays an important role in its incidence. Malaysia is a country with intermediate risk of its population developing gastric cancer.

We need an effective screening system decrease incidence of advanced gastric cancer. There is also a need to have specialized centers to treat this disease.
DIFFICULT DECISIONS IN UPPER GI SURGERY

Simon Paterson-Brown
Royal Infirmary of Edinburgh, United Kingdom

During the course of upper gastro-intestinal surgery surgeons are often faced with multiple dilemmas: More extensive dissection to improve outcomes; less extensive dissection to reduce complications; change of approach to better improve visibility; change of procedure to reduce potential complications and improve outcome. All these decisions are influenced by a variety of factors including surgeon’s experience, patient’s co-morbidity and body status. As a result the surgeon is required to take a balanced view during each operation as to the best way to proceed in order to improve overall outcome with the lowest risk of post-operative complications. All these options will be discussed during this presentation.
Acoustic neuroma is a common intracranial benign brain tumour. Surgical excision has been the main modality of treatment until last 2 decades when radiosurgery was shown to be effective in the control of smaller size tumour usually up to 2cm intracisternal diameter, 97-98% with minimal morbidity to the 7th and 5th cranial nerves. There is good chance of hearing sparing in more than 50% of patients in cases undergoing Gamma Knife surgery. Recently there has been interest in using radiosurgery to treat larger acoustic neuroma. Most of the recent clinical experience has emerged that radiosurgery can be a safer modality for treatment for acoustic neuroma up to 2.5cm diameter but treatment for tumour more than 3cm will be unwise and might not be safe. The new approach of combined surgery and stereotactic radiosurgery especially with reference to Gamma Knife treatment for larger tumour is discussed with some personal experience.
HISTORICAL PERSPECTIVE OF UROLOGY TRAINING

Clarence Lei
Universiti Malaysia Sarawak, Kuching, Sarawak

The author joined full time urological practice in January 1987 and was also actively involved since then as an office bearer of the Malaysian Urological Association (MUA), initially as its honorary secretary. The events prior to 1987 are extracted from the archives of MUA and interviews with senior urologists.

The Malaysian Urological Association was formed on 23.7.1974 with the main office bearers as David Chelvanagam and the late G Sreenevasan. The main training centre was the Institute of Urology and Nephrology, GHKL. Since its inception, the MUA has a strong exchange programme with Australia, cumulating with an MOU signed on 22.2.2007. The urology training before 2000 was an apprenticeship type of training for 4 years, with Dato Dr Khairullah Abdullah as Head of Urology for almost two decades. The first Board of Urology of Malaysia exam was held in 2000. Since 2008, the Royal College of Physicians & Surgeons of Glasgow (the College being established in 1899) was invited to participate. This led to the conjoint award of board certification as well as a FRCS (Urol), which is recognised by the General Medical Council of the UK. The programme had also attracted candidates from overseas including Singapore, Brunei, Myanmar and Sudan. However, the number of urologists trained is still a handful per year. In 2016, the Ministry of Health encouraged the intact of new trainees who have passed their MRCS. In tandem with this, a new curriculum & training structure is spearheaded by the current president of the MUA, Selvalingam as well as national urologist of the Ministry of Health, Rohan Malek. Most urologists resign to go to the private sector. A new flexi working hours was implemented on 1.1.2018 such that the specialists need work only 4 days in the government hospitals. The MUA also enhances the government initiative of PPP, Public Private Partnership in a working paper that was approved by the Ministry of Health on 13.11.2017.

New trainees are now taken in after the MRCS (4 to 5 years after medical school) and undergo training in a unified (public and private) urology service of Malaysia.
VASCULAR INJURIES TO THE FEMORAL ARTERY POST CATHETERIZATION

Saravanan Kumar Selvanathan
Hospital Serdang, Selangor, Malaysia

Studies have shown that there is an increased link with post percutaneous coronary intervention bleeding and morbidity & mortality. Common femoral access complications include hematoma (1-12%), Pseudoaneurysm (1-6%), AV fistula (1%) and retroperitoneal hemorrhage (0.2-0.9%). Access approach via transradial has shown to have much lower complication rate than transfemoral approach. Approaching the patient with ultrasound guided puncture, combined vascular surgeon and cardiology physician meetings and improved post sheath removal compression techniques may lead to reduction in complications.
Since the 1st report by Reich in 1991, laparoscopic liver surgery has seen a rapid rise in practice in recent years with published cases of ALPPS, hilar cholangiocarcinoma resection and living donor liver transplantation amongst the most complex resections performed to date. Much of the advancement has occurred with the increasing experience of pioneering surgeons in large centers of excellence. In tandem to this is the proliferation of energy devices, stapling instruments and progress in imaging such as 3D HD, flex tip and ICG immunofluorescence which has contributed significantly to allow for safe and effective surgery.

While wedge resections of the anterolateral segments of the liver and left lateral sectionectomy was widely practiced, formal segmentectomies and major hepatectomies still remain a challenge for adoption. The standardization of techniques, systematic training and transference of skills via proctoring and fellowship training however has allowed the learning curves for these complex resections to be shortened compared to the pioneering generation of laparoscopic liver surgeons.

The challenge remains for proper case selection based on the individual surgeon’s experience. The use of the Iwate score and other recently published guidelines has allowed young surgeons some reference on when and how to progress from low level of difficulty to more complex resections safely without compromise of oncological outcomes for their patients. The introduction of the robotic system has also added options for surgeons to increase their armamentarium to perform certain selected laparoscopic liver resections although this needs to be balanced against cost and availability of instrumentation compared to traditional laparoscopic approach.
Testosterone has a complex variety of roles in male physiology. It is a common belief that testosterone in men declines with age. While this is true, there are several aspects to this decline which make it difficult to diagnose definitively, as other endocrine components can contribute to a patient’s symptom.

Andropause or Late-onset hypogonadism (LOH) is defined as the condition caused by the decline of testosterone by aging, along with various symptoms, including physical, psychological and sexual disturbance. Thus the principle of treatment for LOH is Androgen replacement therapy (ART), and ART has been applied primarily in order to alleviate the various symptoms in LOH patients.

The indication of ART for LOH is determined based on LOH symptoms assessed by aging males’ symptoms (AMS) score and serum free testosterone levels. In abroad, several routes are available for the administration of testosterone, such as injection, patch, oral administration, etc.
Thyroidectomy is the most commonly performed endocrine surgery and has a complication rate of lower than 5%. The most frequently seen complication following total thyroidectomy is temporary or permanent hypocalcemia, with a reported incidence of 1.6% - 50% and 1.5% - 4%. Hypocalcemia especially when permanent, leads to significant impairment of a patient's quality of life and is associated with various morbidities. The most important factors influencing postoperative development of hypocalcemia include, intraoperative trauma to the parathyroid gland or its vasculature, inability to identify parathyroid glands during surgery, accidental parathyroidectomy and the experience of the surgeon. Variations in the number and anatomical location of the parathyroid glands also increase the risk of accidental parathyroidectomy. The best way to avoid this complication is careful and meticulous dissection, ligation of the inferior thyroid artery branches separately at the thyroid capsule in order to prevent parathyroid gland vascularization. Despite these precautions, the incidence of unintentional parathyroidectomy during thyroidectomy is between 9-19%. In the event of unintentional removal of the parathyroid glands or impairment of its vascular supply, parathyroid autotransplantation is an option to preserve its function.
ETHICON Prize Presentations
12th May 2018, Saturday

EP 01 A DOUBLE BLIND, RANDOMISED CONTROLLED TRIAL OF PREINCISION WOUND INFILTRATION USING DICLOFENAC VERSUS BUPIVACAINE FOR POST-OPERATIVE PAIN RELIEF IN OPEN THYROID AND PARATHYROID SURGERY

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EP 02 COMPARISON OF OUTCOME BETWEEN LAPAROSCOPIC PREPERITONEAL TUNNELING AND PERITONEOSCOPIC TECHNIQUE OF TENCKHOFF CATHETER INSERTION UNDER LOCAL ANAESTHESIA - A PROSPECTIVE, INTERVENTIONAL, RANDOMISED CONTROL TRIAL (COTCILA STUDY)

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EP 03 LOW INTENSITY SHOCK WAVE THERAPY FOR ERECTILE DYSFUNCTION. A PROSPECTIVE ANALYSIS DONE IN UMMC

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EP 04 POSTOPERATIVE PAIN FOLLOWING TOTALLY EXTRAPERITONEAL LAPAROSCOPIC INGUINAL HERNIA REPAIR - SELF GRIPPING MESH VS. STAPLE FIXATION: A PROSPECTIVE DOUBLE BLINDED RANDOMIZED CONTROLLED TRIAL

K Y Low, P C Lau
University of Malaya, Kuala Lumpur, Malaysia
A DOUBLE BLIND, RANDOMISED CONTROLLED TRIAL OF PRE-INCISION WOUND INFILTRATION USING DICLOFENAC VERSUS BUPIVACAINE FOR POST-OPERATIVE PAIN RELIEF IN OPEN THYROID AND PARATHYROID SURGERY

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INTRODUCTION
Pre-incision wound infiltration using NSAID is an alternative method to manage post-operative pain. NSAID delivered peripherally is postulated to exert efficient analgesic and anti-inflammatory effect with minimal systemic complication. This study explored the efficacy of using diclofenac for wound infiltration in open thyroidectomy and parathyroidectomy as compared to conventional agent, bupivacaine.

METHODOLOGY
Study was designed as a double-blind, randomized controlled trial involving 94 patients who underwent open thyroidectomy and parathyroidectomy in Hospital Pulau Pinang, Malaysia from November 2015 to November 2016. Efficacy of pre-incision wound infiltration of diclofenac (n=47) vs. bupivacaine (n=47) in post-operative pain relief was compared. Mean pain score at designated time interval within the 24-hour post-operative period, time to first analgesia, total analgesic usage and total analgesic cost were assessed.

RESULTS
94 patients were recruited. Mean age was 49.3 (SD=14.2) with majority being female (74.5%). Ethnic distribution recorded 42.6% Chinese, 38.3% Malay and 19.1% Indian. Mean duration of surgery was 123.8 minutes (SD=56.5) and mean length of hospital stay was 4.7 days (SD=1.8). Diclofenac pre-incision wound infiltration has a lower mean pain score as compared to bupivacaine at all time interval. During neck movement, the dynamic pain score difference was statistically significant (p<0.05) at post-operative 1-hour [2.7 (SD=1.9) vs. 3.7 (SD=2.1)]; 2-hours [2.7 (SD=1.6) vs. 3.7 (SD=2.0)]; 4-hours [2.2 (SD=1.5) vs. 2.9 (SD=1.7)]; 6-hours [1.9 (SD=1.4) vs. 2.5 (SD=1.6)]; and 12-hours [1.5 (SD=1.5) vs. 2.2 (SD=1.4)]. Mean dose of tramadol used as rescue analgesia in 24 hours duration was lower in the diclofenac group as compared to bupivacaine group [13.8mg (SD=24.9) vs. 36.2mg (SD=45.1), p=0.01]. The total cost for analgesia used was significantly cheaper in diclofenac group as compared to bupivacaine group [RM3.47 (SD=1.51) vs. RM13.43 (SD=1.68), p<0.01].

CONCLUSION
Pre-incision wound infiltration using diclofenac provides better post-operative pain relief compared to bupivacaine. Diclofenac is cheap and easily available in the limited resource setting. This approach offers a superior alternative for post-operative pain relief.
COMPARISON OF OUTCOME BETWEEN LAPAROSCOPIC PREPERITONEAL TUNNELING AND PERITONEOSCOPIC TECHNIQUE OF TENCKHOFF CATHETER INSERTION UNDER LOCAL ANAESTHESIA - A PROSPECTIVE, INTERVENTIONAL, RANDOMISED CONTROL TRIAL (COTCILA STUDY)

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BACKGROUND
Peritoneal dialysis penetration amongst renal failure patients has seen a drastic rise following newer techniques performed under local anaesthesia (LA), particularly the peritoneoscopic (PS) technique, thus eliminating the risk associated with general anaesthesia for these patients. Laparoscopic preperitoneal tunneling (LPT) is a novel technique of Tenckhoff catheter (TC) insertion under LA designed to improve outcomes by reducing procedure related complications. COTCILA is the first study to evaluate video assisted TC insertion techniques under LA.

METHODS
COTCILA is a single center, prospective, interventional, randomized controlled trial. Patients planned for TC insertion who fulfil the criteria were enrolled into the study. Outcomes measured were successful completion of procedure, operative time, postoperative pain (first 24 hours) and perioperative complications (first 30 days).

RESULTS
78 patients were enrolled and equally randomized into LPT and peritoneoscopic (PS) groups. All procedures were successfully completed under LA with sedation and analgesics. Operative time was significantly (p<0.001) longer in LPT - 60 minutes (IQR 50-65) compared to PS - 40 minutes (IQR 35-45). Postoperative pain scores were significantly lower in LPT , immediately (p<0.001) and at intervals of 4 (p=0.024) and 12 hours (p=0.015) post procedure. LPT had lower rates of early complications compared to PS (35.9% vs 76.9%, p=0.001), particularly catheter migration (0% vs 20.5%, p=0.005) and peritonitis (2.6% vs 20.5%, p=0.029). A subgroup analysis showed the incidence of early complications were significantly lower in LPT , both before (25.6% vs 48.7%, p=0.035) and after first trial of catheter (10.3% vs 56.4%, p<0.001).

CONCLUSIONS
LPT is a simple, safe and effective minimally invasive technique which prevents catheter migration and reduces the rate of early complications compared to PS.
LOW INTENSITY SHOCK WAVE THERAPY FOR ERECTILE DYSFUNCTION. A PROSPECTIVE ANALYSIS DONE IN UMMC

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INTRODUCTION
Low Intensity Shock Wave Therapy (LISWT) aims to restore spontaneous erectile ability by addressing the pathophysiology behind erectile dysfunction (ED). Current treatments, taken on demand, has its limitations and side effects, rendering non-compliance. This research assesses the efficacy of LISWT as a new modality of treatment for ED.

METHODS
Sixty-eight patients suffering from ED with underlying vascular risk factors and completed families were recruited prospectively. A PDE5-inhibitor washout period of 1 week were observed in all patients. 60 participants answered the IIEF-15 questionnaire and underwent a penile Doppler Ultrasound [recorded in penile flaccid state] pre-LISWT and, considering dropouts, finally 51 patients completed the post-LISWT penile ultrasound doppler. LISWT was delivered using the ELvation PiezoWave 2 machine to the ventral, dorsal aspect of the penis and perineal region. A regime of 2000 shocks per site, 14Hz per shock was delivered. Treatment was 6 sessions in total, 2 sessions per week for 3 weeks.

RESULTS
From 68 patients enlisted, there were 8 dropouts prior to treatment. 60 patients completed treatment and IIEF-15 questionnaire. Nine patients did not undergo the post procedural penile Doppler ultrasound, hence leaving 51 patients for full data analysis. Mean IIEF scores after treatment (35.17 +/- 16.62) was significantly increased compared to pre-treatment (26.37 +/- 12.61) [p<0.001; Student t-test]. Mean cavernosal artery Peak Systolic Flow after treatment (12.35 +/- 5.54 cm/s) was significantly increased as compared to pre-treatment (7.01 +/- 3.56 cm/s) [p<0.001; Student t test]. On the basis of severity stratification, patients in the mild moderate and moderate severity category showed the most significant improvement in mean IIEF score.

CONCLUSION
We found that LISWT is an effective and promising new modality to treat patients suffering from ED with vascular risk factors.
POSTOPERATIVE PAIN FOLLOWING TOTALLY EXTRAPERITONEAL LAPAROSCOPIC INGUINAL HERNIA REPAIR - SELF GRIPPING MESH VS. STAPLE FIXATION: A PROSPECTIVE DOUBLE BLINDED RANDOMIZED CONTROLLED TRIAL

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BACKGROUND
Laparoscopic totally extra peritoneal (TEP) repair of inguinal hernia has been a standard of care for most tertiary centers for treatment of inguinal hernias. However, the immediate post-operative pain remains a main issue for the patient.

METHODS
A randomized controlled patient and evaluator-blinded study was conducted among patients eligible with an uncomplicated unilateral inguinal hernia in University of Malaya Medical Centre in Malaysia from December 2015 to June 2017. Patients were randomized to either receive a SGM (ProGrip - Medtronic) or a light polypropylene mesh fixed with stapler (ProTack - Medtronic). Main outcomes measured were pain score on Visual Analogue Scale were (VAS) at 1 hour, 1 day, 2 weeks, 6 month post operation. The total operative time, mesh deployment time and postoperative complication was also recorded.

RESULT
Total 72 patient where randomly assigned to SGM and SF. 36 underwent lap TEP with SGM and another 36 with SF. Mean VAS at 1 hour post op 3.56 vs. 3.11 (p=0.22), 2 hour post op 3.0 vs. 2.66 (p=0.23), Day 1 post Op 2.5 vs. 2.39 (p=0.76), 2 weeks post op 1.19 vs. 1.00 (p=0.38) and 6 months post op 0.35 vs. 0.25 (p=0.52). The mesh deployment time and total operative time for both the SGM and SF group also showed no difference statistically which is 424s vs. 548s (p=0.21) and total operative time which is 80.5min vs. 83.9min (p=0.53).

CONCLUSION
There is no difference in post op pain either using SGM or SF. However SGM is safe to use with minimal complication.
FP 01 CROSS SECTIONAL STUDY ON ASSOCIATION OF BODY MASS INDEX AND GASTROESOPHAGEAL REFLUX DISEASE AND ITS complications
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FP 02 RANDOMIZED DOUBLE-BLIND CONTROL TRIAL TO STUDY THE EFFICACY OF TOPICAL HERBAL PRODUCT - CURCUMA XANTHORRHIZA (TEMULAWAK) IN THE TREATMENT OF HYPERPIGMENTED SCAR
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FP 03 CYSTOSCOPY EXAMINATION MANDATORY IN ASYMPTOMATIC MICROSCOPIC HAEMATURIA FOR EARLY BLADDER CANCER DETECTION. AN NORTHEASTERN MALAYSIAN RECORD IN 2016 AND 2017
Rajvickhrem, Faizul Aidil, Aminnur H M
Department of Surgery, Miri General Hospital, Sarawak, Malaysia

FP 04 THE MATURATION RATE AMONG PATIENTS WITH BRACHIOCEPHALIC FISTULA WITH A PRE-OPERATIVE SCAN’S DIAMETER OF THE CEPHALIC VEIN OF 2.0 TO 2.4MM (WITH TOURNIQUET)
Thanga Ganapathy Suprumanian¹, Lenny Suryani Safri¹, Firdaus Che Ani², Mohd Azim Md Idris¹, Hanafiah Harunarashid²
¹Department of Surgery, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
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FP 05 RETROSPECTIVE ANALYSIS OF CONVERSION RATE AND BILE DUCT INJURY IN ELECTIVE LAPAROSCOPIC CHOLECYSTECTOMY AT A TERTIARY CENTRE
Choon Hui Gan, Sunil S P
Hospital Pulau Pinang, Pulau Pinang, Malaysia
FP 06  PERSISTENT AND RECURRENT PRIMARY HYPERPARATHYROIDISM: A RETROSPECTIVE REVIEW
Nor Safariny Ahmad, Dinesh Naidu, Sarinah Basro, Anita Baghawi, Noor Hisham Abdullah
Department of Surgery, Putrajaya Hospital, Putrajaya, Malaysia

FP 07  ASSOCIATION OF ABO BLOOD GROUP WITH BREAST CANCER
Thilagaa S R, Hartinie S M
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FP 08  CROSS SECTIONAL STUDY ON ASSOCIATION OF BODY MASS INDEX AND GASTROESOPHAGEAL REFLUX DISEASE AND ITS COMPLICATIONS
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CROSS SECTIONAL STUDY ON ASSOCIATION OF BODY MASS INDEX AND GASTROESOPHAGEAL REFLUX DISEASE AND ITS COMPLICATIONS

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INTRODUCTION
National Health and Morbidity Survey of 2015, obesity in Malaysians make up 17.7 per cent of the population while those who are categorized as overweight make up 30 per cent.

OBJECTIVES
To determine the association between GERDs complications such as hiatus hernia, reflux esophagitis and Barrett’s esophagus with body mass index via esophagogastroduodenoscopy (OGDS).

METHODS
GERD patients with GerdQ questionnaire scoring system who had underwent OGDS from January 2014 to Mei 2017. The patients were divided into 2 groups according to their body mass index based on WHO (ASIAN population classification): Non obese (normal BMI) group (54 patients) with BMI less than 22.9kg/(m²) and the Obese group (73 patients) with the BMI more than 23kg/(m²). The findings graded based on it severity. Hiatus hernia by using Hill’s Grading, reflux esophagitis according to Los Angeles classification and Barrett’s esophagus according to Prague Classification (C and M).

RESULTS
A total of 127 patients were included in this study. Male population predominately conquered with 57.48% compared to female population which is 42.52%. The mean age of the samples were 43.91 years old. Obesity as in BMI >30kg/m2 were statistically significant association (P=0.028) with Hiatus hernia based on Hill’s Grading and statistically significant (P=0.015) with reflux esophagitis based on LA classification. However, obesity there were statistically insignificant association with Barrett’s esophagus histologically and endoscopically. Those in obese group have 3.6 times higher Odds to get reflux esophagitis symptoms compared to those in normal BMI group.

CONCLUSION
Obese patient has association with hiatus hernia and reflux esophagitis ,but not for the Barrett’s esophagus. The risk prediction association between BMI is with reflux esophagitis in obese group have 3.6 times symptoms compared to those in normal BMI group. We suggest that, bariatric procedure such as Laparoscopic Roux En Y Gastric bypass have shown to be more effective procedure for alleviating the symptoms of GERD as it plays a role in significant weight loss.
RANDOMIZED DOUBLE-BLIND CONTROL TRIAL TO STUDY THE EFFICACY OF TOPICAL HERBAL PRODUCT - CURCUMA XANTHORRHIZA (TEMULAWAK) IN THE TREATMENT OF HYPERPIGMENTED SCAR

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BACKGROUND
Curcuma xanthorrhiza (temulawak) has been tested to have a certain properties that can be used in treatment of hyperpigmentation which is tyrosinase inhibitor, anti-oxidant, antiseptic and anti-inflammatory. In this study, we want to explore the potential of temulawak as an alternative solution for hyperpigmentation treatment.

METHODS
A randomized double blind placebo control trial involving fifty-eight patients with hyperpigmented scar were randomly divided into two groups. Patients were required to apply the topical cream evenly to their scar twice a day; one in the morning and the other during bed time. The patients were screened after at least 6 weeks after wound has healed. The evaluations of scar were done by medical practitioner, patient himself and also by independent photographic assessor. Patients, Investigator and independent photographic assessor were blinded to the topical application.

RESULTS
The mean age of patients was 39 years old (between 24 to 53 years old), 32 were female and 6 participants lost to follow up and excluded from study. Analyzed hyperpigmented scars were distributed at head and neck area (53.8%), limbs (40.4%) and trunk (5.8%). Hyperpigmentation, pain, itchiness and overall scar rating showed higher score decrement (better scar outcome) in the intervention group compared to control group. There was no adverse skin reaction recorded in both intervention and control groups.

CONCLUSION
The result of our study were not statistically significant. This is due to the limitation of the Vancouver scar scale and small sample size. However we still believe that temulawak has the potential role as an alternative treatment for scar hyperpigmentation.

KEYWORDS
Curcuma / Anti-inflammatory agent / Antioxidant / Hyperpigmentation
Cystoscopy Examination Mandatory in Asymptomatic Microscopic Haematuria for Early Bladder Cancer Detection. An Northeastern Malaysian Record in 2016 and 2017

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Introduction
The American Urological Association Guidelines recommend that a cystoscopy be performed on all patients 35 or older with microscopic haematuria, and at the physician’s discretion for patients younger than 35. Reports show that the incidence of a positive finding on cystoscopy examination (CE) of the bladder when screening for microscopic haematuria 2-4% only.

Objective
To assess the value and outcome of cystoscopy examinations for microscopic haematuria in the North-eastern Malaysian population.

Materials and Methods
All CEs done in Miri General Hospital are entered into our computer system in our day-care operation theatre. We extracted the data for all the cases that had microscopic haematuria with normal USG findings between January 2016 until December 2017 and reviewed the results.

Results
A total of 120 CEs were performed (42 cases in 2016 and 78 cases in 2017), with significant increase of 6.4% (5) bladder mass detection in 2017. A large number revealed no pathology (69) and the remainder were benign such as cystitis (32), prostatic hyperplasia (4), bladder TB (2), advanced rectal ca (2) and distal urethral caruncle (2).

Conclusion
In Miri, there are significant in number of detection of bladder growth with 5 cases in 2017 via CE in comparison of 0 cases in 2016. A higher level of suspicion should be advocated and further education should be instilled at the primary care level to avoid delays in the detection of serious conditions and to offer earlier intervention when possible.
THE MATURATION RATE AMONG PATIENTS WITH BRACHIOCEPHALIC FISTULA WITH A PRE-OPERATIVE SCAN’S DIAMETER OF THE CEPHALIC VEIN OF 2.0 TO 2.4MM (WITH TOURNIQUET)

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OBJECTIVE
The purpose of this study was to determine brachiocephalic fistula (BCF) maturation rate among the patient with preoperative cephalic vein size in the forearm of 2.0 to 2.4mm (distended with tourniquet).

METHODS
A retrospective study of data retrieved from all vein mapping pre-operative reviews of BCF patients from year 2015 to year 2017. The study was conducted within the Department of Vascular Surgery, Hospital Canselor Tuanku Muhriz. We traced all the cases with preoperative vein size of 2.0 to 2.4mm with tourniquet. We only take the patient with the distendable vein on tourniquet. Postoperative scan was conducted 6 weeks after the surgery to look for the BCF maturation to provide a functional hemodialysis access. The maturity of the fistula is determined by using the National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF KDOQI) Guideline.

RESULTS
Total of 399 BCF was performed from the year 2015 to year 2017. We identified 47 patients with a preoperative venous diameter of 2.0mm to 2.4mm and the rest are more than 2.4mm. Out of 47 patients, 11 of the patients defaulted follow up on the postoperative maturity assessment. 31 patients out of the remaining 36 patients have shown that the fistula was mature and subsequent follow-up shows they have successful haemodialysis with the fistula. Therefore, from the calculation, the success rate of a successful fistula creation for a preoperative venous diameter of 2.0mm to 2.4mm is 86.1%.

CONCLUSION
In contrast to the NKFKDOQI guideline of 16% maturity rate of pre-operative vein diameter of less than 2.5mm, our study has proven to have a better maturity rate of 86.1% with pre-operative vein diameter of less than 2.5mm (2.0mm - 2.5mm).
RETROSPECTIVE ANALYSIS OF CONVERSION RATE AND BILE DUCT INJURY IN ELECTIVE LAPAROSCOPIC CHOLECYSTECTOMY AT A TERTIARY CENTRE

Choon Hui Gan, Sunil S P
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INTRODUCTION
One of the most commonly performed laparoscopic procedures is Laparoscopic Cholecystectomy (LC). For the safe completion of the procedure, a number of patients require conversion to open cholecystectomy. The aim of this study is to determine the rate of conversion to open cholecystectomy, bile duct injury and associated factors.

METHODS
We retrospectively reviewed all elective cholecystectomy performed in our centre between January 2014 and June 2017 using the in-house electronic database. Conventional open cholecystectomy were excluded. Bile duct injury (BDI) was classified according to severity; minor BDI and major BDI, which required biliary reconstruction.

RESULTS
Among the 182 patients who had underwent elective cholecystectomy, 158 patients (86.8%) underwent a laparoscopic approach. Thirty-three (20.9%) of LC required conversion to open surgery. BDI among LC and converted cholecystectomy (CC) occurred in 3 patients (1.9%); one in pure LC and 2 among CC. All BDI were minor, not requiring biliary reconstruction. There were no mortality associated with elective LC or CC.

CONCLUSION
Laparoscopic cholecystectomy is a safe procedure in our centre. Morbidity is usually associated with bile duct injury. Although significant morbidity may be avoided by adherence to critical view of safety and conversion to open surgery.
PERSISTENT AND RECURRENT PRIMARY HYPERPARATHYROIDISM: A RETROSPECTIVE REVIEW

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BACKGROUND
The morbidity of repeat surgery in patients with persistent and recurrent primary hyperparathyroidism (PHPT) remains a problem in endocrine surgery. Some studies propose bilateral cervical exploration during the initial parathyroid surgery to avoid repeat surgery.

OBJECTIVES
To analyse the causes and outcomes of patients with persistent or recurrent PHPT.

METHODS
Retrospective study involving all patient who had recurrent or persistent PHPT at Hospital Putrajaya, Malaysia from 2002 to 2016.

RESULTS
A total of 24 patients (17 women, 7 men) with a mean age of 60 years had recurrent or persistent PHPT (13 had recurrent PHPT and 11 had persistent PHPT). 79% were symptomatic. All 21% asymptomatic patients had hypercalcemia after first parathyroidectomy. Majority (88%) only had one previous surgery with a median duration of 4.5 months from previous surgery.

The commonest cause for failed first surgery was multiple parathyroid adenoma (58%), followed by parathyroid cancer (21%) and adenoma in normal position missed in previous surgery (8%). We reported two patients (8%) with ectopic positions (intrathymic and intrathyroidal) and one patient (4%) with a regrowth of previously resected tumor as causes of first surgery failure.

Bilateral exploration was performed more during repeat operation (62.5%) as compared to those undergoing their first surgery (25%). One patient suffered from permanent recurrent laryngeal nerve injury and 1 patient had temporary hypocalcemia post reoperation.

CONCLUSION
Patient with PHPT should be follow up more than six month postoperatively with clinical and biochemical assessment to detect recurrent or persistent PHPT.
ASSOCIATION OF ABO BLOOD GROUP WITH BREAST CANCER

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OBJECTIVE
ABO blood type has been associated with several malignancies. Several studies had been done to see the association of breast cancer with ABO blood type; however most of the data and results are inconsistent. We conducted this study to see if there is any significant association in breast cancer patients within our community.

METHODOLOGY
Data was collected from the census of operation performed in our hospital dated from January 2013 until December 2016. Samples were categorized based on histopathological types with blood group and rhesus.

RESULT
There were 234 cases in total, 222 cases (94.8%) falls under Invasive carcinoma, whereas the rest 6 case Ductal carcinoma insitu and 6 case were Malignant Phyllodes. Among 222 patient’s, blood group O positive accounts 77 (34%) patient, blood group B positive 69 patients (31%), blood group A positive 60 patient (27%) and blood group AB positive 18 patient (8%). All of the patients were Rhesus positive.

CONCLUSION
Rhesus positive patients are more prone for breast cancer in this study. However, ABO blood group does not show any significant association except that its quite low in patient with group AB.
CROSS SECTIONAL STUDY ON ASSOCIATION OF BODY MASS INDEX AND GASTROESOPHAGEAL REFLUX DISEASE AND ITS COMPLICATIONS

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2Department of Internal Medicine, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia

INTRODUCTION
National Health and Morbidity Survey of 2015, obesity in Malaysians make up 17.7 per cent of the population while those who are categorized as overweight make up 30 per cent.

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To determine the association between GERD's complications such as hiatus hernia, reflux esophagitis and Barrett’s esophagus with body mass index via esophagogastroduodenoscopy (OGDS).

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GERD patients with GerdQ questionnaire scoring system who had underwent OGDS from January 2014 to Mei 2017. The patients were divided into 2 groups according to their body mass index based on WHO (ASIAN population classification): Non obese (normal BMI) group (54 patients) with BMI less than 22.9kg/(m2) and the Obese group (73 patients) with the BMI more than 23kg/(m2). The findings graded based on its severity. Hiatus hernia by using Hill’s Grading, reflux esophagitis according to Los Angeles classification and Barrett’s esophagus according to Prague Classification (C and M).

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A total of 127 patients were included in this study. Male population predominantly conquered with 57.48% compared to female population which is 42.52%. The mean age of the samples were 43.91 years old. Obesity as in BMI >30kg/m2 were statistically significant association (P=0.028) with Hiatus hernia based on Hill’s Grading and statistically significant (P=0.015) with reflux esophagitis based on LA classification. However, obesity there were statistically insignificant association with Barrett’s esophagus histologically and endoscopically. Those in obese group have 3.6 times higher Odds to get reflux esophagitis symptoms compared to those in normal BMI group.

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Medical Student Symposia
12th May 2018, Saturday

MS 01  COLORECTAL CANCER AMONG YOUNG ADULTS IN MALAYSIA: TRENDS AND CLINICOPATHOLOGICAL PATTERNS
Sui-Weng Wong¹, Ri-Qi Yeow¹, Ro-Wan Chong¹, Reza Aziz², Nora Aziz², Keat-Seong Poh², April Camilla Roslani³
¹Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
²Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia

MS 02  THE EFFECTS OF VIDEO GAMES ON HAND-EYE COORDINATION - A RANDOMISED CONTROLLED TRIAL
Y L Tan, W Z Ooi, Siti F, Premkumar R
Melaka Manipal Medical College, Melaka, Malaysia

MS 03  PERIOPERATIVE OUTCOMES OF BEATING HEART SURGERY: IS MINIMALLY INVASIVE SURGERY THE WAY FORWARD?
Gerald J S Tan¹, R W White²
¹Newcastle University, Johor, Malaysia
²James Cook University Hospital, Middlesbrough, United Kingdom

MS 04  POST-OPERATIVE PIN TRACT INFECTION RATE AFTER FIXATION OF SUPRACONDYLAR FRACTURES OF THE HUMERUS IN CHILDREN, WITH KIRSCHNER WIRE (K-wire)
Ong C T, Sailesh M K, Gerald Tan J S
School of Medical Education, Newcastle University, Johor, Malaysia

MS 05  A PILOT STUDY OF THE INTRODUCTION OF RESILIENCE TRAINING INTO FINAL YEAR MEDICAL UNDERGRADUATE CURRICULUM
Sailesh M K, Gerald Tan J S, Ong C T, Ong G S, S V Simmons, M L Goodson
School of Medical Education, Newcastle University, Johor, Malaysia

MS 06  ROBOTIC BRONCHOGENIC CYST REMOVAL AND PERICARDIAL PATCH REPAIR OF THE BRONCHUS INTERMEDIUS: THE FIRST IN THE UNITED KINGDOM
Gerald Tan J S¹, Ooi W M¹, Sailesh M K¹, Ong C T¹, Marco Nardini², Joel Dunning³
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COLORECTAL CANCER AMONG YOUNG ADULTS IN MALAYSIA: TRENDS AND CLINICOPATHOLOGICAL PATTERNS

Sui-Weng Wong¹, Ri-Qi Yeow¹, Ro-Wan Chong¹, Reza Aziz², Nora Aziz², Keat-Seong Poh², April Camilla Roslani²
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BACKGROUND
The incidence of colorectal cancer (CRC) among young people is increasing. This study aims to investigate the epidemiological trend and clinicopathological patterns of young-onset CRC in Malaysia.

METHODS
This study consisted of 206 young-onset CRC patients (age <50 years old at diagnosis) and 1,921 late-onset CRC patients (age ≥50 years old at diagnosis) diagnosed from 2002-2016 in University Malaya Medical Centre. The epidemiological and clinicopathological characteristics of young-onset CRC patients were reviewed. The demographics and tumour characteristics were compared between both young and old group.

RESULTS
The overall proportion of young-onset CRC was 10.7%, however an increasing trend is noted. The mean age for young-onset CRC was 39.5 ± 7.4 years, with male to female ratio of 1.2:1. Young-onset CRC consisted of more Malays (40.7% vs 19.4%, p<0.0001) and fewer Chinese (42.1% vs 67.6%, p<0.0001) as compared to late-onset CRC. Most CRC were diagnosed at advanced stage in both groups, however young-onset CRC showed more aggressive tumour characteristics, such as poor differentiation, mucinous/signet-cell adenocarcinoma, and lymphovascular invasion (p<0.001). Young CRC patients commonly present with altered bowel habit and per-rectal bleeding and about 24% of young CRC patients presented emergently with intestinal obstruction or perforation. Furthermore, only 18.3% of young patients had family history of malignancy.

CONCLUSIONS
Colorectal cancer among young patients is increasing. The unique ethnic and histological differences between young and older patients suggest that young-onset CRC may represent a distinct entity.
THE EFFECTS OF VIDEO GAMES ON HAND-EYE COORDINATION - A RANDOMISED CONTROLLED TRIAL

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Hand-eye coordination is the coordinated control of eye movements with hand movements that are guided by the eyes providing spatial information for the hands. Video games have been shown to produce benefits in sensory, perception, and spatial cognitive skills which are essential for surgeons. Therefore this study is conducted to study the impact of smartphone games on hand-eye coordination.

A randomised-controlled trial was conducted over 6 weeks on Batch 35 MBBS students in MMMC. A questionnaire was distributed to identify the gamers and non-gamers. Inclusion criteria were all the students in Batch 35. Those who last played both video games and smartphone games less than 3 months ago and are currently playing were the exclusion criteria.

Participants were required to throw the tennis ball with their right hand, catch it with their left hand and vice versa off a wall in 30 seconds standing 2 metres away. A baseline measurement was made for both control group and intervention group. Intervention group had to play a smartphone games “Make Them Jump” for 10 minutes every day for 7 days and second measurement were done. The number of catches were recorded for both groups and compared.

With age as a confounding factor, logistic regression was performed and it was suggested that those who are in intervention group have better hand-eye coordination than those in control group (p<0.05), with odds ratio of 60.5. Participants in intervention group also felt more successful than those in control group.

In conclusion, playing video games significantly increases hand-eye coordination of an individual. This method may be incorporated into training of future generations of surgeons.
PERIOPERATIVE OUTCOMES OF BEATING HEART SURGERY: IS MINIMALLY INVASIVE SURGERY THE WAY FORWARD?

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INTRODUCTION
Surgical intervention of single-vessel, left anterior descending (LAD) coronary artery disease can be performed with minimally invasive direct coronary artery bypass via a left anterior thoracotomy (MIDCAB) or off-pump coronary artery bypass via a median sternotomy (OPCAB). MIDCAB is relatively new and is employed only by a few surgeons within the UK and Malaysia. Therefore, we aim to compare the perioperative outcomes of patients undergoing both surgical techniques.

METHODS
Patients who underwent either MIDCAB or OPCAB for isolated LAD coronary artery disease between April 2012 and March 2017 were reviewed. Data was obtained retrospectively from the hospital’s database, medical records and through general practitioners. Pre-operative, intraoperative and postoperative data of the patients were recorded for analyses.

RESULTS
In total, 76 patients underwent MIDCAB surgery and 79 patients underwent OPCAB surgery. Their demographics and EuroSCORE (European System for Cardiac Operative Risk Evaluation) values were comparable (p>0.05). The duration of mechanical ventilation (5.3±0.6h vs. 6.8±0.8h), intensive care unit stay (19.4±2.5h vs. 45.8±5.4h) and hospital stay (4.6±0.3 days vs. 5.9±0.7 days) were significantly shorter in the MIDCAB group (p<0.01). Patients in the OPCAB group required significantly more blood transfusions (1.85±0.36 units vs. 0.19±0.36 units) and fresh frozen plasma use (2.35±0.94 units vs. 0.71±0.74 units) (p<0.01). There was no statistically significant difference among the two groups in terms of mortality, recurrent myocardial infarction, postoperative stroke, wound infection and need for re-intervention.

CONCLUSION
In conclusion, the MIDCAB technique is more advantageous than the OPCAB technique in the treatment of patients with a single-vessel LAD lesion. MIDCAB can be performed safely in appropriately selected patients with better clinical outcomes compared to OPCAB. The potential benefits include shorter hospital stay, reduced need for blood transfusion and faster recovery.
POST-OPERATIVE PIN TRACT INFECTION RATE AFTER FIXATION OF SUPRACONDYLAR FRACTURES OF THE HUMERUS IN CHILDREN, WITH KIRSCHNER WIRE (K-wire)

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BACKGROUND
Supracondylar fractures of humerus are the most common elbow fractures of childhood. Gartland Type 2 and 3 supracondylar fractures of humerus in children requires K-wire fixation. Pin tract infection may progress to superficial or deep infection, and infection involving bones if left untreated.

AIMS
• To determine the infection rate after K-wire fixation for supracondylar fractures of the humerus in children
• To correlate the rate of infection to possible causes

METHOD
• Retrospective study of children admitted to Hospital Sultan Ismail (HSI) for supracondylar fractures of the humerus from 1/1/2016 to 31/12/2017.
• Data was collected from operating theatre logbook and patient e-record using a standardised pro forma.

RESULTS
• 79 children were analysed (male=56, female=23) (Gartland Type 2=21, Type 3=58).
• The infection rate after K-wire fixation of supracondylar fractures of humerus in children was 2.5%.
• Of that, one child suffered from superficial infection which required oral antibiotics and one child had deep infection which required surgical debridement and intravenous antibiotics.
• Seven children suffered from nerve injuries (radial or ulnar) and two of them were not resolved.
• Results from this audit shows that infection rate after K-wire fixation was not affected by time from emergency department to surgery.

CONCLUSION
According to Journal of Bone and Joint Surgery, post-operative infection rate should be less than 6.6 %. HSI have met our set standard. No recommendation for change of practice is needed.
A PILOT STUDY OF THE INTRODUCTION OF RESILIENCE TRAINING INTO FINAL YEAR MEDICAL UNDERGRADUATE CURRICULUM

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AIM
In general, resilience is defined as the ability of an individual to adapt and bounce back well in the face of adversity, trauma, tragedy, threats or significant sources of stress. Medical practitioners, particularly junior doctors face challenging situations on a daily basis and therefore being resilient is vital. The GMC has recognised this and has recently made recommendation that resilience training should be integrated into the UK medical school curriculum. However, experts have been debating as to whether resilience can be taught, and if so, how this is to be carried out.

METHODOLOGY
A 2-hour resilience training session was planned and introduced to a group of 114 final year medical students. At the start of the session, the students were asked to define their understanding of resilience and state whether they felt if the training was helpful. The Connor Davies resilience scale (CD-RISC) was used to objectively test resilience for all the participants. The training session was then delivered by one of the most senior faculty members with extensive clinical experience. The students were given real-life examples of challenging situations and tools to potentially manage them. At the end of the session, formal written feedback was obtained on the value and methods used for resilience training.

RESULTS
All of the participants felt uncomfortable to define resilience. 84% of the participants believed that resilience training would be useful in the future clinical practice. All the participants completed the CD-RISK. The mean value was 67 (range 50-79) out of 100, which, according to the authors, puts the resilience of the cohort below average (80/100). Feedback obtained after the session revealed 100% of the participant agreed that the resilience training should be introduced to final year medical students before they start their Foundation Year 1 jobs. They were all positive and interested in having more of such session with the introduction of more complex tools such as mindfulness. The response from the participants also suggest that they felt that the use of personal examples by senior clinicians were considered to be the most valuable training tool.

CONCLUSION
The concept of resilience is poorly understood and the initial relevance of teaching this is questioned by almost one fifth of the participants. Although these medical students consider themselves to be resilient, our objective assessment suggest otherwise as they fall below the average. The training was generally well received, and the study also suggests that the teaching methodology should focus on personal real-life examples and providing a simple framework to manage these.
ROBOTIC BRONCHOGENIC CYST REMOVAL AND PERICARDIAL PATCH REPAIR OF THE BRONCHUS INTERMEDIUS: THE FIRST IN THE UNITED KINGDOM

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INTRODUCTION
Bronchogenic cysts are an incidental finding of mediastinal, non-enhancing cystic masses, which are usually asymptomatic in most cases. Resection and reconstruction is usually achieved by applying a pericardial patch to seal the defect created by excision of the bronchogenic cyst. The procedure is usually performed by open surgery or video-assisted thoracoscopic surgery (VATS). To our knowledge, the da Vinci robotic surgical system has not been applied in bronchial patch repairs in the United Kingdom.

CASE
We present a case of a pericardial patch repair procedure of the right main bronchus intermedius due to a bronchogenic cyst located in the subcarinal area of the patients’ airway. The cyst in the subcarinal region compresses the right main bronchus and the posterior heart wall with symptoms of dry cough. A rounded opacity projecting over the central mediastinal/right hilar region was found on chest X-ray. Computed tomography of the thorax with contrast revealed a 73 x 52 x 51mm hypodense, homogenous, encapsulated lesion of 40 HU density and smooth regular margins. The right lower lobe bronchus was repaired with a 2.4cm long pericardial patch with Vlock sutures and a few tichron sutures and evicel glue. It was confirmed with histology that the cyst was benign with no evidence of malignancy. The patient was discharged 2 days post-operatively and made an excellent recovery.

DISCUSSION/CONCLUSION
The available literature comparing perioperative outcomes for robotic surgery and VATS was reviewed to determine the best approach for this case and for similar cases in future. It is acknowledged that the robotic platform greatly simplifies and eases the procedure for many types of thoracic surgical conditions. Robotic surgery is particularly useful in this case when the procedure includes a reconstructive step. Evidently, the articulation of the instruments allows stitching to be easier as compared to the rigid shaft of video-assisted thoracoscopic instruments.
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¹Hospital Queen Elizabeth, Sabah, Malaysia
²Hospital Seberang Jaya, Penang, Malaysia

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³Histopathology Department, UKM Medical Centre, Kuala Lumpur, Malaysia
⁴Department of Community Health, UKM Medical Centre, Kuala Lumpur, Malaysia

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Muhammad Adib Abdul Onny¹³, Abdur Rahman Ruslan¹, Tan Teik Hin¹, Amir Hafiz Ramzah², Lee Boon Nang¹, Hazlin Hashim⁴, Syed Ejaz Shamim⁵
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ABSENCE OF THE LEFT LIVER LOBE ASSOCIATED WITH CHOLANGIOCARCINOMA: A CASE REPORT

Rajvickhren, Faizul Aidil
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INTRODUCTION
Absence of the left anatomical lobe of the liver is a rare condition. Few cases have been described in the literature. Absence of a lobe of the liver can be due to several events, such as neoplasia, chronic damage, trauma, prior surgical resection, and agenesis. Agenesis is usually asymptomatic, with normal liver function parameters.

OBJECTIVE
We report a rare case of left liver lobe absence in an 66-year-old male patient discovered during an CT abdomen

METHOD
This is a 66 year old male presenting with jaundice and right upper quadrant abdominal pain for 2 months and deranged liver enzyme. CT abdomen revealed a evidence of absent of left liver lobe and may represent cholangiocarcinoma. Subsequently MRCP showed left liver lobe is absent with mid cbd narrowing with soft tissue mass may represent cholangiocarcinoma. Patient was subsequently sent to tertiary centre for ERCP and further management

RESULT AND CONCLUSION
Lobar absence of the liver is usually incidentally found; it is mostly an asymptomatic condition which has no consequences in patient prognosis. However, it is essential to understand if it is acquired (atrophy) or congenital (agenesis). In fact, in case of absence of one lobe or a part of hepatic parenchyma, some other conditions should be excluded, such as cholangiocarcinoma, cirrhosis or hydatid cysts.

Developmental absence is a diagnosis of exclusion. Generally, it is important to search a possible cause for lobar absence firstly, in order to exclude a life threatening pathology (e.g. cholangiocarcinoma). Once a possible metabolic, carcinomatous, traumatic, vascular or infectious cause has been excluded, it is important to evaluate the associated anatomic anomalies.
COMPLETE TRACHEAL TRANSECTION FOLLOWING BLUNT TRAUMA: A CASE REPORT AND REVIEW OF LITERATURE

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Traumatic tracheobronchial injury is rare, but can be life-threatening. It is often associated with other fatal injuries. Early diagnosis and prompt treatment are crucial to produce the best outcome.

We present a case of 40 year old gentleman, a lorry driver who had a head on collision with a car. He was brought to the casualty with an intact airway. ATLS was initiated and lead by trauma team. Subsequently in casualty, his conscious level dropped and he became distressed, hence a standard orotracheal intubation was performed. Following intubation, he developed a massive subcutaneous emphysema to the neck and upper chest. Computed tomography (CT) showed tracheal injury at C7-T2 level, extensive subcutaneous emphysema, pneumomediastinum with malposition of the endotracheal tube. Emergency neck exploration was performed in operating theatre, and revealed a complete transection of trachea at the level of 2nd and 3rd tracheal ring. No other vital structures were injured. A tracheostomy was created, and the patient was managed in ICU for one day. Four days following the first surgery, he was transferred to a more specialized center for tracheal refashioning and anastomosis. The patient was discharged home later without a tracheostomy.

In tracheobronchial injury, high level of suspicion based on clinical judgement is vital for prompt diagnosis, with adjunct of radiological investigation. Surgical intervention to establish a patent airway in operating theatre is undoubtedly crucial in a complete tracheal transection to prevent secondary insult from tissue hypoxia. In managing such injury, advance preparation should include setups for bronchoscopy and thoracotomy.

Patient survival depends on preparation and prompt surgical intervention. A tailored surgical approach is often necessary for definitive repair.
SMALL BOWEL LEIOMYOSARCOMA PRESENTING WITH JEJUNO-JEJUNAL INTUSSUSCEPTION: A CASE REPORT AND LITERATURE REVIEW

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Primary gastrointestinal (GI) sarcomas in general are a very rare entity, accounting for 1-2% of GI malignancies. Of this uncommon group of highly malignant neoplasms, the leiomyosarcoma (LMS) is the most common histiotype. Intestinal LMS are mesenchymal tumors of smooth muscle origin. They occur mainly in the fifth and sixth decades of life, and abdominal pain and GI bleeding are the most common clinical signs at presentation. However, it could also present with intussusception causing intestinal obstruction. Early preoperative diagnosis is challenging and usually delayed due to non-specific or sub-acute symptoms, making the treatment even more challenging.

We present to you a case of 80 year old gentleman presented to casualty with intestinal obstruction. Clinically he was cachexic. Abdominal examination revealed a tender mass over the left lower quadrant. Computed tomography (CT) scan showed distal jejunal intussusception causing small bowel dilatation, a small bowel lesion at the left lumbar region with left adrenal mass. He underwent laparotomy which revealed a small bowel intussusception of 20cm length at 16cm from duodeno-jejunal junction. The intussusception was bivalve-opened and revealed a 5cm x 4cm x 2cm pedunculated tumour as the leading point of the intussusception. The intussusceptum was resected and primary bowel anastomosis was done. Unfortunately, post-operatively, he developed septicemia and myocardial infarction and succumbed five days following surgery.

Small intestinal leiomyosarcomas are extremely rare. Early diagnosis remains a challenge considering the non-specific or sub-acute symptoms. Although CT scan is useful in confirming an anatomical abnormality, final diagnosis requires histopathological analysis. Its treatment is surgical resection, and prognosis is dependant on tumour size and histological staging.
Occult breast carcinoma or occult primary breast cancer (OPBC) is the breast cancer that first presents through regional nodal or distant disease without clinical or mammographic evidence of disease in the breast. It is a subset of carcinoma or unknown primary (CUP).

We present to you a 64 year old lady who presented with right axillary swelling for 1 year. Mammogram with complement breast ultrasound showed no focal lesion in both breasts. Biopsy of the axillary mass confirmed to be breast adenocarcinoma. MRI breast showed no focal lesion in both breasts. CT scan showed no distal metastasis. Surgical and non-surgical (chemotherapy) treatments were offered, and she opted for chemotherapy.

OPBC incidence is 0.1% - 0.8%. Its management has been inconsistent and controversial due to its rarity. Breast MRI has been estimated to identify a primary tumor in 80% of mammogram-negative patients, thus some authors considered it mandatory before subjecting patient to any treatment.

Multiple case series support a multidisciplinary approach for OPBC treatment, namely surgical, systemic, radiation, and receptor-targeted treatment. Mastectomy is recommended for all otherwise healthy patients with OPBC to maximize tumor cytoreduction. While there is a general consensus that axillary dissection is necessary in OPBC, some researchers suggested that radiation therapy might be a preferable alternative to axillary lymph node dissection. Systemic therapy is an important component of treatment of node-positive breast carcinoma, but its role in OPBC warrants additional investigation. The role of neoadjuvant therapy is also not conclusive.

CONCLUSION
OPBC is very rare. Its rarity and widely-variant evidences illustrate the need for individualized treatment algorithms based on tumor biology, patient preference, and extent of disease at diagnosis.
We present a case series of rectal GIST that was encountered in HTJS, since the year 2000.

The first case is a 46 year old lady, presented with alteration of bowel habit, and PR bleeding for 4 months. Rectal examination revealed a fungating mass above the dentate line. HPE confirmed the tumor as rectal GIST. MRI pelvis showed a large exophytic rectal mass, which is locally advanced. CT scan showed no distant metastasis. She underwent abdominoperineal resection and is currently undergoing treatment with Imatinib.

The second case is a 67 year old gentleman who had PR bleeding for 1 month. Colonoscopy revealed a low rectal polypoidal tumor. HPE showed features of GIST. MRI suggested prostate infiltration. He was referred to oncologist for further treatment since he refused surgical treatment.

GISTs are rare mesenchymal tumors of the gastrointestinal tract (nerve tissue, smooth muscle). The most common location is the stomach (60-70%); the rectal location is rare (2%).

A set of histologic criteria stratifies GIST for risk of malignance. Recent pharmacological advances such as tyrosine kinase inhibitors have determined c-kit (CD117) as the most important marker, amongst others. C-kit positive tumors respond extremely well to biological therapy with Imatinib.

Generally, due to the malignant potential, these tumours are treated with radical surgery like abdominoperineal resection. But with the advent of Imatinib therapy and a better understanding of the tumor biology, wide local excision were successful in some cases.

Due to rarity of the disease, there is no standard guideline for the treatment. It should be planned based on the extent of the disease, the mitotic rate, patient’s general condition and patient’s will.
PROSPECTIVE EVALUATION OF USING MULTIPARAMETRIC MRI (mpMRI) IN COGNITIVE FUSION PROSTATE BIOPSY COMPARED TO STANDARD SYSTEMATIC 12 CORE BIOPSY IN THE DETECTION OF PROSTATE CANCER

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OBJECTIVE
To determine the accuracy of multi-parametric MRI (mpMRI) of prostate with Prostate Imaging Reporting and Data System (PI-RADS) version 2 in detecting prostate cancer (PCa) prior to transrectal ultrasound (TRUS) biopsy of prostate. We also aimed to compare the cancer detection rates between systematic 12 cores TRUS prostate biopsy and cognitive fusion prostate biopsy (CFB).

METHODS
84 men underwent mpMRI of prostate and 69 of them proceeded with TRUS biopsy. In addition to the systematic 12 cores biopsy, CFB was performed on abnormal lesions detected on mpMRI.

RESULTS
The median PSA was 9.58ng/ml. We were able to identify abnormal lesions in 98.8% of the mpMRI performed in this study, with an average number of 2 lesions found in each patient. Of these lesions, 53% had the highest PI-RADS score of 3 or more. With the use of PI-RADS 3 as cut off, the sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of mpMRI for detection of PCa were 91.7%, 57.8%, 53.7% and 92.8% respectively. With the use of PI-RADS 4 as cut off, the sensitivity, specificity, PPV and NPV of mpMRI were 66.7%, 91.1%, 80% and 83.7% respectively.

Systematic biopsy detected more PCa compared to CFB (29% vs 26.1%), but CFB detected more cases of significant (Gleason grade 7 or more) PCa (17.4% vs 14.5%) (p<0.01). Per core analysis revealed CFB cores has higher PCa detection rate as compared to systematic cores (p<0.01).

CONCLUSION
Multiparametric MRI has good predictive ability for PCa. CFB is superior to systematic 12 core biopsy in detection of significant prostate cancer.
A RARE CASE OF GASTRIC ANGIOSARCOMA: A CASE REPORT

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INTRODUCTION
Gastrointestinal angiosarcoma is a very rare soft-tissue malignancy with a poor prognosis. There are only seven cases of angiosarcoma to have ever involved the stomach in the actual literature.

CASE SUMMARY
This report describes a unique case of angiosarcoma of the stomach in a 60-year-old female who displayed specific symptoms of abdominal pain, postprandial heaviness and upper GI bleeding. Esophagogastroduodenoscopy revealed bleeding gastric tumor and subsequent HPE show well differentiated angiosarcoma. A computed-tomography scan revealed no distant metastasis. Upon surgical exploration, no nodule felt and other organs are normal. After surgical resection of the involved parts, the diagnosis of primary angiosarcoma was made by pathological and immunohistochemical examination. Postoperatively, he was admitted in ICU. This patient died with a severe sepsis secondary to HAP, 11 days after the initial operation.

CONCLUSIONS
Angiosarcoma is a very rare, malignant neoplasm that is characterized by invasive anaplastic cells derived from blood vessels. It accounts for less than 1% of soft tissue sarcomas. They may occur in many regions of the body, most frequently in the skin and soft tissues, and very rarely in the gastrointestinal tract. Its aggressive characteristics and rarity make it an often misdiagnosed malignancy. Prognosis is usually poor and the mortality rate is high, partly due to a late diagnosis. Although gastrointestinal angiosarcoma remains rare, it is important to consider it as a rare differential diagnosis in patients complaining of vague gastrointestinal symptoms. The mainstay of treatment is surgery. Further studies are needed to clarify the role of adjuvant radiation therapy and chemotherapy in the treatment of gastrointestinal angiosarcoma given its very aggressive nature.
INTRODUCTION
Postoperative diaphragmatic hernia (DH) is a rare but serious complication with an incidence of less than 2.3% following patients who underwent major hepatectomy.

CASE REPORT
A 60-year-old lady presented to a district hospital in Sabah with complaints of right hypochondrium pain, vomiting and nil bowel output. Further history indicated a previous right hemihepatectomy for liver cyst 6 years prior. She was treated for adhesion colic however her symptoms did not improve and was transferred to Hospital Queen Elizabeth. Upon arrival, she was feverish, tachycardic with borderline saturation of 94-95% under room air. Lung examination revealed reduced air entry over the right hemithorax with a distended abdomen. Chest x-ray showed a raised right hemidiaphragm with bowel herniation into the lower half of the right hemithorax. She then underwent a laparotomy and intraoperatively, a large right diaphragmatic defect measuring 6 x 8cm was found with a loop of small bowel and a segment of colon strangulated within the hernia sac. The gangrenous bowel was resected, and ileocolic anastomosis performed. Post reduction of hernia contents, the previously collapsed right lung had re-expanded. A chest tube was inserted under direct vision and the diaphragmatic defect successfully repaired. Consistent with her previous operation, right lobe of liver was absent whereas the remaining left lobe appeared normal. Postoperatively, patient extubated well and was discharged to general ward by second day.

CONCLUSION
Postoperative DH may be caused by large tumours which increase intraabdominal pressure leading to weakening of diaphragmatic musculature or extensive dissection during liver mobilization with cautery-related thermal injury. DH may present months to years after initial surgery but ultimately all symptomatic and asymptomatic DH require surgery. Decision on usage of graft depends on size of defect correlating with degree of tension as well as severity of contamination intraoperatively.
INTRODUCTION
Colorectal cancer is the second most common cancer in Malaysia. Associations between liver abscesses and colon cancer are exceedingly uncommon with only few reports in the absence of liver metastasis.

CASE REPORT
Two patients, presented to General Surgery, Hospital Queen Elizabeth, Sabah with symptoms of liver abscess however was found later to have colon cancer.

A 78-year-old, male presented to ED with high grade fever, chills and rigor, right hypochondrium pain, tachycardia with low blood pressure. He was treated for septic shock and admitted for intravenous administration of antibiotics and further investigation. Chest X-ray was unremarkable however his abdominal ultrasonogram revealed a large hypoechoic segment VIII lesion measuring 4cm x 5cm x 6cm. An ultrasound guided percutaneous drainage was done and pus cultures returned as Klebisella Pneumonia. During admission, he developed one episode of fresh per rectal bleed and was scheduled for a colonoscopy which revealed a mass at the sigmoid colon and biopsies showed adenocarcinoma. Carcinoembryonic antigen was <5ng/ml. He underwent an anterior resection after staging CT scan revealed no distant metastasis.

A 68-year-old, female presented to ED with fever and right hypochondrium pain. She was admitted like previous patient for treatment and workup under gastroenterology for cryptogenic liver abscess, with positive abdominal ultrasound however no significant definitive laboratory results. Patient underwent colonoscopy and was discovered to have rectal cancer, ultimately undergoing surgery. Her staging CT scan did not show any distant metastasis as well.

CONCLUSION
Liver abscess can present as a sole initial manifestation of colorectal cancers without associated metastasis due to repeated bacterial translocation from destruction of colonic mucosal barrier. Awareness of this association would lower our threshold for colonoscopy to screen for colon cancers especially in cryptogenic liver abscesses.

KEYWORDS
liver abscess, colonoscopy, screening, awareness
PARATHYROID HORMONE ASSAY FOLLOWING TOTAL THYROIDECTOMY FOR EARLY PREDICTION OF POST-OPERATIVE HYPOCALCAEMIA

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BACKGROUND  
Detecting post-operative hypocalcaemia following total thyroidectomy using serum parathyroid hormone levels would help in an earlier and a definitive treatment plan in treating hypocalcaemia.

METHODS  
This was a prospective interventional study done in a tertiary care teaching hospital. This was mainly done to assess the post-operative hypocalcaemia following total thyroidectomy using parathyroid hormone levels and to assess the correlation between the two. With a baseline levels recorded patients underwent a post-operative evaluation of parathyroid hormone 1 hour after total thyroidectomy and serum calcium levels on day 1, 2, 3 and 4 after surgery. The same was statically analyzed to find a correlation between parathyroid hormone levels and the degree of hypocalcaemia and evaluated to see if parathyroid hormone was a reliable clinical indicator.

RESULTS  
A total of 43 patients were included in the study and the parathyroid hormone levels were assessed following surgery, the same was plotted statistically. Sensitivity of parathyroid hormone drop by 75% in predicting hypocalcaemia was 95%. 50% drop in parathyroid hormone levels was a sensitive predictor of hypocalcaemia. A PTH value of less than 15.1 pg/ml was highly specific and sensitive indicator of hypocalcaemia.

CONCLUSIONS  
Parathyroid hormone Assay following total thyroidectomy is reliable for early prediction of hypocalcaemia. Patients with a parathyroid hormone level <9 pg/ml or with 75% drop in parathyroid hormone level are at a high risk for hypocalcaemia and would require calcium supplementation.

KEYWORDS  
parathyroid hormone assay, hypocalcaemia, total thyroidectomy
COMPLEMENTARY THYROID ELASTOGRAPHY ON CONVENTIONAL ULTRASOUND IN DIAGNOSIS OF MALIGNANT THYROID NODULES

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BACKGROUND
Ultrasound has been widely used to assess thyroid nodules. Ultrasound elastography has been developed to improve detection of thyroid malignancy, but has received mixed responses. We aim to determine the efficacy of ultrasound elastography in detecting malignant thyroid nodules.

METHODS
Patients with thyroid nodules were assessed using conventional ultrasound and elastography. Fine-needle aspiration and or hemithyroidectomy were subsequently performed. The ultrasound findings were compared with the cytology or histopathology for statistical analysis.

RESULTS
One hundred and fifty six nodules were included, 12 (7.7%) were malignant and 144 (88.8%) were benign. Elastography was an independent predictor of malignancy (OR 10.35, 95% CI [1.31, 81.6], p=0.03). Other independent predictors were taller shape and central doppler pattern obtained using conventional ultrasound. A combination of the three independent predictors was shown to improve the sensitivity of detecting malignant thyroid nodules up to 100%, 95% CI [73.5, 100] with NPV of 100%. A new scoring system incorporating the three variables was developed and an algorithm using the scoring system was proposed.

CONCLUSION
Thyroid elastography is an independent predictor of thyroid malignancy. Its performance is comparable to conventional ultrasound features when used alone, but improved when used in combination with other ultrasound features. It is therefore a valuable screening tool for thyroid nodules.

KEYWORDS
thyroid elastography, thyroid ultrasound, thyroid cancer
CHYLE LEAK AFTER POST SIMPLE HEMITHYROIDECTOMY: IS IT POSSIBLE?

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Chyle leak is a well-known complication that can occur after a thyroidectomy with neck dissection; however, it rarely occurs after thyroidectomy alone. Here, we report a case and the management of a chyle leak following a left hemithyroidectomy for a benign solitary thyroid nodule. The patient was treated both conservatively and successfully. Based on the literature search, this is only the second reported case of a chyle leak after a simple hemithyroidectomy without any central or lateral neck dissection. The possible etiologies of such rare complication and its management is discussed.
MODIFIED DIAGNOSTIC PERITONEAL LAVAGE IN TREATMENT OF PERFORATED GASTROINTESTINAL TUBERCULOSIS: A CASE REPORT

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In recent years, there is increasing incidence of tuberculosis in Malaysia population and worldwide. Along with this, abdominal tuberculosis has become more frequently encountered in our health care setting. Tuberculous patients are poor candidates for surgery due to their poor nutritional and immunocompromised status. For this reason, perforated gastrointestinal tuberculosis posts a very high surgical mortality risk and therefore, its management remains controversial. Here, we presented a case of abdominal tuberculosis complicated with gastrointestinal perforation which was successfully treated with modified diagnostic peritoneal lavage (DPL) and concomitant anti-tuberculous therapy. No laparotomy surgery was required.
AUDIT OF SHORT TERM OUTCOME ANALYSIS OF LAPAROSCOPIC HERNIA REPAIR IN DISTRICT SETTINGS

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INTRODUCTION
Hernioplasty is one of the commonest procedure perform at any hospital worldwide. Laparoscopic Hernioplasty is currently deemed as a gold standard procedure for inguinal hernia.

OBJECTIVE
To analyze the short term outcome of laparoscopic hernia repair in Hospital Teluk Intan & Hospital Slim River.

METHOD
Retrospective analysis of laparoscopic hernia repairs done in Hospital Teluk Intan and Hospital Slim River from August 2015 till August 2017.

RESULT
A total of 41 cases were performed. 22 cases using Totally Extra Peritoneal (TEP) method with 19 cases using Trans Abdominal Peri Peritoneal (TAPP) method. 3 cases of hernia recurrence in this study. Complication include - urinary retention 12% and post-operative pain 5%. Two conversions to open surgery due to port air leak and dense adhesion.

DISCUSSION
Laparoscopic hernia is commonly performed in tertiary settings while open method commonly practiced in other settings. Laparoscopic benefits to patient in the sense of less post op pain, cosmetic, early return to daily activity & work. Though it requires adequate training for performing surgeons and nurses.

CONCLUSION
Laparoscopic hernia repair can safely be performed in district settings provided proper training, careful patient selection and patient education are fulfilled.
MESENTERIC CYST: DIFFERENTIAL DIAGNOSIS AS AN ETIOLOGY OF ABDOMINAL DISCOMFORT

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INTRODUCTION
Mesenteric cysts are rare intraabdominal tumors. Its presentation varies according to size and localization. Here we would like to report a case of mesenteric cyst as a source of abdominal discomfort.

OBJECTIVE
To enlighten that mesenteric cyst can cause abdominal discomfort.

METHOD
A 40 years old lady presented with abdominal discomfort for 1 year. Clinically she has a left hypochondriac mass measuring about 8 x 8cm. Laboratory investigation was unremarkable. Preoperative CT Abdomen showed a cystic mass in the left lower abdomen inferior to the left kidney with size measuring 7.2 (AP) x 8.7 (W) x 7.3 (CC) cm. Intraoperatively noted cyst of sigmoid mesocolon. Excision of cyst was done.

RESULT
Histopathology report showed Benign Mucinous Cystadenoma of the sigmoid mesocolon.

DISCUSSION
For some patient, the cyst could become asymptomatic while some others might have abdominal symptoms - nonspecific abdominal discomfort or pain. Mesenteric cyst is a rare intraabdominal growth. When suspicion of mesenteric cyst as a diagnosis present, radiological imaging is the modality of choice to determine its characteristic and as an adjunct strategy for preoperative planning. Total Excision of Cyst is the treatment of choice.

CONCLUSION
For patient with nonspecific abdominal discomfort or pain, mesenteric cyst should be considered as an alternative diagnosis and further work up is needed. Though benign, it can definitely pose a threat when cyst complication occurs.
A CASE REPORT: CLOSED LOOP LARGE BOWEL OBSTRUCTION CAUSED BY EXTRA-LUMINAL SIGMOID MESOCOLONIC CYST

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INTRODUCTION
Closed loop obstruction rarely caused by compression from mesocolon cyst. Here we would like to report a case of mechanical bowel obstruction caused by mesosigmoid colon cyst compression.

OBJECTIVE
To prove that mesocolon cyst can be the cause of mechanical bowel obstruction

METHOD
A 71 years old lady presented to us with generalized abdominal pain. Clinically is septic looking & guarding abdomen. Blood parameter showed leucocytosis with mild renal impairment. Abdominal X-Ray showed dilated transverse colon with calcified oval shaped mass over left iliac fossa region. Exploratory laparotomy performed and intraoperatively noted closed loop colon obstruction - gangrene caecum with dilated large bowel from caecum till sigmoid & noted sigmoid mesocolon cyst compressing sigmoid lumen. Subtotal Colectomy with double barrel stoma was done.

RESULT
Histopathology report showed ischemic colitis for colon proximal to the mass with Benign Mesosigmoid Cyst.

DISCUSSION
Mesocolon cysts are rare benign intraabdominal tumors. Some patients being asymptomatic while others having nonspecific symptoms. Radiological imaging makes diagnosis clear. Total Cystectomy is the treatment of choice.

CONCLUSION
Although benign in nature, mesocolon cyst can cause large bowel mechanical obstruction as a complication.
OBTURATOR HERNIA: A CASE REPORT OF A DIAGNOSTIC CHALLENGE OF AN EXTREMELY RARE TYPE OF HERNIA

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INTRODUCTION
Obturator hernia is a rare type of hernia that often presents with a confusing clinical presentation. Its early surgical intervention is often delayed by clinical and radiological diagnostic difficulty.

CASE REPORT
We therefore present this case to highlight the diagnosis difficulties and management of the obturator hernia. This is a 72 years old female presented with intestinal obstruction symptoms for 5 days and hernia orifices were normal. Plain radiograph of abdomen showed dilatation of small bowel. Pre-operative computed tomography revealed an obstructed right inguinal hernia and incidental finding of active pulmonary tuberculosis. Patient underwent an emergency exploratory laparotomy, small bowel resection and primary anastomosis for a strangulated obturator hernia with small bowel perforation. Obturator hernia defect, measured about 2 x 2cm was closed with purse string suture. Patient recovered well postoperatively however patient passed away due to active pulmonary tuberculosis on post operative day 9.

DISCUSSION
Obturator hernia is a rare but significant cause of intestinal obstruction. A delay in diagnosis may result in a high probability of morbidity and mortality. Thorough clinical and appropriate radiological assessment, followed by early surgical intervention is crucial for a successful treatment.

KEYWORDS
obturator hernia, intestinal obstruction, strangulated obturator hernia, laparotomy
ABSENCE OF THE LEFT LIVER LOBE ASSOCIATED WITH CHOLANGIOCARCINOMA: A CASE REPORT

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INTRODUCTION
Absence of the left lobe of the liver is a rare condition. Almost all cases reported are due to incidental radiological finding for any other cause. Most of the time the causes of left lobe absency is congenital in origin but small percentage can be due to acquired reasons.

OBJECTIVE
We are reporting a case of cholangiocarcinoma with absence of left lobe in an 66-year-old male patient discovered after a CT abdomen done for obstructive jaundice.

CASE REPORT
This is a 66 year old male presenting with obstructive jaundice and right upper quadrant abdominal pain for 2 months. He has loss significant loss of weight. Liver enzymes were deranged and CT abdomen revealed absent of left liver lobe and right lobe intraparenchymal mass may represent cholangiocarcinoma. Subsequently MRCP showed left liver lobe is absent with mid cbd narrowing with soft tissue mass may represent cholangiocarcinoma. Patient was subsequently sent to tertiary centre for ERCP and further management.

DISCUSSION
Despite the non presence of the left lobe is asymptomatic and congenital in origin; it should not taken lightly. Developmental absence (i.e. agenesis) is a diagnosis of exclusion and we need to rule out the acquired cause of left lobe athropy. In fact, some other terrifying conditions which are left treathening should be excluded, such as cholangiocarcinoma, cirrhosis or even hydatid cysts. In this case the most likely reason for the absence of the left lobe might be due to the cholangiocarcinoma as evident by the aggressive symptoms and presentation.

CONCLUSION
It is important to search a possible cause for lobar absence in order to exclude a life threatening pathology (e.g. cholangiocarcinoma). Once a possible metabolic, carcinomatous, traumatic, vascular or infectious cause has been excluded, it is important to evaluate the associated anatomic anomalies.
GASTRIC ANGIOSARCOMA MIMICKING BLEEDING GIST TUMOR: A RARE CAUSE OF RECURRENT UGIB

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INTRODUCTION
Upper gastrointestinal bleeding secondary to bleeding gastric carcinoma is common. Bleeding gastrointestinal angiosarcoma is otherwise the opposite. It is a very rare vascular malignant tumour even more rare with gastric involvement. There are only seven cases of angiosarcoma to have ever involved the stomach in the actual literature.

CASE SUMMARY
This report describes a 60-year-old gentleman who presented with recurrent upper gastrointestinal bleeding which requires multiple blood transfusions and endoscopic intervention. He was admitted for three times within two months. It was associated with typical PUD SYMPTOMS BUT NO documented significant weight loss. Esophagastroduodenoscopy revealed an umbilicated swelling with visible vessel at upper part of the lesser curvature, suspicious of GIST Tumour. Multiple biopsy taken were inconclusive. Case posted for wedge resection. Subsequent HPE show well differentiated angiosarcoma with margin involved. A computed-tomography scan revealed no distant metastasis. Rescope after three months suggestive of recurrent. He was posted for completion of gastrectomy. Surgical staging showed no locoregional recurrence or distance metastasis confirmed with histopathological examination.

DISCUSSION
Angiosarcoma is a very rare, malignant neoplasm that is characterized by invasive anaplastic cells derived from blood vessels. It accounts for less than 1% of soft tissue sarcomas. They may occur in many regions of the body, most frequently in the skin and scalp, and very rarely in the gastrointestinal tract. Prognosis is usually poor and the mortality rate is high, partly due to a late diagnosis. The mainstay of treatment is surgery. Role of adjuvant radiation therapy and chemotherapy post total gastrectomy is limited with minimal supportive data.

CONCLUSION
Angiosarcoma of the stomach is a rare etiology for bleeding gastric tumour which carries poor prognosis, aggressive progression and possesses limited adjuvant therapy following surgical intervention.
A NOVEL METHOD OF LAPAROSCOPIC APPROACH IN A GIANT BLADDER DIVERTICULUM WITH RENAL CELL CARCINOMA “DOUBLE TROUBLE”

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INTRODUCTION
Bladder diverticulum is a herniation of the urothelium between the interlacing muscle fibers of the bladder wall. Bladder diverticulum are categorized as primary (or congenital) and secondary (or acquired). Congenital diverticula are rare and result from weakness of the bladder mucosa with the entire wall of the diverticulum surrounded by a thinned muscular wall. Giant vesical diverticulum is an uncommon clinical entity and a total of 13 cases are reported.

CASE REPORT
A 76 years old Chinese gentleman presented to casualty with complaint of abdominal distention and pain over the lower quadrant for past 5 months. Per abdomen was distended with a vague mass over the right lower quadrant measuring 15cm x 15cm, non tender, non pulsating. Digital rectal examination prostate was enlarged with median sulcus obliterated. No nodule or mass palpable. Ultrasound abdomen shows a highly vascular right renal mass most likely represent a renal cell carcinoma and a large urinary bladder diverticulum. We proceeded with laparoscopic right nephrectomy with diverticulectomy. The intraoperative findings was multiple nodules at right kidney, giant bladder diverticulum located at lateral part of the bladder wall.

DISCUSSION
Bladder diverticula occur in about 12% of patients with obstructive lesions of the lower urinary tract and most often in older men. Associated complications include infection, stone formation and tumor development within the diverticulum. The gold standard of treatment this bladder diverticulum is with extravesical diverticulectomy approach. However, we proceeded with laparoscopic extravesicle approach. We would like to report on a complexity case which presented with renal cell carcinoma and a concurrent giant bladder diverticulum and the technique approach.

CONCLUSION
For our knowledge, this will be the first case report on the laparoscopic extravesicle approach which was done concurrently in a renal malignancy patient which have proved to be safe, effective, and minimally invasive and therefore superior to open extravesical diverticulectomy which is the gold standard.
PELVIC RECONSTRUCTION FOR HUGE DEFECT FOLLOWING TOTAL PELVIC EXANTERATION OF RECURRENT PELVIC TUMOR: THE CHALLENGE FOR SOFT TISSUE COVERAGE IN RECONSTRUCTIVE SURGERY

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OBJECTIVES / BACKGROUND
Complete resection is the most important prognostic factor in pelvic tumor surgery, thus total pelvic exanteration of locally advanced recurrence tumor is indicated to achieve complete resection and negative surgical margin that required soft tissue coverage to obscure the huge defects.

METHODS
This is a case of aggressive recurrence squamous cell carcinoma of the gluteal and perianal area that occur within 2 years and required multidisciplinary team approach in managing the tumor with probably the huge wound defects post radical resection ever reported. Patient had total pelvic exanteration and soft tissue coverage with three local flaps; right pedicled myocutaneous vertical rectus abdominis, left pedicled myocutaneous gracilis flap, and local transpositional fasciocutaneous flap of the back to cover the wound defect. In addition, patient had colostomy creation and suprapubic catheter insertion simultaneously. Negative pressure wound therapy dressing was applied to act as splinting in holding the flap together from breakdown.

RESULTS
Post operative, patient was put in lateral position supine position with modified bed preparation in preventing compression of flap vascular pedicle. Patient’s flap was monitor regularly and started on physiotherapy after 4-6 weeks once the flap is stable.

CONCLUSIONS
Total pelvic exanteration is one of the option for recurrence squamous cell carcinoma of gluteal and perianal for good local oncologic control. Despite the challenge in reconstructive surgery following the radical resection to cover the huge wound defect, it is possible to achieve satisfactory wound coverage with versatility of pedicled flaps and acceptable overall survival.
TWO DISTINCT UNRELATED PATHOLOGIES OF HEAD AND NECK TUMOR IN SINGLE PATIENT: CASE REPORT OF PAPILLARY THYROID CARCINOMA AND RECURRENCE FACIAL BASAL CELL CARCINOMA

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OBJECTIVES / BACKGROUND
Basal Cell Carcinoma is a common skin malignancy that can be successfully treated when it is identified in its early stages, but the disease is associated with a poor prognosis when it is locally invasive and recurrence. Meanwhile, papillary thyroid carcinoma is a thyroid cancer that has a good prognosis, and there are not many cases of head and neck tumors that have two different pathologies involving thyroid and cutaneous skin lesions that are not related.

METHODS
The present patient was a 67 years old lady with painless skin lesion at the right nose 10 years ago that consistent with basal cell carcinoma that has been treated primarily with excision and local flap but recur over time and long history of goitre without obstruction symptoms for 40 years. Aggressive basal cell carcinoma causes local invasion that affect half of the right face and required wide resection with soft tissue reconstruction. As the goiter will compromise the airway for major surgery, further investigation of goiter was performed and confirmed papillary thyroid carcinoma. Patient had total thyroidectomy and followed by wide resection, orbital exanteration with soft tissue reconstruction with chimeric flaps consist of free myocutaneous latissimus dorsi flap and free osseous scapular flap.

RESULTS
The two primary tumors of the patient were treated surgically. Intraoperative biopsy showed two different pathologies without any evidence of metastases. During post operative therapy, no serious side effects were observed.

CONCLUSIONS
It is a challenge in managing two different pathologies of head and neck tumor. Priority of surgical excision must be made to optimize the long hour surgery and the outcome. Facial basal cell carcinoma and papillary thyroid carcinoma may occur concurrently, although this is rarely observed. The present study reports a rare case that demonstrates that the two tumors can be successfully treated simultaneously.
ROLE OF SURGICAL INTERVENTION IN TREATMENT OF HUMAN DIROFILARIASIS: A CASE REPORT

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Human dirofilariasis is a rare zoonotic disease caused by Dirofilaria immitis and Dirofilaria repens, with only about 800 cases reported worldwide. The primary hosts are dogs and wild canids. It’s spread by invertebrate vectors like mosquitoes and is rising in certain areas of Europe, Asia and Africa. 60% of human dirofilariasis is due to D. immitis, usually causing human pulmonary dirofilariasis. D. repens causes the remaining 40%, which is more localized and causes a painful nodule formation. The nodule is ubiquitous, but usually located intraocular, periorbital, subconjunctival, intraoral or intramuscular. We present a case of a 26-year-old Indian man from Udupi, Karnataka, India with a swelling on the proximal 1/3rd of his right forearm on the anterolateral aspect. The patient is also a known case of paranoid schizophrenia, under treatment. Ultrasound imaging of the swelling was suggestive of an intramuscular dirofilarial granuloma due to D. repens and enucleation of the granuloma was done under monitored anesthesia care. With adequate post-operative care, the patient was discharged on post-operative Day 4. Surgical resection of the granuloma was preferred over anti-filarial medication as the latter required treatment with anti-helminthic beyond 6 months. Surgical intervention also drastically reduced his duration of hospital stay and treatment cost, besides allowing him to quickly return to his normal day to day routine.
Adult intussusception is a rare entity that may present in the acute and subacute setting principally related to the degree of bowel obstruction. Preoperative diagnosis of this condition may be difficult especially in district Hospital in State of Sabah where variety of chronic infection like Tuberculosis and Thypoid.

We describe a 42 years old male, with abdominal pain for 1 week, and intestinal obstruction for 2 days. Had altered bowel habit for passed 1 year. Examination showed palpable vague mass in abdomen. CT scan showed ileo-ileo Intussusception causing small bowel obstruction. The patient had laparotomy, small bowel and polyp resection with end to end anastomosis. Histopathology showed moderate differentiated adenocarcinoma of small bowel.

Discussion of this presentation is focusing on the diagnostic approach and surgical management of this rare condition. Intussusception represents an unusual problem in adult patients; it requires a high clinical suspicion, mainly as a differential diagnosis in patients with intestinal obstruction, and it clinically presents as an acute, subacute or chronic illness. CT represents the most useful diagnostic tool. An attempt to perform reduction procedures in small intestine intussusceptions can be done, however, like in this case as we can’t rule out malignancy pre operatively and intraoperatively, a formal En bloc resection of the segment is recommended.

We propose that surgeons should have a high index of suspicion for intussusception, especially in mechanical obstruction without an obvious cause. In such cases, early laparotomy may be recommended.
LEFT HEPATIC ARTERY PSEUDOANEURYSM: A RARE PRESENTATION OF GASTROINTESTINAL BLEEDING

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INTRODUCTION
Visceral artery pseudoaneurysm (VAPA) is defined as aneurysm affecting the celiac, superior or inferior mesenteric arteries and their branches. It is life threatening as it has high incidence of rupture and hemorrhage.

CASE REPORT
We are presenting a case of 32 years old gentleman presented with abdominal pain and symptoms of gastrointestinal bleeding. A routine endoscopic procedure was done to rule out common cause of gastrointestinal bleeding. Diagnosis of left hepatic artery pseudoaneurysm was found after we proceeded with computed tomography angiography (CTA) mesenteric. It was intervened with percutaneous transcatheter embolization.

DISCUSSION
Rupture pseudoneurysm has fatal hemorrhage with mortality of 90-100% if left untreated and mortality ranges between 18 and 29% after aggressive management.

Management of gastrointestinal visceral artery pseudoaneurysm are either radiological management with transcatheter embolization or surgical management based on individual aneurysm characteristics and hemodynamic status of patient.

CONCLUSION
In conclusion, VAPA should not be missed, as it can be a life threatening condition.
CANCER OF THE APPENDIX: LOOKING THROUGH THE RARE AMONG THEM

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INTRODUCTIONS
Primary malignancies of appendix are rare, about 0.5% of all gastrointestinal malignancies. Carcinoid tumours being most common 66% followed by cystadenocarcinoma 20% and adenocarcinoma 10%.

OBJECTIVES
Encountered cases of appendicular cancer managed in secondary district hospital - looking on presentations, managements, outcomes and literatures review.

MATERIALS AND METHODS
Retrospective review on two cases of appendicular cancer encountered between January 2015 - December 2017.

RESULTS
Two cases encountered, 60 years old female and 44 years old male. Presented with features of appendicitis and subsequent went for appendicectomy. Follow up on histopathology of the appendix revealed mucinous adenocarcinoma and mucinous cystadenocarcinoma respectively. Subsequently both went for right hemicolectomy with primary anastomosis. Preoperative Computed Tomography (CT) scan showed no evidence of distant metastasis. Histopathology of the omentum revealed component of low grade pseudomyxoma peritonei for the female patient which afterwards patient seek treatment at Singapore and underwent small bowel resection, omentectomy, peritonectomy, cholecystectomy and splenectomy with hyperthermic intraperitoneal chemotherapy (HIPEC) while our male patient proceed with 8 cycles of capcitabine. Both showed no evidence of lymph nodes involvement. Surveillance colonoscopy and carcinoembryogenic antigen (CEA) trend follow up showed no evidence of recurrence.

DISCUSSION
Appendicular cancer is rare, most common as incidental from appendicectomies. Complete surgical resection remained mainstay of treatment in early cases. Literatures revealed adjuvant chemotherapy improves overall survival rate in stage I - III adenocarcinoma while HIPEC do play a role in carcinoma peritonei. 5-years survival rate reported 83.1% for carcinoid tumours and 49.2% for non-carcinoid.

CONCLUSION
Appendicular cancer is a diagnostic dilemma as it presents with no specific clinical presentations. It posed a great challenge in early detection of the tumour which dictate the need of proper follow in post appendicectomy patients.
ILEO-COLIC ADULT INTUSSUSCEPTION SECONDARY TO CAECAL TUMOR: A CASE REPORT

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Adult intussusception is a rare condition. It accounts for 5% of all intussusceptions and only 1% of bowel obstruction cases. In contrary to pediatric intussusception, most of adult intussusception is secondary to pathological condition of which most of the lead point are due to maglinant tumor. Clinical presentations of adult intussusception are variable, and may be acute, intermittent or chronic symptoms.

CASE REPORT
A 48 years old lady, no known medical illness, with surgical history of total abdominal hysterectomy done 1 month ago, presented with right sided abdominal mass for past 1 month associated with intermittent abdominal pain, otherwise no alteration in bowel habit, no other intestinal obstruction symptom and no history of blood stained stool. Abdominal examination revealed abdominal mass occupying right lumbar and right iliac fossa, measuring about 15cm x 10cm, not tender, and no peritonitis. Abdomen x ray showed fecal loaded, but no dilated bowels. Constrast-enhanced CT scan abdomen/pelvis was performed and it showed long segment ileocolic intussusception causing small bowel obstruction. Emergency exploratory laparotomy was performed. Intra-operatively, there was long segment ileocolic intussusception with the caecum tumor being the lead point of the intussusception. A right hemicolectomy with end to end anastomosis was performed. Histopathological report revealed caecum adenocarcinoma. Post operatively, patient recovered well and was discharged with oncology referral for adjuvant chemotherapy and radiotherapy.

CONCLUSION
Diagnosis of adult intussusception might be challenging due to variable presentations. Thus, CT scan play an important role in diagnosing adult intussusception. Surgical treatment is the mainstay treatment of adult intussusception as most of the case are secondary to underlying pathological condition. En-bloc resection without reduction whenever possible is believed to be the treatment of choice for colonic intussusception.
DISTAL ILEUM NEUROENDOCRINE TUMOR WITH RIGHT URETER INFLITRATION PRESENTED AS INTERMITTENT ABDOMINAL PAIN: A CASE REPORT

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Neuroendocrine tumor (NET) is a neoplasm that arises from enterochromaffin cell. NET most commonly occur in gastrointestinal tract, predominantly found at small bowel. Small bowel NET is one of the rare type of small bowel malignant tumors and it usually occurs in ileum. The diagnosis of small NET usually delayed due to non-specific presentations and vague symptoms. Patient with small bowel NET can be presented with intermittent abdominal pain, small bowel intestinal obstruction, carcinoids syndromes.

CASE REPORT
A 65 years old lady presented with on and off abdominal pain for past one month. Abdominal examination showed mild tenderness over right iliac fossa and right lumbar, otherwise abdomen was not distended and bowel sound was normal. Ultrasound of abdomen shown right mild hydronephrosis with no renal/ureter stone. Constrast enhanced - CT abdomen and pelvis revealed heterogenous mass at distal ileum with infiltration to distal right ureter, however no liver or lung metastasis noted. Patient was planned for operation under elective setting. Rigid cystoureterography was performed and double J stent was inserted to right ureter prior to exploratory laparotomy to aid in identification of right ureter. Intra-operative findings were distal ileum tumor with infiltration to right ureter. Thus, right hemicolectomy, segmental resection of right ureter with end to end anastomosis was performed. Histopathology report revealed neuroendocrine tumor. Patient was then referred to oncology team for further management.

CONCLUSION
Patient with small bowel neuroendocrine tumor tend to present at late stage due to indolent course and vague symptoms. Prognosis of small bowel neuroendocrine tumor can be improved with early diagnosis. Surgery is the only modalities that can offer curative treatment in small bowel NET and should be performed whenever possible. Thus, it is imperative to think of small bowel neuroendocrine tumor as an important differential diagnosis in patients presented with vague abdominal symptoms.
ANORECTAL MALIGNANT MELANOMA - A RARE DISEASE ENTITY

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OBJECTIVES
Anorectal malignant melanoma represents an unusual but important presentation of anorectal malignancy. There have only been a few cases reported and the optimum management for this condition is still undecided, however, prompt diagnosis is essential.

INTRODUCTION
A 61-year-old Malay lady presented with 3 months history of anal pain, tenesmus and per rectal bleeding. The digital rectal examination revealed mass in the anal canal. Subsequent colonoscopy findings showed a suspicious 3 blackish polypoidal rectal polyp about 5 to 10cm from anal verge with pigmented anal mucosa.

RESULT
Biopsy of the rectal mass was performed and the histopathological examination showed malignant melanoma with possible resection margin involvement by tumour cells. Further immune-histochemical staining showed diffusely positive for S100 and HMB45. Computed tomography of the thorax, abdomen and pelvis did not reveal any loco-regional lymph nodes involvement or distant metastases. The patient was subsequently referred to the center with colorectal specialty for further management.

DISCUSSION AND CONCLUSION
Anorectal malignant melanoma is an uncommon and aggressive disease. The anorectum is the third most common location of malignant melanoma after the skin and retina. After diagnosis, the main treatment available is surgical resection. Sentinel lymph node mapping has an unclear role in its management. Adjuvant therapy has long been recommended. There is no convincing evidence to indicate that abdominoperineal resection did not improve the survival rate of patients with malignant rectal melanoma as compared to the wide local excision, while the wide local excision had advantages in lower surgical risk and allowing patients to avoid permanent colostomy.
EMPHYSEMATOUS PYELONEPHRITIS: A HUSM 10 YEARS PERPECTIVES AND TREATMENT ALGORITHM

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INTRODUCTION
Emphysematous pyelonephritis (EPN) is a life threatening infection of the kidney characterized by the presence of gas-producing bacteria within the renal parenchyma. Schultz and Klorfein first described the term ‘EPN’ in 1962. The largest cohort of EPN cases was reported by Huang and Tseng involving 48 patients in the year 2000. Local data regarding EPN is however lacking. We retrospectively analysed all EPN cases presenting to a tertiary level University teaching hospital over a 10-year period and present the following result.

RESULTS
Total of 7 patients with emphysematous pyelonephritis were treated in our center between 2007 and 2017. The female population was more predominat compared to male, 5 patients (71%) and 2 (29%) patient respectively. The presenting complaints include fever, flank pain, suprapubic pain, dysuria, nausea and vomiting. 5 (71%) patients had left EPN, 1 (14%) patient had left EPN with abscess collection and 1 (15%) patient with left EPN with urosepsis. 2 of 7 patients (29%) died due to septicemic shock secondary to EPN. All this patient was treated with conservative measurement that was antibiotic.

CONCLUSION
EPN is a severe and life threatening infection. In diabetic patients with urinary tract infections should be adequately investigated. CT scan is the definitive modality for diagnosing EPN. Initial management of EPN involves resuscitation, antibiotic treatment and control of diabetes. In our center we advocate the percutaneous drainage and emergency nephrectomy in patients with extensive renal destruction if ureteric obstruction is present.

KEYWORDS
emphysematous pyelonephritis, abscess, percutaneous drainage, nephrectomy
CASE REPORT: BLEEDING THIRD PART OF DUODENAL GASTROINTESTINAL STROMAL TUMOUR

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INTRODUCTION
Gastrointestinal stromal tumors (GIST) are non-epithelial mesenchymal tumors that occur in the gastrointestinal tract. Duodenal GISTs account for only <5% but make up 30% of primary duodenal tumours. Hereby, we would like to highlight the management of a case of a bleeding third part of Duodenal GIST.

CASE REPORT
A 56 years old man presented to us with an acute presentation of upper GI bleeding and severe anemia (4g/dL). Oesophagoduodenoscopy (OGDS) revealed a submucosal growth at the 3rd part of duodenum and biopsy reported as high risk GIST tumour. Computed tomography showed circumferential thickening of the first part of duodenum and exophytic mass at the third part of duodenum. Patient underwent laparotomy, D3 Gist tumour resection and primary side-to-side anastomosis done between D2 and jejunum. The histopathology was reported showed high risk GIST, spindle cell type positive CD117 immunoreactivity and high mitotic count.

DISCUSSION
GIST can occur anywhere along the gastrointestinal tract but most commonly arises in the stomach (65%), small intestine (25%), colon and rectum (10%), oesophagus (5%) and duodenum (5%). Histologically, GIST can be characterized as spindle cell type (70%), epithelioid type (20%) or rarely mixed type. C-kit product (CD117) is a specific marker for GIST. The mainstay of treatment is surgical resection with clear margins. In this case, the location of GIST tumor at third part of duodenum poses a challenge in operative planning and surgical resection with negative margins. OGDS was performed intraoperatively to aid identification of the ampulla of Vater to ensure safe proximal transection.

In conclusion, surgical resection remains the only chance for cure. Duodenal GISTs tumor resection requires a well-planned strategy for a safe surgery.
AMYAND HERNIA - CASE SERIES & LITERATURE REVIEW

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INTRODUCTION
Amyand hernia (AH) defined as an inguinal hernia that contains vermiform appendix whether it is inflamed or not. The incident of AH is less than 1%. AH usually presented with symptoms of incarceration therefore preoperative diagnosis is challenging. Management mainly based on the Lossanof and Basson classification.

CASE SERIES
The first case is a 67 years old male admitted for elective right hernioplasty. Intraoperatively, we noted a healthy appendix within the hernia sac. Appendix was reduced followed by mesh repair. The second case is a 40 years old male presented with acute irreducible inguinal hernia. Emergency exploration revealed a non-perforated inflamed appendix within the hernia sac. Appendicectomy was performed follow by mesh repair. The third case is a 67 years old male admitted for elective right hernioplasty. Intraoperatively, we noted a non-perforated inflamed appendix within the hernia sac. Appendicectomy was performed follow by mesh repair. Three cases were followed up without any complication and recurrent.

DISCUSSION
Traditionally, AH with appendicitis is a contraindication for mesh repair according to Lossanof and Basson classification. However, there are concerns arise regarding risk of recurrent hernia on patients who had their hernia repair without mesh. While recent reports favour the outcome of mesh repair in the setting of non-perforated appendix AH, we practice appendicectomy with mesh repair in patient with non-perforated appendix AH. It is controversial to decide appendicectomy in Type I AH. We suggest a more selective approach before decide appendicectomy in Type I AH.

SUMMARY
Appendicectomy follow by mesh repair is safe and feasible in Type II AH and the decision to remove appendix in Type I AH should be individualized.
Despite recent advances in early diagnosis and effective treatment, it is estimated that up to one-third of patients diagnosed with breast cancer will develop metastatic disease. Metastatic breast cancer is defined by tumor that has spread beyond the breast, chest wall, and ipsilateral axillary lymph nodes. Common sites for breast cancer metastasis generally include lungs, liver, bones, lymph nodes and brain. We present here 2 cases of extremely rare sites of breast cancer metastasis - the first patient came with orbital metastasis while the second case was metastasis to soft tissue of the lips. The rarity of metastatic breast lesion seen in these sites limits most studies to small retrospective reviews and case reports. Related literature about the presentation, diagnosis & management will be addressed in this report.
TRIUMA AND ACUTE CARE SURGERY: PREDICTORS OF MORTALITY FROM 1653 CONSECUTIVE MOTORCYCLE ACCIDENTS MANAGED IN A TRAUMA SURGERY CENTRE IN SOUTHERN MALAYSIA

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OBJECTIVE

Amongst the ASEAN countries, Malaysia has the highest road fatality risk (>15 fatalities per 100,000 population) with 50% of these fatalities involving motorcyclist. This contributes greatly to ward admissions and posed a significant burden to the general surgery services. From mild rib fractures to severe intra-abdominal exsanguinations, the spectrum of cases managed by surgeons resulting from motorcycle accidents is extensive. The objective of this study is to report on the demography and identify predictors of death in motorcycle traumatic injuries from a Malaysian trauma surgery centre.

METHODS

This is a prospective cross-sectional study of all injured motorcyclist and pillion rider that were admitted to Hospital Sultanah Aminah from May 2011 to February 2015. Only injured motorcyclist and its pillion rider were included in this study. Patient demography and predictors leading to mortality were identified. Significant predictors on univariate analysis were further analysed with multivariate analysis with SPSS version 16.

RESULTS

We included 1,653 patients with a mean age of 35±16.17 that were treated for traumatic injuries due to motorcycle accidents. The mortality rate was 8.6% (142) with equal amount of motorcycle riders (788) and pillion riders (865) that were injured. Amongst the injured were male predominant (1537) and majority of ethnic groups were the Malays (897) and Chinese (350). Severity of injury was reflected with a mean RTS of 7.31 (±1.29), NISS of 19.84 (±13.84) and TRISS of 0.91 (±0.15). Univariate and multivariate analysis revealed that age ≥35, lower GCS, head injuries, chest injuries, liver injuries, and small bowel injuries were significant predictors of motorcycle trauma related deaths with p<0.05. Higher trauma severity represented by NISS, RTS and TRISS scores were also significant for death with p<0.05.

CONCLUSIONS

Age, lower GCS, presence of head, chest, liver, small bowel injuries and higher severity on NISS, RTS and TRISS score is predictive of death in patients involved with motorcycle accidents. This information is important for prognostic mortality risk prevention and counselling.
PERFORATED BRUNNEROMA - A DIAGNOSIS IN DISGUISE

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Case report on a rare presentation of a rare diagnosis. Brunner Gland hyperplasia is a rare benign entity that is asymptomatic in general and picked up incidentally on OGDS. Rarely reported are bleeding and obstruction as presenting symptom. At the best of our knowledge this is only the second reported case of a perforated Brunner gland hyperplasia. Conclusion obtained is to enlighten the possibility of this diagnosis and the management mainly being symptomatic relief.
A REVIEW OF AORTIC DISEASE RESEARCH IN MALAYSIA

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Aortic disease comprises of a cluster of conditions ranging from common aortic aneurysms to rare congenital abnormalities. This paper reviews all the research and publication literature on aortic disease available in Malaysia published between the years 2000-2016. 213 papers were identified of which 60 papers were selected and reviewed on the basis of their relevance. The epidemiology, pathophysiology, clinical presentations, case reports, investigations, treatment and outcomes of aortic disease in the country are reviewed and summarized. The clinical relevance of the studies performed in the country is discussed along with recommendations for future research.
A REVIEW OF AORTIC DISEASE RESEARCH IN MALAYSIA

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INTRODUCTION
The progression of thoracic endovascular aortic repair (TEVAR) has introduced a minimally invasive approach of treatment for a wide range of thoracic aortic conditions. Primarily developed for the aim of exclusion of thoracic aortic aneurysms, TEVAR is now utilized as an alternative to open repair surgery for a variety of diseases.

METHODS
A literature search was conducted of MEDLINE and EMBASE databases, from January 2007 to February 2017. The search involved medical subject headings (MeSH): “aortic disease”, “thoracic aorta” and “endovascular repair”. 205 articles were identified of which 25 studies were selected for review based on their relevance.

FINDINGS
The key findings of the indications, techniques, outcomes, complications and comparisons to open surgical repair were extracted from the published studies and summarized in this review.
RANDOMIZED DOUBLE-BLIND CONTROL TRIAL TO STUDY THE EFFICACY OF TOPICAL HERBAL PRODUCT - CURCUMA XANTHORRHIZA (TEMULAWAK) IN THE TREATMENT OF HYPERPIGMENTED SCAR

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BACKGROUND
Curcuma xanthorrhiza (temulawak) has been tested to have a certain properties that can be used in treatment of hyperpigmentation which is tyrosinase inhibitor, anti-oxidant, antiseptic and anti-inflammatory. In this study, we want to explore the potential of temulawak as an alternative solution for hyperpigmentation treatment.

METHODS
A randomized double blind placebo control trial involving fifty eight patients with hyperpigmented scar were randomly divided into two groups. Patients were required to apply the topical cream evenly to their scar twice a day; one in the morning and the other during bed time. The patients were screened after at least 6 weeks after wound has healed. The evaluations of scar were done by medical practitioner, patient himself and also by independent photographic assessor. Patients, Investigator and independent photographic assessor were blinded to the topical application.

RESULTS
The mean age of patients was 39 years old (between 24 to 53 years old), 32 were female and 6 participants lost to follow up and excluded from study. Analyzed hyperpigmented scars were distributed at head and neck area (53.8%), limbs (40.4%) and trunk (5.8%). Hyperpigmentation, pain, itchiness and overall scar rating showed higher score decrement (better scar outcome) in the intervention group compared to control group. There was no adverse skin reaction recorded in both intervention and control groups.

CONCLUSION
The result of our study were not statistically significant. This is due to the limitation of the Vancouver scar scale and small sample size. However we still believe that temulawak has the potential role as an alternative treatment for scar hyperpigmentation.

KEYWORDS
Curcuma / Anti-inflammatory agent / Antioxidant / Hyperpigmentation
FACTORS ASSOCIATED WITH CHOICE OF SURGERY IN BREAST CANCER IN A PRIVATE BREAST CENTRE IN A MIDDLE INCOME COUNTRY

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INTRODUCTION
Breast cancer is treated mainly by surgical removal with the main types of surgery either modified radical mastectomy or breast conserving surgery. The choice of surgery is mainly the patient’s decision after consulting the surgeon.

OBJECTIVE
This study investigates the effect of patient and tumour characteristics on choice of surgery for breast cancer.

METHODOLOGY
This is a retrospective cohort study. Data was obtained from a single centre. Patients with breast cancer seen between 2012 and 2016 were included. Exclusion criteria were Stage 4 breast cancer, non-surgical initial treatment, non-epithelial breast cancer, bilateral breast cancer and foreigners. Data analysis was done with SPSS version 22.

RESULTS
1454 patients aged 22 to 88 years old with a median age of 51 and a mean age of 52.36 were included in this study. Patients were predominantly Chinese (90%). Overall, 61.9% of patients had mastectomy while 38.1% of patients had BCS. On multivariate analysis, older age, Chinese ethnicity, previous childbirth, increasing tumour size, more advanced stage and HER2 positivity were associated with choosing mastectomy.

CONCLUSION
Patient characteristics and tumour characteristics can impact the choice of surgery for breast cancer. Greater awareness of breast conserving surgery is needed in this community, particularly among Chinese patients.
INTRODUCTION
Low grade fibromyxoid sarcoma (LGFS) is a rare soft tissue neoplasm. It is a spindle-cell tumor composed of collagen-rich and myxoid parts, characterised by its relatively benign histological appearance with spindle cells in a whirling pattern, as well colonised and mixed areas. In spite of its benign histopathologic features, LGFS displays malignant behavior and presents a paradoxically aggressive tendency with a high percentage of recurrence and metastasis.

CASE STUDY
53 year old Malay gentleman with underlying hypertension presented with abdominal mass. Physical examination demonstrated a vague mass over epigastric extended to suprapubic region. Computerized Tomography (CT) abdomen revealed large right intra-abdominal mass. Patient underwent excision with intraoperatively noted huge mass arising from the mesocolon and extending to retroperitoneum with no attachment or adhesion to surrounding colon. The histopathology examination (HPE) report revealed low grade fibromyxoid sarcoma. Patient then defaulted radiotherapy. Patient represented one year post operative with surveillance CT scan abdomen shows solid lobulated mass at the ileocaecal junction extending along the medial wall of ascending colon which possible residual tumor. Re-excision done, there was ileocaecal mass with abnormal mucosa from ileocaecal valve until 5 cm towards ileum. HPE shows no malignancy.

DISCUSSION
LGFS represent approximately 10% of soft tissue sarcomas. It is a benign neoplasm proliferates at various anatomical locations. Patients of any age may be affected and male:female ratio is 1:1. The standard treatment is a complete surgical resection. Recent study reported recurrence in 64% and metastasis in 45%. Rate of metastases varied from 5% - 41%, with 21% to nonlung anatomical location.

CONCLUSION
Fibromyxoid sarcoma is a rare tumor with longstanding metastatic potential of the disease and recurrence, thus long term follow-up is fundamental.
ABDOMINAL WALL DEFECT RECONSTRUCTION AFTER DESMOID TUMOR RESECTION WITH THE PEDICLED ANTEROLATERAL THIGH FLAP WITH FASCIA LATA - A CASE SERIES

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OBJECTIVE
Abdominal wall reconstruction can be approached in a variety of ways from simple skin grafting to free flap reconstruction. We present a series of three cases of reconstruction of the anterior abdominal wall following oncologic resection of abdominal wall desmoid tumors using the pedicled anterolateral thigh flap (ALT) with fascia lata.

METHOD
The anterolateral thigh flap is one of the workhorse perforator flap in reconstructive surgery based on the lateral circumflex femoral artery system. The ALT flap provides different tissue components such as muscle, fascia and skin in a variety of combinations as a pedicled or free flap. This flap was harvested as a pedicled flap with the inclusion of a large component of the fascia lata for full thickness abdominal wall reconstruction.

SUMMARY
Flap coverage is recommended when soft tissue coverage of the abdomen is inadequate. Three patients underwent desmoid tumor resection leaving a large full thickness soft tissue defect of the abdomen followed by reconstruction of the abdominal wall with the pedicled ALT flap with fascia lata. There were no intraoperative complications and satisfactory post-operative healing was achieved. Primary closure of the donor site of the thigh was achieved to reduce donor site morbidity.

CONCLUSION
The pedicled ALT flap is a good option for abdominal wall reconstruction in cases which result in large soft tissue and full thickness defects of the abdomen. Its vascular reliability, good arc of rotation and can be elevated as a composite flap make this flap a valuable option for locoregional reconstruction.
POORLY DIFFERENTIATED LARGE CELL NEUROENDOCRINE LOWER OESOPHAGEAL CARCINOMA IN A SEPTUAGENARIAN: A RARE REVELATION

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INTRODUCTION
Oesophageal neuroendocrine carcinoma is exceedingly rare neoplasm, representing only 1.3% of neuroendocrine tumors in digestive system and 3.3% of all esophageal malignant neoplasms. Most of the reported cases in the current literature are small cell neuroendocrine oesophageal carcinomas. We highlight a case of neuroendocrine oesophageal carcinoma in a septuagenarian; how a seemingly mundane patient presentation has resulted in a truly rare and interesting underlying disease process.

CASE REPORT
A 73-year-old gentleman with no co-morbidities, an ex-smoker but a teetotaller, presented with progressive dysphagia, post-prandial vomiting and weight loss about 5 kilograms in one month. OGDS showed a long segment circumferential fungating lower oesophageal tumour. CT scan demonstrated carcinoma of lower oesophagus with possible involvement of the proximal stomach and regional lymphadenopathy. He was admitted for pre-operative optimization but not keen for neoadjuvant chemoradiotherapy for social reasons. He underwent transhiatal oesophagectomy which revealed a bulky cardio-osophageal tumour. HPE showed poorly differentiated neuroendocrine carcinoma, large cell type (Grade 3), stage pT2N1M0. One of 31 nodes was positive for metastasis. Contrast study showed an intact anastomosis hence he was discharged on postoperative day 9.

DISCUSSION
Management strategy of locally advanced neuroendocrine carcinoma in elderly remains controversial. Conventional chemotherapy, post-operative radiation and surgery alone were among the proposed modalities. Multidisciplinary input is the evolving trend in most of the centers. Transhiatal approach was deemed suitable surgical approach for this elderly man despite limited lymphadenectomy with acceptable outcome and survival. He currently is doing well without any recurrence at 13 months post-operative period.

CONCLUSION
Management of oesophageal neuroendocrine tumor in elderly should be tailored individually. Further evidence and good recommendation are needed.
DIFFUSE LARGE B CELL LYMPHOMA OF THE THYROID GLAND; A CASE REPORT

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INTRODUCTION
Rapidly enlarged anterior neck mass with compressive symptoms is often representing a neoplasm of thyroid gland. Among other diagnosis, primary thyroid lymphoma is a rare entity of thyroid malignancy.

PRESENTATION OF CASE
We described a case of 58-year-old Chinese women who referred to our endocrine unit for compressive cervical symptoms. She has no underlying medical history. No history of neck radiation or family history of thyroid malignancy. A huge anterior neck swelling was noted clinically. Laboratory test showed normal thyroid function with no significant deviation. Ultrasound neck showed solid cystic mass of the thyroid, displacing the trachea to the left. CT neck revealed a finding of solid cystic right thyroid mass, causing compression and narrowing of the trachea. Multiple enlarged cervical lymph nodes were seen. Patient submitted for emergency operation of total thyroidectomy and tracheostomy. Postoperatively patient recovered well. HPE result came back as diffuse large B cell lymphoma of the thyroid gland with background of Hashimoto’s thyroiditis.

DISCUSSION
Primary thyroid lymphoma is quit curable and gives good survival rate without the need for extensive surgery. It is clinically challenging to diagnose and often patient underwent extensive surgery in emergency setting. This exposed the patient to unnecessary surgical complications. To date, only few randomize trials were done for therapeutic and diagnostic guidance.

CONCLUSION
The diagnosis of primary thyroid lymphoma should be considered when dealing with rapidly growing goiters. In the case whereby emergency thyroid surgery is mandatory, it should be perform by an experience surgeon to reduce the rate of surgical complications.
ADRENAL SCHWANNOMA: A RARE TYPE OF ADRENAL INCIDENTALOMA

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Benign tumor of the myelin sheath or schwannoma is not uncommon, especially when it involves the peripheral or cranial nerves. But adrenal schwannoma is very rare and commonly presented as an incidentaloma. Adrenal incidentaloma by itself is not uncommon as more imaging is now being performed and its incidence is estimated to be around 4 to 6%. Clinical and imaging studies are not able to differentiate adrenal schwannoma from other causes of incidentaloma, making its diagnosis difficult preoperatively. We report a 64-year-old man who underwent computed tomography (CT) abdomen as part of his health-screening program. An 80 x 70mm right adrenal tumor was 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 body mass index (BMI) of 38. There was no clinical feature to suggest Cushing disease, pheochromocytoma, 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 Antoni A type and positive for S-100 immunochemistry stain. The diagnosis of adrenal schwannoma was made. This case report highlights the difficulty in the management of adrenal incidentaloma.
INTRODUCTION
Spontaneous bladder rupture post radiotherapy is a rare condition, happen to 2.1% of patient underwent radiotherapy. We present a case of spontaneous bladder rupture happens 30 years after radiotherapy.

CASE REPORT
A 71-year-old lady presented with generalized abdominal pain for 1 day. On examination, the abdomen was guarded with tenderness more at right iliac fossa. WCC was 19 x 10^9. Laparotomy was performed with the impression of perforated appendicitis. Intraoperatively, we found perforation at the dome of the urinary bladder with unhealthy edges. No bladder tumor found and the rest of bowel was normal. Foley’s catheter inserted under direct vision and primary repair of the perforation done. The patient made a speedy recovery and during follow up, she denied any urinary symptoms and cystogram showed no contrast leakage. HPE of the edges of perforation showed inflamed granulation tissue and no malignant cell seen.

DISCUSSION
A study conducted by Fujikawa K showed 2.1% patients with uterine-cervix cancer that undergone radiotherapy were complicated with spontaneous urinary bladder rupture. Addar et all had reported a similar case which the urinary bladder perforation happen 15 years after the radiotherapy. The mortality rate from spontaneous bladder rupture is ranging from 25 to 80%. From our literature review, the majority of the case reported was managed surgically.

CONCLUSION
Urinary bladder rupture should be considered as differential diagnosis of acute abdomen in a patient with a history of radiotherapy and surgical intervention is needed particularly in a patient who showed sign of peritonism due to its high mortality rate.
PRIMARY SQUAMOUS CELL CARCINOMA OF BREAST - A CASE REPORT

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INTRODUCTION
Primary squamous cell carcinoma of the breast is a very rare occurrence. Most cases presented as metaplastic breast cancer. Here we present a case of primary breast squamous cell carcinoma.

CASE REPORT
A 50-year-old Malay lady presented to us with a left breast lump. Subsequent investigation revealed the lump to be squamous cell carcinoma with no distant metastasis. The patient then underwent left mastectomy with axillary clearance. Histopathology reported that a tumor was true squamous carcinoma with no other type of malignancy seen. However, the Her-2 receptor was positive, whilst both estrogen and progesterone receptor were negative. The patient was given FEC chemotherapy, however, before the cycle was completed, she returned with a local recurrence.

DISCUSSION
True primary breast squamous cell carcinoma accounts for less than 0.1% of all breast malignancy. Thus, there is a lack of knowledge regarding its natural history, much less about its management. Several case reports have shown that this cancer is aggressive, and its prognosis is usually poor, such as evident in our case. General consensus dictates that cancer should be treated as with most breast cancer, which includes complete resection and adjuvant therapy. Unfortunately, not much data is available regarding appropriate adjuvant therapy. Throughout the limited data, it has been shown that this type of cancer has a poor response to chemotherapy such as FEC, as observed in our case.

CONCLUSION
True primary breast squamous cell carcinoma remains a challenge to be diagnosed and treated. Treating cancer like another non-specific type of breast cancer may not be ideal. Much information is still needed in order to understand its natural history, hence its treatment.
A RARE CASE OF SPERMATIC CORD ABSCESS

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INTRODUCTION
Spermatic cord abscess is a very rare condition, and throughout our literature review, only 4 cases had been reported in English literature previously.

CASE REPORT
A 24-year-old gentleman presented with right inguinal swelling and fever for 3 days. Clinical examination shows tender right inguinoscrotal swelling measures 2 x 3cm. Abdominal x-ray showed no dilated bowel. Ultrasound abdomen showed a hypoechoic lesion at the right inguinal region, size 3.0cm x 3.2cm x 5.2cm. Bilateral testes were normal. Intraoperatively, no hernia sac was found. However, there was swelling contained pus in the spermatic cord. The cord was carefully isolated and laid open to drain the pus. After adequate wash, the inguinal wound closed in a routine manner. A corrugated drain was then applied to the scrotum. Culture grows E Coli and treated with Ciprofloxacin. 2 weeks later during our follow up, the wound healed well.

DISCUSSION
To the best of our knowledge, our case was the 5th cases of spermatic cord abscess reported and all other previous cases come with predisposing factor such as prostatic abscess and history of epipidymoorchitis prior to that, compared to our case in which the patient doesn’t have any history of infection, trauma, or high-risk behavior prior to developing spermatic cord access. Machida et al suggested pathological mechanism is that a retrograde urinary infection moves through the ductus deferens to the spermatic cord. He also suggested that that CT is the most valuable imaging procedure for diagnosing such cases.

CONCLUSION
In conclusion, spermatic cord abscess should be considered in a patient who came with inguinal swelling and surgical drainage is the mainstay of treatment. Possible etiology such as TB and urinary tract infection should be investigated as well.
BLACK FUNGUS CAUSING SMALL BOWEL OBSTRUCTION: RARE PRESENTATION

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INTRODUCTION
Four percent of cause of small bowel obstruction are bezoar induced. Phytobezoar is the most common.

CASE REPORT
We reported a rare case of black fungus phytobezoar induced small bowel obstruction in an elderly, 70 years old Iban lady with history of bilateral tubal ligation 30 years ago. She presented with small bowel obstruction with transition point at distal ileum noted on CT abdomen scan. Exploratory laparotomy revealed black fungus phytobezoar lodged against an adhesion which caused luminal narrowing leading to small bowel obstruction.

DISCUSSION
There are few treatment options which include chemical dissolution methods, endoscopic and surgery if bezoar induced small bowel obstruction was diagnosed initially. The best way management of black fungus phytobezoar induced small bowel obstruction is prevention.

CONCLUSION
Diet modification and proper mastication of fibrous foodstuff are the method to solve this problem.
HEADACHES AND VISUAL DISTURBANCE IN A CASE OF NASOPHARYNGEAL CARCINOMA: A CASE REPORT

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OBJECTIVE
Nasopharyngeal carcinoma (NPC) is the most common cancer arising from the nasopharynx. It commonly manifests as enlarged lymph nodes, epistaxis and progressive nasal obstruction. The commonest intracranial extension is involvement of the 5th cranial nerve and eye involvement in particular, the optic nerve is rare.

METHOD
We study a rare presentation of NPC in a 49 year old gentleman in our centre.

SUMMARY
We report a case of a 49 year old gentleman. Who presented with on and off headache and left side blurring of vision for the past 2 years, associated with a left orbital mass for 4 months, gradually increasing in size with proptosis. Computer tomography done showed an aggressive orbital apex mass with extracranial extension and local bony erosion. Subsequent MRI brain and orbit shows a left extraaxial lesion with epicentre within the left parasellar region, extending to the left retro-orbital space and causing mass effect. The histopathological diagnosis was of nasopharyngeal carcinoma, non keratinizing type, positive for CKAE1/AE3, CK5/6, P53 AND EBER.

CONCLUSION
Involvement of the visual apparatus by NPC is rare and a clinician should consider the diagnosis as early treatment of the condition is important for better prognosis.
LAPAROSCOPIC ANTERIOR RESECTION IN A SITUS INVERSUS TOTALIS PATIENT

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INTRODUCTION
Situs inversus totalis is a rare autosomal recessive disorder, which is present in the range of 1:10,000 - 1:20,000 according to Mayo et al. In this condition the patient will have a complete transposition of the thorax and abdominal organs to the opposite side. Surgery in those patients can be tricky with regard to the unusual anatomy present in them.

METHOD
Our case here is a 52 year old Malay gentleman who presented with subacute intestinal obstruction. The investigations revealed a stage IV rectosigmoid carcinoma. He was posted for an emergency laparoscopic anterior resection. Intra op it was found that the rectosigmoid carcinoma was invading the small bowel (jejunum), adhered to the anterior abdominal wall and also the bladder. It was then decided to be converted to an open resection based on the difficulty intra operatively.

CONCLUSION
Laparoscopic procedure is indeed very challenging in patients with Situs Inversus Totalis. A proper pre op assessment and planning need to be done and a good knowledge of the anatomy can be helpful intraoperatively. However we conclude that Situs Inversus Totalis is not a contra-indication for laparoscopic procedures and it is feasible even with a certain degree of difficulty, even for a trained surgeon.
MUST AND NRI ASSESSMENT FOR IMPACT OF MALNUTRITION ON SSI IN TERTIARY TEACHING HOSPITAL: A PROSPECTIVE OBSERVATIONAL STUDY

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INTRODUCTION
A comprehensive surgical surveillance data pertaining predictors of surgical site infection (SSI) along with the emphasis on malnutrition in Surgical Department has not been documented before in Malaysia. The present study investigates the current surgical-care practices of SSI at a tertiary care hospital in Malaysia.

METHOD
A prospective observational study was conducted in General Surgery, Urology and Neurosurgical departments. Out of 440 surgeries performed during the study period, only 216 cases met the inclusion criteria. Both male (n=113) and female (n=103) patients between 18-75 years of age were serially enrolled from August 2014 to January 2015. Each patient was screened for malnutrition risk using two independent risk assessment tools, Malnutrition Universal Screening Tool (MUST) and Nutritional Risk Index (NRI) along with albumin as another conventional risk indicator for malnutrition, which was compared to the clinical assessment by a local nutritionist.

RESULTS
Twenty-eight out of 216 (13%) patients had SSI; 22 (78.6%) were superficial incisional SSI, and 6 (21.4%) were deep incisional SSI. Furthermore, malnutrition prevalence in the current population was 35.6% (n=77) and Receiver Operating Characteristics (ROC) curve analysis showed that among all malnutrition tools studied, MUST performed well (ROC Area under curve: 0.838 vs. 0.748 for NRI and 0.792 for albumin) with a sensitivity of 72.7% and specificity of 95% in precisely identifying patient at risk of malnutrition. MUST compare to other tools, shows more promising results statistically in predicting postoperative outcomes such as SSI (p=0.014), increased hospital stay (p=0.001), and mortality (p=0.024).

CONCLUSION
Utilization of quick, comfortable, and affordable tools like MUST can help identify patients with malnutrition risk upon admission, allowing practitioners to initiate a targeted approach in developing an adequate treatment plan.
CONGENITAL PULMONARY AIRWAY MALFORMATION (CPAM): HUSM SERIES

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Congenital Pulmonary Airway Malformation (CPAM) is a rare condition, but increasingly been diagnosed with the advance of antenatal ultrasound. Further work-up such as computed tomography (CT) scan must be performed postnatally, before deciding on surgical intervention especially in symptomatic patient. However, management of asymptomatic case remain controversial where some authors suggested conservative approach with regular follow-up CT scan. We report 3 cases of symptomatic CPAM which were successfully managed with operation. Two patients were diagnosed antenatally and further CT scan findings performed are suggestive of CPAM. Both of them underwent surgical intervention in the first 2 weeks of life, with excellent recovery postoperatively. Our third patient was diagnosed postnatally; presented with respiratory distress at birth and was initially treated for congenital pneumonia. Next, a CT thorax was performed and showed features of CPAM. She was operated at day 41 of life after her general condition permitted. Her postoperative recovery was uneventful. The histopathological examination in all cases later confirmed the diagnosis of CPAM. To date, all of our patients remain well under our follow-up. We concluded that early surgical intervention is safe and should be the preferred treatment strategy.
CURIOUS CASES OF PHYLLODES TUMOR AT PENANG HOSPITAL

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INTRODUCTION AND OBJECTIVES
Phyllodes tumors are uncommon fibroepithelial breast tumors that constitute 0.3-1% of all the breast tumors in females and can be classified into malignant, borderline and benign according to WHO classification. This study aims to analyse patients operated for phyllodes tumor in a single institution from 2010 till 2017.

METHODS
We retrospectively collected 42 patients diagnosed with phyllodes tumors and operated at Penang Hospital; 11 malignant, 13 borderline and 18 benign.

RESULTS
Patient’s age group of 41-60 years old has the highest number of phyllodes cases, of which were mainly of benign type. Average tumor size of malignant, borderline and benign were 9.08cm, 12.03cm and 10.04cm respectively. No significant difference in tumor size and types of phyllodes tumors. 8 patients had recurrent phyllodes tumor which constituted 4 malignant (9.52%), 1 borderline (2.38%) and 3 benign (7.14%). 32 out of 50 excised phyllodes tumors reported to have margin involvement or closed margin (<10mm) but only 7 cases had recurrence. Mastectomy was performed in 7 malignant, 9 borderline and 6 benign phyllodes tumors. Wide excision was performed in 5 malignant, 7 borderline and 16 benign phyllodes tumors.

DISCUSSION AND CONCLUSION
Mean age of patient at presentation in our hospital is similar globally. There’s no significant difference between the tumor size and type of phyllodes tumor in our study although previous studies concluded that larger tumors tend to have higher grade or to be malignant. Surprisingly, margin involvement is not significantly associated with recurrence in our hospital while most studies stated that limited surgery (margin <10mm) has high proportion of local recurrence predominantly in borderline and malignant tumors.
Cancer developing from more than one origin is called multiple primary cancer. We report a rare case of breast cancer patient who later on developed rectal cancer.

A case of 64 years old Malay lady diagnosed with left breast carcinoma IDC with triple negative in 2014. Left MAC + AC was done. She completed 6 cycles of chemotherapy. Surveillance mammogram and CT showed no recurrence or distant metastasis. However, 3 years later she complaint of mucoid stool and tenesmus. She had no family history of breast or colorectal cancer. Colonoscopy was done and revealed fungating growth at mid rectum with very small lumen. Biopsy came back as adenocarcinoma. Trephine transverse colostomy was done. CT TAP showed circumferential wall thickening at the rectum about 10cm from anal verge with no clear demarcation with uterine wall and multiple shotty lymph nodes at perirectal fat region. After that, she underwent concurrent chemoradiotherapy before proceed with anterior resection.

Multiple primary cancer may occur in an individual because of multiple factors such as genetic predisposition, environmental exposure, cancer therapy, immunological deficiency and iatrogenic. However in this patient the factor is unknown. Chemotherapy can cause secondary cancer but usually leukaemia rather than solid tumour.
BLADDER INJURY POST HIP SURGERY: A CASE REPORT
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Bladder injury is rare in trauma compare to other solid organ injury. However bladder injuries may occur from blunt, penetrating, or iatrogenic trauma. The probability of bladder injury varies according to the degree of bladder distention; a full bladder is more susceptible to injury than is an empty one. Incidence iatrogenic bladder injury count for 14%, second after external trauma. There are only few cases that have been reported to have bladder injury post pelvic surgery. Here we report a case of bladder injury during hip surgery.

A 31 year old paraplegic male with history of T8 burst fracture 5 years ago. Patient presented with septic arthritis and osteomyelitis of proximal right femur. He underwent wound debridement, rotational flap and secondary suturing of right hip with k-wire insertion. Noted on day 1 post operation, patient was pale with hypotensive episode. Noted at that time, continuous bladder drainage (CBD) had hematuria. Hemoglobin (HB) drop and X-ray pelvic was done shows k-wire was inside pelvic cavity. CT pelvis shows tip of K-wire penetrate bladder through extraperitoneal part of bladder. K-Wire was removed on day 3 after insertion. CBD was kept for 2 weeks, and noted after removal of k-wire, no more hematuria.

Iatrogenic bladder injury not only occur for pelvic surgery, it also can occur in any hip surgery in view of close proximity to the bladder. Hematuria that occur post pelvic or hip procedure must be investigated to rule out bladder injury. However most extraperitoneal bladder injury is successfully manage by non surgical method using urinary catheter insertion.
Inflammatory breast cancer is a rare and aggressive disease which can develop rapidly and can mimic an infection that lead to delay of diagnosis. Patient may presented with breast infection which mimicking breast abscess. Rarely it presented with axillary ulcer. Here we report a case of inflammatory breast cancer that presented with axillary abscess.

74 years old male with underlying diabetes mellitus and strong family history of breast cancer, presented with ruptured left axillary abscess for 2 months duration. At presentation, left breast inflamed, edema but no peau d’orange. USG axillary reveals liquefied subcutaneous axillary abscess with lymphadenopathy. He was given 2 course of oral antibiotic with daily dressing. Left breast edema subside but the ulcer does not heal. We proceed with wedged biopsy of axillary ulcer and the result came back as metastatic lesion possible primary from the breast with ER/PR negative and C-erB-B2 2+. CT scan thorax abdomen was done and finding was thickening of left breast tissue with malignant lymphadenopathy suggestive of inflammatory breast cancer. However, no metastasis. He was planned for mastectomy and followed by chemotherapy.

Inflammatory breast cancer rarely presented with axillary ulcer most of the time it presented with breast abscess. From literature, we cannot find any similar case had been reported before. In this case, it’s difficult to diagnose during presentation as it mimicking abscess. In patient with risk factor of breast cancer, that presented with axillary infection, should be highly suspected for inflammatory breast cancer.
A PROSPECTIVE EVALUATION ON THE OUTCOME OF SUBMUCOSAL LIGATION OF FISTULA TRACT (SLOFT)

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INTRODUCTION
Fistula in ano (FIA) represents the chronic phase of anorectal infection clinically characterised by chronic purulent discharge and cyclical pain, with or without abscess formation. This condition does not heal spontaneously due to persistent closed sepsis within the fistula tract. The aim of the surgical management of FIA is to effectively eradicate current and recurrent septic foci, associated epithelialized tracts and preserve continence. SLOFT is a modification of the ligation of intersphincteric fistula tract (LIFT) which maintains the sphincter preserving principle LIFT whilst being technically simpler and more easily reproducible.

OBJECTIVES
To determine the success rate of SLOFT.

METHODS
Prospective observational study involving patients who underwent SLOFT from July 2017 till November 2017. Patients were followed up for 6 months post procedure. Success is defined as complete healing of surgical wound and absence of discharge from fistula site during period of follow up.

RESULTS
9 patients underwent SLOFT with 44.4% of them being males and 55.6% female. Mean age was 37.8 + 12.04. The main presenting complaint was perianal discharge (77.2%), followed by perianal pain (22.8%). Median duration of symptoms was 10 months. The success rate at 6 months of follow up was 88.9% (8 out of 9 patients) with 1 patient having persistent discharge from external wound. No change in continence was reported during the follow up period. 1 patient developed a sinus tract at over the previous fistula tract.

CONCLUSION
This procedure has a success rate comparable to LIFT based on this initial study. The technique is comparatively easier to learn and cost effective.
MECKEL’S DIVERTICULUM: LEAVE IT OR TO RESECT IT? A CASE REPORT REGARDING RESECTION OF MECKEL’S DIVERTICULUM IN A PATIENT WITH SUPPURATIVE APPENDICITIS

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Meckel’s Diverticulum is a remnant of omphalomesentric duct and is the most congenital malformation of gastrointestinal tract. They usually presented in about 2% of population in the world. Routine examination of small bowel usually done in open appendicectomy and occasionally Meckel’s Diverticulum may be found. This case report will explain regarding the resection of Meckel’s diverticulum in order to prevent future complications. Several indicators such as age, sex, size of diverticulum (>2cm), and presence of fibrous band can be used to determine whether resection are required or not. Among the most common treatment are segmental bowel resection. In this report, we will describe regarding the intraoperative findings, assessment of Meckel’s diverticulum, and also treatment offered. Intraoperative images are also included to give better understanding of the case.
MALIGNANT PRIMARY PERITONEAL MESOTHELIOMA: WHAT OPTIONS LEFT?

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Malignant peritoneal mesothelioma is not a common disease and relatively aggressive disease which mainly affects serosal lining of the peritoneum. Patient usually presented in advanced state causing abdominal pain and distension. Macroscopically, this tumor is seen by thousands of whitish tumor nodules of variable sizes. Even though asbestos exposure had been associated with this disease, the exact pathophysiology is still remain unknown. Treatment that can be offered such as cytoreductive surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC). In this report, we describe this rare disease, laparoscopic images and CT scan pictures of this patient.
PREVALENCE AND FACTOR ASSOCIATED WITH SEPSIS AMONG DIABETIC FOOT ULCER PATIENTS IN SANGLAH GENERAL HOSPITAL. BALI, INDONESIA

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Sepsis is a condition characterized by the presence of clinical manifestations of systemic infection accompanied by systemic inflammatory Response Syndrome (SIRS). If the condition is not treated immediately multiple organ dysfunction (MOD) and Multiple System Organ Failure (MSOF) will occured resulting in death. Factor associated which improved sepsis among patient with diabetic ulcer should be manage to reduce the mortality and morbidity for the patient. This study was aimed to determine the prevalence and factor associated with sepsis among diabetic foot ulcer (diabetic foot) type 2 patients.

This study is an analytical study with cross-sectional approach. Data were taken using secondary data from Sanglah Hospital’s Medical Record Instalation. Samples were taken from patients with a diagnosis of type 2 diabetic foot ulcers and has been tested of HbA1c. Samples with uncompleted data were excluded. Data were analyzed using univariate and bivariate analysis (chi-square test).

From total 112 samples, 61.6% were males with age range between 34-86 years old average HbA1c was 9.023±2.55. Our study found 40.2% samples obtained with a diagnosis of sepsis. Proportion of abcessed deep ulcer, limited gangrene, and extensive gangrene, respectively 33%; 44.6%, and 2.7%. Bacterial Culture in lesion found 60.06% showed positive results. This study found association between Glycemic Control (HbA1c more than 7) and sepsis (p=0.001), and also found association between grading of diabetic foot (gangrene in lesion) with sepsis (p=0.028).

It can be concluded that the prevalence of sepsis in patients with diabetic foot ulcer (diabetic foot) type 2 was high. Uncontrol glycemic status and grading of ulcer proved associate with sepsis condition. More future study needed to more explore and examine another endogen and exogen factor from diabetic ulcer patient that increase the mortality and morbidity rates.
CAECAL VOLVULUS: AN INFREQUENT CAUSE OF INTESTINAL OBSTRUCTION

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Caecal volvulus is the torsion of a mobile caecum around its own mesentery. It specifically accounts for 30% of all colonic volvulus. Quite often, it results in closed-loop obstruction. There are three types of caecal diverticulum which are axial-type being the most common, followed by loop type and caecal bascule type. On plain abdominal x-ray, classically there is marked distension loop of large bowel with the long axis extending from right lower quadrant to left upper quadrant or epigastrium. Though, in some cases the distended caecum can also being present anywhere in the abdomen. Right hemicolecctiony is superior in terms of lowest recurrent and complication rates in comparison with detorsion with or without caecopexy and caecostomy. Nevertheless, double barrel stoma may be the best option whenever primary ileocolic anastomosis is not possible. In this report, we describe the case together with the X-Rays and CT images.
LUPUS ENTERITIS, THE CULPRIT FOR INTERMITTENT INTESTINAL PSEUDOBLOCKAGE: A RARE MANIFESTATION OF SLE

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Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease with multiorgan involvement. Lupus enteritis is a distinct subset of SLE which is rare and the cause is poorly understood. The clinical picture of Lupus Enteritis is often challenging, with mild to severe abdominal pain, diarrhoea, and vomiting being the cardinal manifestations. The pathogenesis is unclear but has been attributed to immune-complex deposition and complement activation, with subsequent of submucosal edema. Although considered a form of visceral or serosal vasculitis, Lupus Enteritis is seldom confirmed by histology, making computerized tomography (CT) the gold standard for diagnosis. Usually, lupus enteritis is steroid-responsive with an overall excellent prognosis and immunosuppressive treatment is reserved for recurrent cases. Precise diagnosis of Lupus Enteritis is absolutely essential to commence the patient on appropriate medical therapy, thus avoiding an unnecessary surgical procedure. We report a case of Lupus Enteritis in a young lady with established diagnosis of SLE including the CT images.
INTRODUCTION
Cytomegalovirus is a common opportunistic pathogen in patients infected with HIV. Esophageal involvement is often marked by lower esophageal ulcers with the finding of pseudotumour being a rarity. We would like to highlight a case of CMV esophagitis with a pseudotumour appearance on endoscopy.

CASE REPORT
A 27 year old gentleman presented with fever, diarrhea and vomiting for 1 week. He had a background history of retroviral disease, diagnosed 6 years ago, and was commenced on Highly Active Anti Retroviral Therapy (HAART). Unfortunately, he defaulted treatment after a period of 3 years. Oesophagogastroduodenoscopy (OGDS) was performed for evaluation of anemia which showed a polypoidal mass at lower esophagus which was biopsied. Histopathological examination confirmed CMV esophagitis. Subsequently, he was treated with intravenous Ganciclovir for 3 weeks and recovered well.

CONCLUSION
The diagnosis of CMV gastrointestinal disease is based upon the following triad: clinical symptoms of gastrointestinal disease, visualization of characteristic lesions on endoscopy, and intranuclear or cytoplasmic inclusions on pathology. It is prudent to consider CMV esophagitis as a differential diagnosis of a gastrointestinal pseudotumour as it responds well to antiviral therapy with surgery being reserved only for patients who have features of intestinal obstruction or those who fail to respond to medical therapy.
AMYAND’S HERNIA: A CASE OF APPENDICULAR ABSCESS WITHIN AN INCARCERATED INGUINAL HERNIA

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A vermiform appendix within an inguinal hernia sac, with or without appendicitis, is defined as Amyand’s hernia. Amyand’s Hernia is rare; Type 1 (normal appendix) accounting for 1% of all cases of inguinal hernia and only 0.08-0.13% type 2-4 (appendicitis with sepsis or other complicating pathology). We present a case report of type 3 Amyand’s Hernia experienced at our district hospital.

A 74 years old female presented with painful right groin swelling for 2 weeks associated with colicky abdominal pain. She has had this swelling for the past 3 years but was intermittent and asymptomatic. There was an irreducible, fluctuant, tender mass over the right groin with inflammation of the overlying skin. CT abdomen showed an incarcerated right inguinal hernia and right groin abscess. Upon exploring the inguinal region, abscess was drained and followed with a laparotomy due to distorted anatomy of the inguinal area. A direct inguinal hernia with herniation of terminal ileum and caecum was reduced. The latter was inflamed, adherent to the sac and appendix macerated. Herniorraphy performed and the inguinal wound laid open for dressing. Patient was discharged well after 10 days and secondary suturing performed a month later.

We concluded that Amyand’s hernia is rare and with associated appendicular abscess is even rarer. Preoperative diagnosis is usually difficult even with radiological imaging and in most cases, the diagnosis is made intraoperatively. However, the management for emergency hernia repair is not affected and the method of repair will depend on the type of Amyand’s Hernia.
PERFORATED STRANGLATED FEMORAL HERNIA REPAIR WITH BOWEL RESECTION ANASTOMOSIS UNDER LOCAL ANESTHESIA

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INTRODUCTION
Femoral hernias account for 2 - 4% of groin hernias and is more prevalent in parous elderly women usually on the right side. The nature of the femoral canal being narrow and rigid, made it likely to become strangulated. Strangulation may lead to bowel resection and anastomosis which has shown to increase mortality and morbidity.

CASE PRESENTATION
We herein present a 69 years old lady with underlying severe aortic stenosis, presented with 2 month history of groin swelling and sudden onset of intestinal obstruction symptoms. On examination, tender lump at right inguinofemoral region with a soft and mildly distended abdomen. CT scan revealed strangulated right inguinal hernia with small bowel obstruction and pneumoperitoneum noted mainly over upper abdomen. Patient nearly opt for discharge due to the high risk of general or regional anaesthesia explained before agreeing for surgery under local anaesthesia. Intraoperatively, a near transected perforated ileum was noted originating from the femoral canal as opposed to the inguinal canal. The small bowel was resected segmentally with primary anastomosis and femoral hernia repaired all under local anesthesia. She made an uneventful recovery and was doing well at a 3 month follow-up visit.

DISCUSSION & CONCLUSION
Our case highlights the feasibility of femoral hernia repair with bowel anastomosis under local anesthesia in a high risk patient and also the importance of the surgical approach in anticipating complication or the possibility of a different diagnosis.
THE FATAL JOURNEY OF A THROMBUS

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The diagnosis of saddle pulmonary embolism causes most clinicians to fall into nightmare due to its large and potentially unstable clot burden in the pulmonary vasculature, which may lead to sudden hemodynamic collapse and death. It has been reported in 2.6% to 5.2% of all cases of acute pulmonary embolism.

We reported a case of saddle pulmonary embolism in a 61-year-old gentleman who was initially admitted to surgical ward with history of painful left calf for 3 days which was diagnosed and managed as deep vein thrombosis. He developed sudden onset of shortness of breath on the night of admission day which worsened immediately requiring mechanical ventilation. Hemodynamic instability ensued. CT pulmonary angiography revealed a classical saddle shaped filling defect partly occupying the bifurcation of pulmonary trunk. Despite intravenous thrombolysis with Alteplase was initiated, he unfortunately succumbed to death on the following day due to massive pulmonary embolism.

Several observational studies suggest that saddle pulmonary embolism is not commonly associated with hypotension or shock, thus does not correlate with mortality. However, presence of hemodynamic instability confers high mortality and warrants more aggressive therapy such as intravenous thrombolysis, catheter-directed thrombolysis, catheter thrombectomy, and surgical embolectomy, as in this case. The literature review regarding optimal management and outcome of saddle pulmonary embolism will be highlighted.
Pusteow Procedure: An Ultimate Solution for Acute Recurrent Pancreatitis Secondary to Pancreatic Duct Stones

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Pancreatic duct stones were first reported by Graaf in 1667. Pearce Gould however was the first person who successfully removed pancreatic stones surgically in 1891. Since then, a range of surgical techniques have been introduced to treat symptomatic pancreatic duct stones which are tailored according to the size, number, and location of stones. One of the commonly practiced surgical techniques is modified Pusteow procedure.

We describe a case of pancreatic duct stones in a 41-year-old female who suffering from distressing abdominal pain due to recurrent acute pancreatitis for the past 8 years. Multiple endoscopic retrograde cholangiopancreatography (ERCP) procedures were attempted but failed to completely evacuate the stone and most of the time complicated with post ERCP pancreatitis. CT showed a dilated pancreatic duct measuring 7mm in diameter and multiple stones in the body of pancreas. She underwent modified Pusteow procedure which was approached via a midline laparotomy incision. Pancreatic duct was identified and un-roofed from duodenum to splenic hilum to allow clearance of 3 pancreatic duct stones. A Roux-en-Y jejunal limb was constructed and a lateral side-to-side pancreaticojejunostomy was created. Patient had an uneventful post-operative course and remains symptom free.

Modified Pusteow procedure, in the era of advancement in endoscopic therapy, is effective and safe in treating pancreatic duct stones. Compared with endoscopic therapy, lateral pancreaticojejunostomy has superiority in terms of long-term pain relief and better quality of life. Major surgical considerations in modified Pusteow procedure will be highlighted.
4 YEAR AUDIT FOR THE RECTAL CANCER CASES AND ITS MANAGEMENT IN HOSPITAL TAIPING

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OBJECTIVE
Colorectal cancer has a major impact on the disease burden globally as well as in Malaysia. This audit aim to analyze the number of rectal cancer cases and its demographic in Hospital Taiping. Besides that, the audit look into our patients’ presentations, the staging of their initial presentation, tumor type, tumor location, surgical and oncological treatment and their outcome.

METHODOLOGY
Only confirmed rectal cancer cases through histopathological examination of the biopsy and intraoperative specimens from the year of 2013 till 2016 were included in this audit. The information of the cases were obtained by going through the case notes, the operative notes and the histopathological reports.

RESULTS
From the audit, we found out that the incidence of new rectal cancer cases are increasing throughout the years. Males, malays, age group of 50-70 years old are more commonly affected by rectal cancer in Taiping. Significant amount of cases presented as obstructed, perforated or bleeding tumors needing emergency operations. In addition, most cases presented to us in stage 2 and stage 3 disease. The late presentation of our patients might be attributed to inadequate public awareness, inadequate access to medical facility and absence of mass screening program. Most of the tumor are at mid and low rectal region and nearly all are adenocarcinoma type. We also found out that not many cases underwent neoadjuvant CCRT due to late presentation of the disease and also logistic reason. Only 50% of the cases completed adjuvant chemotherapy. In addition, not many cases of cancer recurrence shown in this 4 year audit.

CONCLUSION
We recommend that more public education and awareness programs about colorectal cancer to be carried out. In addition, we suggest that mass screening program can be organized, so that more earlier stage rectal cancer cases can be diagnosed and early treatment can be offered.
Colonic lipoma is a rare occurrence compared to colorectal carcinoma and can be managed less invasively. We encounter a case of a 69 years old lady who presents with recurrent abdominal pain of four months duration, mainly at the right iliac fossa associated with loose stools and constitutional symptoms. Colonoscopy reveals an obstructing fungating mass, through which the colonoscopy unable to pass. Urgent tissue pathology from colonoscopy biopsy noted to have focal areas of grade II adenocarcinoma with extensive necrotic material seen. Thus we decided to proceed with exploratory laparotomy and noted a huge caecal tumor with adhesions intraoperatively, and proceed with right hemicolectomy and partial omentectomy. CT scan done post operatively reveals enlarged paracolic node adjacent to anastomotic side. Histopathology of the colonic mass retrieved intraoperatively surprisingly reveals a lipoma which has ulcerated and had reactive lymph nodes. Question arise as to confirmation of diagnosis based on pathology report. Hereby, we discuss the epidemiology, presentation and management of colonic lipoma. We recommend en block resection of colon where diagnosis is challenging.
JUVENILE FIBROADENOMA

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INTRODUCTION
Breast mass in children and adolescent are commonly benign with fibroadenoma being the commonest. Juvenile fibroadenoma occurs in children and adolescent between 10-18 years, while a rare variant is giant fibroadenoma which is characterized by rapid growth of mass with size greater than 5cm or weighing more than 500g.

CASE REPORT
Here we would like to present a 12 years old girl with left breast lump. She has been having it for 3 years but noticed rapid growth in over the last 2 months. No history of trauma. Positive family history of malignancy (aunty paternal side- breast ca). Clinical examination revealed large 10cm x 10cm rounded firm mass in the left breast, dilated veins and not fixed to the underlying structures. No axillary and supraclavicular lymph node palpable. Pre-operative ultrasonography and core needle biopsy features of benign lesion. The mass was removed via submammary incision, where the whole mass was enucleated with preservation of normal breast tissue, skin and nipple areola complex. The excised mass measured 11cm x 7.5cm, weighed 213.6g. Histopathology showed proliferating mammary ducts in fibrous stroma with myofibroblast and fibroblast. No excessive stromal overgrowth or increased mitosis. Patient was discharged well after the surgery and she has been disease free till date.

DISCUSSION
0.5% - 2% of all fibroadenoma cases are juvenile fibroadenoma. 4% of this is the uncommon variant, giant fibroadenoma. This condition is commonly seen in African-American females, with the incidence in Asian population being very low.

CONCLUSION
Juvenile breast lesion are rare condition in young girls. A prompt diagnosis and early treatment can prevent these girls from growing with a deformed breast.
INTESTINAL TUBERCULOSIS MIMICKING AS ACUTE APPENDICITIS - A CASE REPORT

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In 2015, World Health Organisation (WHO) reported there were estimated 10.4 million new TB cases worldwide. Malaysia classified as a country with intermediate TB burden - the notification rate for TB was 79.4 cases per 100,000 population in 2015. Gastrointestinal tuberculosis is quite rare, representing only 3% of all extrapulmonary cases. Involvement of the appendix is rarer, only occurring in about 1% of cases and it is usually secondary to tuberculosis elsewhere in the abdomen.¹

We report a 14 years old girl who presented with acute onset of right iliac fossa pain associated with fever, elevated white cell count and subsequently underwent an open appendicectomy. Intraoperatively noted an inflamed appendix with healthy base. Patient had uneventful post-operative period and was discharged well on day 2. Histopathology only showed features of acute appendicitis. She presented again to us on post-operative day 10, with signs and symptoms of intestinal obstruction. She was treated conservatively for intestinal obstruction secondary to adhesion. Subsequently she underwent surgery. Intraoperative noted small bowel 20cm from ileo-caecal junction appeared to be oedematous and unhealthy and was densely adherent to pelvic organ. The unhealthy segment was transected and end to end anastomosis was performed. The small bowel specimen revealed acid fast bacilli with caseating granuloma within its wall suggestive of Tuberculosis of Intestine.

Intestinal tuberculosis is a rare entity with a great difficulty to diagnose preoperatively. Histopathological diagnosis becomes necessary in these cases as Antitubercular therapy needs to be started early to decrease the morbidity in these patients. Thus tuberculosis needs to be kept in mind when a patient presents with acute abdomen.
PATHOLOGICAL COMPLETE RESPONSE TO NEOADJUVANT THERAPY IN RECTAL ADENOCARCINOMA WITH RECTOVAGINAL FISTULA: A CASE REPORT AND LITERATURE REVIEW

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INTRODUCTION
The management of rectal cancer requires interplay between chemotherapy, radiotherapy and surgery. The response to treatment is multifactorial, and in fact pathological complete response (pCR) has been observed in 20% of rectal cancer patients undergoing Concurrent Chemoradiation Therapy (CCRT). We herein demonstrate a case of rectal cancer with rectovaginal fistula who achieved pCR post CCRT.

CASE REPORT
A thirty-year old lady presented to us with painless rectal bleed associated with feces per vagina. There was circumferential mass 3cm from anal verge with rectovaginal fistula. Colonoscopy ruled out synchronous tumor, and the histopathological examination (HPE) of the biopsy revealed rectal adenocarcinoma. Local infiltration to the vagina with rectovaginal fistula was confirmed by computed tomography (CT). There was no nodal or distant metastasis. She had CCRT done, and Abdomino-Perineal Resection (APR) was performed 12 weeks after CCRT completion. HPE of APR specimen confirmed the pCR.

DISCUSSION
Patients with pCR have improved long term outcome. Since HPE is the only way to determine pCR, extensive research on surrogate for HPE is taking place. MRI, PET Scan and Clinical Complete Response (cCR) are studied for such purpose but sufficient evidence remains lacking. While pCR is more often associated with earlier T stage especially in the setting of negative nodes, our case shows otherwise. It also supports the partial concordance between cCR and pCR. Nevertheless, pCR in T4 tumor still warrants resection to improve overall survival, and there is insufficient evidence to adopt ‘watch-and-wait’ approach.

CONCLUSION
The pCR after CCRT may not be evident clinically and it is independent of initial T stage of rectal tumor.
CLEAR CELL RENAL CELL CARCINOMA IN PREGNANCY

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INTRODUCTION
Clear Cell Renal Cell Carcinoma (CCRCC) is the most common type of renal cell carcinoma. The average age at diagnosis of CCRCC is 60-64 years. However, 7% of sporadic CCRCC is diagnosed in patients younger than 40 years old, and rare cases have been reported in patients aged 14-18 years without evidence of familial disorders.

CASE REPORT
An 18 years old lady, presented during her fourth month of pregnancy with right hypochondrial mass and lower back lump noticed since 6 months old. She was asymptomatic during antenatal check-up. At the age of 8, patient had sought medical consultation, but was told to be benign and no further follow up was given. On abdominal examination, there was a ballotable mass over the right upper abdomen region. Ultrasound done and showed huge heterogeneous solid cystic mass at the right side of abdomen unsure of origin, may arise from the right kidney, mesentery, or ovary. She refused for further investigation at the moment in view of her pregnancy. Subsequently, she was electively admitted for induction of labour in view of small gestation age to rule out intrauterine growth retardation most probably due to the compression by the abdominal mass. However, patient underwent emergency caesarean section due to fetal distress. 15 hours post operatively, haemoglobin drastically dropped from 8g/dL to 2.5g/dL and the right sided abdominal mass had increasing in size. Contrast enhanced computer tomography abdomen done shown bleeding right renal mass. She was referred to Queen Elizabeth Hospital and emergency nephrectomy was done.

CONCLUSION
In managing young patient with unusual abdominal mass, we should have high suspiscious of malignancy even though the epidemiology shown low statistic of young age patient with renal cell carcinoma.
HYPOSPADIAS IN SANDAKAN: A CASE-CONTROL STUDY OF PARENTAL AND GESTATIONAL RISK FACTORS

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BACKGROUND
Hypospadias is among the most frequently encountered congenital urogenital abnormalities among male births in Sandakan with increasing incidence over the recent years.

OBJECTIVES
The aim of our study was to identify risk factors for hypospadias among the population of Sandakan.

MATERIALS AND METHODS
In a case - control study in Hospital Duchess of Kent, Sandakan, we compared 22 hypospadias cases with 34 controls born between the years of 2004 to 2018, using standardized questionnaires completed via mobile and clinic interviews with parents of hypospadias cases and controls. Information was collected on pregnancy, family history, lifestyle, dietary phytoestrogen intake, and self-reported occupational exposure to chemicals or pesticides of both parents.

RESULTS
Genetic factors (presence of hypospadias among siblings) were associated with the greatest risk of hypospadias [odds ratio (OR) = 5.21]. Boys born with a low birth weight (<2.5kgs) were also associated with increased risk of hypospadias (OR = 3.75). Boys born to Chinese mothers and fathers had higher risk of hypospadias (OR = 3.56 and OR = 3.039) when compared to boys born to parents of other races in Sandakan. Hypospadias was also found to be positively associated with paternal exposure to chemicals or pesticides, parents living near farms, pregnancy induced hypertension or chronic hypertension and high maternal dietary intake of phytoestrogens during pregnancy.

DISCUSSION
Risk factors associated with hypospadias in Sandakan show some variations from those reported in literature. Unlike other studies, there was no significant association between hormonal contraception, advanced maternal age, maternal diabetes mellitus and paternal smoking with the occurrence of hypospadias.

CONCLUSION
The etiology of hypospadias in Sandakan is multifactorial and related to genetic, placental and environmental factors.
ASSOCIATION BETWEEN AN INCOMPLETE MUCOSAL DOUGHNUT AND PROLAPSED HAEMORRHOID RECURRENT AFTER STAPLED HAEMORRHIDOPEXY: A CROSS SECTIONAL STUDY

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OBJECTIVE
To determine the association between the completeness of the mucosal doughnut formed after surgery with prolapsed haemorrhoid recurrence.

METHODOLOGY
A cross sectional study was performed on patients who underwent stapled haemorrhoidopexy from January 2007 to September 2017. Patients with grade 2-4 internal haemorrhoids going for elective stapled haemorrhoidopexy for the first time were eligible. This study had 2 phases of data collection, where a retrospective data collection was conducted from January 2007 to September 2015, and a prospective data collection and enrolment from September 2015 which ended in September 2017. Operative notes will be reviewed for proper documentation of completeness of the mucosal doughnut from each surgery. The clinic notes of the patients from the retrospective set were reviewed to determine presence and onset of recurrence, while patients in the prospective set were then assessed for recurrence at the stated time interval until September 2017. Recurrence were assessed at 3 weeks, 6 weeks, 3 months and 6 months as per usual protocol. A total of 134 patients with proper operative notes documentation were enrolled into the study by then. The primary endpoint of the study was to assess for recurrence of prolapsed haemorrhoid.

RESULTS
44 patients had incomplete mucosal doughnuts while 90 had complete doughnuts. Age, gender and haemorrhoid grade were homogenous between the two groups. 6 patients from each group developed recurrence at 3-6 weeks, all receiving either medical therapy or haemorrhoid banding. There was no proven association between an incomplete mucosal doughnut and prolapsed haemorrhoid recurrence (p=0.18).

CONCLUSION
There is no significant association between an incomplete mucosal doughnut obtained after stapled haemorrhoidopexy and prolapsed haemorrhoid recurrence.
INTRODUCTION
Epiphrenic esophageal diverticula (EED) are acquired mucosal outpouchings of the esophageal lumen, typically 8-10cm above the cardia and usually projecting from the right posterior wall. EED are rare, accounting for <10% of esophageal diverticula. The prevalence of EED is 0.06 - 4% based on radiologic and endoscopic findings. The incidence of EED is estimated 1:500,000/year.

CASE REPORT
We present a 82 year old gentleman who complains of reflux symptoms for the past 20 years. His symptoms consist of dysphagia, heartburn, bloatedness and recurrent postprandial vomiting, which worsened in the past 2 months. A barium swallow demonstrated achalasia with a right epiphrenic diverticulum measuring 4.2 x 5.4cm lateral to the distal oesophagus, just above the LES. His oesophagogastroduodenoscopy confirms a right EED, no ulcers or tumours were demonstrated. He underwent a laparoscopic transhiatal diverticulectomy, Heller’s myotomy with anterior partial fundoplication and hiatal closure. He is presently asymptomatic.

DISCUSSION
EED results from a combination of esophageal obstruction, increased intraluminal pressure and subsequently pulsion diverticula. Rarely, it can be traction in origin. (eg. TB) The wide spectrum of symptoms makes clinical diagnosis of this motility disorder difficult. Barium swallow and OGDS are used to diagnose EED and concurrent achalasia. Traditionally, transthoracic open approach was practiced for better exposure of the esophagus. At present, transabdominal laparoscopic options include myotomy, diverticulectomy and fundoplication, resulting in good outcome. A delay in the diagnosis and treatment of EED can lead to severe complications such as regurgitation, gastrointestinal bleeding, aspiration pneumonia and carcinoma.

CONCLUSION
The diagnosis of EED should be considered in progressive dysphagia as delayed diagnosis hence treatment, can result in severe and potentially life-threatening conditions.
NOT YOUR TYPICAL ‘BREAST MOUSE’; A CASE OF TUBULAR BREAST ADENOMA

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INTRODUCTION
Tubular adenomas, also known as pure adenomas, are rare epithelial tumors of the breast. In 90% of cases, these tumors are found in patients younger than 40 years old. Postmenopausal presentation is very rare.

CASE REPORT
We describe a rare case of tubular breast adenoma in a postmenopausal woman with a gradually enlarging left breast lump. Clinical examination revealed a mobile, non-tender, well-circumscribed left breast lump 3 x 3cm suggestive of a fibroadenoma. Radiological findings demonstrated a complex cystic mass, BIRADS Category 4. However, core biopsy confirmed benign epithelial proliferation. Surgical excision was performed and histological findings were consistent with tubular breast adenoma with overall clear margins.

DISCUSSION
Breast adenomas are subdivided into true adenomas, nipple adenomas and fibroadenomas. Tubular adenoma differs microscopically from fibroadenomas in its histological and structural features. They are characterized by homogeneously tightly packed tubular or acinar epithelial component and sparse connective tissue, while fibroadenomas present abundant stroma and larger epithelial ducts. The presence of combined tubular adenoma and fibroadenoma accounts for 4% of all benign lesions and 11% of breast adenomas. As it is difficult to differentiate tubular adenoma from malignant breast cancer preoperatively from clinical and radiological findings, core biopsy before surgical excision is necessary. Very rare cases of in situ or invasive cancers have been reported to develop in tubular breast adenomas. Surgical excision with clear margins is necessary to establish precise diagnosis and a definitive treatment.

CONCLUSION
Despite its rarity, it should always be considered as a pathologic entity in postmenopausal patients, especially in the elderly presenting with a suspicious breast mass to avoid unnecessary aggressive treatment.
INTRODUCTION
Bohrman et al. reported the first case of primary angiosarcoma of breast in 1907, a rare disease with an incidence of 1% in all breast sarcomas. The disease which is of endothelial blood vessel origin; more common in younger age group between age 30-50, in comparison to the age group diagnosed with invasive ductal carcinoma. Overall 5-year survival was dismal at 31%. Unfortunately, a century later, its therapeutic approaches remained undefined. Aggressive surgical resection with Ro margins remains the primary treatment. Adjuvant chemotherapy using combinations of antracycline-ifosfamide or gemcitabine-taxan showed no improvement in disease-free survival. Novel researches in animal study showed possibility of targeted therapy on Rho-associated coiled-coil kinase (ROCK 1 and ROCK 2) which could potentially inhibit angiosarcoma’s growth. However, such therapy is still experimental at this stage.

We report a case of primary angiosarcoma of the breast; its presentation and management.

CASE REPORT
A 35 year-old, nulliparous lady, presented with left breast skin nodule progressing to a large breast lump over 3 months. The appearance of the nodules was purplish red and painful. There were no other risk factors for breast malignancy. An urgent ultrasound performed showed large hyperechoeic heterogeneous breast mass with ill-defined margins and increased Doppler signals. A guided biopsy was inconclusive; reporting a fibroepithelial tumor. No immunohistochemistry stains were performed for the biopsy specimen. A radical mastectomy with axillary clearance was performed, and full histology report showed multifocal, ill-defined vascular tumor, largest tumor size 100 x 105 x 70mm. Mitoses is easily seen without intralesional necrosis. Only deep margins and medial margins were 1.5mm and 12mm; whereas all other margins >20mm. Tumor were stained positive for CD31, CD 34 and ERG, negative to ER and PR. No tumor metastases seen in 17 lymph nodes harvested. There was no distant metastases and patient was subjected to external beam radiotherapy only. We continued to closely follow up the patient in 3 monthly intervals for possible local recurrence.

DISCUSSION
The outcome of primary angiosarcoma of the breast in young women appeared discouraging. Complete surgical resection coupled with multidisciplinary support services is by far the only option for a successful treatment.
ELECTIVE DAYCARE THYROIDECTOMIES: OUR EXPERIENCE IN HOSPITAL KUALA LUMPUR

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INTRODUCTION

Elective daycare thyroidectomy procedure is proposed to be cost and administrative efficient. However, its safety is a subject for debate. Acute complications like neck haematoma or reactionary haemorrhage are potentially life threatening events; rising concerns of such procedure being performed in an ambulatory set up.

We report our results of elective day care thyroidectomies performed in year 2017 in Hospital Kuala Lumpur.

OBJECTIVES

The results interpreted were patients’ demographics, nodule sizes, histological results, the immediate outcomes of the surgery (neck hematoma, same day conversion to admission) as well as post op complications (voice hoarseness or hypocalcemia).

METHOD

A retrospective analysis of 12 patients who underwent elective thyroidectomies in daycare unit of Hospital Kuala Lumpur from January to December 2017.

Patients with solitary thyroid or dominant thyroid nodule fulfilling the general anesthetic criteria for day care surgery were included. Surgeries were performed only by consultant endocrine surgeons. All patients were follow up at 6 weeks post surgery to review histology results and complications.

RESULTS

We performed nine hemithyroidectomies, one isthmusectomy and one total thyroidectomy. Mean age of patients was 36 years old (range 18-60). Eleven patients were female, and one was male. Mean nodule size was 3.1cm and mean nodule volume was 20.1ml3. Ten patients’ histopathological results were benign colloid goiter and two were follicular adenomas. No patients had acute complications requiring conversion to in-patient admission. In the follow up, none of the patients had clinical evidence of voice change or hypocalcemia.

CONCLUSION

Elective daycare thyroidectomy procedure is safe and administrative efficient in hands of experienced endocrine surgeons.
INCIDENTAL PARATHYROID CARCINOMA IN PRIMARY HYPERPARATHYROIDISM: A CASE REPORT

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INTRODUCTION
Most cases of primary hyperparathyroidism (80 to 90%) are caused by a parathyroid adenoma; most of the rest are caused by either parathyroid gland hyperplasia or multiple adenomas. Parathyroid carcinoma can be the cause of primary hyperparathyroidism in 1 to 5% of patients. We report a case of incidental findings of parathyroid carcinoma in a young lady who was operated for primary hyperparathyroidism.

CASE REPORT
A 35 year old young lady presented with shoulder pain and hypercalcemia for 6 months duration. Her serum calcium was elevated 4.8mmol/L, alkaline phosphatase of 584IU/L and intact parathyroid hormone level (iPTH) was 1157pg/ml. Her ultrasound neck showed a left superior parathyroid mass measuring 2.8 x 3.1cm. She underwent left superior parathyroidectomy with clinical diagnosis of primary parathyroid adenoma. However, histological report confirmed the parathyroid tumor as a parathyroid carcinoma. Her serum iPTH subsequently decreased 6 months later following the initial surgery.

DISCUSSION
It often is difficult to distinguish parathyroid carcinoma from parathyroid adenoma pre-operatively. The clinical presentation of this patient, albeit at a younger age group did not raise a suspicion towards parathyroid carcinoma. Due to the difficulties of accurate differentiation of adenoma from carcinoma, there has been proposed genetic testing (CDC73) and tumor markers to confirm the diagnosis of carcinoma pre-operatively. Without a gold standard test to identify parathyroid carcinoma a high index of suspicion for this rare malignancy is essential.
PROGNOSTIC PREDICTORS OF MORTALITY AND SURVIVAL ANALYSIS OF BURNS AND TRAUMA PATIENTS MANAGED IN A BURNS INTENSIVE CARE UNIT

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INTRODUCTION
Prognostic measures to determine burns mortality is an essential first step in evaluating patients with burn injuries. This allows adequate triaging and patients with higher risks of deaths may be given priority and nursed in the acute care setting. The objective of this study is to identify factors that may be predictors of burn mortality that can be used to triage patients into high risk for mortality. By identifying the predictors, we would try to understand and hence formulate treatment plans that may improve survivability in severe burns patients.

METHODS
This is a retrospective cohort study of all admissions into Hospital Sultan Ismail Burns Intensive Care Unit. Admission criteria were according to the 2009 American Burns Association guidelines and risk factors of interest were recorded prospectively. Data was analyzed using SPSS version 16 and logistic regression to determine significant predictors of mortality. Survival analysis was performed using Kaplan-Meier survival curve with the log rank test. A p-value of less than 0.05 was considered significant.

RESULTS
There were a total of 393 patients with a male preponderance of 73.8% were included. The mean age were 35.6 (15.72) years and mean length of stay was 15.3(18.91) days. There were 48 mortalities with an overall mortality rate of 12.2%. Significant risk factors identified on logistic regression were TBSA >20% (p<0.001), inhalational injury (p<0.001) and pulmonary complications of ARDS (p<0.001), presence of SIRS (p<0.001), HAP (p<0.001) and mechanical ventilation (p<0.001). Survival analysis using Kaplan-Meier survival curve showed similar results with TBSA >20%, presence of SIRS, ventilation, inhalational injury, ARDS and hospital acquired pneumonia were associated with poorer survival (p<0.001).

CONCLUSION
TBSA >20%, presence of SIRS, mechanical ventilation, inhalational injury, ARDS and hospital acquired pneumonia were associated with poorer survival outcome. This data is important for outcome prognostication and mortality risk counseling for traumatic burns patients.

Keywords
Burn-Degree, Inhalational Injury Severe burn
A COMPARISON OF THE OUTCOMES OF LASER HAEMORRHOIDOPLASTY AND STAPLED HAEMORRHOIDOPEXY

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INTRODUCTION
Laser haemorrhoidoplasty (LHP) has been recently introduced as an alternative surgical procedure to treat haemorrhoids. There are limited studies done to compare the advantages of this method to other surgical methods such as stapled haemorrhoidopexy (SH). The primary objective of our study is to compare the post-operative bleeding rate between LHP and SH.

METHODOLOGY
Patients with Grade II and III haemorrhoids who underwent LHP and SH in Hospital Selayang and University Malaya Medical Centre from January 2012 till August 2016 were retrospectively reviewed. They were followed-up for 6 months. Chi-square test was used to analyse the categorical data. Statistical significance was set at the p value <0.05 with 95% Confidence Interval (CI). Logistic regression analysis was used to determine the relationship between the significant complications.

RESULTS
176 patients were analysed. Post-operative bleeding rate was lower in LHP compared to SH (3.4% vs. 12.5%, p value 0.026). Severity of pain was lower in LHP (LHP 19.3%, SH 33%, p value 0.040). LHP patients had significantly lower post-operative bleeding (OR: 0.19; 95% CI: 0.051 - 0.727) and pain scores (OR: 0.41; 95% CI: 0.205 - 0.836) and both of these factors are independent outcomes of the LHP procedure. There was a trend to lower rates of other post-operative complications in LHP, but these differences were not statistically significant. The recovery rate after both procedures was almost equal (overall resolution at 6 months: LHP 87.5%, SH 83.0%).

CONCLUSION
LHP causes less bleeding and pain than SH. However, a randomized controlled trial is needed to establish better evidence to support the findings of this study.
SAVING MANHOOD: A CASE SERIES

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INTRODUCTION
Penile amputation is an emergency cases which required microvascular surgeon expertise. Ischaemic time and handling amputated stump is the most crucial points should be obtained in determined success of replantation. In this case series we presented our experience in managing cases of amputated penis in two tertiary centers.

MATERIAL AND METHODS
Two cases involved school age children sustained injury during ritual circumcision, three cases was due to self inflicted injury, and one assaulted case. All these cases was a referred case from centres who does not have microvascular expertise services.

RESULTS
Out of six cases underwent replantation and salvation in this paper. Two survived, two partially survived, and another two was total loss.

CONCLUSIONS
Technique and specific points on tissue handling especially distal part of amputated stump were discussed.
PHOTOGRAMMETRIC AND AESTHETIC PROPORTIONS ANALYSIS OF THE MALAY MALAYSIAN WOMEN’S FACE

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BACKGROUND
Facial anthropometric analysis is indispensable to facial plastic surgery planning. The goal is to obtain an aesthetically pleasing result that is congruent with the patients’ ethnicity and gender-specific features. The current increase in demand for facial procedures coupled with a paucity of local data prompted us to conduct a facial analysis study in Malay Malaysian Women (MMW). Our aims are threefold: (1) to establish normative anthropometric measurements of the MMW face, (2) to compare differences from established North American White women (NAWW) norms, and (3) to analyze aesthetic proportionality of the MMW using the ideal facial proportion indices - the neoclassical canons. Additionally, we aim to construct a composite image for the MMW face.

METHODS
This is a cross-sectional indirect anthropometry study involving evaluation of facial photographs. We obtained standardized frontal and lateral facial photographs of 108 randomly selected, healthy MMW between the ages of 18 to 35. For each face, we measured 24 standard anthropometric parameters using Adobe Photoshop. Results were compared with the published NAWW norms and the neoclassical canons. We constructed a composite face of selected MMW faces using FantaMorph computer software.

RESULTS
We established a detailed normative facial anthropometric data for the MMW. We found significant differences between MMW and NAWW in 20 of 24 measurements (p<0.05). The MMW face rarely fits the five neoclassical canons proportions (range: 0 - 16.7 % validity). We found significant differences in all canons and their variations between the 2 populations (p<0.05). We present pictographic representations of these findings.

CONCLUSIONS
Facial measurements and proportionality in MMW are significantly different from NAWW and the neoclassical canons. These previously defined tenets of facial proportions based on Caucasian features are unreliable guides for our sample. The dataset and proportional relationships presented here might serve as a template for facial analysis in women of Malay descent.
Soft tissue sarcomas are tumour of mesenchymal origin. It has various histopathologic subtypes. We would like to highlight regarding juvenile fibrosarcoma in this case. Given any tissue histology, Complete surgical resection is the primary treatment for anterior abdominal wall soft tissue sarcomas.

We describe a case of juvenile fibrosarcoma of anterior abdominal wall. This is a case of young girl with a left iliac fossa pain and discomfort. She noticed a vague mass at left lower abdomen. Computed tomography (CT) of abdomen showed well defined heterogenous enhancing soft tissue mass at left lower anterior abdominal wall. She was then undergoing wide local excision and immediate reconstruction.

There are few options of surgical treatment for this case but which is the best. It is always a challenge in managing young patient with giant abdominal wall defect in view of long term effect namely weakened abdominal wall, pregnancy related issue and risk of recurrence.
OBSTRUCTED MALICIOUS MECKELS

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CASE PRESENTATION
26-year-old gentleman, with no comorbidities, presented with symptoms of small bowel obstruction. Computerized tomographic imaging of the abdomen reported a short stricture at the terminal ileum. Exploratory laparotomy was performed, and we found a fibrous adhesion band from the tip of Meckel's to the ileum mesentery creating a ring through which the small bowel herniates through causing obstruction. The adhesion band was released and Meckel's diverticulum was resected via segmental resection with primary anastomosis. He had an abbreviated period of post-operative ileus but then recuperated and discharged after 10 days.

DISCUSSION
Small bowel obstruction accounts for 20% of surgical emergencies. There are various mechanisms of which Meckel's diverticulum causing intestinal obstruction like intussusceptions, volvulus, Littre's hernia, enterolith, stricture entangling of a loop of bowel around a fibrous cord, neoplasm, and so forth. In this case, the obstruction was caused by internal herniation through the tight fibrous band from the tip of Meckel's diverticulum to mesentery. This is an uncommon mechanism of presentation. The diagnosis is usually upon exploration. The overall lifetime risk of development of complications from Meckel's diverticulum is about 4%, one third presented as intestinal obstruction. Surgical resection of symptomatic Meckel diverticulum includes simple diverticulectomy or segmental ileum resection especially if there is evidence of severe inflammation, perforation or a tumour.

CONCLUSION
Meckel's diverticulum is an uncommon cause of small bowel obstruction yet the common presentation of Meckel's diverticulum is an intestinal obstruction. The diagnosis is often made at explorative surgery. The overall mortality from surgery of Meckel’s diverticulum is very low. This case report presents a rare mechanism of small bowel obstruction caused by the Meckel’s diverticulum.
INTESTINAL SARCOIDOSIS: ONE IS ENOUGH

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Sarcoidosis is a granulomatous disease of unknown aetiology with various clinical presentation depending on affected organs. It usually involves the lung and lymphatic system. Typical clinical manifestations are easier recognized, but unusual presentations, such as acute abdomen due to intestinal sarcoidosis are difficult to diagnose in the absence of clinical suspicion of sarcoidosis. Diagnosis is more challenging if it only involves the gastrointestinal tract without other systemic involvement. Isolated intestinal sarcoidosis without pulmonary or mediastinal involvement is rare.

We present a case of 66 year old male with initial presentation of peritonitis with emergency laparotomy and Hartmanns procedure done. The discussion includes intra operative features as well as histopathological features of intestinal sarcoidosis. Current literature is also reviewed regarding the treatment strategy for intestinal sarcoidosis.

KEYWORDS
sarcoidosis, intestinal, peritonitis, histopathology, treatment
ABDOMINAL WALL SARCOMAS: 12 YEARS EXPERIENCE AT HOSPITAL UNIVERSITI SAINE MALAYSIA

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Soft tissue sarcomas (STS) are tumours of mesenchymal origin and they comprise 1% of adult malignancy. The majority of STS located in the extremities, accounting about 50% and to a lesser extent at the retroperitoneal, about 15%. Abdominal wall STS are rare. It accounts for less than 5% of all sarcomas. Clinical presentation of abdominal wall tumours are similar, however, it has many distinctive histology subtypes which may differ in term of metastatic biology and prognosis. The natural history of abdominal wall STS is still poorly understood due to its rarity. The current standard mainstay of treatment is still surgical resection with wide local excision to achieve adequate negative margin in order to reduce recurrence rate. A risk stratification via histological examination will facilitate in the selection of STS patient for adjuvant radiotherapy or systemic chemotherapy.

A retrospective study was done to clinical records from January 2007 until December 2017 on all the abdominal wall soft tissue sarcomas. Our record shows 17 patients with the ICD-10 coding of C49.4, specifically for malignant neoplasm of connective and soft tissue of the abdomen. We are reporting on the demographic data of these patients along with the tumour size at presentation, histology subtypes of the tumours, staging of the disease, the time to first local recurrence, modality of treatment given and disease-related mortality.

In our series, majority present at an advanced stage of the disease hence, poor overall survival. However, the surgical resection is still the mainstay of the standard treatment for all our STS of the abdominal wall.
REFURBISHING COLLAPSED ABDOMINAL WALL: ABOLISHED AND RECONSTRUCTED

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INTRODUCTION
Soft tissue sarcomas are tumour of mesenchymal origin. It has various histopathological subtypes. We would like to highlight a case of juvenile fibrosarcoma on a young girl. The standard treatment for soft tissue sarcomas is still complete surgical resection with wide surgical margin as curative intent and to reduce the recurrence rate. However, with wide local resection, the primary closure will impose a challenge to the team hence, multidisciplinary team is required to manage this case.

CASE PRESENTATION
We are reporting a case of juvenile fibrosarcoma of the anterior abdominal wall. A young 20 years old girl presented to us with left iliac fossa painful mass for the past 2 weeks. She noticed a palpable at her left iliac fossa. Computed tomography (CT) of the abdomen showed well defined heterogenous enhancing soft tissue mass at the left lower anterior abdominal wall. She was then undergoing wide local excision and immediate reconstruction with a pedicle flap. The standard treatment for the soft tissue sarcoma is still wide local excision of the tumour. However, there are few options for types of closure to reconstruct the large defect after the primary resection - flap or mesh repair.

CONCLUSION
It is challenging when managing young girl at their reproductive age, as we have considered on the long-term effects on the future pregnancy-related issue, weakened abdominal wall and the dealing with recurrence when we are choosing the type of reconstruction.
THE QUALITY OF LAPAROSCOPIC APPENDICECTOMY VS OPEN APPENDICECTOMY IN A DISTRICT HOSPITAL BINTULU

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OBJECTIVE OF STUDY
The aim of our study is to explore on the quality of laparoscopic appendicectomy as compared to open appendicectomy done in hospital bintulu which all were done by juniors’ medical officer less than 3 years services.

METHODS USED
A retrospective data collected throughout 2017 with a total number of 248 patients were included into our study. All underwent open and laparoscopic with the same method of laparoscopic, where appendix based were transfixed with roeder’s knot. Both method were compared interim of; length of hospital stay, surgical site infection, stump blown out, rate of conversion to open and duration of operation. Statistical analysis are used to assist in achieving our hypothesis.

SUMMARY OF THE RESULTS OBTAINED
A total of 89 laparoscopic appendicectomy and 159 open appendicectomy were done in 2017. The duration of surgery in laparoscopic and open appendicectomy in acute appendicitis are comparable while longer in laparoscopic appendicectomy for perforated appendix. The SSI rate for laparoscopic was about 4.49% while open appendicectomy only 1.26%, this is however insignificant with the P value >0.01. Risk of converting laparoscopic appendicectomy to open was low. The incident of stump blown out is however nil in bintulu setting.

CONCLUSION
Laparoscopic appendicectomy offer a comparable outcome with the open method and also with the using of the roeder’s knot is equally safe and cost effective. Thus the used of these method should be based on the preference from both the patient as well as surgeon.
A CASE SERIES OF RADIOLOGICALLY-DIAGNOSED PNEUMOPERITONEUM

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INTRODUCTION
Perforated viscous is one of the commonest surgical emergencies. Diagnosis is usually made via detection of sub-diaphragmatic free air on erect chest x-ray but can often be missed. CT scan is able to detect smaller amounts of pneumoperitoneum. Common aetiologies are perforation of a diseased viscous (infection or malignancy), abdominal trauma and iatrogenic injury.

OBJECTIVE
This case series aims to study the aetiology, epidemiology and outcome spectrum of cases diagnosed with pneumoperitoneum via radiological method in Hospital Pulau Pinang.

METHODS
A prospective review was done from February - March 2018 in a single unit at a tertiary hospital centre. Diagnosis was made via history, clinical examination and presence of pneumoperitoneum on chest x-ray or CT scan.

RESULTS
Total of 10 cases of pneumoperitoneum were reviewed; with a mean age of 65.1 years, of which 80% were above 50 years old. Male to female ratio was 7:3; 70% were Chinese, 20% were Malay and 1% was a foreigner (Scottish). 40% of pneumoperitoneum were diagnosed via chest x-ray, while 60% were detected via CT scan. 50% of cases were due to peptic ulcer perforation, 30% from diseased viscous (infection) and 20% were from iatrogenic causes. All patients were managed surgically. 7 patients were discharged well, 2 patients passed away post-operatively while 1 patient currently remains ventilated in ICU.

DISCUSSION
Commonest cause of pneumoperitoneum is due to perforated peptic ulcer, a stark contrast to our Western counterparts (malignancy). CT scan remains a more sensitive modality for diagnosing pneumoperitoneum compared to chest x-ray and clinical examination. Mortality rate is 20% where septicaemia was an important factor.

CONCLUSION
Adequate resuscitation and early surgical intervention is essential for overall positive outcome in reducing morbidity and mortality.
Primary squamous cell carcinoma (SCC) of thyroid is a very rare entity representing <1% of all primary carcinomas of thyroid the thyroid gland. It is one of the variant of papillary thyroid carcinoma and the variant rarely coexist with another variant of papillary thyroid carcinoma, the tall cell variant. Combination of these variants shows an aggressive clinical course.

We report a 57 year old lady who presented to our outpatient clinic as a rapidly increasing anterior neck swelling within 3 weeks period, associated with cough and odynophagia. On examination revealed a diffuse mass over her anterior neck with a nodule over the right side. During second visit in clinic she further deteriorate as she had shortness of breath and not able to tolerate orally. FNAC concluded squamous cell carcinoma of the thyroid. CT scan showed an anterior neck mass compressing the airway, multiple cervical lymph nodes, extensive scattered lung nodules bilaterally and liver metastasis. She sadly succumbed to her advance disease before any definitive treatment could be commenced.

We concluded that almost all squamous cell carcinoma of the thyroid presented in a late stage and definitive treatment of the disease is very difficult as the advance disease had alter the fitness of the patient to undergo any surgical intervention.
A PREGNANT MAN WITH A MANGO PUDDING FETUS; A CASE OF MUCINOUS CYSTIC NEOPLASM

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INTRODUCTION
Mesenteric cysts are rare benign intra-abdominal tumours with an incidence of 1:100,000 in the adult population. As clinical symptoms and signs are non-specific and variable, they are discovered incidentally during radiological imaging or during laparotomy.

CASE REPORT
We describe a rare case in a 68 year-old gentleman with gradual progressive abdominal distension. A CT incidentally demonstrated a well-defined non-enhancing hypodense collection 20.7 x 16.0 x 28.1cm displacing the bowels to the right. He underwent laparotomy and excision of the cyst, measuring 30 x 40 x 25cm, weighing 14kgs, arising from the appendix mesentery. Histopathological findings confirmed a peritoneal mucus tumour of borderline malignancy.

DISCUSSION
Mucinous Cystic neoplasms (MCNs) can arise from the ovary and extra ovarian sites including the pancreas, liver, kidneys, and appendix but rarely from the mesentery. MCNs are classified histologically into benign cystadenomas, borderline tumors, and invasive carcinomas. Its aetiology remains unknown but the most accepted theory is benign proliferation of ectopic lymphatics in the mesentery that lack communication with the remainder lymphatic system. Once completely excised, mesenteric cysts rarely recur, and patients have excellent prognosis.

CONCLUSION
The rarity of this pathologic entity and the lack of specific symptoms; makes precise pre-operative diagnosis difficult. Knowledge of these lesions is important due to the various complications associated with suboptimal surgical management. Due to its potential for malignant transformation (<3% of cases), long-term follow up is crucial.
INTRODUCTION
Retroperitoneal liposarcoma is a rare tumor with an incidence of 2.5 per million individuals. Early diagnosis is difficult as there is an absence of specific clinical presentations. The present case study reports a patient diagnosed with retroperitoneal liposarcoma who was treated by complete surgical resection and relapsed 2 years following the surgery.

CASE REPORT
Madam K, a 67 years old Malay lady was diagnosed with retroperitoneal liposarcoma 2 years ago. En bloc excision of the tumour performed. A large retroperitoneum tumour >20cm removed. HPE showed well differentiated liposarcoma. Patient was referred to oncology and planned for active surveillance. However, patient defaulted follow up.

Presented back again with abdominal distension and early satiety for past 1 year. Repeated CT showed mass with displacement of stomach, bowel, abdominal aorta, and IVC to the right. Underwent exploratory laparotomy, adhesiolysis, tumour debulking and small bowel resection. Intraoperatively noted huge retroperitoneal mass weighing 5.8kg with adhesion to surrounding structures. HPE showed dedifferentiated liposarcoma.

Patient referred to oncology and planned for close surveillance.

DISCUSSION
In conclusion, retroperitoneal liposarcoma is a rare disease with a high rate of recurrence. Complete resection is the benchmark for treatment. Till now prognosis is unfavourable due to local recurrence.
PROGNOSTIC PREDICTORS OF MORTALITY AND SURVIVAL ANALYSIS OF BURNS AND TRAUMA PATIENTS MANAGED IN A BURNS INTENSIVE CARE UNIT

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INTRODUCTION
The evaluation of patients with burns injuries by means of a prognostic predictor tool can be used to identify those at increased risk of mortality. This allows for adequate triage of patients with mortality risk who may then be given priority to the intensive care setting. The objective of this study is to identify factors that may be predictors of burn mortality that can be used to triage patients into high risk for mortality. By identifying the predictors, we can then use this to design a clinical prediction tool which may cumulate in improved survivability of patients with severe burn injuries.

METHODS
A retrospective cohort study of all admissions into Hospital Sultan Ismail Burns Intensive Care Unit for the past 5 years. Admission criteria were according to the 2009 American Burns Association guidelines and risk factors of interest were recorded prospectively. Data was analyzed using SPSS version 16 and logistic regression to determine significant predictors of mortality. Survival analysis was performed using Kaplan-Meier survival curve with the log rank test.

RESULTS
There were a total of 393 patients with a male majority of 73.8%. The mean age was 35.6 (15.72) years and mean length of stay was 15.3 (18.91) days. There were 48 mortalities with an overall mortality rate of 12.2%. Significant risk factors identified on logistic regression were TBSA >20% (p<0.001), inhalational injury (p<0.001) and pulmonary complications of ARDS (p<0.001), presence of SIRS (p<0.001), HAP (p<0.001) and mechanical ventilation (p<0.001). Survival analysis showed similar results with TBSA>20%, presence of SIRS, ventilation, inhalational injury ARDS and hospital acquired pneumonia were associated with poorer survival outcome (p<0.001).

CONCLUSION
The data demonstrates a clear association with TBSA>20%, presence of SIRS, mechanical ventilation, inhalational injury, ARDS, hospital acquired pneumonia and mortality. Therefore allowing for stratification of patients and allocation of intensive care resources appropriately.
CHEST WALL RESECTION AND RECONSTRUCTION CASE SERIES IN HOSPITAL KUALA LUMPUR, MALAYSIA

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OBJECTIVE
Chest wall resection is defined as the removal of a full thickness portion of the chest wall, including muscle, bone, and possibly skin. The decision to perform a reconstruction of the chest wall after resection depends on the propensity of the defect to cause paradoxic chest wall motion and possibly respiratory failure. The aim of the present case series was to look at the specific indication and type of reconstruction that is suitable for each case together with the complication arise from it.

METHODS
Series of 6 cases with chest wall resection and reconstruction operated in General Hospital Kuala Lumpur is presented in a table with each column representing age, diagnosis, procedure and means of reconstruction, pre and post operative chest X ray for comparison as well as recovery status. Indications, preoperative investigations, type of reconstructions, and complications were described in the discussion.

RESULTS
There were no mesh reconstruction done in two of the patient (33.3%). Three of them (50%) need a mesh reconstruction in view of large defect in the chest wall without muscular or musculocutaneous flap cover, while another one patient (16.7%) need a mesh reconstruction with anterolateral thigh free flap. Complication post operatively includes tracheostomy in two patients (33.3%), wound infection in one patient (16.7%) and uneventful recovery in three patients (50%).

CONCLUSION
The measurement of successful chest wall resection and reconstruction are determined by the perioperative preparation and diagnosis, as well as intra operative finding and decision made by the operating surgeons. Few complications might develop along with the post operative care of the patient and these issue should have been anticipated before the decision for chest wall resection and reconstruction are made.
CONGENITAL DIAPHRAGMATIC HERNIA. WHEN IS THE IDEAL TIME TO REPAIR?

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Over the last decade, the repair of congenital diaphragmatic hernia (CDH) has changed as more institutions preferred delayed repair over emergency. This is due to the recent understanding of pulmonary hypoplasia and persistent newborn pulmonary hypertension (PPHN) which affects the overall outcomes of CDH. Visceral organ entrapment however does not solely cause poor outcomes as long as the bowel is adequately decompressed via nasogastric tube. Despite these understanding and also the present of Extracorporeal Membrane Oxygenation (ECMO) machine, the timing of surgery still debatable. The emergency repair takes place less than 24 hours after birth. Delayed repair can be either more than 48 hours and there were cases where repaired were done after day 28 of life. Therefore there is no exact timing neither exact criteria to decide for ideal repair. We present to you a case of congenital diaphragmatic hernia diagnosed via antenatal sonogram. She was intubated after born due to fetal distress. The diaphragmatic hernia was repaired after day 8 of life. She was nursed in NICU without immediate surgical complication then was discharged well after 1 month post operation.
Less than 40% of B-cell lymphoma is extra-nodal. This include involvement of the gastrointestinal tract, mediastinum, testis, central nervous system, breast and bone. Due to differences in clinical presentation and molecular properties, extra-nodal B-cell lymphoma is regarded as entity distinct from nodal B-cell lymphoma. Presentations are commonly due to the mass effects of the affected organs such as bone pain or intestinal obstruction. Some may have what is collectively known as B symptoms which include fever, night sweats and weight loss. Occasionally patient may present with atypical presentations such as splenic abscess. We present such a case whereby a gentleman initially presents with features suggestive of splenic abscess which upon further assessment proves to be retroperitoneal B-cell lymphoma.

**KEYWORDS**
lymphoma, retroperitoneal, spleen abscess
A RARE CASE OF HUGE PRIMARY RETROPERITONEAL CAVERNOUS HEMANGIOMA MIMICKING LIVER HEMANGIOMA

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Primary retroperitoneal cavernous hemangioma (PRCH) is a very rare tumour and uncommon in adult. The majority of reported retroperitoneal hemangioma originating from adrenal, kidney or pancreas. However, the PRCH is unique in view of it is separated from adjacent structure. It is usually asymptomatic but once it grows larger, it will cause pressure to the adjacent organ and the symptoms are usually abdominal discomfort or pain, malaena or hematuria. Radiological imaging such as ultrasound, CT scan and magnetic resonance imaging (MRI) are needed to establish the diagnosis. The surgical procedure of tumour removal is indicated for both diagnostic and therapeutic purpose.

We reported on the diagnosis and treatment of a patient with PRCH with subtle clinical presentation and atypical findings on Computed Tomography (CT) Imaging. The patient presented with right hypochondriac discomfort for one month duration. CT Abdomen revealed huge heterogeneous mass arising from right lobe of liver which was compressing the surrounding structure. Preoperative diagnosis of right liver hemangioma was made and the patient was planned for right hemihepatectomy. However, intraoperatively there was a huge cystic like mass arising from retroperitoneal which had clear margin with adjacent structure. The tumour was successfully excised with intact capsule and histopathological examination revealed cavernous hemangioma.
RUPTURED COMMON ILIAC ARTERY WITH MULTIPLE ANEURYSM. OPEN REPAIR SURGERY - SURGICAL CHALLENGE

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Common iliac artery aneurysms are rare and, when ruptured, may be associated with acute abdomen. They have high morbidity and mortality rates and prognosis is quite reserved, particularly in cases of rupture. The common iliac artery aneurysm are mostly asymptomatic and are frequently ruptured in manifested cases. However, when symptomatic, signs and symptoms depend on size, location and relation with adjacent structure.

We present a case of a patient who have abdominal pain and complain of unable to pass urine for about 7 days before came to hospital to seek for treatment. CT Angiogram revealed lower abdominal aortic aneurysm is present with a diameter of 8 x 5.7cm. The aneurysm begin at the level of the origin of the renal artery and extending to involve both common and external iliac arteries. There appear to be leakage of the aneurysm to the lower paraaortic and pelvic region. A large hematoma is present within the suprapubic region, compressing the urinary bladder.

The patient was taken to the operating room for semi-emergency open repair surgery and a multiple infra renal aortic aneurysm with ruptured right CIA was found. The hematoma measured around 13 x 13 x 10cm was found at the lower abdominal region. Abdominal midline laparotomy incision was extended transversely bilaterally for better exposure. Aneurysectomy and inlay bifurcated graft with end to end anastomosis was done to the right common iliac and left external iliac artery.

Many literatures discussed about isolated ruptured internal iliac artery aneurysm with very little cases on ruptured common iliac artery aneurysm. In this case report we are aiming to describe the presentation, clinical and intraoperative finding for the ruptured common iliac artery aneurysm as well as surgical challenge faced by the surgical team managing this patient as for a guidance of any similar cases in the future.
CHEST WALL RESECTION AND RECONSTRUCTION CASE SERIES IN HOSPITAL KUALA LUMPUR, MALAYSIA

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INTRODUCTION

Chest wall resection is defined as the removal of a full-thickness portion of the chest wall, including muscle, bone, and possibly skin. The indication might be neoplastic or non-neoplastic, in most cases surgery remains the mainstay of therapy and a collaborative approach with reconstructive plastic surgeons is essential in obtaining good results. The decision of chest wall reconstruction is generally varied and can be dependent on the patient’s diagnosis pre-operatively.

In this series, we discuss the diagnosis, procedure and means of reconstructive surgery of five patients who was referred to us as well as the recovery period needed as inpatient.

CASE PRESENTATION

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>AGE</th>
<th>DIAGNOSIS</th>
<th>PROCEDURE &amp; MEANS OF RECONSTRUCTION</th>
<th>PRE OPERATIVE CHEST X-RAY</th>
<th>POST OPERATIVE CHEST X-RAY</th>
<th>RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>62</td>
<td>Papillary thyroid Ca with bilateral cervical metastasis and sternal metastasis</td>
<td>Total thyroidectomy, bilateral modified radical neck dissection and sternal resection with prolene mesh reconstruction (manubriectomy)</td>
<td><img src="image1.png" alt="Preoperative Chest X-Ray" /></td>
<td><img src="image2.png" alt="Postoperative Chest X-Ray" /></td>
<td>Underwent tracheostomy post surgery in facilitate ventilation in view of left recurrent laryngeal palsy and paradoxical respiration. He was discharged with tracheostomy.</td>
</tr>
<tr>
<td>2</td>
<td>45</td>
<td>Right anterior chest wall mass due to metastasis of NPC post radiotherapy</td>
<td>Resection of anterior 5(^{th})-7(^{th}) rib with prolene mesh reconstruction of anterior chest wall</td>
<td><img src="image3.png" alt="Preoperative Chest X-Ray" /></td>
<td><img src="image4.png" alt="Postoperative Chest X-Ray" /></td>
<td>Recovery uneventful.</td>
</tr>
<tr>
<td>3</td>
<td>68</td>
<td>Right thoracic neurofibroma</td>
<td>Right thoracotomy and excision of mass, lesion 15x12cm adhered to 6(^{th}) and 7(^{th}) rib, excised with the lesion</td>
<td><img src="image5.png" alt="Preoperative Chest X-Ray" /></td>
<td><img src="image6.png" alt="Postoperative Chest X-Ray" /></td>
<td>Post procedure lung fully expanded.</td>
</tr>
<tr>
<td>4</td>
<td>39</td>
<td>Right thoracic liposarcoma</td>
<td>Right thoracotomy, 4th to 5th rib excision and <strong>mesh insertion</strong>. Mass around 15x17cm abutting superior, middle, inferior lobe of lungs, mesh inserted.</td>
<td>Recovery uneventful.</td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>20</td>
<td>Right advanced mediastinal and Chest Wall Liposarcoma</td>
<td>Resection of huge posterior mediastinal and chest wall liposarcoma. Huge 45x28cm mass arising from posterior mediastinum, 6th to 12th rib excised, R0+ resection achieved. Proceeded with <strong>Mesh reconstruction</strong> and anterolateral thigh (ALT) free flap by plastic surgery team.</td>
<td>Post operative patient had prolonged intubation and tracheostomy performed on day 5. Discharged after 25 days of stay. Tracheostomy weaned off before discharge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>59</td>
<td>Right Breast Invasive Carcinoma and Left Fungating Phylloides Tumor with Rib Involvement</td>
<td>Bilateral mastectomy, axillary clearance and Left 4th to 5th rib resection. Huge phylloides tumor 30x30cm, closed primarily with skin closure.</td>
<td>Recovery uneventful</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISCUSSION**

Chest wall resection is defined as the removal of a full-thickness portion of the chest wall, including muscle, bone, and possibly skin. The decision to perform a reconstruction of the chest wall after resection depends on the propensity of the defect to cause paradoxic chest wall motion and possibly respiratory failure.1

Indication for resection and reconstruction are numerous and varied. Resection of the chest wall is most often required as a curative approach to patients presenting with a lesion or tumor of the bony structures or soft tissues.2 An algorithmic approach to chest wall reconstruction begins with the assessment of the nature of the defect, taking into consideration factors such as infection, tumor location, previous radiation therapy, and surgical intervention. The latter factors bear influence on the type of tissue required as well as whether reconstruction can be performed in a single stage or whether it is better delayed.3

In our studies, the indication are three cases from the primary tumor, two cases from metastasis of other primary malignancy.
According to Erich Stoelben Corinna Ludwig in the *European Journal of Cardio-Thoracic Surgery*, Volume 35, Issue 3, 1 March 2009, Pages 450-456, there are few preoperative investigations to define local invasion. These includes four clinical situations that are possible when the tumor reaches the chest wall.

1. The tumour infiltrates the soft tissue or bones of the chest wall. Complete chest wall resection is clearly necessary to achieve a radical operation.
2. The tumour has only penetrated the visceral and parietal pleura. Extrapleural lobectomy might be possible for histologically documented complete resection.
3. The tumour and the visceral pleural are fixed to the parietal pleura by inflammatory adhesion induced by the tumour or by previous pleurisy. Extrapleural lobectomy is sufficient for radical resection.
4. The lung and the tumour are not fixed to the chest wall. Standard lobectomy would be an adequate operation.

CT scan, MRI, ultrasound and bone scan may answer the question whether the parietal pleura and chest wall are infiltrated. All of our five cases were provided with the CT thorax beforehand.

### Table: Preoperative Investigations to Define Local Invasion

<table>
<thead>
<tr>
<th>Publication</th>
<th>Pat all/invasion</th>
<th>Method</th>
<th>Parameter</th>
<th>Results in % sens/spec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratto (1991)</td>
<td>112/59</td>
<td>CT</td>
<td>Fat plane, contact, angle infiltration</td>
<td>CT: 85/87; Accuracy: 77</td>
</tr>
<tr>
<td>Sugana (1988)</td>
<td>65/79</td>
<td>US</td>
<td>Infiltration</td>
<td>CT: 42/100; US: 89/95</td>
</tr>
<tr>
<td>Glazer (1985)</td>
<td>47/15</td>
<td>CT</td>
<td>Angle, thickening, contact, fat plane</td>
<td>HRT 81/79; SD CT 96/78</td>
</tr>
<tr>
<td>Uhrenhoner (1999)</td>
<td>41/23</td>
<td>High-resolution CT</td>
<td>Contact area, angle, fat plane, infiltration</td>
<td>Tumour movement</td>
</tr>
</tbody>
</table>

From: Chest wall resection for lung cancer: indications and techniques
Eur J CardiothoracSurg | © 2008 European Association for Cardio-Thoracic Surgery European Association for Cardio-Thoracic Surgery

The selection of reconstruction is based on the nature, size and location of the defect as well as on the general health and prognosis of the patient. The goals of the reconstruction are adequate stability, water- and airtight closure of the chest cavity, and acceptable cosmetic appearance.

If structural stability is required, however, either autogenous tissue (such as fascia lata or rib) or prosthetic material (such as the various meshes, metals, or soft tissue patches) may be used. Prosthetic reconstruction can be further classified as non rigid and rigid reconstruction.

Non rigid reconstructions with meshes or patches have the goal of avoiding a lung hernia caused by the chest wall defect, or preventing the impaction of the scapula in case of posterior chest wall resections. Large anterior and lateral resections result in thoracic instability and alteration of pulmonary physiology, and render intra thoracic structures vulnerable to external impact. They necessitate rigid reconstructions according to several techniques using alloplastic materials (eg, methyl methacrylate-based customized plates or neo-ribs, osteosynthesis systems, or dedicated prosthesis). \(^7\) Titanium plates system was also introduced for the treatment of the chest wall diseases 6 years ago. \(^6,7\) \(^8\) Titanium is an ideal prosthetic material, as it has an high resistance to corrosion, a low specific weight, a remarkable resistance to traction, it is diamagnetic and compatible with MRI, but, above all, is biologically inert and highly biocompatible. \(^8\)

In general, all full-thickness skeletal defects that have the potential for paradox should be reconstructed. Defects less than 5cm in greatest diameter anywhere on the thorax are usually not reconstructed and posterior defects less than 10cm likewise do not require reconstruction because the overlying scapula provides support, unless they are located at the tip of the scapula where entrapment of the scapula can occur during movement of the arm. \(^9\)

The pedicled muscular or musculocutaneous flaps are usually the first choice for tissue coverage. These include flaps such as latissimus dorsi, vertical or transverse rectus abdominis and pectoralis. \(^10\) In certain cases also the
breast flap or omental flap can be used. In selected cases, a free flap reconstruction is indicated if the local options for reconstruction have been used, or if they are unreliable due to earlier scars or radiotherapy.

In our fifth case in this study for example, we operated on a patient who was previously undergone removal of chest wall liposarcoma. After the first operation which was two years back, it was discovered that all margins are involved and she was started on chemotherapy with no plan for further intervention. She was referred to our team recently with a very huge mass on the right side of the chest. Hence in this situations, the free flaps was chosen as form of soft-tissue coverage, taken from anterolateral thigh (ALT) with the help of the plastic surgery team. The internal mammary artery is the primary connecting vessel at the anterior thoracic wall. At the lateral thoracic wall, the thoracodorsal vessels can act as sufficient connectors.14

The free flaps to be used for chest wall can be harvested from the thigh (tensor fascia latae flap (TFL), anterolateral thigh (ALT) flap), from the abdomen (transverse rectus abdominis (TRAM) flaps, deep epigastric perforator flaps) or from the chest wall (latissimus dorsi flap and other flaps based on the subscapular artery).10

Polypropylene mesh, polytetrafluoroethylene (PTFE) are used for stabilization and prevention of herniation.11,12 According to a research done by McComack, PM: Use of prosthetic materials in chest wall reconstruction. SurgClin North Amforty patients undergoing a chest wall reconstruction with mesh and flap recovered significantly better (shorter time on respiratory support and shorter hospital stay) compared to those having only flaps reconstruction.13

One study done by Claude Deschamps MD et. al, in March 1999 involving 197 samples of patients with chest wall resection and reconstruction showed that 91 patients (46.2%) develop post operative complication and most of them are respiratory complication (24.4%), followed by seroma (7.1%), wound infection (4.6%), arrythmia (2.5%), hemorrhage (2%), myocardial infarction (1.5%), prolonged air leak (1%), and others (3%).9

In our recent study here, there were no mesh reconstruction done in two of the patients (33.3%). Three of them (50%) need a mesh reconstruction in view of large defect in the chest wall without musculocutaneous flap cover, while another one patient (16.7%) need a mesh reconstruction with anterolateral thigh (ALT) free flap with the help of our Plastic and Reconstructive Surgery team. Complication post operatively includes tracheostomy in two patients (33.3%), wound infection in one patient (16.7%) and uneventful recovery in three patients (50%).

CONCLUSION

The measurement of successful chest wall resection and reconstruction are determined by the perioperative preparation and diagnosis, as well as the intra operative finding and decision made by the operating surgeons. There are few complications that might develop along with the post operative care of the patient and these issues should have been anticipated by the surgical team before the decision for chest wall resection and reconstruction are made. Most of the patients from our study recovered well and having relatively short period of hospital stay. This will hopefully be the start of the many successful chest wall reconstructions in the future.

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THE CASE REPORTS OF SUPERFICIAL TEMPORAL ARTERY PSEUDOANEURYSM

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Superficial temporal artery (STA) pseudoaneurysm is a rare vascular pathology, commonly caused by blunt injury. It was usually misdiagnosed as cyst or lipoma due to its similar clinical entities. However, STA pseudoaneurysm can lead to significant complication such as headache, eye pain, bleeding, which needed immediate medical or surgical intervention. There are various treatment options available to treat STA pseudoaneurysm. Our experience supports that history taking and clinical examination creates a high clinical suspicions that would lead to safe surgical excision.
RECURRENT LARGE POSTERIOR MEDIASTINAL EXTENDING TO CHEST WALL LIPOSARCOMA. A CASE REPORT TO REVIEW

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INTRODUCTION
Liposarcoma in mediastinal or chest wall is very rare. As the liposarcoma continues to grow, symptoms related to direct invasion or compression of other thoracic organs.

OBJECTIVES
To emphasize on the recognition of the disease and to elaborate on the extensive surgical intervention performed in this case.

MATERIALS AND METHODS
We are reporting a rare case of recurrent large liposarcoma of posterior mediastinum extending to right chest wall. 19 year old Malay lady presented to HKL in 2016 with chronic cough and shortness of breath. Bronchocopy was done and HPE showed liposarcoma. CECT Thorax in 2016 showed large posterior mediastinal mass occupying whole right thoracic cavity, no evidence of metastases. Patient then, underwent right extended thoracotomy and excision of mediastinal liposarcoma and lower lobectomy. Post-operative, patient was well and proceeded with adjuvant radiotherapy and chemotherapy.

RESULTS
During follow-up, noted recurrent large right posterior mediastinal mass extending to the chest wall. We proceeded with 2 stage surgery. Initial stage, resection of huge posterior mediastinal and chest wall liposarcoma was performed. Second stage Mesh Reconstruction and ALT free flap reconstruction was performed.

DISCUSSION
Based on our experience, complete resection of well-capsulated liposarcoma was feasible because the tumor was non-invasive and had no rich blood supply. However, the management of huge a mediastinal tumor is always challenging.

CONCLUSIONS
Extensive surgical resection is the optimal treatment for mediastinal liposarcoma because of the malignant nature of the tumor. However, the management of huge a mediastinal tumor is always challenging.
FUSOBACTERIUM NUCLEATUM. A CASE REPORT OF A RARE CAUSE OF PYOGENIC LIVER ABSCESS IN AN IMMUNOCOMPETENT PATIENT

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BACKGROUND
Pyogenic liver abscess is an uncommon but potentially life threatening infection. Enteric and anaerobic bacteria are the commonest causative organisms for pyogenic liver abscess. Most infections are polymicrobial in nature although monomicrobial infection may also occur. Immunocompromised status and concomitant periodontal disease are some of the important risk factors of liver abscess that is caused by rare monomicrobial anaerobic infection.

CASE REPORT
We report a case of multiloculated pyogenic liver abscess in a young, immunocompetent male caused by rare Fusobacterium nucleatum. No evidence of periodontal disease was demonstrated. His clinical records were obtained from an electronic medical data in Hospital Selayang. The method of diagnosis, imaging characteristics and his successful non-operative management are herein described.

CONCLUSION
Although F. nucleatum is a strictly anaerobic, commensal bacterium of the oral cavity, its ability to cause complicated liver abscess in human is perplexing. Percutaneous drainage of the abscess and an extended course of antibiotic is the mainstay of treatment of this disease.
ADRENAL CORTEX CARCINOMA, ONE IN A MILLION CASE REPORTED IN HOSPITAL KUALA LUMPUR

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Adrenocortical carcinoma (ACC) is a rare malignancy with an incidence of 0.7 - 2.0 cases/million inhabitants/year. The diagnosis of malignancy relies on careful investigations of clinical, biological, and imaging features before surgery and pathological examination after tumor removal. As far as the treatment is concerned, in case of tumor limited to the adrenal gland, the complete resection of the tumor is the first option.

We present a case of a patient who was having complaint of left sided abdominal pain for two weeks before came in to hospital. He was diagnosed as having Acute Coronary Symptom initially in view of a few episodes of sweating and left sided upper abdominal pain. Patient was admitted in medical ward and referred to Surgical team only after Ultrasound and CT abdomen were done. CT finding revealed left adrenal lesion with large retroperitoneal hematoma with extension into subphrenic space. Left suprarenal fossa mass likely left adrenal gland 5 x 5 x 6cm. Patient had a few episodes of bleeding and was subjected for angioembolization. Patient was subsequently taken to the operating room for elective debulking of ruptured left adrenal tumour with evacuation of clot and splenectomy for ruptured left phaeo with retroperitoneal hematoma.

We experienced a few complications post operation as well as progression of disease of this patient along the extended stay of the admission period. In this case report we are aiming to describe the clinical presentation, diagnosis, and the optimum treatment and management that could be provided to the rare case of Adrenal Cortex Carcinoma.
Soil transmitted helminthic infection is a source of burden to the healthcare sector in tropical countries. Most patients are asymptomatic carriers of the disease, with some of them harbouring more than one parasite. Intestinal parasites are usually found in specific sites along the intestine, however, some can be found in the lungs and hepatobiliary system.

We reported a 65-year-old lady who presented with symptoms suggestive of ascending cholangitis. She also gave a history of passing worms in her stools 3 days prior to admission. She had undergone laparoscopic cholecystectomy done 10 years ago and also had history of being treated for helminthic infection of the biliary tract before. Clinical examinations revealed scleral jaundice with mild epigastric tenderness. Hepatobiliary ultrasound showed dilated biliary tree with 2 linear structures within, likely to represent worms. Endoscopic retrograde cholangio-pancreatography (ERCP) was performed, and soft pigmented stones were extracted, followed by a ball of ascariasis. Post procedural cholangiogram showed good flow of contrast with no biliary strictures. Stool FEME showed presence of adult ascaris with Trichuris trichuria ova.

In our patient, a double pathology exists, where there was evidence of both choledocholithiasis, and ascariasis. Obstruction of the biliary tree might have led to biliary stasis and stone formation. Another postulation would be the development of oriental cholangiohepatitis as seen in chronic worm infestations. However, there were no strictures seen within the biliary tree. The polyparasitism might be difficult to manage with single drug therapy using albendazole, as it is less effective against Trichuris trichuria. The decreased efficacy of albendazole towards trichuris is worrying, and more pharmaceutical alternatives need to be explored for eradication therapy. In the meantime, a more promising approach is to educate those who are susceptible on the importance of hygiene, and to provide clean water supplies and proper sanitation to reduce the incidence of helminthic infections.
TREATMENT OF PANCREATIC PSEUDOCYST WITH ENDOSCOPIC TRANSPAPILLARY DRAINAGE

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INTRODUCTION
Endoscopic drainage of pseudocyst using transpapillary approach has been reported. We present a case of pancreatic pseudocyst where endoscopic transpapillary drainage has been performed.

CASE REPORT
We report on the case of a 31 year old male patient with pancreatic pseudocyst. He presented as complication of an episode of acute pancreatitis which had manifest as epigastric pain, abdominal distension and vomiting. He was diagnosed to have necrotizing pancreatitis during the admission then was discharged well. Four weeks later he presented with another episode of epigastric pain with vomiting and derranged liver function test. Endoscopic retrograde cholangio-pancreatography (ERCP) was done and showed “shouldering effect” at the distal common bile duct query of external compression from pancreatic pseudocyst. Presence of large pancreatic pseudocyst at the body and tail of the pancreas confirmed with Contrast Enhanced Computed Tomopgraphy (CECT) Triphasic Liver. Another ERCP attempted and noted the pseudocyst is communicating with the pancreas thus endoscopic transpapillary drainage was successfully performed with the insertion of pancreatic stent. The stent was keep there for about 6 weeks.

RESULT
Repeated CECT Triphasic Liver after 6 weeks showed significant reduction in size of the pancreatic pseudocyst with no other complications.

Conclusion
Transpapillary pseudocyst drainage is highly effective and safe to be done in patient with pseudocyst demonstrating suitable anatomy for the endoscopic technique.
RUPTURED PYOGENIC LIVER ABSCESS PRESENTED WITH PNEUMOPERITONEUM: A CASE REPORT

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INTRODUCTION
Spontaneous pneumoperitoneum is described as the presence of intraperitoneal air in the absence of abdominal viscus perforation. Herein, we report a case of ruptured liver abscess presented as peritonitis with pneumoperitoneum.

CASE PRESENTATION
39 year old gentleman with diabetes mellitus, presented with epigastric pain and abdominal distension for two weeks duration. Clinical examination showed generalized peritonitis. Blood investigation revealed metabolic acidosis, leucocytosis with deranged liver enzyme and renal profile. Erect chest X-ray showed free air under diaphragm. Ultrasound scan showed free fluid in Morison’s pouch, however liver was obscured by presence of air artefacts. Patient underwent emergency exploratory laparotomy after prompt resuscitation. A ruptured liver abscess with size of 5 x 5cm was found in segment VII/VIII, with total of 1.3 litre intraperitoneal pus was drained. No perforation of hollow viscus was identified. K. pneumoniae was isolated from culture of the pus. Post-operative computed tomography (CT) scan of the liver showed small segment III/IV liquefied liver abscess with gas within cavity, which was subsequently treated by intravenous antibiotic. Patient eventually recovered and was discharged home on post-operative day 30.

DISCUSSION
Ruptured gas-forming pyogenic liver abscess causing pneumoperitoneum is relatively uncommon. Identifying cases in which laparotomy can be avoided is important to prevent unnecessary surgery and its associated morbidity. However, majority are still caused by viscus perforation which requires rapid surgical intervention; failure to recognize this condition can worsen the sepsis that leads to multiorgan failure and mortality.

CONCLUSION
Not every case of pneumoperitoneum is attributable to perforated abdominal viscus. Ruptured pyogenic liver abscess would be a rare cause of pneumoperitoneum.
SENTINEL LYMPH NODE BIOPSY IN HOSPITAL WITHOUT RADIONUCLIDE-MEDICINE SERVICES

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INTRODUCTION
Sentinel lymph nodes (SLNs) are the first few LN into which a tumour drains. Sentinel lymph node biopsy (SLNB) is an effective method to determine the need of axillary clearance (AC) in early breast cancer patients. AC performed during breast cancer surgery is associated with many complications which affect quality of life of patients. To identify SLNs, “dual injection” using radioactive substance and blue dye were practiced worldwide.

OBJECTIVE
To determine the feasibility of using blue dye alone in SLNB, in centres without radionuclide-medicine services.

METHOD
Eligible patients will have blue dye injected into sub-areolar region and massaged for 15 - 20min. All blue LNs or LN with blue lymphatic channel were removed and sent for frozen section. All patients underwent AC. The frozen section results were compared with the histo-pathology report of AC to obtain the accuracy and false negative rate.

RESULTS
20 patients were included in this study and the mean number of SLNs excised were 2.6 with a false negative rate of 0%. Identify rate of one LN is 100% and two lymph nodes is 90%. No complications were encountered during the study period.

DISCUSSION
Factors affecting the success of SLNB includes the experience of the surgeon, injection technique, volume and type of dye used, primary tumour location and size. As recommended by The American Society of Breast Surgeons and ESCO guideline, verification study requires identification rate of >85%, false negative rate of <5% and a minimum sample of 20 SLNB with AC to minimize risk of false negative results. Thus, the study has fulfilled the recommended guideline.

CONCLUSION
In comparison to dual technique, SLNB using blue dye alone is safe in identifying patients who do not need AC. The study can be continued to recruit a bigger sample of patients to obtain accuracy in outcome.
OUTCOME OF RECTAL CARCINOMA IN A DISTRICT HOSPITAL

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INTRODUCTION
Although rectal cancer (RC) is often seen as part of the much broader entity of colorectal cancer, the pathological course and treatment regimens of cancers of the rectum and the colon differ considerably, and outcomes of treatment are also different.

OBJECTIVE
The aim of this study is to analyze the incidence and treatment outcome of RC in our institute.

METHODS
This is a retrospective study, all patient undergoing colonoscopy with a positive histological finding for RC between 1st January 2014 till 31st December 2016 were included in this study.

RESULTS
There is a total of 32 cases being diagnosed between 2014 till 2016. In this study 10 (31.3%) were female, 22 (68.7%) were male. The mean age for this study was 61 (range: 27 - 82). The prevalence of RC among ethnicity: Malay 56.3%; Chinese 34.4%; Indians 6.3%; Foreigners 3.1%. Patients diagnosed with Stage 1 disease were (10) 31.3%, Stage 2 were (5) 15.6%, Stage 3 were (4) 12.5%, Stage 4 were (13) 40.6%. 28% of patients who underwent surgery, with or without neoadjuvant or adjuvant therapy are currently thriving well with no recurrence. 34.5% of patient succumb due to disease progression despite on treatment and 37.5% of the patient refused for any treatment.

DISCUSSION
In our studies, we see a male predominance in RC with the Malay community having the highest incidence of RC. Although the mean age for RC is 66, there are patients’ being diagnosed as early as 27 years old. Early stages of RC, with appropriate intervention produces good outcome. Stage 4 disease has the highest incident with the poorest outcome. Finally we see a very high percentage of refusal of treatment in our center.

CONCLUSION
Patient education, early diagnosis and intervention will yield a positive outcome.
ENDOSCOPIC MANAGEMENT OF BOERHAAVE’S SYNDROME: ESOPHAGEAL STENTING CASE REPORT

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BACKGROUND
Boerhaave’s syndrome is a rare condition which there is an effort rupture of the esophagus due to repeated forceful retching and vomiting. Treatment of the Boerhaave’s syndrome can be divided into three categories: conservative, endoscopic and surgical approaches.

CASE SUMMARY
We report a case of a Chinese 43 year male patient who developed Boerhaave’s syndrome secondary to repeated vomiting from Dengue Fever which and successful treated with endoscopic stenting in Hospital Tuanku Ja’afar Seremban.

DISCUSSION
Treatment of the Boerhaave syndrome can be divided into three categories: conservative, endoscopic and surgical approach. Surgery may yield higher survival rate for some patients. However surgical intervention may not be a suitable option for patients who were elderly, critically ill with multiple comorbid. Endoscopic stenting should be considered as an alternative option of initial management for this group of patients.

CONCLUSIONS
The case report demonstrates the successful use of endoscopic stenting of esophageal perforation hence endoscopic stenting should be considered as initial management for patients with Boerhaave’s Syndrome.
NEUROENDOCRINE TUMOUR MASQUERADING AS INTUSSUSCEPTION

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INTRODUCTION
Intussusception commonly occurs in the paediatric population and only a small percentage occurs in the adult population. Presentation in the adult population differs and it is commonly caused by an underlying intraluminal pathology. Nevertheless, surgical therapy has to be planned well for optimal treatment and management of the patient.

RESULTS
We present a case report on a 72-year-old female that complain of right sided abdominal pain for 3 weeks. Pain was associated with vomiting and diarrhoea. Patient had an appendicectomy done 30 years ago and had a recent non-ST elevation myocardial infarction a month ago. On examination of the abdomen, tenderness over the right iliac fossa was demonstrated. Ultrasound and computed tomography of the abdomen was subsequently done and it showed ileo-caecal intussusception. Decision made to proceed with surgery as the patient complain of persistent abdominal pain despite the high risk of surgery due to the recent myocardial infarction. Laparotomy showed ileoceleal intussusception and right hemicolectomy was done, with double barrel stoma as the patient was haemodynamically unstable intraoperatively. Histopathological examination of the tumour showed that it is a neuroendocrine tumour with lymph node involvement. Patient was subsequently referred to oncology for further management.

DISCUSSION
Presentation of intussusception is often obscure and can present with partial or complete bowel obstruction. Since malignancies are often the primary cause of adult intussusception, surgery would be the appropriate intervention. Neuroendocrine tumour of the gastrointestinal tract is rarely associated with intussusception with 10% of patient presenting with carcinoid syndrome. Treatment of neuroendocrine tumours involves complete surgical resection with subsequent adjuvant therapy with somatostatin analogues.
ENDOSCOPIC MONOTHERAPY VS COMBINATION THERAPY: IS THE REBLEEDING OUTCOME DIFFERENT?

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Bleeding peptic ulcer is one of the most common cause of gastrointestinal bleeding and it contributes more than 10% of mortality to patients.

OBJECTIVE
To evaluate the difference between endoscopic monotherapy (Epinephrine injection only) and combination therapy (Epinephrine and thermal/mechanical clip) with the frequency of rebleeding post intervention.

MATERIALS AND METHOD
This is a retrospective cross sectional study of cases from year 2015 to 2017 in Hospital Seberang Jaya, Pulau Pinang. Patients selected include patients with major stigmata of bleeding as defined as Forrest Class Ia, Ib, Ila and I Ib in Forrest Classification and undergone monotherapy or combination therapy endoscopically.

RESULTS
A total of 243 patients fits the inclusion criteria. Sample populations' age was between 18 to 90 years old, with the mean age of 61.5. Gender distribution of 174 male (71.6%) and 69 Female (28.4%). Ethnicity distribution are charted as 122 Malays (50.2%), 103 Chinese (42.4%), 13 Indian (5.4%) and 5 other ethnics (2.0%). In Forrest 1 ulcers, combination therapy has lesser rebleeding rate (18.0%) compared to monotherapy (28.1%). For Forrest 2 ulcers, monotherapy (9.1%) and combination therapy (10.9%) does not much significant difference.

DISCUSSIONS
Bleeding peptic ulcer is more common in male and Malay population. Combination therapy is more effective than Monotherapy in prevention of rebleeding post intervention for Forrest I ulcers. There is no significant difference in treating Forrest II ulcers. Overall results also showed combination therapy is more superior than monotherapy.

CONCLUSION
Combination therapy is preferred for patients with Forrest Class 1 ulcers, while Forrest class 2 ulcer patients both Monotherapy and Combination therapy has no significant difference.
GASTROINTESTINAL STROMAL TUMOR OF THE STOMACH: A CASE REPORT

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Gastrointestinal Stromal Tumors (GISTs) are rare mesenchymal tumors of the alimentary tract. Nowadays, GISTs represents 0.1 - 3% of all gastrointestinal malignancies, making it a diagnostic challenge. The spectrum of clinical presentation in GIST is broad and it is largely dependent on tumor size and location.

This is a case report of a 56 years old man who initially referred to us with mass over the left hypochondriac region. Clinical assessment showed the presence of a mobile mass on the left side of the abdomen. Findings in diagnostic image studies suggested a gastric GIST without evidence of distant metastasis. He underwent laparotomy and total tumor excision was done. Cytological and immunohistochemistry analysis confirm the diagnosis of GIST.

Advances in the identification of GISTs, its molecular and immunohistochemical basis, and its management have been a watershed in the treatment of GISTs. The curative intent of the treatment is operative excision with a clear margin. Administration of tyrosine kinase inhibitors have proved to be very effective and improves recurrence-free survival.
THE REBALANCING ACT™ - PRELIMINARY RESULTS OF CHANGES IN SPINAL ALIGNMENT POST UNILATERAL MASTECTOMY WITH AND WITHOUT IMMEDIATE BREAST RECONSTRUCTION

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INTRODUCTION
Despite improvement in diagnostic techniques, many patients in Asia-Pacific region still present at late stages of breast cancer where radical mastectomy is the therapeutic mainstay. Notwithstanding overwhelming psychosocial benefits, breast reconstruction rates remain low in Asia. Few studies have demonstrated the negative impact of mastectomy on spinal kinematics and positive physical effects of breast reconstruction. There is however, limited data comparing their effects on spinal alignment. With this paucity of research, we investigate the spinal changes of unilateral mastectomy (MA) and breast reconstruction (IBR).

OBJECTIVES
Comparing spinal alignment changes pre- and post-operatively among women receiving MA and IBR.

METHODS
Pre- and post-operative chest radiographs among MA and IBR were retrospectively reviewed and a comparison of Cobb’s angle made.

RESULTS
69 pairs of pre- and post-operative chest radiographs of patients receiving MA and 57 IBR were reviewed. No significant difference in pre-operative Cobb’s angle between MA and IBR with mean of 3.75 and 4.25 respectively (P=0.45). Cobb’s angle change between MA and IBR showed no significant difference across all 3 groups of radiographs <1 year (P=0.07), 1-2 years (P=0.577) and >2 years post-operatively (P=0.898).

DISCUSSION
No significant differences between spinal changes regardless of duration post-surgery in MA and IBR, which differs from previously reported studies. In our patients, 100% of IBR was performed with autologous flaps compared to previous studies which had a mixture of tissue expander and autologous flaps. Other factors affecting spinal alignment need to be investigated further.

CONCLUSION
Previously reported differences in spinal changes in MA and IBR were analyzed from a heterogenous IBR group. Further studies investigating factors affecting spinal changes in those with autologous IBR need to be undertaken.
INTRODUCTION
Gastric cancer, despite its reduced incidence is still a cause of high morbidity and mortality worldwide. Previously thought to be a disease affecting mainly older generations, the paradigm shift now begins to affect the so-called younger generations with a more proximal disease and lack of tumor differentiation. A rare Undifferentiated Carcinoma of the Gastro-oesophageal junction presenting in a locally advanced stage, is the highlight of our case.

CASE PRESENTATION
A 20 year old Malaysian gentleman presented with complains of progressive dysphagia and constitutional symptoms for 1 month duration. Oesophagogastroduodenoscopy revealed a distal oesophageal mass which involved the Gastro-oesophageal junction. At this point, oesophageal cancer was suspected. Staging Computed Tomography Scan showed locally advanced oesophageal tumor. Patient underwent distal oesophagectomy and total gastrectomy. Histopathological examination revealed an Undifferentiated Carcinoma with intestinal metaplasia of the gastro-oesophageal junction, which is a rare histological variant of gastric tumors. The resected oesophageal specimen was found to be normal. Patient succumbed to death 4 month after first presentation due to disease progression.

CONCLUSION
Gastric tumors can be classified histologically using the comprehensive WHO Classification and the ‘Undifferentiated Carcinoma’ is a rare variant. Gastro-oesophageal junction carcinoma itself is a rare entity in the young. The findings of Undifferentiated Carcinoma together with Intestinal Metaplasia in a Gastro-oesophageal junction tumor has yet to be reported. We believe that this case is significant considering the young age of the patient, the relatively short history with no risk factors, a locally advanced stage upon presentation and a rare histology of the tumor. Paramount importance should be focused on early detection and a high degree of clinical suspicion considered especially in an unusual pathological findings.
CONGENITAL BAND: A RARE CAUSE OF INTESTINAL OBSTRUCTION IN SENIOR CITIZEN

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Congenital bands defined as abdominal bands presenting without history of previous surgery or intraperitoneal inflammation. It is usually formed since birth. Congenital bands are rare cause of intestinal obstruction. It is seen more common in paediatric age group but extremely rare in adults and senior citizens. This case shows a rare surgical problem in senior citizen where diagnosis was clinically unexpected.

A case of 66 year-old, female, presented with signs and symptoms of intestinal obstruction. This patient did not have any previous history of abdominal surgery or trauma. An exploratory laparotomy was performed and intraoperative findings showed congenital band at 150cm from ileocecal junction with vascular compromise leading to segmental small bowel gangrene. Patient was treated by small bowel resection and double barrel stoma with appendectomy.

Small bowel obstruction is one of the commonest small bowel surgical disorder. The most frequent cause of small bowel obstruction is adhesion, next followed by inflammatory bowel disease, tumour, foreign body, intussusception and hernia. Clinical suspicion of congenital band is low in the list due to its rarity as well as lack of distinguishing features clinically.
EXPERIENCE OF ACUPUNCTURE ASSISTED ANAESTHESIA IN NECK SURGERIES AT ENDOCRINE UNIT, HOSPITAL RAJA PERMAISURI BAINUN

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INTRODUCTION
Acupuncture is a branch of Traditional Chinese Medicine (TCM) which has been practiced over centuries in China. Due to recent accumulated literatures describing the role of acupuncture in pain management, acupuncture has gained global interest as regional anaesthesia in surgery and termed as Acupuncture Assisted Anaesthesia (AAA). AAA has been proven to reduce consumption of analgesia and anaesthetic agents and obviate general anaesthesia complications such as post-operative nausea and vomiting, hemodynamical instability and intubation-related complications. Hence, it warrants clinical benefits in patients who are at high risk for General Anaesthesia (GA). As there is limited data to assess the flexibility and safety of AAA in major surgery, we audited all cases of neck surgeries under AAA performed by endocrine surgeons in our hospital.

METHOD
All cases of neck surgeries under AAA in Hospital Raja Permaisuri Bainun, Ipoh, Malaysia from 1st August 2015 to 28th February 2018 are included in this study. Retrospective data of patients’ demographic characteristic, comorbidity, type of surgery, diagnosis, post-operative analgesia and complications are all analyzed retrospectively.

RESULTS
There were total of 7 neck surgeries with AAA which included 4 cases of neck exploration and parathyroidectomy for renal hyperparathyroidism and 3 cases of hemithyroidectomy for suspicious nodules. Besides, all 4 cases of the neck exploration and parathyroidectomy were hospitalized for calcium monitoring and 3 cases of hemithyroidectomy were performed as daycare surgery. There was no intra-operative or post-operative complication recorded. All cases achieved satisfactory anaesthesia without conversion to GA.

CONCLUSION
The application of AAA is an alternative to general anaesthesia in neck surgeries. Due to promising outcomes of AAA, further randomized prospective trials are required to assess its efficacy and safety in neck surgeries. Its potential role as regional anaesthesia in other major surgeries is yet to be explored.
PRIMARY MUCOEPIDERMOID CARCINOMA OF THYROID GLAND: A RARE ENTITY

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INTRODUCTION
Mucoepidermoid carcinoma (MEC) of the salivary glands is common, but it is rare if it happens in thyroid gland. This rare case is yet known of its origin, natural history, progression, treatment and also not well documented in literature.

CASE REPORT
We are reporting a case of a 62 years old lady presented with anterior neck swelling for 4 years but rapid growing and becoming painful in recent 2 months. Thyroid function test was normal. Fine needle cytology described as follicular/ Hurtle cell neoplasm. Contrast-enhanced CT neck showed features of multinodular goiter with local compressive symptoms and no lymph node enlargement. She was then subsequently underwent tumour debulking surgery with tracheostomy. The tumour was found invaded the right sternocleidomastoid and the carotid sheath. Histopathology report revealed high grade MEC. Patient was later referred to oncological team for palliative treatment.

CONCLUSION
There are many primary thyroids MEC have been reported in literature. However, mostly are known to be slow growing and total thyroidectomy reported to have 90% of 5 years survival rate. Only 8 cases described as aggressive behaviour. All cases are either papillary with/without variant or anaplastic lesions in MEC. Hereby, our reporting case is precious as high grade thyroid MEC.
LYMPHADENITIS IN A TUBERCULOSIS ENDEMIC AREA: ROSMI-DORFMAN DISEASE, TUBERCULOSIS OR LYMPHOMA?

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INTRODUCTION
Rosmi-Dorfman disease (RD), which also known as sinus histiocytosis with massive lymphadenopathy, is a benign histioytic disorder of unknown etiology. Its occurrence is due to the over production of non-Langerhans sinus histiocytes that manifest clinically by regional or systemic lymphadenopathy. However the idiopathic histiocytosis can involve extra-nodal area such as cutaneous system and it’s regarded as Rosmi-Dorfman syndrome.

CASE DESCRIPTION
In this report, we describe a 25 year old female who lives in a tuberculosis (TB) endemic area and presented to us with multiple cervical lymphadenopathy. The clinical presentation was indistinguishable between RD, TB lymphadenitis and lymphoma.

DISCUSSION
Our discussion focused on the RD and sinus histiocytosis epidemiology in our region, its symptomatology, the diagnostic approach and the management of such condition.

CONCLUSION
We hope our report can increase the awareness of the clinicians on such rare pathology and assist in its management.
DEVELOPMENT AND VALIDATION OF A SIMPLIFIED TRAUMA MORTALITY SCORE FOR MALAYSIAN POPULATION

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INTRODUCTION
Trauma scoring is an important component in predicting morbidity and mortality. However, most trauma score are complex requiring multiple investigations and formulation. Although GAP and mGAP are showed to be relatively simple, its use is not validated in most developing countries including Malaysia. Furthermore, its accuracy can be affected due to fluctuating physiology parameters during resuscitation period. This study aims to identify predictors of mortality in local population and develop a more relevant scoring system for Malaysia.

METHOD
A total of 3,831 trauma patients from 2011 - 2016 were extracted from the Hospital Sultanah Aminah Trauma Surgery Registry. Patients were split into a development sample (n=2,380) and a validation sample (n=1,143). Univariate analysis is applied to identify significant predictors. These predictors are then reanalyse using multivariate logistic regression and compared to existing score systems. The quality of prediction was determined regarding discrimination (sensitivity, specificity, receiver operating characteristic [ROC] curve), precision (predicted versus observed mortality), and calibration (Hosmer-Lemeshow goodness-of-fit).

RESULTS
Existing simplified score systems (GAP & mGAP) revealed areas under the ROC curve of 0.850 and 0.836. The new developed HALLS (Head, Abdomino-vascular, Liver, Lung and Spleen) score combines only five anatomic components: grade 3 and above organ injury involving head, abdomino-vascular, liver, lung or spleen. The HALLS score reached comparable values of 0.835 for the area under the ROC curve in validation samples. The score is well calibrated to predict trauma mortality (goodness of fit test, p-value = 0.466).

CONCLUSION
HALLS Score is a simplified anatomic score suited to the local Malaysian population with a good predictive ability and well calibrated for trauma mortality. The score may serve as an alternative to GAP and mGAP when reliable physiologic parameters are not available.
RETROPANCREATIC LYMPHANGIOMA MIMICKING CYSTIC NEOPLASM OF THE PANCREAS

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INTRODUCTION
Lymphangioma is a rare benign neoplasm resulted from congenital malformation of lymphatic vessels causing lymphatic flow obstruction leading to lymphangiectasis. Retroperitoneal lymphangioma account for less than 1% of all lymphangiomas, rarer still when it is retropancreatic.

CASE
A 52-year-old man with no co-morbid presented with dyspepsia and early satiety for 3 months. Examination was unremarkable. Oesophagogastroduodenoscopy and colonoscopy performed were normal. An abdominal ultrasound revealed a suspicious right adrenal mass. Subsequent contrast-enhanced computed tomography (CECT) of the abdomen done, reported a solid-cystic lesion arising from head of pancreas with compression on the inferior vena cava (IVC) and second part of duodenum. Endoscopic ultrasound (EUS) was performed, revealed an extraluminal cystic mass at first part of duodenum where fine-needle-aspiration (FNA) showed thick mucoid-colourless fluid. The FNA report was suggestive of mucinous cystic neoplasm. Patient was advised for Whipple’s procedure. Intra-operatively there was a retropancreatic tumour between IVC and pancreatic head. Lesion was excised completely hence no pancreaticoduodenectomy was performed. Post-operative recovery was unremarkable except minor pancreatic leak which was managed conservatively with drainage. He was discharged well at post-operative day-13. Histopathological examination (HPE) reported as lymphangioma. He remained asymptomatic and was discharged from follow-up.

DISCUSSION
Majority of retroperitoneal lymphangiomas are asymptomatic and found incidentally. Radiological modalities such as CECT, MRI and lymphoscintigraphy are useful tools but has its limitation. Aspiration of the content and sclerosant injection are useful but has a 10% recurrence rate. Complete surgical excision remained the treatment of choice with excellent outcomes and symptomatic relief.

CONCLUSIONS
Retropancreatic lymphangioma are rare and almost mistaken for pancreatic cystic neoplasm. Usually asymptomatic, it can present with GI-symptoms as shown here. Although not commonly thought of, this case demonstrated that lymphangioma can be a differential.
A PROSPECTIVE CASE CONTROL STUDY ON EFFECTIVENESS OF ‘RASAH’ DIET PLAN FOR POST SLEEVE GASTRECTOMY MUSLIM PATIENTS DURING RELIGIOUS FASTING TO REDUCE METABOLIC COMPLICATIONS

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BACKGROUND
Laparoscopic sleeve gastrectomy (LSG) is a popular procedure for morbid obesity patients. This restrictive procedure causes a significant challenge among Muslim patients during religious fasting. Studies reported incidence of metabolic complications among fasting post sleeve gastrectomy patients. We innovated our own ‘RASAH’ diet for Muslim patients who are fasting during Ramadan. This is the first of its kind in the world.

OBJECTIVE
To compare efficacy of ‘Rasah Diet Plan’ with normal routine diet among post sleeve gastrectomy Muslim patients during Ramadan in completing the religious fast and reducing incidence of metabolic complications.

METHODOLOGY
This is a multicentre, prospective, case control study. Study Group from Hospital Tuanku Jaafar follows Rasah Diet Plan during fasting month. Control Group from Hospital Taiping on their normal diet plan for 30 days of Ramadan fasting. Patients followed up weekly for compliance of diet and incidence of metabolic complications - dehydration, hypoglycaemia and electrolytes imbalance. End outcome measured were completion of fasting, incidence of metabolic complications, weight changes, serum albumin, serum haemoglobin, haematocrit, total lymphocytes plasma osmolarity and total cholesterol.

RESULT
Total 39 patients recruited. 17 in Rasah Diet Group and 22 in Normal Diet Group. 100% of Rasah Diet Group patients completed fasting without any incidence of metabolic complications. 27% of patients in Normal Diet Group quit fasting due to various metabolic complications (p=0.0237). 27% of patients in Normal Diet Group were admitted to emergency department due to multiple metabolic complications - 9% of hypoglycaemia, 4.5% of dehydration and 4.5% of electrolytes imbalance. The biochemical markers for nutritional status pre and post Ramadan were not significant statistically.

CONCLUSION
Rasah diet plan significantly reduced metabolic complications among fasting post sleeve gastrectomy patients. In the absence of a proper clinical parameters and biochemical markers in detecting early metabolic complications among post sleeve gastrectomy patients during fasting; Rasah Diet Plan can be the preventive measure to avoid life threatening complications.
DOUBLE PYLORUS, A RARE COMPLICATION OF PEPTIC ULCER DISEASE. CASE STUDY

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INTRODUCTION
Double pylorus is a rare condition where a gastroduodenal fistula is formed from the antral of the stomach into the duodenum via an accessory canal. This condition has a prevalence that ranges from 0.06% - 0.4% of upper gastrointestinal endoscopies and is usually more prevalent in male. Double pylorus can be either congenital or acquired. A true congenital double pylorus is rarely reported compared to the latter because patient is usually asymptomatic. This is a case of a gentleman with double pylorus presented with upper gastrointestinal bleed.

CASE PRESENTATION
A 63 year old male with underlying diabetes mellitus and hypertension on long term aspirin came to the emergency department with symptoms of continuous and dull epigastric pain associated with passing out melenaic stool. The symptoms persisted for a week. He was pale with a haemoglobin level of 7.6g/dl. After adequate resuscitation, upper gastrointestinal was done. OGDS revealed 2 lumens side by side both connecting to the duodenum. One lumen at the pyloric antrum is smaller than the pylorus proper. The lumen was edematous with surrounding inflammation. Normal gastric mucosa seen. There is a Forrest III ulcers seen at the pylorus. Clo test was positive. Patient was started with eradication therapy and recovered well.

CONCLUSION
Double pylorus is an uncommon condition and usually occur as secondary to peptic ulcer disease. Congenital double pylorus is extremely rare maybe due to its lack of reporting. The treatment of acquired double pylorus is similar to peptic ulcer disease. It is important to know that congenital double pylorus is a benign condition, hence extensive investigation is unnecessary.
HOSPITALIZED FALL-RELATED INJURY TRENDS IN JOHOR BAHRU BETWEEN 2011 AND 2015

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OBJECTIVE
Trauma due to fall is less common in the region compared to motor vehicle accident. Previous local data suggested different predictors for trauma mortality in the region compared to developed nation. We intend to describe the type of activities involved in fall related injury and explore the predictors of death from fall.

METHOD
This is a retrospective analysis of a prospective trauma registry on fall-related injury. Data retrieved include age, gender, trauma scoring (revised trauma score RTS, trauma and injury severity score TRISS, new injury severity score NISS), activities resulting in fall, physiological and anatomical parameters. Univariate and multivariate analysis were performed to identify predictor of death.

RESULTS
There were 270 patients (249 Male: 21 Female) admitted to trauma surgery unit from May 2011 to Feb 2015 due to fall. The mean age was 43.35 (SD 17.77) and mean NISS was 16.66 (SD 14.09). More than half of the activities (n=139, 51.5%) were work related accidents. Other activities include leisure (55), domestic (38), self-inflicted (14), travel (12) or sports (7). There were 19 mortalities with mean NISS of 39.42 (SD 15.49). Only one death had NISS of less than 15. Thirteen (68.4%) deaths resulted from workplace accident.

Univariate analysis revealed higher respiratory rate (22.1 vs 19.8; p=0.007), lower Glasgow Coma Score (10.6 vs 13.9; p<0.001), head injury ≥ grade 3 (OR 10.044, p<0.001) and lung injury ≥ grade 3 (OR 2.709, p=0.032) were the significant predictors of death. Multivariate analysis revealed head injury ≥ grade 3 (OR 4.562, p=0.048) was the significant predictor for death. None of the death was on a helmet.

CONCLUSION
Fall is most commonly happened in workplace. Head injury is the significant predictor of death among the injured. Workplace safety regulation and protective wear especially helmet shall be reinforced.
EXTRAPERITONEAL PELVIC PACKING WITH OR WITHOUT INTERNAL ILIAC LIGATION IN THE MANAGEMENT OF HEMODYNAMICALLY UNSTABLE PELVIC FRACTURE

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INTRODUCTION
Hemodynamically compromised pelvic fracture injury frequently requires the services of angioembolization for better outcome. Unfortunately, such specialized services is not available readily resulting in management of these injuries surgically. The objective of this study is to evaluate the outcomes of unstable pelvic fractures managed by extraperitoneal pelvic packing (EPP) with the complementation of bilateral internal iliac ligation (BIIAL).

METHOD
This is a study on a prospectively collected database of our local trauma center. Hemodynamically unstable pelvic fracture patients received treatment according to our hospital protocol from October 2011 to December 2014. These patients underwent immediate surgery either EPP only (EPP group, n=7) or plus BIIAL if there was continued hemorrhage from the pelvis (BIIAL group, n=15). The mechanism of injury, physiologic parameters, trauma scores, length of stay, self care score, cause and number of mortalities were recorded.

RESULTS
The mean age of these patients was 33 years (SD 16.5). The mean new injury severity score (NISS) was 37.8(SD 11.7). Univariate analysis identified factors associated with mortality includes respiratory rate, Glasgow Coma Score, NISS, Revised Trauma Score, Trauma and Injury Severity Score. Mortality rate for the BIIAL group was comparable with EPP only group (46.7%% vs. 42.9%, p=0.867). In the BIIAL group, two patients died of uncontrolled hemorrhage with coagulopathy, 3 died of severe head injuries and one died of subsequent nosocomial infection. Three mortalities from EPP only group were died of either nosocomial infection (n=2) or severe head injury (n=1). Between the EPP only and BIIAL groups, the self-care score (40.5 vs 40.7, p=0.962) and duration of stay (60 vs 20, p=0.169) did not show a statistical difference.

CONCLUSION
BIIAL is a damage control tool potentially useful for patients with massive retroperitoneal haemorrhage from pelvic fracture, especially in the absence of pelvic angiography services.
INTRODUCTION
Breast cancer is recognised as the most frequently diagnosed life-threatening cancer in women, but not in male patients. This case report is to elucidate a 42 years old patient’s presentation and management, discuss the risk of the disease, and what surgical treatment can be proposed to the patient including the prognosis and role of screening.

CASE REPORT
A 42 years old gentleman presented to us with complaints of right breast lump for 2 weeks duration associated with right nipple bloody discharge. Excision biopsy was done, unfortunately histopathology examination (HPE) revealed invasive papillary carcinoma with oestrogen and progesterone receptor were positive. The nearest peripheral margin is <1mm, however no tumour seen at surgical margin. He then underwent right MAC. He is under clinic follow up awaiting HPE result.

DISCUSSION
Male breast cancer is a rare disease with estimated incidence of 1.08 in 100000 men. The risk of male breast cancer (MBC) is increased by those conditions that increase the effects of oestrogen or decrease the effect of testosterone and especially increased by genetic predisposition. Eventhough this patient underwent excision biopsy with clear margins, mastectomy remains the standard care for virtually all MBC patients. Men and women show similar survival rates after a breast cancer diagnosis is established.

CONCLUSION
Clinical features and histopathology are essential for definitive diagnosis and treatment. Surgical mastectomy is a definite procedure of MBC. It is still difficult to establish screening mammography for male as the incidence is rare. Further study can be proposed in future for breast conserving surgery in male patients as there are no data to support this approach.
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PERSPECTIVES OF MANAGEMENT IN RENAL INJURY: A SINGLE CENTER AUDIT

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INTRODUCTION AND OBJECTIVES
Renal injury occurs in 1% - 5% of all traumas causing disability or even death. The perspective of management in cases of renal injury varies from conservative till surgical intervention. The objective of this retrospective study is to register a clinical audit on renal injury management of a single center.

MATERIALS AND METHODS
This clinical audit was conducted between August 2015 and July 2017; includes cases presented to Penang Hospital immediate post trauma as well as those who were referred from other district and private centers, in view of Penang Hospital being the primary public referral center for Urology services in Northern Peninsular Malaysia. All patients were classified based on American Association for the Surgery of Trauma (AAST) renal injury scale.

RESULTS
A total of 145 cases of renal trauma were audited; of which 40 cases of Grade I injury, 30 cases of Grade II, 45 cases of Grade III and 30 cases constituting Grade IV and V injury. Broadly, these patients were managed via two main approaches; 138 (95.27%) via conservative approach and 7 (4.83%) via surgical intervention. Among those who underwent surgical intervention, 3 had emergency nephrectomy performed while the other 4 had ureteric stenting.

CONCLUSION
Literature review had shown up to 95% of renal injuries can be successfully managed conservatively, especially in cases of blunt trauma. The clinical audit of our center demonstrates that the perspective of renal injury management is in par with internationally acclaimed general consensus; hence affirms the feasibility of conservative management in a vast number of cases, with a prudential role for surgical intervention in severe injuries.

KEYWORDS
renal trauma, conservative management, emergency nephrectomy
ENTERO-ENTERIC FISTULA, TO TREAT OR NOT TO TREAT?

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INTRODUCTION
Internal herniation is a fearsome surgical condition, which requires urgent attention. Most common causes are iatrogenic surgical complications, and rare causes includes congenital adhesion band. Even more rare, is caused by entero-enteric fistula.

CASE REPORT
A 70 year old lady with a previously history of laparoscopic surgery for a gynecological problem 40 year prior presented with signs of intestinal obstruction. She had multiple visits to hospital before due to abdominal pain and treated conservatively as gastritis. CT scan done showed dilated small bowel, for which we initially thought caused by adhesion. Trial of conservative management attempted but failed. Therefore, laparotomy was done which showed an internal herniation of small bowel into a ring of small bowel loop connected by an entero-enteric fistula between terminal ileum to ileum. A limited right hemicolectomy with primary anastomosis was performed and histopathologically confirmed diagnosis of entero-enteric fistula.

DISCUSSION
Enteric fistula commonly caused by surgical complication, although it can occur due to malignancy, certain diseases, radiation or even trauma. It is divided according to the fistula itself, which majority is entero-cutaneous. An entero-enteric fistula is a rare occurrence. Usually, most enteric fistula presents with bowel discharges or malnourishment. However, as our case showed, this is not an issue for entero-enteric fistula. Therefore, should all radiologically confirmed entero-enteric fistula be surgically treated? Internal herniation of small bowel is a rare occurrence. Following surgery, the most common cause of internal herniation is adhesion bands or failure to close mesenteric windows. A band of entero-enteric fistula may also be a cause. However, usually for adhesion bands, we only surgically treat those who are symptomatic.

CONCLUSION
Therefore, we proposed that even with confirmed entero-enteric fistula, we should only treat it surgically if it becomes symptomatic.
We report a case of Horner’s syndrome occurred as a complication post neck dissection for recurrent papillary thyroid carcinoma. Horner’s syndrome is characterized by a clinical triad of ipsilateral ptosis, miosis and facial anhydrosis caused by damage along the oculosympathetic pathway. A 38-year-old woman with a history of total thyroidectomy with central and right lateral lymph node dissection done for PTC. Two years following the surgery, she presented with recurrent disease and underwent right lateral neck dissection. On the 2nd postoperative day, she developed right sided partial ptosis and anisocoria without any vasomotor symptoms. There are various possible known causes of HS. However, we postulate the development of HS in the present case is multifactorial which include inadvertent stretching of the nerve during retraction or possibly local thermal injury during dissection. Although this is a rare complication for neck surgery, clinician should be aware of this possible surgical complication.
SUCTION-THROMBECTOMY FOLLOWED BY COMMON ILIAC VEIN STENTING IN MAY-THURNER SYNDROME

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INTRODUCTION
May-Thurner Syndrome (MTS) is caused by compression of the left common iliac vein by the right common iliac artery. The incidence ranges from 18-40%. It is more common in female group. Endovascular techniques consisting of thrombolysis or thrombectomy followed by iliac vein stenting is the mainstay of treatment for MTS.

CASE
A 65-year-old lady with underlying SLE presented with 5-day history for left gluteal and thigh pain with claudication for the past 1 year. Her left lower limb was swollen with thigh tenderness. Her pulses are normal except absent left dorsalis pedis. CT Angiography (CTA) was done and revealed occlusion at middle anterior tibial artery and compression at the level of common iliac vein with thrombus from popliteal till external iliac vein. Low-molecular-weight heparin (LMWH) was started and IVC filter was inserted. Suction-thrombectomy was performed using continuous-aspiration-mechanical-thrombectomy catheter (CAT). Aspiration was repeated until clearance confirmed by venography. Angioplasty and stenting was inserted to her left common iliac vein. She was discharged with oral anticoagulant and followed up in our clinic.

DISCUSSION
MTS accounts for 2-3% of all lower extremity DVT. Risk factors for DVT should be explored, especially in cases of unprovoked DVT in young group of patients. Imaging modalities of choice for MTS are Doppler ultrasound followed by CT-venography. Conventional treatment of MTS were associated with higher morbidity and poor long-term patency rate. Treatment of MTS now includes catheter-directed thrombolysis (CDT) or mechanical-aspiration-thrombectomy (MAT) followed by balloon angioplasty and iliac vein stenting.

CONCLUSIONS
It is important to consider MTS as one of the differentials for DVT. More prospective studies should be conducted to compare the efficacy and long-term patency rate between suction thrombectomy, MAT and CDT in cases of MTS.
PREVALENCE OF BENIGN PROSTATIC HYPERPLASIA IN HOSPITAL PAKAR SULTANAH FATIMAH MUAR

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BACKGROUND
Benign prostatic hyperplasia (BPH) is a non-malignant enlargement of the prostate. It is a normal consequence of aging but it may produce distressing symptoms. As medical knowledge advances, there will be increased in life expectancy and the number of men with BPH is expected to rise as well. Treating these men will take up the majority of our department’s budget. However, due to constricting budget and restricting quota, we are unable to supply all of our patients with the necessary medications. This study was done to determine the number of BPH patients treated per month in our centre and to postulate the number of BPH patients treated per year. The findings would help us in planning our department’s budget and if necessary the data could be used to justify request for an increment in the budget from the higher authority.

METHODS
This prospective and observational study was done in Hospital Pakar Sultanah Fatimah Muar, a district and teaching hospital in the state of Johor, Malaysia. From 15 July until 15 September 2017, data on all patients above 50 years old that were seen in our surgical out patient surgical clinic with newly diagnosed benign prostatic hyperplasia were collected. Data analysis were done using IBM® SPSS® Statistics Version 22. Permission to carry out this study was obtained from the National Medical Research Register Malaysia (NMRR ID: 17-1436-36473 (IIR)).

RESULTS
From 15 July until 15 September 2017, there were 24 newly diagnosed BPH patients in our centre. The majority of our patients were started on medications for symptomatic relieve of their BPH. Only 8.3% were put on watchful waiting. Fifty percent were started on single therapy (alpha blocker) and 41.7% were started on dual therapy (alpha-blocker and 5-alpha reductase inhibitor). Between the different racial groups in our population, there is no statistical difference in terms of age (p=0.678), IPSS (p=0.673) and PSA level (p=0.397). From this current study we postulated that we would receive 144 new patients with BPH per year.

CONCLUSION
Benign prostatic hyperplasia is one of the most common diseases among elderly men that can affect their quality of life. Most men need medications to treat their symptoms. Data from our study showed that we have an important healthcare issue that warrants the attention of the policy maker. We hope that this can convince them to allocate more money to buy medications to treat BPH.
GIANT FISTULAS: TO INTERVENE OR NOT TO INTERVENE?

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INTRODUCTION
Giant fistulas are a complication of arteriovenous fistulas (AVF) leading to rupture, infection and erosion of overlying skin. Incidence of aneurysm formation is as high as 30% and treatment is ligation or resection with an interposition graft.

OBJECTIVE
To demonstrate that intervention can be performed safely with successful AVF salvage leaving the patient with a functioning, aesthetically pleasing fistula.

METHODS
A prospectively maintained database that identified patients with AVF aneurysmal disease was reviewed. Patients were planned for intervention under general anaesthesia via tubularization or plication technique, reducing fistula size to approximately 8mm and straightening the course of the fistula. Post operatively all patients were dialyzed via an internal jugular catheter till one month post operatively and then resumed dialysis via the fistula.

RESULTS
There were 7 patients with giant fistulas between August 2017 till March 2018. All had intervention for aneurysmal dilatation of fistula causing discomfort and suboptimal dialysis. Six patients underwent tubularization and one patient underwent plication of the aneurysmal fistula due to a previous vein - vein bypass. All patients had significant reduction in size of fistula and resolution of their symptoms while preserving fistula function.

DISCUSSION
Aneurysmal and tortuous fistula cannulation is difficult. Flow can be compromised due to thrombus formation and patients may be distressed by the appearance of the fistula. NKF-DOQI guidelines state intervention be performed for aneurysm formation and that aneurysmal segments should not be cannulated. Our series of patients had diffuse and massively aneurysmal fistulas, compared to focal aneurysms or pseudoaneurysms, and literature is limited in managing this condition.

CONCLUSION
In our patients, this procedure allowed salvage of fistula with low complication rates. Patients had relief from pain, distended mass effect and improved cosmesis. This method should be considered for patients with giant fistulas, enabling continued dialysis via the fistula and preservation of future dialysis sites.
PULMONARY SEQUESTRATION: THE FORGOTTEN LUNG

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INTRODUCTION
Pulmonary sequestration is a rare congenital abnormality that is also known as bronchopulmonary sequestration (BPS). It is nonfunctioning lung tissue that does not communicate with the tracheobronchial tree and derives its blood supply from systemic circulation. This condition is broadly classified as extralobar and intralobar BPS.

OBJECTIVE
We aim to demonstrate via oral presentation the epidemiology, pathogenesis, clinical presentation, and evaluation and highlight the surgical techniques for excision using a uniportal VATS approach of this rare condition.

CASE REPORT
A 38 year old lady presented with recurrent hemoptysis and fever for 6 months. Routine blood investigations, tuberculosis screening and chest X-ray was unremarkable. A bronchoscopy performed noted presence of blood clot over the left lower lobe bronchus. Contrast enhanced CT thorax revealed a left lobe lesion suspicious of arteriovenous malformation or sequestered lung. Angiography diagnosed left lower intralobar lung sequestration with aberrant artery from the thoracic aorta. Patient underwent uniportal VATS excision of the intralobar sequestered lung and was discharged home day 5 post surgery. Histopathology reported sequestered lung with chronic inflammation.

DISCUSSION
Intralobar sequestration (ILS) or intrapulmonary sequestration is located within a normal lobe but lacks visceral pleura and accounts for 75% of BPS. Majority of it is located in the posterior basal segment of the left lobe. Patients usually present later in life with signs of infection. Imaging is most commonly chest X-rays and CT thorax. Surgical excision is curative. Other anatomical classifications are extralobar sequestration, congenital pulmonary airway malformation (CPAM) and bronchopulmonary foregut malformation (BPFM).

CONCLUSION
The prognosis is excellent for patients who undergo surgical excision. Lung parenchyma undergoes compensatory growth and development with normal pulmonary function. We aim to demonstrate that surgery involved in resection of these lesions can be safely done via uniportal VATS and highlight the crucial steps involved in this technical procedure.
Paget’s disease of the breast (PBD) is a rare form breast cancer. It accounts 1 to 3% of breast cancer diagnosed annually. The characteristic manifestation of chronic nipple and areola ulceration with clear yellowish exudate and histological identification of Paget cells in the epidermal keratinocytes of the nipple are the mainstay of the diagnosis. Two theories has been discussed to propose the pathogenesis of PBD, namely the epidermotropic theory and the transformation theory. The occurrence of PBD is rare, hence the diagnosis of PBD as manifestation of second tumor in the case of metachronous tumor is also unusual.

We report a case of 64 year old lady, diagnosed in 2015 with invasive carcinoma of the breast. At that time she presented with left breast lump for 2 years, initially small and painless but gradually increase in size and causing significant discomfort. Tissue biopsy reported malignant, clinically T2N0M0 and she was subjected to breast conserving surgery. Histopathology examination came back as invasive carcinoma with medullary features, Modified Bloom & Richardson grade 3, clear margin, Estrogen Receptor positive (70%), Progesterone Receptor negative and HER2 was amplified. She was given radiotherapy and has started on tamoxifen since.

After 2 years, during the surveillance follow-up patient complained of dry skin over right nipple and areola with clear exudate. Wedge biopsy taken, consistent with Paget disease.

We performed right central wide local excision with sentinel node biopsy. The histology report came back as high grade ductal carcinoma in-situ (DCIS) with Paget disease, sentinel LN was negative and hormonal status ER/PR negative.
Double pylorus is a rare upper endoscopy finding. It is seen in 0.001% - 0.4% of upper endoscopy findings. It can be due to congenital abnormality or acquired form. This case shows an acquired form of double pylorus which is commonly due to peptic ulcer disease. Congenital double pylorus is more rare comparing acquired form. In this case, we present an elderly patient who presented with dyspeptic symptom and an upper endoscopy revealed an ulcerated duodenal mass. However later endoscopy shows a peptic ulcer causing double pylorus. The objective of this case report is to present an occurrence of double pylorus caused by a peptic ulcer and the progression of this condition.
PERFORATED EPITHELIOID ANGIOSARCOMA OF SMALL BOWEL WITH LUNG METASTASIS: A CASE REPORT

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Angiosarcoma is an aggressive malignancy with a poor prognosis and high mortality rate. Small bowel angiosarcoma is an extremely rare disease and it accounts for less than 1% of all GIT tumours. Intestinal angiosarcoma often presents with gastrointestinal bleeding, abdominal pain, intestinal obstruction, abdominal distention, and weight loss, shortness of breath, anemia and perforation. We report a case of perforated angiosarcoma of jejunum in an unfortunate 50-year-old man who presented with acute abdomen and generalised peritonitis. He was subjected with an exploratory Laparotomy which showed a large perforated tumour at mid jejunum. There were multiple deposits of tumour at serosal surface at the adjacent small bowel and mesentery. Peritoneal cavity was grossly contaminated with pus. No other lesions were observed. A segmental small bowel resection and double barrel stoma performed. Histological analysis revealed a high grade tumour characteristic of endothelial markers CD31, Vimentin expression and CKAE 1/AE3 positivity suggestive of Epitheliod angiosarcoma. A post-operative Computed Tomography (CT) scan revealed right lung nodule suggestive of metastasis. Post operatively he was started on Total parenteral nutrition. However, his recovery was complicated with worsening sepsis and died one month after hospitalization. In view of nonspecific symptoms, it is difficult in reaching an early diagnosis as patient often presented late. Thus imaging, histopathological evaluation and immunohistochemistry are useful in the diagnosis of this rare entity tumour.
A RARE CASE OF RUPTURED PANCREATIC ARTERIOVENOUS MALFORMATION

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Pancreatic Arteriovenous Malformation (AVM) is still a rare entity with only around 100 cases being reported so far. Most cases diagnosed are due to congenital malformation with few acquired causes due to inflammation, trauma or tumour. Patients can present with abdominal pain due to shunting of mesenteric blood supply or gastrointestinal bleeding due to erosion into the mucosa from the AVM. Rarely if untreated they can grow to cause portal hypertension and its variceal complications. It is effectively diagnosed by either a colour Doppler ultrasound or CT angiography. As it is a rare type of pancreatic lesion, there’s a need to exclude other possibility especially of a hypervascular pancreatic tumour. Surgical resection is still the mainstay of management for those whom are fit, other options include transarterial embolization and radiotherapy. We report a case of a 27 years old male adult whom was previously well, and presented to the ED with acute abdomen and anemia. There’s no history of prior abdominal pain or recent trauma. A CT abdomen following initial resuscitation shows a large pancreatic tail lesion with surrounding varicose veins and adjacent free fluids. Percutaneous drainage of the fluid confirms haemoperitoneum. He underwent a combine distal pancreatectomy with splenectomy the following day. Intraoperative findings shows the ruptured pancreatic tail lesion invading into the lesser sac, gerota’s fascia and DJ suspicious of a locally aggressive tumour. The dissected lesion was send for proper pathological reporting which later confirms a Pancreatic AVM. Congenital pancreatic AVM usually goes unnoticed until it becomes symptomatic which in this case a ruptured AVM which can be life threatening and sometimes mimics a bleeding tumour.
INTRODUCTION
Choledochal cysts are rare congenital malformations of the bile duct characterized by abnormal dilatations of the intrahepatic and/or extrahepatic portion of the biliary tree. It has a female preponderance, commonly reported in the ratio of female:male (3-4:1). Typically they are diagnosed in childhood, though it can be diagnosed in adults. We share our experience in managing choledochal cyst detected in an adult female.

CASE PRESENTATION
25 years old Indian lady, para 3, postpartum day 12, presented with 3 day history of right hypochondriac pain, jaundice, nausea and vomiting. Clinically jaundice. Tenderness over right hypochondrium with no mass palpable. LFT deranged with obstructive picture. She was initially treated as obstructive jaundice to rule out cholelithiasis. A series of imaging study including EUS, USG, CECT Abdomen, MRCP, ERCP revealed dilated biliary system raised the suspicion of the choledochal cyst. Percutaneous Transhepatic Biliary Drainage (PTBD) was performed and patient was subsequently referred to our institution for surgical management. ERCP was performed again and biliary stented. She later underwent choledochal cyst excision and biliary reconstruction for Choledochal Cyst Type 1. Postoperatively patient recovered well and was discharged.

DISCUSSION
The diagnosis for choledochal cyst in adult can be challenging. The classic triad of symptoms include abdominal pain, intermittent jaundice and palpable right upper quadrant abdominal mass. Pregnancy may exacerbate the symptoms. The treatment of choice is total resection of the extrahepatic bile duct with biliary reconstruction.

CONCLUSION
The case demonstrates the diagnostic and therapeutical pitfall in the treatment of choledochal cysts. Therefore, physicians must have some degree of clinical suspicion in order to achieve the diagnosis to prevent potentially life-threatening complications.
RARE PRESENTATION OF DOUBLE TESTES DURING UNILATERAL INGUINAL EXPLORATION FOR INCARCERATED INGUINAL HERNIA IN AN ADULT; A CASE REPORT AND LITERATURE REVIEW

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Varies finding of incarcerated hernia intra-operatively could be a handful situation to handle. Incarcerated inguinal hernia demands an immediate management making a complete assessment pre-operatively is nearly not possible to guide the operative surgeon upon proper management. The incidence of double testes in an adult during unilateral inguinal surgery is rare. Here in, we are delineating a case of an elderly gentleman with incidental finding of unilateral double testes upon inguinal exploration for an incarcerated inguinal hernia. The dilemma raised here is time as limiting factor against arranging patient for proper imaging test that would aid in decision making pre-operatively pertaining to surgical approach and option of procedure.
Peripheral vascular disease of the upper extremity especially, subclavian artery stenosis (SAS) relative uncommon entity and most remain undetected as patient is asymptomatic. Incidence in common population ranging from 2 to 7%. Commonest causes of SAS are atherosclerosis, arteritis, radiation induced inflammation, fibromuscular dysplasia, post trauma, neurofibromatosis and external compression.

We present a case of an elderly man presented with left upper limb weakness for the past 1 year associated with numbness for the past 2 months. Clinical examination revealed diminish radial artery pulses on the affected side. CTA revealed complete occlusion of the proximal part of the subclavian artery with delayed fillings from the collaterals.

Percutaneous transluminal angioplasty and extra anatomical bypass are the treatment modalities of choice. Many literatures advocate bypass for better long term patency rate but percutaneous transluminal angioplasty is vastly gaining popularity.

Our case presentations highlight treatment options for subclavian artery stenosis, the risk involving in each modality and emphasize the role of extra anatomical bypass in endovascular era.

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INTRODUCTION
Bronchial injury is a rare and serious complication after a blunt trauma. If the diagnosis is delayed, the bronchial injury can lead to an atelectasis. In the present report, we describe the surgical approach of a post traumatic bronchial stenosis. Bronchoplasty have a definite role in surgery of bronchial stenosis. This time, a segmental resection of the left main bronchus was carried out with anastomosis of the remaining left bronchus.

OBJECTIVE
We aim to demonstrate via oral presentation the epidemiology, pathogenesis, clinical presentation, evaluation and highlight the surgical technique bronchoplasty approach of this condition.

CASE REPORT
A 21 year old lady presented with shortness of breath for 3 weeks which is worsening. Chest X-Ray revealed collapsed left lower lobe lung. Contrast enhanced CT Thorax revealed left lobe collapsed. A bronchoscopy performed noted complete stricture at the left main bronchus 2cm from carina. Patient underwent VATS exploration and left main bronchoplasty and was discharged home day 5 post surgery. Histopathology reported as acute on chronic inflammation (endobronchial region) with collagenized granulation tissue.

DISCUSSION
A case of bronchial stenosis in a patient who had previously sustained a decelerating blunt chest injury is described. Subsequently, the patient developed a bronchial stricture that was complicated by atelectasis. Bronchial strictures can be managed by surgery. Surgical resection of the stenosis is an option but the associated risks, and the technical limitations of surgical resection and reconstruction warrant the need for other therapeutic options in many patients.

CONCLUSION
Bronchoplasty procedure require high surgical skill, We aim to demonstrate that procedure involved in segmental resection of bronchial stenosis can be safely done via uniportal VATS and highlight the crucial steps involved in this technical procedure.
OBJECTIVES
To describe the clinical features of hepatocellular carcinoma (HCC) and ascertain risk factors affecting tumour recurrence after successful hepatic resection.

METHOD
A retrospective cohort study was conducted in Selayang Hospital from January 2012 to December 2014. The medical records of all patients diagnosed with HCC were retrieved from an electronic hospital database. Data collection involved demography, clinical presentation, diagnostic methods, histopathological examination, surgical treatment and its outcome. Statistical analysis was performed using SPSS ver 20.0.

RESULTS
Over the 3-year period, 494 patients were provisionally diagnosed with HCC but only 70 resectable and histologically confirmed HCC patients were included in the study. Seventy-percent were male and mean age was 59 years. Hepatitis B (60%) was the main aetiology of liver cirrhosis. Majority had Child-Pugh class A (93%) with elevated alpha-fetoprotein (AFP) level in 43%. Major hepatic resections were performed in 43% of cases with 17% morbidity and 0%, 30-day postoperative mortality. Nearly half of the patients (49%) developed tumour recurrence and were attributed to hepatitis B status ($P=0.026$), extent of hepatic resection ($P=0.028$) and tumour size $>5\text{cm}$ ($P=0.011$).

CONCLUSION
Hepatic resection is an optimal therapy for early stage HCC although it is commonly associated with recurrence. Major hepatic resection, large-size HCC and hepatitis B cirrhosis are predictors of tumour recurrence following resection.
SURVIVAL OUTCOME OF ASIAN WOMEN TREATED WITH GRISOTTI’S FLAP FOR CENTRAL RETRO-AREOLAR BREAST CANCERS: 5-YEARS’ SINGLE INSTITUTIONAL EXPERIENCE

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INTRODUCTION
Breast conserving therapy has become the standard treatment for early breast cancer. However, it used to be contraindicated for central retro-areolar tumors. Fortunately, oncoplastic techniques brought along a paradigm shift. The Grisotti’s flap technique is a method of breast conserving surgery for central retro-areolar cancers and reconstruction using volume displacement method. We present our experience and outcome at the Breast Surgery Unit, Universiti Malaya Medical Center.

OBJECTIVES AND METHODS
This is a prospective analysis of 11 patients with central retro-areolar breast cancer operated between 1st October 2012 to 31st July 2017 at University Malaya Medical Center (UMMC). We assessed post-operative complication, margin clearance, locoregional recurrence and survival outcome. Standard institutional treatment protocols were followed. All patients received postoperative radiotherapy. All patients were followed-up one week, one month, three monthly for 1 year and 6 monthly for 5 years.

RESULTS
Mean age of patients is 64 year-old (55-74 year-old). Mean follow up is 36.9 months (9-65 months). All tumors are less than 5cm (T1 and T2). Majority of the patients are stage 1 (36.4%) and 2 (45%). Only 1 patient had post-operative surgical site infection which resolved with antibiotics alone. One patient develop postoperative hematoma. None of the patient require re-operation. Tumor margins were clear (no tumor on ink) in all patients. Follow up surveillance did not reveal any loco-regional recurrence. Outcome of surgery is observed and all were aesthetically pleased.

CONCLUSION
Grisotti’s flap reconstruction is a volume displacement oncoplastic technique which provides satisfactory cosmetic outcome and patient would not need total mastectomy as the treatment for centrally located breast cancer. Our 5 years’ experience in these patients reaffirmed our belief that this is an oncologically safe technique and could be practiced in selected patients. It provides a good alternative in patients whom are otherwise subjected for mastectomy.
SERUM PROCALCITONIN AS A PREDICTIVE INDICATOR FOR EARLY VENTRICULO-PERITONEAL SHUNT INFECTIONS. A PROSPECTIVE CLINICAL OUTCOME STUDY ON VENTRICULO-PERITONEAL SHUNT INFECTIONS

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PURPOSE
Ventriculo-peritoneal (VP) shunt infections are a common and feared complication, requiring removal and long term antibiotics. A predictive marker which detects infections early would help reduce infection rates. Serum procalcitonin is a highly sensitive marker for infections among critically ill patients. This study aims to evaluate its predictive value in detecting early VP shunt infections.

MATERIALS AND METHODS
All patients who underwent VP shunt insertion and fulfilled the inclusion criteria between August 2015 and April 2017 were prospectively recruited. Preoperative serum procalcitonin were taken prior to and immediately post surgery. Patients were evaluated for signs and symptoms of surgical site and VP shunt infections at 3 months.

RESULTS
Out of 40 patients, 2 were excluded due to premature death. 5 patients had shunt infection requiring removal. There was statistically significant correlation between VP shunt infection and preoperative serum procalcitonin levels >0.2ng/ml, with AUC at 0.855 [95% CI 0.723-0.987] (p=0.023). It showed 100% sensitivity, 72.7% specificity, 30.8% PPV, and 100% NPV. Post-operative samples were not significant with AUC 0.764, [95% CI 0.539-0.988] (p=0.060).

CONCLUSION
Preoperative serum procalcitonin has shown high sensitivity and specificity in detection of sepsis secondary to bacterial ventriculitis. The low positive predictive value is related to the low infection rate among our study recruit. Despite this, it remains a useful adjunct in guiding management at point of care while awaiting complete bacteriology report, especially for patients with concurrent clinical signs of infection.

A larger scale, multicenter, prospective study with only preoperative procalcitonin to lower cost would give a more accurate predictive value.
EXTERNAL DIAMETER OF SEMS CAUSING CHEST PAIN POST STENT INSERTION IN ADVANCED OESOPHAGEAL CANCER MIMICKING MYOCARDIAL INFARCTION: A CASE REPORT

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BACKGROUND
Endoscopic stenting is the mode of palliation for advanced obstructing oesophageal carcinoma. Chest pain post stenting for is one of the most common early complications which usually resolves within 48 hours with adequate analgesia. We report a case of a severe and unusually long lasting midsternal chest pain after a double-walled Self Expanding Stent (SEMS) insertion.

THE CASE
We endoscopically stented 56 years old patient with advanced metastatic esophageal cancer with a double walled SEMS stent, after which he had developed severe crushing midsternal pain, mimicking myocardial infarction. Acute coronary event was ruled out electrically and chemically and examination of all systems was normal. The cause of the chest pain was attributed to the large diameter and high radial forces of the double walled stent that was exerted on the oesophageal wall.

DISCUSSIONS
We discuss the implications of the radial force exerted by the external diameter of a double walled stent on the oesophagus.

CONCLUSION
From this case, we conclude that the measurement of the external diameter of the stent is equally, or more important than its internal diameter in preventing painful complications.
LAPAROSCOPIC INTRAGASTRIC RESECTION OF BLEEDING FUNDAL GIST TUMOUR IN AN ELDERLY PATIENT: PATIENT SELECTION ENSURES SUCCESSFUL

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BACKGROUND
Laparoscopic Intragastric resection of Gastric GIST was first reported by Ohashi in 1995 to treat early gastric cancers but has still remain a novel technique. We report a case of bleeding Gastric GIST tumour managed with laparoscopic intragastric resection.

CASE
An 89 year old bed bound lady presented to us with symptomatic anemia from a bleeding GIST tumour. Diagnosis was confirmed radiographically and endoscopically. The GIST tumour was 4 x 4cm with a 2cm stalk , just distal to the OGJ. The surgery was done via a 4 port technique, endoscopic assisted laparoscopic intragastric surgery. OGDS was done to reconfirm the position of the tumour in relation to the laparoscopic view, and to inflate the stomach. Under laparoscopic and endoscopic vision 3 ports were inserted into the stomach, the tumour stapled to the stalk and removed via the port site. The gastric port sites were stapled and primarily closed. Patient made a rapid recovery and was discharged after 3 days.

DISCUSSION
We discuss the patient and tumour selection, as well as techniques in laparoscopic intragastric surgery for GIST tumours.

CONCLUSION
We conclude that laparoscopic intragastric resection of GIST tumours offers good outcome results if performed with the right patient and tumour.
PARATHYROID ADENOMA WITH UNDERLYING PSYCHIATRIC DISORDER - A CASE REPORT

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INTRODUCTION
Parathyroid lesions clinically manifest in the form of primary hyperparathyroidism (PHP) most of the times. Parathyroid adenoma (PA) constitutes one of the important causes. Single gland sporadic parathyroid adenoma represents the most frequent cause (85-90%) of PHP cases. Parathyroid cysts are rare but clinically significant lesions that can be mistaken for a thyroid cyst.

CASE REPORT
A 53 year old woman with known case of psychiatric disorder presented to the surgical outpatient department with complaints of right neck swelling for 1 month which was increasing in size. Clinically patient was euthyroid with no other symptoms. Local examination showed a soft single right thyroid nodule measuring 5 x 5cm. Thyroid function test levels were T4 12.4 pmol/L and TSH (thyroid stimulating hormone) 0.65 mIU/L. Neck ultrasound examination revealed enlarged right thyroid lobe with large cystic lesion. Fine needle aspiration cytology showed cyst content. Right hemithyroidectomy was done and specimen histopathological examination (HPE) eventually showed highly suggestive of parathyroid adenoma.

DISCUSSION
A large palpable parathyroid adenoma can mimic a thyroid nodule on clinical examination. In this case, the HPE result was unexpected. A combined use parathyroid scintigraphy and ultrasound can further confirm the diagnosis of a parathyroid lesion. Current clinical practice guidelines recommend surgery as the main curative approach.

CONCLUSION
In view of the rarity and difficulties of diagnosis in cases of parathyroid adenoma, much studies are needed for further concise guidelines regarding PA in order to apply early and appropriate treatment.
RECTO-UTERINE FISTULA: A CASE OF MIGRATED IUCD IN PATIENT PRESENTED WITH ECTOPIC PREGNANCY

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INTRODUCTION
IUD is generally a safe and popular form of contraception but it is not without associated risk. Uterine perforation is the most severe complication of IUCD insertion and subsequently leads to rectouterine fistula.

CASE REPORT
39 years old lady, para 4+2a with an IUCD inserted post LLTEZ for CIN III a year ago presented with leaking right tubal ectopic pregnancy. She was taken to the theatre for open salpingectomy which was uneventful. Subsequently, hysteroscopy was done to locate and remove the IUCD where, noted dirty endometrial wall covered with what looked like old faecal material with only tip of the IUCD visible. Per-rectal examination revealed a foreign body embedded at the anterior rectal wall about 8 cm from the anal verge with gush of fluid from the hysteroscopy escaping through the anus. Surgical team was called in and we proceeded with exploratory laparotomy and the IUCD was successfully removed with primary repair of the rectal and uterine wall defect. The patient recovered well and was discharged.

DISCUSSION
Up to 15% uterine perforation caused by IUCD affects the adjacent peritoneal structures. The sequelae include bowel perforation, small bowel obstruction, intraperitoneal abscess and fistula formation. The latter being fairly rare thought to be attributed to the great thickness of the uterine wall. In cases where disruption to this great thickness is implicated such in our patient, high index of suspicion for a fistula is merited especially in the event where the IUCD was not visualised during routine gynaecological ultrasound. This allows for a proper surgical planning for safe removal of the IUCD and to prevent further complications.

CONCLUSION
Recto-uterine fistula is a rare complication of IUCD insertion and may present insidiously as in our patient. A high index of suspicion in cases such as this allows a proper surgical planning for the patient.
THE RARE CASE OF SMALL BOWEL PERFORATION CAUSED BY NON HODGKIN’S B-CELL LYMPHOMA

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Primary gastrointestinal lymphomas are rare. Small bowel non-Hodgkin’s lymphoma presenting as perforative peritonitis is extremely rare. We are presenting a rare case of small bowel perforation due to non-Hodgkin’s B-cell Lymphoma. An 61 years old male presented with sudden onset generalized abdominal pain, abdominal distension and no bowel opening for 1 day. Clinically his abdomen was distended, with generalized tenderness and guarding. Abdominal radiograph suggestive of dilatation of large bowel but no evidence of air under diaphragm on chest radiograph. He underwent emergency exploratory laparotomy which found approximate 500cc of pus and ulcerated small bowel tumor measuring 4 x 2cm in size, 80cm from the terminal ileum. Small bowel resection with stapled anastomosis were performed. Post-operative period was uneventful and he was discharge on day ten post operation. Histology of the resected bowel revealed diffuse large cell B-cell lymphoma. Tumors of the small intestine are infrequent; only 3% to 6% of gastrointestinal tumors and 1% of gastrointestinal malignances arise from the small bowel. They are more common in the ileum, consistent with the higher number of lymphocytes there. In the treatment of intestinal B cell non-Hodgkin’s lymphoma or anaplastic large cell type lymphoma, a multimodality approach is superior to surgery or chemotherapy alone. Prognostic factors include the stage at presentation, the presence of perforation, tumor resectability, histological subtype, and the use of multimodality therapy. Perforated lymphomas usually have higher tumor staging and poorer prognosis.
APPENDICERAL MUCOCELE - RARE CASE REPORT

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Appendiceal mucocele is an obstructive dilatation of the appendix caused by intraluminal accumulation of mucoid material. It was first described in 1842 by Rokitansky. It is frequently occur among individuals aged 50 years or more. It is a rare diagnosis and accounts about 0.2-0.7% of appendiceal pathologies. It may mimics acute appendicitis which is the most common surgical diseases. Here we reported a case of appendiceal mucocele when the disease was not differentiated before surgery and was diagnosed intra-operatively.

Appendiceal mucocele has been traditionally applied by one or more of the following features which are dilatation of the lumen, alterations of the mucosal lining, hypersecretion of mucus and extension outside the appendix. The appendix is lined by epithelium containing more goblet cells than the colon. As a result, most appendiceal epithelial tumors are mucinous and start with mucoceles.

Ultrasound is the first line diagnostic method for patients with acute abdominal pain. CT scan is regarded as the most accurate method of diagnostic. Other investigations that may help to define the treatment of mucocele are computed tomography with enema and colonoscopy.

Mucoceles are treated surgically. Patients may require different operations including an appendicectomy to the right colectomy, cytoreductive surgery, heated intraperitoneal chemotherapy or early postoperative intraperitoneal chemotherapy.

In conclusion, appendicocele is a rare disease. A correct diagnosis preoperatively is important for selection of surgical technique to avoid complications and progression to pseudomyxoma peritonei in malignant cases.
Neuroendocrine neoplasm (NENs) of appendix is a rare disease but is the most common neoplasms of the appendix. It is first introduced by Oberndorfer in 1907 with the term ‘carcinoid’ which described a ‘little carcinomas’ of the small intestine which were thought to be probably benign. The incidence ratio is 2:1 with female preponderance compare to male and most are not related to a specific clinical presentation. Here we reported a case of NENs that presented with symptoms typically of perforated appendicitis and underwent an open appendectomy. Intra-operatively, the appendix was macerated and was removed in pieces. Unfortunately, the histopathological examination (HPE) results turned out to be NENs. WHO classified NENs as well differentiated with benign biological behavior (1a), well differentiated with uncertain malignant potential (1b), well differentiated neuroendocrine carcinoma (2) and mixed exocrine-neuroendocrine carcinoma (3). It is usually diagnosed incidentally. Pathologic analysis is important for guiding the management of patients and NENs usually located at the tip of the appendix and do not cause obstruction. Prognosis is favorable based on classification criteria.
Neuroendocrine neoplasms (NENs) are neoplasms that arise from the endocrine and nervous systems. Most NENs are benign, while some are malignant. About 76% of them are found in the gastrointestinal tract, lung and bronchus and they often produce biogenic amines and polypeptide hormones. The incidence of NENs is quite low, however some cases of NENs detected in thyroid gland is very rare especially the malignant NENs. Here we reported a case of NENs in thyroid gland with nodes, lung and liver metastases. This patient presented with left neck swelling which was gradually increasing in size. He was subjected for fine needle aspiration examination followed by core biopsy as clinically, the swelling presented typically as malignancy and the histo-pathological (HPE) results came back as NENs. The origin of these neoplasms has been associated with various kinds of cells including the para-follicular, para-ganglion cells or parathyroid gland. Malignant NENs are also known as neuroendocrine carcinoma (NECs), are divided into three types according to the extent of their differentiation. Computed tomography of neck was done and features suggestive of locally aggressive malignant mass arise from thyroid lobe with nodal, lung and liver metastases. Operative or non-operative management for thyroid NENs are such options which gives varies outcome to the patient which we could not offer to the patient and was transferred to tertiary centre for further management.
PNEUMOPERITONEUM FOLLOWING LIQUID NITROGEN INGESTION: AN UNUSUAL PRESENTATION OF AN ACUTE ABDOMEN

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INTRODUCTION
Liquid nitrogen has an extremely low temperature. Due to its low boiling point, it rapidly evaporates when contact with body surface temperature. We report a case of liquid nitrogen ingestion that presented with an acute abdomen and review of literatures was performed for this unusual presentation.

CASE
An 18-year old Indian female, presented with sudden onset of severe generalized abdominal pain following ingestion of an isotonic drink mixed with liquid nitrogen. It was associated with abdominal distension. She presented immediately to our emergency department following ingestion. Patient denied any suicidal ideation and claimed ingestion was experimental in nature. On examination, there was peritonitis with abdominal guarding. An erect chest X-ray revealed air under diaphragm and abdominal X-ray revealed gross pneumoperitoneum. An urgent exploratory laparotomy was performed. Intra-operatively, there was gross pneumoperitoneum and haematoma over the lesser curvature with serosal tear about 5cm. There was no bowel contamination or obvious perforation noted. Peritoneal washout was done and abdomen was closed. Post operative recovery was uneventful and patient was started on proton pump inhibitor and was allowed orally on post operative day 5. She was discharged well and an OGDS performed 2 months later showed normal stomach mucosa.

DISCUSSION
Liquid nitrogen ingestion carries a catastrophic outcome where upon contact with body surface temperature it results with rapid expansion of the stomach leading to barotrauma and perforation. Unlike the body of stomach, which can distend freely, the lesser curvature is fixed by celiac trunk, left gastric artery and gastroesophageal junction making it a common site for perforation.

CONCLUSION
Ingestion of liquid nitrogen carries significant morbidity and mortality. Hollow viscus perforation from barotrauma is commonly seen but there are instances where no obvious perforation is detected as illustrated in our case although microperforation is possible. Open surgical exploration is preferred over laparoscopic intervention due to pre-existing gross pneumoperitoneum with avoidance of abdominal compartment and respiratory distress as suggested by literature.
INTRODUCTION
Colonoscopy is a common procedure, performed by both surgeons as well as gastroenterologists. Perforation is a known complication, and rates should aim to be <0.2% whereas caecal intubation rates ≥80% as stated in the MOH Key Performance Indicators (KPI) Clinical Services 2016. We aim to assess the colonoscopy perforation (CP) rate of elective colonoscopy in our centre. Secondary objective was to identify completion of colonoscopy rate.

METHOD
We included all elective colonoscopy performed by the Surgical Department from Jan 2014 until Jun 2017. Data was extracted from the online data system, General Surgery On Line (GSO) Version 1.43. Data was analyzed using Microsoft Office Excel 2007. Crude (all cases) and adjusted (excluding poor bowel preparation and disease as causes of incompletion) completion rates were recorded.

RESULTS
A total of 5636 colonoscopy were performed during the study period, of which 4212 were elective. There were 2 incidences of CP (0.05%). Both patients underwent surgical repair and were discharged well. A total of 208 colonoscopies were incomplete due to poor bowel preparation. Crude completion rate was 73.5% whereas Adjusted Completion rate was 94.9%.

CONCLUSION
Colonoscopy is a safe procedure in our centre. Morbidity of complications is reduced with a high index of suspicion and expedited intervention.
LEFT BREAST CARCINOMA PRESENTING AS CERVICAL LESION

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Although most breast cancer occur in the developed world, almost 50% of breast cancer and deaths occur in developing countries. Metastasis to the cervix is a less known complication of breast carcinoma and detection before diagnosis of primary tumor is even rarer. Krukenberg tumor from the breast is approximately 0.04%. Invasive lobular carcinoma (ILC) of breast exhibits unusual clinicopathological, radiological, histological, and metastatic patterns. We present here a case of ILC diagnosed initially by cervical biopsy. Our patient is a 50 years old lady, having worsening abdominal distension over 1 month, her abdomen is distended with ascites but soft. CT scan showed multiple lymph nodes of right paratracheal, pre- and subcarinal region, largest being 1.5 x 0.8cm with gross ascites and heterogenous bilateral adnexal mass. She was under gynaecological care and when biopsy of cervical tissue reveals metastatic lobular Ca of breast, she was then referred to surgical department. Examination of the left breast shows a firm breast lump and its biopsy shows ILC, while a palpable left axillary lymph node measuring 2cm shows atypical cells suspicious of malignancy on FNAC. Due to extensive disease, patient was decided by oncologist for palliative care with tamoxifen therapy. Although adenocarcinoma of the cervix as direct spread of an adenocarcinoma of the endometrium is not unusual, metastasis to the cervix from extragenital sites is a rare occurrence. Breast was the second most common primary site next to gastrointestinal tumors. Breast cancer includes a number of histological subtypes of which the two most common are invasive ductal carcinoma (IDC) and ILC. More than 70% of all breast cancers are IDCs while ILC represents 15%. With respect to metastasis, ILC spreads more frequently to gynaecologic organs than IDC. ILC is a poorly circumscribed tumor, difficult to detect by palpation or mammography, leading to a delay in diagnosis, and may present as metastatic disease in the first instance.
TRIALS AND TRIBULATIONS IN ENDOSCOPIC STENTING IN ADVANCED OESOPHAGEAL MALIGNANCY: A 5 YEAR CASE SERIES

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BACKGROUND
Endoscopic esophageal stenting is the most common tools used in the treatment of inoperable esophageal malignancy. For the past 5 years, 238 patients has underwent endoscopic esophageal stenting for the management of palliative esophageal malignancy.

OBJECTIVES
This study aims to evaluate the challenges and the outcomes of endoscopic stenting in patients with malignant dysphagia.

METHOD
We conducted a serial review of all patients who underwent endoscopic esophageal stenting for advanced oesophageal Malignancy in Hospital Tuanku Ja’afar Seremban (HTJS) from January 2013 till December 2017.

RESULTS
238 patients underwent endoscopic esophageal stenting between the 5 years, inclusive. 40% of the cases were caused by mid-esophageal cancer and the rest of the cancer was in the lower esophagus or gastroesophageal junction tumor. Of that figure 12% (n=28) of the stents failed to be deployed in the first instance. Although a majority of patients had satisfactory outcomes (n=193), 20% of patients actually required further management or restenting. Complications consisted of incomplete tumor ingrowth (n=20), tumor overgrowth (n=2), tumor bleeding (n=3), stent migration (n=28). We also found that patients who had distal oesophageal tumours tended had a higher risk of malposition of the stent.

DISCUSSION
We discussed the choice of stents and complications of stenting in this series.

CONCLUSION
While Endoscopic stenting provides good outcomes in palliative patients, we have to be vary of their complications. Good choice of stents would play a role in long term success of the stent.
LATE INCIDENCE OF CONTRALATERAL RECURRENT BREAST MALIGNANCY

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Breast cancer is a commonly diagnosed cancer. However, recrudescence breast malignancy exceeding 10 years is rare.

We present a case of late incidence of contralateral recurrent breast malignancy. A 60 years old female, with previous history of left breast carcinoma in 1999, in which she had completed her treatment, now presented with a right breast lesion, which was detected during an annual mammogram examination. Clinically, no breast lump was palpable.

A mammogram examination performed revealed the right breast noted well defined hypo-echoic lesion over upper outer quadrant measuring around 0.7cm x 0.8cm x 0.8cm. An USG guided histopathological examination (HPE) confirmed right breast invasive carcinoma. Immunohistochemistry showed that malignant cells were negative for oestrogen receptors (ER) and progesterone receptors (PR) in which previous hormone receptor-positive status.

She underwent right breast mastectomy and axillary dissection. Post operative period was uneventful and she was discharged on post operative day 6. An HPE result is right breast invasive carcinoma of no special type, Modified Bloomand Richardson grade II and positive for lymph nodes metastases. A CT-TAP result noted multiple hypodense liver lesion may represent cyst, cystic liver metastasis cannot be rule out.

In general, the recurrence rate of breast cancer has been estimated 4-8% on the contralateral side. Hormone positive-receptor tumor remain at risk for late recurrences, and the annual rate is in excess of 2% for at least 15 years, even after 5 years of tamoxifen therapy.
OPEN, LAPAROSCOPIC AND HYBRID VENTRAL HERNIA REPAIR: A SINGLE CENTER CASE-MATCHED STUDY

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INTRODUCTION
Ventral hernia is one of the most common pathology encountered by general surgeon. Its treatment has evolved from open ventral hernia repair (OVHR) to laparoscopic ventral hernia repair (LVHR). However, with laparoscopic approach, complications such as higher morbidity, systemic complications and unplanned reoperations are seen compared to open ventral hernia repair (OVHR). Hybrid ventral hernia repair (HVHR) which combines laparoscopic technique and open approach shows lower recurrence and postoperative seroma.

OBJECTIVE
To highlight that repair of ventral hernia with HVHR method has better outcome both intraoperatively and postoperatively compared to OVHR and LVHR.

MATERIALS AND METHOD
Retrospective case-matched study was conducted in single center between March 2014 and August 2017. Studies includes patients who underwent ventral hernia repair via OVHR, LVHR or HVHR. Group 1 (n=10) identifies patients operated with the open approach, group 2 (n=10) were with laparoscopic approach whereas group 3 (n=10) includes hybrid approach. 3 groups were evaluated in terms of age, defect size, intraoperative complication, length of hospitalization, surgical site infection (SSI), recurrence rate and postoperative seroma formation.

RESULTS
There were 10 patients in each respective group. Date showed that laparoscopic approach has the highest intraoperative complications while open approach has the highest surgical site infection. Only 1 patient from group 2 developed post-operative seroma. Hybrid approach revealed lowest recurrence rate.

DISCUSSION
Despite laparoscopic procedures generally offering better surgical outcomes due to its minimally invasive nature but hybrid method in ventral hernia repair fares better in all aspects that were compared. This translates to earlier post-operative recovery hence improve morbidity and mortality rate than those who underwent open and laparoscopic approach.

CONCLUSION
Hybrid ventral hernia repair is a safer treatment option which is superior to open and laparoscopic approach as it yields the lowest intra-operative and post-operative complications.
LONG TERM NUTRITIONAL IMPACT OF SLEEVE GASTRECTOMY. A SINGLE CENTRE EXPERIENCE

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BACKGROUND
Sleeve Gastrectomy is the most common bariatric procedure worldwide. Unlike bypass surgery, it has not been associated with nutritional deficiency.

OBJECTIVES
To describe nutritional deficiency after Sleeve gastrectomy and analyse symptoms of each nutritional deficiency.

METHOD
A cross sectional study involving all patients who underwent Lap Sleeve Gastrectomy since 2010 was done. The patients were reviewed in our clinics and symptoms suggestive of macro and micro nutrient deficiencies were noted.

RESULTS
Total patients: 50, Mean age: 47.2 +/- 10.2, average excess weight loss: 52.5% in 1 year. Total weight loss: 33.2% in 1 year, Hypoalbuminemia: 2%, Hair Loss: 26% musculoskeletal pain: 20%, teeth mobility and gingivitis: 16%

CONCLUSION
We conclude that Sleeve Gastrectomy does predispose patients to nutritional deficits, which may be alleviated by adequate pre and post operative supplementations.
METAPLASTIC BREAST CARCINOMA: A CASE REPORT

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Metaplastic breast carcinoma is an uncommon form of breast cancer with prevalence of less than 1%. It is an aggressive form of breast cancer and the rareness creates substantial challenges in diagnosing and managing this type of malignancy. This case report described a 65 years old lady whom presented with 2 years history of painless right breast lump. Clinically, there was a 4 cm lump over her right breast with no palpable lymph node. Mammogram showed features of malignancy of Birads 6 with histopathological examination of invasive carcinoma. Patient has undergone right mastectomy with axillary dissection and histopathological examination of the surgical specimen showed metaplastic carcinoma; carcinosarcoma type. 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 scares clinical evidence available to guide the management of this condition.
INITIAL EXPERIENCE OF NUTRITIONAL THERAPY TEAM FROM A SPECIALIZED DISTRICT HOSPITAL

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OBJECTIVES
To audit nutritional therapy provided by a designated team in Sibu Hospital.

METHOD
All patients referred to our nutritional therapy team from August 2016 to March 2018 were included (n=112), all but 4% were surgical patients. Each patient was screened and assessed by the team using NRS 2002 and Subjective Global Assessment. Nutritional care plan was individually designed with the method of either parenteral or enteral feeding via different route of delivery.

RESULTS
Of all 112 patients, majority (67%) were men, with the mean age of 60 years old. Forty seven (42%) have BMI less than 18 with the range from 9-40kg/m². Seventy four patients were given nutritional support perioperatively, of which majority were diagnosed with upper gastrointestinal carcinoma. Duration of nutritional therapy (parenterally and enterally) range 6-62 days. Refeeding syndrome occurred in 26 patients (23%), all of whom recovered after correctional measures.

DISCUSSION
Integration of nutritional therapy into their overall management is essential. A relatively large proportion of our patients developed refeeding syndrome. This warrants not only review of current nutritional therapy practice but also earlier identification and prompt referral of such at risk patients to the nutritional therapy team.

CONCLUSION
Establishment of local protocols, continuous professional development, multidisciplinary effort and regular audits are essential for the setup and sustainment of a healthy and robust nutritional therapy team.
AMYAND HERNIA - CASE SERIES & LITERATURE REVIEW

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INTRODUCTION
Amyand hernia (AH) defined as an inguinal hernia that contains vermiform appendix whether it is inflamed or not. The incident of AH is less than 1%. AH usually presented with symptoms of incarceration therefore preoperative diagnosis is challenging. Management mainly based on the Lossanof and Basson classification.

CASE SERIES
The first case is a 67 years old male admitted for elective right hernioplasty. Intraoperatively, we noted a healthy appendix within the hernia sac. Appendix was reduced followed by mesh repair. The second case is a 40 years old male presented with acute irreducible inguinal hernia. Emergency exploration revealed a non-perforated inflamed appendix within the hernia sac. Appendicectomy was performed follow by mesh repair. The third case is a 67 years old male admitted for elective right hernioplasty. Intraoperatively, we noted a non-perforated inflamed appendix within the hernia sac. Appendicectomy was performed follow by mesh repair. Three cases were followed up without any complication and recurrent.

DISCUSSION
Traditionally, AH with appendicitis is a contraindication for mesh repair according to Lossanof and Basson classification. However, there are concerns arises regarding risk of recurrent hernia on patients who had their hernia repair without mesh. While recent reports favour the outcome of mesh repair in the setting of non-perforated appendix AH, we practice appendicectomy with mesh repair in patient with non-perforated appendix AH. It is controversial to decide appendicectomy in Type I AH. We suggest a more selective approach before decide appendicectomy in Type I AH.

SUMMARY
Appendicectomy follow by mesh repair is safe and feasible in Type II AH and the decision to remove appendix in Type I AH should be individualized.
PROSTATE CARCINOMA PRESENTED WITH GIANT PELVIC MASS: A CASE REPORT

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INTRODUCTION
Prostate cancer is the most common cancer among elderly men. Prostate cancer commonly metastasizes to lymph nodes, bones, liver and lung. It rarely spreads to the gastrointestinal tract.

OBJECTIVES
To identify the clinical features, diagnostic approach, and treatment of prostate cancer.

METHODOLOGY
A case report of a 62 years old man presented with anorexia, lower urinary tract symptoms and 30kg weight loss for 6 months. Per examination, a giant suprapubic mass (16 x 12cm) was identified. The ultrasound showed a huge pelvic mass causing bilateral obstructive uropathy. As the result, bilateral nephrostomy was inserted and ultrasound guided biopsy was performed. Following that, CECT abdomen/pelvis showed retroperitoneal lymphoma causing bilateral obstructive uropathy with right pleural effusion, multiple lytic bone lesions and prostatomegaly. The biopsy showed metastatic prostatic adenocarcinoma, Gleason 9. The PSA was 43.33ug/L.

RESULT
On the basis of the historical, physical, and laboratory evaluations, a working diagnosis of metastatic prostate cancer was determined. The patient was referred to urologist and oncologist for therapeutic management and chemotherapy.

DISCUSSION
Early prostate cancer can be asymptomatic with occasionally lower urinary tract symptoms. However, in advanced prostate cancer, individuals may experience severe forms of lower urinary tract symptoms or bone pains.

CONCLUSIONS
Metastatic prostate cancer’s presentation is atypical, as metastases may mimic other diseases. The course of disease is indolent, and prognosis is poor. The focus treatment should be improving quality of life through chemotherapy and palliative care.
DIAGNOSTIC VALUE OF INTRA-OPERATIVE ENDOSCOPY TO DETECT POST-OPERATIVE ANASTOMOTIC LEAK IN LEFT-SIDED COLORECTAL ANASTOMOSIS (POLICE STUDY)

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BACKGROUND
The incidence of colorectal anastomotic leak ranges between 6-11% and remains a major cause of morbidity and mortality following left sided colorectal surgery.

METHODS
This is multi-centre prospective cohort study conducted from July 2016 to August 2017. Seventy-eight consecutive patients undergoing either left sided colon or rectal resection with end-to-end anastomosis with a negative air leak test were included. Intra-operative endoscopic assessment of the anastomotic line was performed looking for mucosal defects, haematoma or bleeding, and dusky mucosa. Post-operatively, patients were diagnosed with colorectal anastomotic leak either clinically, or radiologically with the use of gastrografin enema.

RESULTS
A total of 78 patients were included in the study. Eight (10.3%) patients had an anastomotic leak; 5 (6.4%) of which were clinical leaks and 3 (3.9%) were radiological leaks. Twenty-two patients (28.2%) had a positive intra-operative endoscopy with a finding of anastomotic line haematoma, out of which 2 (9.1%) patients had an anastomotic leak. None of the patients with a negative air leak test had mucosal defects or dusky mucosa. The overall sensitivity, specificity, positive predictive value and negative predictive value of intra-operative endoscopy are 25% [95% CI; 3.2-65.1%], 71.4% [95% CI; 59.4-81.6%], 9.1% [95% CI; 2.7-25.9%] and 89.3% [95% CI; 84.5-92.7%] respectively. Area under the receiver operating characteristic curve is 0.48 [95% CI; 0.27-0.69].

CONCLUSION
Intra-operative white light endoscopy is not an effective diagnostic tool to detect anastomotic leak in patients undergoing left sided colorectal anastomosis. This calls for a paradigm shift in approaching the subject of anastomotic leaks in left sided colonic surgery. Intra-operative endoscopy holds the potential to be a game changer when combined with modalities such as near infrared indocyanine green fluorescence angiography or narrow band imaging to assess anastomotic micro-vascularity not visible to the naked eye.
INTRODUCTION
Bowen disease is a form of intra epidermal carcinoma, a malignant tumor of keratinocytes. Bowen Disease may ultimately progress to an invasive squamous cell carcinoma. Bowen Disease usually associated with sunlight exposure especially in people with fair skin. In 1994, a study from Hawaii reported that, 142 cases per 100,000 whites.

CASE REPORT
A 59 years old Indian gentlemen presented to Surgery Outpatient Department, Hospital Melaka complaining of painless penile swelling for 2 years duration. Started with a size of a pimple and gradually increasing in size. Otherwise he denies any urinary related symptoms, as well as no constitutional symptoms. Wedge biopsy was done and it reveals that he has penile squamous cell carcinoma with background of Bowen Disease.

DISCUSSION
Bowen Disease can eventually develop into squamous cell carcinoma if left undiagnosed. In this particular case, he denies any skin related disease prior to presentation with no family background of malignancy. Besides he has dark-pigmented skin related with rare incidence of Bowen Disease.

CONCLUSION
Undiagnosed Bowen Disease may progress to an invasive squamous cell carcinoma in 3-5%. Clinical history, examination and histopathology is essential for early detection of Bowen Disease and prevent progression of disease. Further study can be done to further investigate the incidence of Bowen Disease in dark-pigmented population.
RETROSPECTIVE ANALYSIS OF CONVERSION RATE AND BILE DUCT INJURY IN ELECTIVE LAPAROSCOPIC CHOLECYSTECTOMY AT A TERTIARY CENTRE

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INTRODUCTION
One of the most commonly performed laparoscopic procedures is Laparoscopic Cholecystectomy (LC). For the safe completion of the procedure, a number of patients require conversion to open cholecystectomy. The aim of this study is to determine the rate of conversion to open cholecystectomy, bile duct injury and associated factors.

METHODS
We retrospectively reviewed all elective cholecystectomy performed in our centre between January 2014 and June 2017 using the in-house electronic database. Conventional open cholecystectomy were excluded. Bile duct injury (BDI) was classified according to severity; minor BDI and major BDI, which required biliary reconstruction.

RESULTS
Among the 182 patients who had underwent elective cholecystectomy, 158 patients (86.8%) underwent a laparoscopic approach. Thirty three (20.9%) of LC required conversion to open surgery. BDI among LC and converted cholecystectomy (CC) occurred in 3 patients (1.9%); one in pure LC and 2 among CC. All BDI were minor, not requiring biliary reconstruction. There were no mortality associated with elective LC or CC.

CONCLUSION
Laparoscopic cholecystectomy is a safe procedure in our centre. Morbidity is usually associated with bile duct injury. Although significant morbidity may be avoided by adherence to critical view of safety and conversion to open surgery.
HEPATOBILIARY TUBERCULOSIS, THE MASQUERADER: A CASE REPORT

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INTRODUCTION
Hepatobiliary tuberculosis is extremely rare and is the least common cause of obstructive jaundice. The clinical sign and symptoms often mimic malignant diseases of the hepatobiliary system.

CASE REPORT
A 53 year old man presented to us with the classical symptoms of obstructive jaundice for 10 days associated with right hypochondriac abdominal discomfort and slight decrease in appetite. However, there was no significant weight loss, fever, prolonged episodes of cough, nor night sweats. He appeared jaundiced with minimal tenderness over right hypochondriac region. LFT showed cholestatic picture with slightly raised ALT. Initial imaging work up by CT-scan showed dilated intrahepatic and proximal common bile ducts (CBD) with enhancing nodular lesions seen in hepatic ducts and CBD with subsequent MRCP showed filling defect in the said lesions suggesting Klatskin’s tumour. No stone seen. Multiple hypodense lesions also seen in the liver. Diagnostic and staging laparascopy was done revealing multiple nodules at the lesser omentum, peritoneal lining and segment 3 of the liver, all of which were then biopsied. HPE result came back as chronic granulomatous inflammation and no malignancy. The patient then started TB treatment and later seen 6 month later in our outpatient clinic with complete resolution of his symptoms and normalization of his liver function test.

DISCUSSION
Billiary involvement of tuberculosis may be in the form of strictures, calcifications, abscess or tuberculomas, all of which may cause obstruction of the bile duct and manifests as post-hepatic jaundice. Diagnosis is often difficult and may be suggested by the favourable response from TB treatment.

CONCLUSION
Despite its very rare occurrence, hepatobiliary tuberculosis need to be included in the differential diagnosis of obstructive jaundice as the management and prognosis is different altogether as compared to malignant causes.
A RARE CASE OF SMALL BOWEL OBSTRUCTION SECONDARY TO ADHESION OF SMALL BOWEL MESENTERY TO AN ISCHEMIC BLADDER DOME AS RESULT OF BLADDER OVER-DISTENSION. A CASE REPORT AND REVIEW

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INTRODUCTION
A distended urinary bladder has rarely been associated with bowel obstruction.

METHOD
We describe a case report of a 65-year-old man who presented with small bowel obstruction with minimal urine output. Foley’s catheter inserted in emergency department drained 1.2L of urine. A small bowel obstruction with impending perforation was confirmed by computer tomography. A laparotomy done revealed presence of small bowel obstruction secondary to adhesion of small bowel mesentery to an ischemic bladder dome as a result of bladder over-distension.

DISCUSSION
Urinary bladder over-distension can cause bladder dome ischemia and perforation. Small bowel mesentery adhering to part of an ischemic urinary bladder dome can cause kinking of the small bowel. A case of intestinal obstruction secondary to over-distension of bladder is rarely reported.

CONCLUSION
To the best of our knowledge, distended urinary bladder causing small bowel obstruction has been infrequently reported and high level of suspicion for urinary bladder distension causing bowel obstruction should be maintained to avoid improper management.
SEVERE NECROTING ENTERITIS COMPLICATED WITH SMALL BOWEL PERFORATION IN T-CELL LYMPHOMA OF SMALL BOWEL: A CASE REPORT

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INTRODUCTION
Gastrointestinal lymphoma (GIL) is the rare disease of gastrointestinal malignancies. GIL with Non-Hodgkin Lymphoma subtype is the most common extra nodal lymphoma manifestation. GIL may involve any parts of the gastrointestinal tract, the most frequent of its occurrence are the stomach followed by small intestine and ileocecal region.

CASE REPORT
A 79-year-old gentleman presented with acute onset of severe abdominal pain and fever. On further history, he had multiple visits to the emergency department with nonspecific abdominal pain one month prior to presentation. Physical examination revealed patient was sepsis with peritonitis and lymphadenopathy was felt. He underwent an exploratory laparotomy, small bowel resection and primary anastomosis as intraoperatively, there was severe necrotizing enteritis with multiple small bowel perforation 210cm from ileocecal valve. Histopathological examination report of small bowel showed monomorphic epitheliotropic suggestive of intestinal t-cell lymphoma. Post-operatively, patient developed malignant pleural effusion complicated with hospital acquired pneumonia. He was discharged well after two weeks admission. However, during follow up, he was refused for further management including bone marrow aspiration trephine (BMAT).

CONCLUSION
Gastrointestinal lymphoma is difficult to diagnose clinically. They often presented with vague symptoms until complication occur. Therefore, a comprehensive history taking and physical examination may reveal the possible aetiologies and provide information for further assessment and management.
AN UNCOMMON PRESENTATION IN A COMMON CANCER - A CASE REPORT OF SMALL BOWEL PERFORATION SECONDARY TO LUNG CANCER METASTASIS

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Regardless of a high occurrence of lung cancer, small bowel perforation secondary to lung cancer metastasis remains relatively a rare condition, as compared to other known metastatic sites such as bone, liver, adrenal glands and lymph nodes. In the present study, we report a case of a 70 year old patient with lung cancer under investigation presented with acute abdomen requiring laparotomy.

Lung cancer metastasis to the small bowel often present as intestinal perforation and indicates a poor prognosis. An autopsy found perforated metastases occur more often in men and are found more commonly in the jejunum. Small bowel perforations are caused most often by adenocarcinoma of lung compared to other types of lung cancer and carries a high rate mortality decreasing 1 year survival rate to less than 3%.

Even though this presentation is rare, a high index of suspicion is required whenever a lung cancer patient presents with signs and symptoms of acute abdomen.
ACUTE UPPER LIMB ISCHAEMIA FOLLOWING MASSAGE OF THROMBOSED BRACHIOCEPHALIC FISTULA, SARAWAK GENERAL HOSPITAL EXPERIENCE

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INTRODUCTION
A patent arteriovenous fistula is consider a lifeline for a dialysis patient. Therefore massage of an arteriovenous fistula following thrombosis can restore blood flow but carries significant risks.

CASE REPORT
Here we present a case of a 66 years old gentleman with End Stage Renal Failure with 3 regular haemodialysis sessions per week via the left brachiocephalic fistula since 2015. The patient has hypertension and diabetes mellitus. However patient noted a day after his regular haemodialysis sessions, there were no thrill felt over the left brachiocephalic fistula and seek treatment immediately. A fistula massage was performed without recovering function. Immediately following the treatment, the patient began complaining of pain in his hand and cold.

A colour doppler was performed which showed extensive thrombus at the humeral artery unto the forearm and absence of distal flow.

Patient underwent both humeral and distal vessel thrombectomy and large amount of clot were extracted from the left brachiocephalic anastomotic site and radial artery, about 20cm from anastomotic site. Cephalic vein thrombectomy was performed with a large amount of clots. Subsequently distal vessels, radial and ulnar artery pulse were not restored with good doppler signal. Decision for ligation of left brachiocephalic fistula was performed in preventing steal syndrome. Postoperatively patient recovers both his strength and sensation over the left hand.

DISCUSSION
Treatment of vascular access thrombosis, guideline recommend surgical thrombectomy. There is no guidelines which either recommend or advice against massage as an immediate treatment of thrombosis of an arteriovenous fistula. There is no scientific literature that approach this subject, only case reports with similar presentation of an autologous arteriovenous fistula. All cases describe the potential negative consequences of practising massage which causes an acute ischaemia of the similar upper limbs. Unfortunately there is no concrete evidence to show that massaging a thromboses arteriovenous fistula is current standard of practice. Therefore we are unable to establish a balance between its risk and benefits which can established the therapeutic option for correction of a vascular access thrombosis.
THE ‘LETHAL’ THYROID - AN UNFORTUNATE CASE OF FOLLICULAR VARIANT OF PAPILLARY THYROID CARCINOMA

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BACKGROUND
We report a case of neglected neck mass with clinical evidence of cutaneous metastasis, complicated by airway compromise and fatal post thyroidectomy tracheomalacia (PTTM).

INTRODUCTION
A 50-year-old lady with a 12-year history of anterior neck swelling presented with worsening obstructive symptoms and new cutaneous swellings for 3 months. She underwent emergency thyroidectomy and tracheostomy due to tracheal invasion of the tumour and tracheomalacia.

DISCUSSION
Cutaneous metastasis from thyroid malignancies are rare in clinical practice. Global literature review reveals that follicular carcinoma has greater prevalence than papillary carcinoma for cutaneous metastasis with scalp being the commonest site. Post thyroidectomy tracheomalacia is usually secondary to long standing extrinsic compression precipitated by removal of the compressive source.

CONCLUSION
Cutaneous manifestation of thyroid carcinoma is a rare occurrence and requires high index of suspicion of recurrence or presence of occult thyroid malignancy. Patient at risk of PTTM should be identified pre-operatively, to discuss post-operative airway management plan with the anesthetist. Surgery remains to be the mainstay of treatment for complete resolution of compressive symptoms despite the technical challenges related to airway.
SUCTION-THROMBECTOMY FOLLOWED BY COMMON ILIAC VEIN STENTING IN MAY-THURNER SYNDROME

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INTRODUCTION
May-Thurner Syndrome (MTS) is caused by compression of the left common iliac vein by the right common iliac artery. The incidence ranges from 18-40%. It is more common in female group. Endovascular techniques consisting of thrombolysis or thrombectomy followed by iliac vein stenting is the mainstay of treatment for MTS.

CASE
A 65-year-old lady with underlying SLE presented with 5-day history for left gluteal and thigh pain with claudication for the past 1 year. Her left lower limb was swollen with thigh tenderness. Her pulses are normal except absent left dorsalis pedis. CT Angiography (CTA) was done and revealed occlusion at middle anterior tibial artery and compression at the level of common iliac vein with thrombus from popliteal till external iliac vein. Low-molecular-weight heparin (LMWH) was started and IVC filter was inserted. Suction-thrombectomy was performed using continuous-aspiration-mechanical-thrombectomy catheter (CAT). Aspiration was repeated until clearance confirmed by venography. Angioplasty and stenting was inserted to her left common iliac vein. She was discharged with oral anticoagulant and followed up in our clinic.

DISCUSSION
MTS accounts for 2-3% of all lower extremity DVT. Risk factors for DVT should be explored, especially in cases of unprovoked DVT in young group of patients. Imaging modalities of choice for MTS are Doppler ultrasound followed by CT-venography. Conventional treatment of MTS were associated with higher morbidity and poor long-term patency rate. Treatment of MTS now includes catheter-directed thrombolysis (CDT) or mechanical-aspiration-thrombectomy (MAT) followed by balloon angioplasty and iliac vein stenting.

CONCLUSIONS
It is important to consider MTS as one of the differentials for DVT. More prospective studies should be conducted to compare the efficacy and long-term patency rate between suction thrombectomy, MAT and CDT in cases of MTS.
GALLSTONE ILEUS, A FORM OF BOWEL OBSTRUCTION

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INTRODUCTION
Gallstone ileus is an uncommon mechanical small bowel obstruction due to gallstone impaction. It is a rare complication of chronic cholecystitis and constitute about 1% of cases of intestinal obstruction. It occurs when a gallstones possess through a fistula between the gallbladder and small bowel before becoming impacted. The symptoms and signs of gallstone ileus are mostly non specific.

CASE REPORT
Here we presented a 89 years old female with underlying hypertension and dyslipidaemia presented with sudden onset of epigastric pain with symptoms of intestinal obstruction. On examination, patient appears dehydrated and generalised abdomen tenderness. Contrast enhanced computed tomography performed which show gallstones ileus with stone at proximal ileum and cholecysto-duodenal fistula causing significant small bowel obstruction. Subsequently patient underwent laparotomy, enterotomy and gall stone removal. Post operatively patient developed symptoms of upper gastrointestinal bleeding and subsequently an upper oesophagoduodenoscopy was performed which showed cholecysto-duodenal fistula between D1 and D3 with forest 3 ulcer at fistula edge. Patient stayed and recover well in ward and subsequently discharge from surgical ward.

DISCUSSION
According to one study, there are criteria supporting the suspicion of gallstones ileum with small bowel obstruction. Advanced age, female sex and positive patient’s history of known gallstone in the gallbladder appear to be strong criteria. The main goal is to relief the intestinal obstruction through surgery. There is no consensus on the standard of treatment for gallstones ileum. However from literatures, enterolithotomy alone is sufficient and cholecystectomy and repair of cholecysto-enteric fistula should be repair later if there is continuing or recurrent symptoms.
RUPTURED ISOLATED INTERNAL ILLIAC ARTERY ANEURYSYM, SARAWAK GENERAL HOSPITAL EXPERIENCE

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INTRODUCTION
Isolated internal iliac artery aneurysm (IIAA) are relatively uncommon with incidence around 0.04% (1). Given their deep location in the pelvis, they may present late and are often large with high mortality rate of almost 58%. These aneurysms are frequently discovered incidentally.

CASE PRESENTATION
We encountered 2 cases of ruptured internal iliac artery aneurysm in Sarawak General Hospital in 2017.

A 66 years old gentleman presented with sudden onset of lower abdominal pain. On examination abdomen is distended with maximum tenderness over the right iliac fossa with guarding. He underwent an exploratory laparotomy suspecting perforated appendicitis. Intraoperatively noted haemoperitoneum of about 1 Litre with retroperitoneal haematoma which is not expanding. Decision was made to close the abdomen and proceed with computed tomography angiography. A computed angiography was performed which show a ruptured right internal iliac artery aneurysm with active bleeding. Subsequently a second laparotomy was performed. In view of difficulties in gaining distal control and torrential bleeding, proceeded with ligation of right common iliac artery with a femoral -femoral crossover bypass. Post operatively patient had a surgical site infection.

A 68 years old female with no medical illness. Presented with 2 month history of lower abdominal pain but worsening for the past 3 days localising to the right iliac fossa. On examination, noted heamatoma over the right iliac fossa extending to the proximal thigh which is tender on palpation. A Computed tomography angiography revealed a right internal iliac artery fusiform aneurysm with possibility of retroperitoneal ruptured causing extensive right rectus abdominis haematoma. She underwent exploratory laparatomy and open ligation of right internal iliac artery aneurysm. Intraoperatively a ruptured internal iliac aneurysm was noted 1cm from the bifurcation of the right common iliac artery. Due to difficulties in gaining distal control and torrential bleeding, the right internal iliac artery and vein were ligated at the level of aneursym. Post operatively patient developed deep vein thrombosis of the right leg.

DISCUSSION
The treatment of isolated internal iliac artery 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 by open interposition graft surgical repair 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 may be difficult. Although the high mortality rate associated with ruptured internal iliac aneurysm, both of the patient manage to be discharged home well.
A thyroid abscess is an infrequently encountered condition comprising 0.1-7% of thyroid-related surgical cases with a rarity that is attributable to anatomic and physiologic characteristics of the gland partly because of the high concentration of iodinated colloid compounds in the gland and its vascularity.

We report a 61 years-old chinese lady who presented with painful neck swelling for one month increasingly in size and associated with dysphagia. She also reports vocal changes for the past one week and productive cough, otherwise clinically euthyroid and was not clinically septic. There was a huge and diffuse anterior neck swelling with no exterior punctum. CT assessment revealed a large right thyroid lobe ruptured collection with extensions to the retrotracheal and parapharyngeal with associated mass effects, and a left lobe rim-enhancing lesions likely abscess. She was then underwent neck exploration, incision and drainage and total thyroidectomy. She also completed a course of antibiotic and metronidazole. Intraoperative cultures sent reveals no growth. She was discharged a week after and stable.

Thyroid abscess should be considered in patients with sudden neck swelling and must be quickly managed or it can potentially result in septicaemia, vocal cord involvement, retropharyngeal and mediastinum abscess.
RUPTURED ISOLATED INTERNAL ILIAC ARTERY ANEURYSM, A 1 YEAR EXPERIENCE IN SARAWAK GENERAL HOSPITAL

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INTRODUCTION
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Primary mature teratoma is a very rare neoplasm. It is a tumour that is derived from embryonal tissue and composed of somatic cell types from two or more germ layers (ectoderm, mesoderm or endoderm). It occurs more commonly in females than males. The commonest site for teratoma is ovary, followed by testis, mediastinum and rarely in the retroperitoneal space. Early diagnosis and surgery is the mainstay of treatment. Accounting for only 4% of all primary teratomas, retroperitoneal teratomas reported to occur among children rather than adults.

We reported a case of a 20-year-old woman with no underlying medical problems who presented with epigastric and left hypochondriac pain for about a week and loss of appetite for 6 months duration. Physical examination revealed a firm non-tender mass at the epigastric region and left upper quadrant extending till the umbilical and left iliac fossa. Computed Tomography (CT) Scan revealed a large well defined solid cystic lesion at the left retroperitoneum which shifted the left kidney inferolaterally and slight displacement of the abdominal aorta and inferior vena cava to the right. There were multiple calcifications within the lesion itself on imaging.

The tumor was resected completely through a modified midline laparotomy with left transverse incision which was later confirmed histopathologically as a mature cystic teratoma with no immature components or malignant transformation.
Lymphangioleiomyomatosis (LAM) is a rare multi-system disorder with a prevalence of approximately 9 patients per million population. It nearly exclusively affects women, suggesting the involvement of female hormones in its disease pathogenesis. It is caused by abnormal proliferation of oestrogen receptor alpha (ER-α) and progesterone receptor (PR) positive smooth muscle-like cells, that exhibit features of neoplasia, whose tissue origin remains unclear. Nuñez O et.al suggests LAM patients have increased breast cancer risk than women from the general population, especially those in pre-menopausal age. The repeated cycles of vast cell proliferation in normal breast tissue at reproductive age provide the time window for acquiring somatic genetic mutations by chance. We report a case of right breast invasive carcinoma in a 49 years old Chinese lady, para 2, with underlying tuberous sclerosis and LAM on long term oxygen therapy (LTOT). She presented to us with a four-month history of painless right breast lump. No other predisposing factor for breast cancer. Patient also has right renal angiolipomyoma with a normal renal function and uterine fibroid. Mammogram showed a right breast BIRADS IV lesion and tru-cut biopsy confirmed invasive carcinoma with strong positivity and intensity for oestrogen and progesterone receptor. Patient was counseled regarding treatment options. Surgery was deemed high risk for her and she opted for hormonal therapy. Although the disease pathogenesis has high association with abnormal proliferation of hormonal receptor, hormonal treatment are used less often now as this rare disease has no available evidence supporting hormonal therapy in the treatment of LAM itself, controlling the disease progression and also preventing other LAM-related diseases.
A SEALED GALL BLADDER EMPYEMA FORMED CHOLECYSTOGASTRIC FISTULA PRESENTED WITH ACUTE ABDOMEN: A CASE REPORT

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Biliary fistulas are either external or internal. External fistulas are not very common as compared to internal. The mode of presentation of the fistulas varies depending upon the type of fistula. Internal fistulas are usually spontaneous and arise from chronic or acute perforation of the gall bladder or malignant infiltration into adjacent organs. Of all the types of spontaneous fistulas reported, the cholecystogastric is one of the most infrequent. A review of the literature indicates the most frequent type of biliary fistula is the cholecystoduodenal, followed by the cholecystocolic fistula. Among the infrequent forms of biliary fistulas are the choledochoduodenal, choledochocolic, cholecystojejunal, and cholecystogastric. Here we have 63 years old gentlemen presented with sudden onset of abdominal pain, clinically noted tender and guarded abdomen, warranted for exploratory laparotomy. However intra-operatively noted to form cholecystogastric fistula with gall bladder empyema. Fortunately patient underwent laparotomy and post-operatively recovered well and discharged home. Further details on management and diagnosis of the conditions will be discussed.
A RARE OCCURRENCE OF CYTOMEGALOVIRUS (CMV) ENTERITIS

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Cytomegalovirus (CMV) is a herpes virus that contains double stranded DNA, commonly affects immunocompromised patients. CMV infection of the gastrointestinal tract (GI) can occur anywhere in the GI system, mostly colon, rarely reported in the small intestines and is usually characterized by ulcerative lesion. Patients mostly present with nonspecific symptoms, such as poor appetite, abdominal pain, vomiting, and ileus, and were usually diagnosed with laparotomy for profuse bleeding or bowel perforation. Due to the rarity of the disease, so far no known study has clearly mentioned regarding the incidence and prevalence of CMV enteritis. The gold standard of diagnosis of CMV enteritis is endoscopic biopsy with histopathology evaluation and immunohistochemistry staining. Treatment includes induction and maintenance therapy with antiviral drugs, such as ganciclovir. We present a case of a 21 year-old Malay gentleman, with underlying retroviral disease, admitted for massive lower gastrointestinal bleeding. Colonoscopy revealed a bleeding ileal ulcer with no active bleed in the colon. Due to hemodynamic instability, patient underwent exploratory laparotomy, right hemicolecction and double barrel stoma. Bleeding was arrested and patient was nursed in Intensive Care Unit (ICU). However, he succumbed to sepsis. CMV ileitis was later confirmed by immunohistochemistry staining. Due to the location of the bleeding, diagnosis of CMV ileitis is always difficult and could only be made either by enteroscopy or angiography. The occurrence of CMV enteritis is exceedingly rare but recognition of these cases is important, as it is a rarely tested yet well treated cause of enteritis.
BILATERAL DESMOID-TYPE FIBROMATOSES OF THE BREASTS: A REPORT OF RARE OCCURRENCE

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INTRODUCTION
Mammary desmoid-type fibromatosis (DF) is an extremely rare mesenchymal neoplasm. It only accounts 0.2% of all primary breast tumours. It is a benign but locally invasive stromal tumour without metastasis potential. Few cases have been reported in the literature. We describe a case of bilateral DF in a young lady.

CASE REPORT
A 19 year-old lady presented with bilateral painless breast lump and nipple inversion for 1 year duration. Ultrasound and MRI breasts showed bilateral suspicious enhancing breast masses, BIRADS 5. Both free hand biopsy and targeted ultrasound guided biopsy were inconclusive. Bilateral hookwire localization and biopsy was done and intraoperatively showed bilateral diffuse hard lump with poorly-defined border. Histopathology showed bilateral DF. Subsequently, bilateral skin sparing mastectomy with delayed reconstruction was performed. Histopathology confirmed bilateral DF involving all quadrants of the breasts with clear margin.

DISCUSSION
Actual etiology of DF is unknown but few associated factors such as genetic, endocrine and previous trauma have been described. Clinical assessment and imaging evaluation are often difficult to differentiate DF from carcinoma as its presentation often mimic that of a breast cancer. Histology confirmation is typical with the presence of spindle cell proliferation in fascicles in collagenous matrix. Complete surgical resection with clear margin is the current mainstay of treatment due to its locally invasive nature and high local recurrence rate.

CONCLUSION
Triple assessment protocol is crucial in diagnosing DF and differentiating it from carcinoma. Current standard of treatment is surgery with clear margin. Further research of other alternative treatment should be undertaken to provide option of treatment with better cosmesis outcome.
EPIDEMIOLOGY OF CUTANEOUS MALIGNANCY REPORTED IN TERTIARY HOSPITAL OF TERENGGANU STATE, EASTCOAST OF MALAYSIA IN 11 YEARS (2007-2017)

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According to 5-year National Cancer Registry (MNRR) report, which covers the year 2007 to 2011, skin cancer showed 3% from the total of incidence in males while percentage of skin cancer among females are mentioned in unspecified group of other cancers. This poster represents on retrospective, epidemiological study of cutaneous malignancy that reported in Hospital Sultanah Nur Zahirah (HSNZ) in 11 years durations (2007-2017). We hope our study will facilitate a part of planning and institutionalisation of appropriate measures and distribution of cancer care.

The purpose of this descriptive study is to quantify the total of patients with cutaneous malignancy that presented to Plastic Surgery Department HSNZ. Demographics that included in this study are, the common types of cutaneous malignancy, commonest regions of the body, common age groups, sex predominants, and origin of the patients.

CONCLUSION
From this study, we can conclude that the commonest types of skin cancer that presented and treated in Hospital Sultanah Nur Zahirah is the basal cell carcinoma (BCC) which represents 63.79% of the total of 116 patients with predominantly in the age group of 60-79 year old. The 2nd common skin cancer is Squamous cell carcinoma (SCC) which represents 29.3% from the total. The others skin cancers which are Basosquamous, malignant melanoma, and adnexal tumors distribute a small percentage in total. Most of the patients are malay which represents 93% of total this is because Malay people are the majority in Terengganu population. This study will further allow us to analyse in depth about the treatment plan and preventive measures.
TORSION OF WANDERING SPLEEN: A RARE CAUSE OF ACUTE ABDOMEN

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INTRODUCTION
The “wandering spleen” is a rare condition. The spleen “wanders” due to the absence or laxity of splenic suspensory ligaments that normally attaches to the spleen. It results in a hypermobile spleen that “wanders” in the abdomen with an elongated vascular pedicle.

METHODOLOGY
We report a case of torsion of a wandering spleen that presented as an acute abdomen.

RESULT
A 21-year-old nulliparous lady presented with worsening lower abdominal pain for 3 days with fever. She was febrile and tachycardic with a tender vague mass in the lower abdomen upon examination. Blood investigations showed leucocystosis and thrombocytopenia. She was initially referred to the gynecology team and an transabdominal ultrasound showed a mass arising from right pelvis with mixed echogenicity and free fluid in the pelvis. Exploratory laparotomy was performed by the gynecology team with suspicions of ruptured large ovarian tumour or tubo-ovarian abscess. Her gynecological organs were normal and the surgical team was referred on table with the findings of splenic torsion. There was a 15 x 15cm ectopic spleen at the right iliac fossa with torsion of the vascular pedicle causing splenic infarct. Other organs were normal. A splenectomy was performed in view of the infarcted spleen. She made an uneventful recovery and was discharged after given triple vaccination. Histopathological report revealed an infarcted spleen and accessory splenunculi with no evidence of granulomas, parasites, vasculitis, or malignancy.

CONCLUSION
Torsion of a wandering spleen is a rare cause of acute abdomen. Splenectomy is indicated in cases of splenic infarct. Otherwise, splenopexy is the treatment of choice in uncomplicated wandering spleens.
Since 1982, Aagard and Jensen have reported that patency of the umbilical vein (round ligament of the liver) occurs in about 9% of the patients with portal hypertension. At birth, clamping of the umbilical cord drops the pressure in the ductus venosus, leading to its closure, which eventually become obliterated to form the ligamentum teres at the free edge of falciform ligament of the liver. However, double pathology of an infected urachal cyst together with patent ligament teres is a rare entity and yet to be reported elsewhere. We report a case of 16 year-old Malay girl, presented with three-day history of fever, periumbilical pain and pus discharge from the umbilicus. Clinically, there is a circumscribed area of inflammation, about 3cm around the umbilicus with a high total white cells count. Ultrasonography showed presence of intraperitoneal hypoechoic lesion measuring 1.9 x 3.1cm in size. Surgical exploration was done after 72 hours of conservative management. Intraoperatively, there is a small cyst with lower tract connected inferiorly to the bladder and upper tract connected to the liver. Histopathology examination confirmed an inflamed urachal cyst. Urachal anomalies are rare clinical entities and asymptomatic urachal sinuses persisting into late adulthood are even rarer. Infected urachal remnant should be kept as differential in patients with umbilical discharge and inflammation. Correct diagnosis with multimodality imaging and complete surgical resection is recommended to prevent subsequent re-infection or malignant transformation.
COLORECTAL SURGEON HAS SIGNIFICANT LOWER ANASTOMOSIS LEAK RATE AFTER COLORECTAL CANCER SURGERY: 3 YEARS EXPERIENCE FROM SARAWAK GENERAL HOSPITAL

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INTRODUCTION
Anastomotic leaks are among the most dreaded complications after colorectal surgery. It can give rise to significant morbidity and even mortality (delayed detection and intervention), delayed in recovery and starting adjuvant therapy and worsen the prognosis.

MATERIAL AND METHODS
Patients with intestinal anastomosis after surgical resections for colorectal cancer were extracted from the prospectively collected Colorectal Cancer Database of Sarawak General Hospital from 2015 to 2017 were analysed. The factors affecting anastomotic leak were analysed using SPSS version 21.

RESULTS
A total of 260 patients were included in the analysis. Median age was 63 years old (range: 28-90 years old). Leaks occurred in 20 patients (7.7%). Median time of diagnosis was 5 days (range: 3-11 days) post-operatively. 17 patients had surgery done under elective setting (7.7%, n=220); while three patients had anastomosis leak after emergency surgery (7.5%, n=40). The Anastomotic leak rate was highest for left hemicolectomy (2/12 or 16.6%); followed by right hemicolectomy (6/71 or 8.45%); and anterior resection (12/178 or 6.74%). Colorectal surgeon had significant lower leak rate (7/183 or 3.8%) as compared to general surgeon (13/78 or 16.6%). All leaks were diagnosed clinically and confirmed radiographically. Contrast enema correctly identified only 1 of 4 leaks, whereas CT correctly identified all of the leak cases. One patient (4.76%) had his leak diagnosed only after readmission. All patients had re-operation and fecal diversion. Six patients (28.5%) required ICU admission with one mortality (4.76%). From multi-variate analysis, anastomotic leak was strongly affected by surgeon factor (p<0.001) and type of surgery (p<0.079).

CONCLUSIONS
Diagnosis of anastomotic leak required high index of suspicious. CT scan is the preferred diagnostic modality. All anastomotic leaks required re-operation, fecal diversion and highly likelihood of ICU admission and may lead to mortality.
GOUTY PANNICULITIS IN AN UNUSUAL LOCATION: A CASE REPORT AND LITERATURE REVIEW

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INTRODUCTION
Gout is an inflammatory arthritis caused by the deposits of monosodium urate (MSU) crystals in the synovial fluid, and associated with hyperuricemia. The tophus is the cardinal feature of advanced gout. Tophi usually are found in periarticular tissues. However many unusual localizations have been described, like head and neck etc. the current report presents a case of left gluteal gouty panniculitis, which is an unusual presentation of gout.

METHODS
This was a 39 years old gentleman, known to be chronic tophaceous gout, who presented with bilateral gluteal swelling for 1 year duration with discharge from left gluteal swelling for 2 days. Clinical examination revealed multiple gouty tophi over elbows, knees and bilateral podagra. Left gluteal swelling appeared to be 10cm x 8cm, ruptured with chalky white material with purulent discharge seen. He underwent saucerization of left gluteal infected gouty tophi and culture yield Staphylococcus aureus. Histology of left gluteal tissue revealed abscess in a background of gout.

DISCUSSUION
Gouty panniculitis belongs to differential diagnosis in gout patients with subcutaneous tissue lesions of any location. It represents an unusual clinical manifestation of gout, characterized by the deposition of MSU crystals in the lobular hypodermis. It is an extremely rare presentation, with limited reported cases to date.

CONCLUSION
Subcutaneous tissues may be affected by inflammatory processes due to hyperuricemia and gout. Gouty panniculitis should be considered in patients known to have long - standing hyperuricemia and gout with nonspecific subcutaneous erythematous nodules. Such case preferably treated medically, but surgical intervention might be needed in case of infected or ruptured nodules.
ANGIOLYMPHOID HYPERPLASIA WITH EOSINOPHILIA (AHLE): A CASE REPORT

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Angiolympid hyperplasia with eosinophilia (ALHE) is a rare disease considered as been a vascular malformations whose etiology remains uncertain. It clinically presents itself with group papules, or nodules mostly affects the skin of the head of women between 20-40 years. We describe a case of a 37 year old female with multiple nodular lesion at scalp mimicking angiosarcoma ; the histological examination was consistent with ALHE.
DUAL BREAST PATHOLOGIES: A RARE ENTITY OF INVASIVE LOBULAR BREAST CARCINOMA WITH PRIMARY BREAST SARCOMA

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INTRODUCTION
Worldwide, breast cancer is the most recurrently diagnosed life-threatening cancer in women. Admittedly most breast cancers are adenocarcinomas, however a lesser seen entity i.e-primary breast sarcomas may also arise from mammary gland mesenchymal tissue. Incidence of concurrent breast carcinoma and primary breast sarcoma are uncommon, accounting for less then one percent worldwide.

CASE REPORT
Our experience here entails a rare case, of a 58 year old female, with dual pathologies, that of a co-occuring left breast sarcoma and right breast lobular carcinoma. She presented with a two year history of a fungating large left breast mass measuring 15 by 10 centimetres and a suspicious right breast lump, initial imaging showed suspicious bilateral lesions, a pre-operative biopsy sample returned as a left malignant phyllodes tumour occurring with a right invasive breast carcinoma. A review of a pre-operative CT Scan showed involvement of the pectoralis muscles as well as the 7th rib. A radical left mastectomy with rib resection and a right mastectomy with axillary clearance was performed. Histopathology of operative sample subsequently revealed a left primary sarcoma of the breast with a right invasive lobular carcinoma with nodal involvement.

DISCUSSION
Due to the rarity of primary breast sarcoma, even more so in a combination with epithelial breast tumors, optimal treatment remains controversial. We aim to discuss a number of diagnostic and therapeutic issues considering the poor prognosis associated with both malignomas.

CONCLUSION
In primary breast sarcoma, adequate surgical tumor excision, tumor grade, and tumor diameter seem to be the most important prognostic factors. A careful deliberation of adjuvant therapy as a follow up to successful surgery is paramount.
FEMORAL HERNIA; DILEMMA FOR BEST SURGICAL APPROACH

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Femoral hernia is one of the types of abdominal hernia. It is relatively uncommon. However patients usually present with complications. There were considerations that need to be made as to which surgical approach is the best for patients with regards to their presentations. For this study, we analyze case notes of patients which underwent femoral hernia repair from January 2016 till March 2018.

OBJECTIVES
We would like to share our experiences regarding appropriate surgical approaches for femoral hernia repair along with their advantages and disadvantages.

RESULTS
There were 12 patients underwent surgical femoral hernia repair from Jan 2016 till March 2018. However, we were only able to trace 10 out of the 12 patient folders. From the 10 patients, 7 were female and only 3 were male. Age ranges from 61 to 96 years old. Among them, 5 were Malay, 3 Chinese and 2 Indian. 8 of the patients went in for emergency operation as they presented with signs and symptoms of strangulations and the rest were elective cases (2). For surgical approaches, there were 3 patients underwent Lockwood procedure. Then, there were 2 patients each for Midline Laparotomy, McEvedy and Lotheissen procedure. Lastly there was 1 patient that went in for laparoscopic repair.

DISCUSSIONS/CONCLUSION
There were several surgical approaches for femoral hernia repair, however the clinical presentation dictates its best surgical approach. They usually present with a complication ranging from irreducibility to gangrenous bowel perforation. Our statistic has shown these in similarity. If there is no complication suspected, Lockwood and Lotheissen procedure is a good surgical option. In the presences of complications, McEvedy approach or Midline laparotomy should be in consideration as complex bowel operation might be needed.
AXILLARY LYMPH NODE INVOLVEMENT IN PHYLLODES TUMOR: THE ONGOING DEBATE (A CASE REPORT & LITERATURE REVIEW)

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INTRODUCTION
Phyllodes tumor (PT) of the breast is rare and constitute less than 1% of all breast tumors. These tumors are known to spread hematogenously and nodal spread is very unusual hence routine axillary lymph node dissection is not recommended. There’s ongoing debate regarding the axillary lymph node involvement, whether is it nodal spread or locoregional spread/recurrence. In our literature search, axillary node involvements were reported up to 5% of PT. Here we report a rare case of PT with axillary lymph node involvement.

CASE REPORT
A 49 years old lady presented with left axillary mass. She has previously undergone left mastectomy in a private medical establishment for large left breast mass. Histopathology report of the specimen revealed features of borderline phyllodes tumor with no lymphovascular permeation seen and nearest margin is 1mm away. Patient refused adjuvant chemotherapy. About six month later she presented again with a left axillary mass measuring 5 x 5cm. Imaging studies (CT and MRI) showed enhancing mass suspicious of metastatic lymph node. Left axillary lymph node dissection was done at our centre. Microscopic examination showed spindle cells that display moderate nuclear pleomorphism. In comparison, stromal elements in the primary tumor were of similar morphology as the spindle cells seen in the current excision. It was concluded as metastatic sarcoma most likely arising from the primary breast phyllodes tumor. Radiotherapy was offered again, to which she relentlessly refused. She is currently under surveillance follow up.

CONCLUSION
PT, with axillary lymph node involvement presents unique diagnostic and therapeutic challenges. Considering its rarity, such cases are best dealt with a multidisciplinary team approach.
JEJUNAL PATCH OF HUGE PERFORATED DUODENAL ULCER: A CASE REPORT

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INTRODUCTION
Since the experimental report regarding the jejunal serosal patch procedure by Koboldin in 1963, authors have reported its use with encouraging outcome. The main objective of this paper is to share our experience in managing a huge perforated duodenal ulcer with this technique.

CASE REPORT
A 53 years old lady with underlying hypertension and hyperthyroidism presented with abdominal pain for 5 days associated with passing out melenic stool. Her abdomen is guarded, per rectal examination shows old melena. Chest xray reveal air under diaphragm. She was posted for on table OGDS and exploratory laparotomy. OGDS shows Forrest 2C ulcer at D1. Intraoperatively noted perforation at anterior of D1 measuring 3 x 2cm which was partially abutted by left lobe of liver. Site of perforation patched using jejunal serosal patch procedure. Ryles tube inserted with tip at D3. Post operation she was kept nil by mouth for 5 days and was started with total parenteral nutrition. She was then gradually allowed to take orally. Patient was discharged well on day 14 post operation with a plan to repeat OGDS in 3 month time.

DISCUSSION
Thirty-day operative mortality for emergency operation for perforated ulcer is 12%. Laparotomy with omental patch is the treatment of choice if the perforation is small. In large perforation, this hole is difficult to close adequately using omental patch. There are few operative technique available and jejunal serosal patch is one of it with encouraging outcome.

CONCLUSION
Jejunal serosal patch procedure gives a good outcome for huge perforated duodenal ulcer.
INTRODUCTION
Varied treatment modalities have been tried to treat hemorrhoids with conventional Milligan-Morgan haemorrhoidectomy being commonly done procedure as it provides permanent relief, however it is associated with several immediate post-operative complications. Hence this study we compare the outcomes of conventional method with new approach.

OBJECTIVE
To compare the outcome of stapled hemorrhoidopexy with that of the Milligan-Morgan technique.

MATERIALS AND METHODS
Prospective study conducted on 186 patients, 93 stapled and 93 open with a follow up period was minimum of 1 month and maximum was 2 years. The two groups were compared for duration of surgery, hospital stay, cost of treatment, return to work and post-operative complications.

RESULTS
The stapled group had statistically significant (P<0.001) less per operative bleeding shorter duration of surgery, less post-operative pain and hence need for analgesia. The time taken for the patients to first post-operative defecation, post-operative hospital stay and duration to normal activity was significantly lesser (P<0.001) in the stapled group compared to open group.

DISCUSSION
On comparing with various other studies our study also shows that stapler hemorrhoidectomy has statistically significant lesser immediate post-operative complications than open method and there is no difference in the long term complications.

CONCLUSION
Stapled hemorrhoidopexy is a safer alternative to open hemorrhoidectomy with many short-term benefits.
INTRODUCTION
Cutaneous scarring remains the pathognomonic feature following burns and characteristically becomes the key for post-burn physical and psychosocial morbidity. The most common cicatrix formed following burn is hypertrophic scar, which has been reported as high as 70%. The greatest challenges in burn rehabilitation relate to decreased quality of life and delayed reintegration into society resulting from post-burn scar. Following cutaneous injury, the defect is healed through creation of a scar, with linear collagen deposition lacking the flexibility of non-injured skin. Deposition of excess collagen results in pathologic scar that is thick, non-pliable, itchy, and most of the time painful. Advancement techniques in acute burn care enable patients to survive massive burns with minimal degree of disability. The approach for scar modulation varies either non-surgical or surgical intervention. In austere environment with very limited resources and logistic issues, we opted for surgical reconstruction for a long-standing hypertrophic burn scar.

CASE REPORT
Here, we reported a case of 9-year old refugee girl who had scalded burn over her left inner upper limb, chest wall & flank when she was 2-year old. Unfortunately, due to no access to medical treatment back in her country of origin, the wound was left untreated and healed with extensive hypertrophic scar adjoining the upper limb and lateral chest wall & flank, forming thick web with no residual range of movement of the left arm. We performed reconstructive Z-plasty for the upper limb, chest wall & flank, and V-plasty for the axilla reconstruction. The outcome was relatively good, with maximum shoulder abduction of 75 degrees due to contracted serratus anterior muscle. Wound healed well with minimal sub-dermal necrosis that did not require surgical revision.
PRIMARY ADULT CAECAL LYMPHOMA WITH KRUKENBERG TUMOURS

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INTRODUCTION
Primary colonic lymphoma is an extremely rare entity comprising 0.2-1.2% of all colonic malignancies, with only 10-20% occurring in the caecum. The most common variety is non-Hodgkin’s lymphoma (NHL) of diffuse large B cell type (DLBCL). Secondary involvement of the ovaries from primary caecal NHL in an adult patient has never been reported. Herein, we present a case of primary adult caecal lymphoma with Krukenberg tumour of the ovaries.

CASE REPORT
A 50 year-old lady with no co-morbidities, presented with right colonic mass suspicious of lymphoma from colonoscopic biopsy, and synchronous right ovarian mass on imaging. While awaiting definitive management, she developed caecal tumour perforation. Emergency laparatomy, right hemicolectomy and bilateral salphingoophorectomy were done. Histopathologic examination of the specimen revealed DLBCL of the caecum with metastases to both the ovaries. Post-operatively, patient recovered fully without complications, and was planned for chemotherapy.

DISCUSSION
Twenty percent of extra-nodal NHL can occur in the gastrointestinal tract, but accounts for only 0.1-0.5% of all malignant tumours of the colon. A literature search revealed only one reported case of primary caecal lymphoma with ovarian involvement in a paediatric patient. Although the exact mechanism remains unknown, we postulate that metastasis to ovaries occurs due to retrograde lymphatic spread of neoplastic cells. The rarity of the disease itself, coupled with the non-specific presentation, can make early diagnosis and optimal treatment challenging to clinicians worldwide, often leading to complications such as intestinal obstruction, bleeding, perforation and intussusception. Intestinal perforation is an important prognostic factor, as, when it occurs, mortality is as high as 61%.

CONCLUSION
Early surgical intervention in suspected caecal lymphoma with ovarian involvement is essential to avoid complications and poor prognosis.
REDUCING THE NUMBER OF BREAST CANCER DEFAULTERS

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OBJECTIVE
Breast cancer is the most common cancer among Malaysian women. Data from the National Cancer Registry of Malaysia shows, 1 in 20 women will develop breast cancer in their lifetime. With 30-40% of patients presenting at a later stage (Stages 3-4), the survival rate is a devastating 49%. A main determinant factor of survival from breast cancer is awareness, which is lacking in Malaysian women causing them to default treatment. The objective of this study was to overcome the problem of breast cancer defaulter thus improving the morbidity and mortality rate.

METHODS
Breast cancer patients were identified via retrospective review of pathology reports and patients were then called. They were then interviewed using questionnaires where reason for defaulting was identified. A group discussion was then done where an independent tracing system was generated and breast cancer awareness campaigns were organized.

SUMMARY OF RESULTS
The main reasons patient defaulted were due to fear of treatment, logistic issues, preference to complementary/alternative medicine and no defaulter tracing. Remedial actions such as implementing a defaulter tracing system, home visits, and breast cancer awareness campaigns proved to be successful as the number of defaulters of 21% in the year 2014 was reduced to 13.7% in 2016 and subsequently 7% in 2017.

CONCLUSION
Breast cancer defaulters are a national burden. This is because being the most common cancer in Malaysian women, defaulters will present at a later stage increasing the morbidity and mortality. Fear of treatment can be attributed to the lack of understanding of the disease and lack of a tracing method to identify defaulters further worsens this calamity. Our tracing method have proven to be effective in identifying them and breast cancer awareness programs done have proven to increase awareness in the population consequently reducing breast cancer defaulters.
CHRONIC VENOUS INSUFFICIENCY CASES PRESENTING TO HOSPITAL TENGKU AMPUAN AFZAN KUANTAN

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INTRODUCTION
Chronic venous insufficiency (CVI) is one of the most common prevalent disease in the world which been frequently unrecognized and underestimated. Chronic venous insufficiency is a progressive disease which includes changes resulting from dilatations of veins of lower limbs, incompetence of valves and venous hypertension.

OBJECTIVES
To identify CVI cases presenting to clinic based on CEAP classification, age, gender and ethnicity.

METHODS
Retrospective study for CVI cases presenting to Vascular clinic at HTAA from 1st June 2017 till 31st December 2017. All patients with CVI aged 18 years and above without any surgical intervention for chronic venous diseases will be included in this study once consented.

RESULTS
A total of 100 patients were recruited. 56% of patients were male. The mean age was 57. 53% were Malay. 40% of patients were C3, 27% were C2, 23% were C5 and 5 % each in C1 and C6.

DISCUSSION
This study shows majority of patients in our population presenting at late stages as other developing countries. Majority were more than 50 years, male and Malays. We need to educate our population in order for them to seek early medical treatment at early stages.

CONCLUSION
Our population present at later stages. We need to educate and raise awareness among our population, health care professionals and health care authorities. Treatment at early stages can reduce socioeconomic burden and better quality of life. Therefore, our population needs to be aware of seeking medical treatment at early stages.
SEMINOMA AS CAECAL TUMOUR

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INTRODUCTION
Seminoma is the most common germ cell tumour of testis with highly associated with undescended testis or cryptorchidism. Undescended testis can be found at inguinal canal, retroperitoneal or perineum. Major complications of undescended testis will be infertility & malignancy.

CASE PRESENTATION
We report a 56 years old Malay male with no medical illness presented with right iliac fossa pain for 5 days. He is married for 20 years with no children. No family history of malignancy. Abdominal examination revealed right iliac fossa tenderness with both testis not palpable in scrotum. Lab investigations was normal. Patient posted for open appendicectomy. Intraoperatively, noted huge caecal mass and converted to laparotomy & right hemicolectomy. HPE reported as Seminoma. Ultrasound revealed left inguinal oval structure. We proceeded with left inguinal exploration & high ligation orchidectomy. HPE left testis reported as cryptorchidism & no malignancy.

DISCUSSION
Seminoma can be classified into classical, anaplastic & spermatocytic. Associations of seminoma are cryptorchidism, familial history or a previous germ cell tumour & oligospermic infertility. Cryptorchidism is the strong risk factor for seminoma. Undescended testis can be found in the retroperitoneal, inguinal canal, skin over thigh, perineum/ectopic. High intraabdominal temperature is the cause of carcinogenesis in the testis. Our patient had right iliac fossa pain. Acute torsion with infarction of an intraabdominal undescended testis is a rare cause of an acute surgical abdomen, usually misdiagnosed as acute appendicitis. Initially, we were thinking of acute appendicitis. However, intraoperative findings of caecal mass had change our decision to right hemicolectomy. Surgical resection and chemoradiation increases the prognosis. Prophylactic orchidectomy of contralateral testis preferred as 5-20% risk for malignancy.

CONCLUSION
We can conclude that undescended testis or cryptorchidism which had lead to the development of seminoma of caecal wall. We need to keep in mind of this rare possibility of acute abdomen in undescended testis.
ANTERIOR ABDOMINAL WALL ABSCESS AS A COMPLICATION OF PERFORATED APPENDIX: A CASE REPORT

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Appendicitis continues to be a challenging surgical problem. Some patients present late with atypical presentations. The diagnosis of appendicitis is often difficult to establish and there are increased rate of perforation and mortality. Complications like appendiceal abscess, pelvic abscess are well known but anterior abdominal wall abscess is not common. We present a case of a perforated appendix presenting as an anterior abdominal wall abscess in the right iliac fossa. A 46-year-old Malay man presented with painful right iliac fossa swelling for 1 month. We subjected this patient for surgery since the findings by clinical and radiological evidences were towards a perforated appendix complicated with anterior abdominal wall abscess. The patient underwent an emergency diagnostic laparoscopy + appendicectomy + incision and drainage of abdominal wall abscess + peritoneal washout under general anesthesia. The operative findings were consistent with our suspicion. The perforated appendix was extending into the anterior abdominal wall, forming a large abscess above the rectus and external oblique aponeurosis. Post operatively, the patient recovered well and was discharged home. In conclusion, the anterior abdominal wall abscess is a rare presentation of an inflammatory process like appendicitis. Late presentation by patients can lead to perforation of appendix, appendicular phlegmon and its extension to anterior abdominal wall as abscess. Early clinical suspicion and confirmation by ultrasound or CT scan can lead to early surgical intervention and avoid morbidity.
LAPAROSCOPIC TEP HERNIOPLASTY: A SINGLE CENTER EXPERIENCE

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OBJECTIVE
We conducted a study between May 2015 until November 2017, looking the outcome in terms of postoperative pain, seroma, hematoma, surgical site infection and recurrence in Laparoscopic TEP hernioplasty which was done in our centre.

METHOD
Data entry and collection was done using laparoscopic TEP proforma. Analysis was done using Microsoft Excel format.

RESULTS
A total of 33 cases of laparoscopic TEP hernioplasty were performed using Optilene mesh and combined fixation glue and tackers in multiethnic group. Upon discharges, 6 patients had groin pain (18%). For chronic pain, 7 patients experience it at 6 weeks (21%) including 5 with glue fixation, 1 with tacker fixation and another 1 with both glue and tacker fixation. 6 patients at 3 month (18%) including 5 with glue fixation and single patient had both glue and tacker fixation. Only 2 patients (6%) had seroma upon discharges and 1 (3%) experienced it at 6 weeks. 2 (6%) patients had post op hematoma upon discharges, 5 (15%) and 6 (18%) had it at 6 weeks and 3 month follow up respectively. Out of them, majorities resolved by conservative treatment and there was only 1 patient required surgical exploration. No incidence of urinary incontinence and surgical site infection reported. Eventually, only one patient had recurrence. (3%)

CONCLUSIONS
The outcome of laparoscopic TEP hernioplasty in our centre is comparable with standard practice elsewhere. Interestingly, although statistically insignificant, we found that incidence of chronic pain in glue mesh-fixation was slightly higher than previous reported studies.
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 compared to FL.

**MATERIAL AND METHODS**
A prospective 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 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. Two of them had abnormal FL, give the sensitivity and specificity for hoarseness of voice is 50% and 86.1% respectively. One (2.5%) patient had unproductive cough give the sensitivity of 25% and specificity of 100%. No patient experience chocking in this study.

**CONCLUSION**
Clinical Assessment is as reliable as Flexible Laryngoscopy. Absence of Clinical Assessment reliably predict normal vocal cord function. Therefore we suggest routine post-op flexible laryngoscopy is not necessary.
IMRIE VS SIRS SCORE IN PREDICTING ORGAN FAILURE IN ACUTE PANCREATITIS

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BACKGROUND
Severity of acute pancreatitis is determined by presence of organ failure. Early identification of organ failure will lead to early referral to the intensive care unit for organ support, which may improve patient outcome. We aim to compare Imrie and SIRS scoring systems in predicting organ failure in acute pancreatitis.

METHODS
A prospective observational study was performed at the University of Malaya Medical Centre (UMMC) and Penang General Hospital (PGH). Clinical data of patients diagnosed with acute pancreatitis based on Atlanta classification were obtained and analysed. Patients were assessed using both Imrie and SIRS scoring systems to determine and predict disease severity. Both scoring systems were further compared with the Modified Marshall Score to determine organ failure. Primary endpoint was to assess whether Imrie or SIRS score is better in predicting organ failure.

RESULTS
From 2014 to 2016, 268 patients were included in this study. There were 93 (34.7\%) and 113 (42.2\%) patients predicted to have severe pancreatitis with Imrie and SIRS respectively. The Area Under the Curve (AUC) of Imrie score for predicting organ failure in acute pancreatitis was 0.760 (95\% CI:0.691-0.760) and of SIRS score 0.690 (95\% CI:0.617-0.690) with P-value 0.001. In addition, Imrie and SIRS score had positive predictive value of organ failure 53.8\% and 42.5\% respectively.

CONCLUSION
In this study, the Imrie scoring system conventionally used in most Malaysian hospitals showed better predictive value in determining organ failure in acute pancreatitis when compared with SIRS scoring system, which was recommended by the IAP/APA Guidelines although SIRS score was deemed easier in its implementation. However, the difference between the performance of both scores is small. Hence, SIRS score can be used in our local practice where medical resource is limited especially in district and secondary hospital.
PERFORATED SIGMOID COLON SECONDARY TO LOCAL FRUIT, ‘BUAH SENTUL’ INGESTION: A CASE SERIES

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INTRODUCTION
Sentul of its scientific name Sandoricum koetjape is a type of fruit which was commonly found in Thailand, Malaysia and Indonesia. Besides eaten fresh, it can also be made as chutneys and pickles. Here we are writing of case series of perforated sigmoid due to ingestion of Sentul seed.

CASE REPORT
51 years old male presented with complained of lower abdominal pain for 2 days durations which was associated with abdominal distention, obstipation and vomiting. Otherwise no altered bowel habits or family history of cancer. Clinically abdomen was distended and peritonitis. Abdominal x-ray showed dilated large bowel. He underwent emergency Anterior Resection + covering ileostomy and intraoperatively, there was sigmoid perforation with multiple foreign bodies (Sentul seed).

Another case was 65 years old male presented with 1 day history of abdomen pain which was sudden and dull aching in nature. Otherwise no vomiting no altered bowel habits, able to defecate and pass flatus. Clinically abdomen was peritonitis and he underwent emergency sigmoid colectomy with end to end anastomosis with covering ileostomy. Intraoperatively there was sigmoid perforation with Sentul seed seen.

DISCUSSION
Sentul is a ball shaped fruit ranging from 5-7cm in diameter. It is one of the local delicacy in Kelantan and mostly eaten by elderly people. Each year we received 2-3 cases of Sentul seed ingestion. Foreign body perforation of a bowel is a rare event, since the majority of ingested objects pass through the gastrointestinal tract without problem. An accurate and detailed history is important in making up to the diagnosis.

CONCLUSION
Perforation of bowel due to foreign body is a rare event and delayed in diagnosis could lead to increased mortality to the patient.
Gastrointestinal stromal tumors (GISTs) which represent 1% to 3% of all gastrointestinal tumors, are the most common mesenchymal tumors. Clinical presentation varies from an incidental radiological finding to cases of intestinal obstruction and upper or lower GI bleeding. There are also case reposts of GISTs presented as palpable abdominal mass. Here a case report of small bowel GIST which presented as an acute intestinal obstruction is discussed.

A 58 year old Malay male presented to casualty with sudden onset of generalized abdominal pain and distension for three days. Patient was also unable to pass motion and flatus. On examination patient was dehydrated, but vital signs were stable. Abdomen was distended with generalized tenderness. However there was no sign peritonism. Patient underwent emergency laparotomy and intra operatively noted a mass measuring 10cm x 8cm at jejunum 30cm from Duodenojejunal flexure causing obstruction. Tumor resected and end to end anastomosis of small bowel performed. Histopathological examination showed the small bowel tumor was GIST. Mitoses were 11 per 50 high power fields, immunohistochemically, the tumor cells were positive for CD 117 and DOG-1. These findings were compatible with high risk for recurrence.

The curative intent in the treatment of GIST is operative excision with a clear margin, R0. The size of the tumor and its mitotic activity are the risk factors which determines the prognosis. Adjuvant therapy with Imatinib should be reserved only for patients having significant prognostic indicators for disease recurrence.
CHARACTERISTICS OF ULTRASONOGRAPHY IMAGINGS ON CLINICAL FINDING OF BENIGN BREAST TUMOR AT SANGLAH GENERAL HOSPITAL ON PERIOD OF JANUARY 2015 - DECEMBER 2015

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Breast tumor is a non-infectious disease that has a fairly high mortality rates around the world. Early detection tool of breast tumors that are commonly used nowadays is ultrasound. The importance of knowing the characteristic imaging benign breast tumor by ultrasound, is expected to facilitate the identification, treatment plan development and reducing mortality from breast tumors. This study aims to determine the characteristics of an ultrasound imaging of patients with benign breast tumors.

The design of this study was a descriptive cross sectional, which was conducted with total of 51 patients with 102 samples from both right and left breast. The data used is secondary data from medical record extraction results that have met the inclusion and exclusion criteria of this study.

The results of this study are 78.4% patients showed solid masses image based on the characteristics of the mass which were, 86.5% patients were did not shown an imaging of calcifications sign, 94.6% patients showed a normal picture based on cutis and subcutis tissue characteristics, 94.6% patients provide a normal picture from echoparenchym characteristic, 73% patients showed an image that indicate there wasn’t any enlargement of the axillary nodes of the patient from the axillary nodes characteristics, 46% patients get an overview of irregular edges based on the edge of the tumor characteristics, from overview of tumor boundary characteristics known to as many as 67.6% patients showed circumscribed image, while 64.7% patients showed hypoechoic image based on echogenicity imaging characteristics.

Further research needs to be done related to the characteristics of the ultrasound imaging results in similar patients with a larger sample, more variables, and in the wider scope research area. The data that needs to be used in further research is highly recommended to use the primary data.
SMALL BOWEL ADENOCARCINOMA; A DIAGNOSTIC CONUNDRUM

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INTRODUCTION
Small bowel adenocarcinoma is a rare malignancy of the gastrointestinal tract. It is usually asymptomatic in the early stages. Thus, the diagnosis is often delayed, with consequent of poor prognosis.

CASE REPORT
65 years old gentleman presented with 2 months history of suprapubic and back pain but with no alteration to bowel habit. Previously he had multiple visits for non-specific abdominal pain which was treated as gastritis. Clinically, there was localized tenderness and hard suprapubic mass. CEA was 175.3. CT scan revealed an intraabdominal mass with contained perforation and bone metastasis. Patient underwent exploratory laparotomy. Intraoperatively finding revealed a perforated small bowel tumor 70cm from terminal ileum with no involvement with large bowel or rectum. Segmental resection and primary anastomosis was done. Histopathology as poorly differentiated adenocarcinoma. Post-operatively patient had unremarkable recovery. Patient underwent palliative chemotherapy but passed away mid-treatment.

DISCUSSION
As with a number of bowel cancer, small bowel adenocarcinoma is usually asymptomatic. When it causes symptoms, it is often presented as non-specific abdominal pain, which can easily be misdiagnosed as with our case. This is likely due to mobility of small bowel, unlike other structures of the peritoneal cavity. Plus, due to its length, attempting to diagnose early stages of distal small bowel cancer is such a challenge. CEA has been shown to be raised in small bowel malignancies, and should be considered especially if upper and lower endoscopy is normal. Modalities that can be considered includes capsule endoscopy, CT or PET-CT scan.

CONCLUSION
Diagnosis of early small bowel carcinoma is difficult. Despite each risks, we suggest further investigations for it if CEA level is raised and both upper plus lower endoscopy revealed no abnormalities.
METASTATIC RECTOSIGMOID GIST TUMOUR: A CASE REPORT

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INTRODUCTION
Gastrointestinal stromal tumors (GISTs) are rare lesions that constitute the majority of mesenchymal tumors in the gastrointestinal tract. Within the colon and rectum, they represent 0.1% of all cancers.

CASE REPORT
Mr S, a 56 years old gentleman, chronic smoker with underlying Hypertension and Benign Prostatic Hyperplastic (BPH) presented with left sided abdominal discomfort associated with altered bowel habit and PR bleeding for 6 months duration. He was morbidly obese. Abdomen examination was unremarkable. Colonoscopy showed fungating tumour 20cm from anal verge and biopsy was suggestive of GIST tumour. CT abdomen and pelvis showed circumferential rectosigmoid wall soft tissue mass with local infiltration of the pericolonic fat and multiple liver metastasis. Patient underwent Anterior resection subsequently. Intra-op noted bulky tumor at rectosigmoid junction just above the sacral promontory with multiple liver lesion. HPE showed GIST tumour with clear margin. Immunohistochemical study shows the tumour cells are positive for Vimentin, SMA, CD34, CD117 and DOG1. The tumour cells are negative for CK MNF116, S100 and Desmin. Ki-67 proliferation index is about 15%. Post surgery he was started on Imatinib in view of metastatic GIST Tumour.

CONCLUSION
GISTs are the most common mesenchymal tumors found in the gastrointestinal tract. Radiographic and pathologic evaluations are vital for diagnosis and prognosis of GIST. Surgical resection in combination with tyrosine kinase inhibition is the standard of care for treating patients with GIST.
MECKEL’S DIVERTICULUM IN ADULTS: A RARE PRESENTATION

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INTRODUCTION
Meckel’s diverticulum is a common congenital defects of the gastrointestinal tract which often asymptomatic and considered as childhood disorder. But it can also be diagnosed in adult.

CASE SUMMARY
A case of 51 year old indian lady with underlying hypertension and dyslipidemia, presented with first episode, sudden onset, non radiating, sharp right iliac fossa pain for 1 day with pain score of 5/10. Otherwise no altered bowel habit, no loss of weight or appetite, no fever. Patient has no history of surgery before. On examination, patient is alert, conscious, not septic looking, afebrile. Upon palpation of the abdomen noted tenderness over the right iliac fossa, no peritonitis. Blood investigation noted raised WBC, others unremarkable. Our patient underwent emergency diagnostic laparoscopy converted to open wedge resection of Meckel’s diverticulum and primary anastomosis as intraoperatively noted inflamed, wide base Meckel’s Diverticulum, 80cm from ileocecal junction with slough at the tips. Histopathological examination consistent with Meckel’s Diverticulum with serositis. Post operative follow up noted patient has no more abdominal pain and wound well healed.

CONCLUSION
The clinical manifestation of the complication of Meckel’s Diverticulum may resemble those of many other GI condition. We need to include Meckel’s Diverticulum in the differential diagnosis of patient with abdominal complaints, regardless age, thus, consent for bowel resection need to be obtained prior to the surgery . Laparoscopic surgery is a good approach for patient presented with right iliac fossa pain as it can assess other organ such as ovary, small bowel and other pelvic organ.
INTRODUCTION
A Pseudoaneursym or false aneuryism is a collection of blood leaking from a damaged arterial wall (1). The incidence of iatrogenic pseudoaneursym after femoral artery catheterisation is reported to be up to 1% to 2% (4). Femoral artery is the vessel of choice for most endovascular arterial interventions (2) while iatrogenic pseudoaneursym involving the superficial femoral artery commonly due to percutaneous procedure performed by cardiologist and intervention radiologists (3) and those due to trauma are uncommon.

METHOD
Patient with superficial femoral artery pseudoaneurysm of the femoral artery diagnosed via ultrasonography and computed tomography angiogram from December 2016 till January 2018 in Hospital Umum Sarawak.

RESULTS
A total of 6 patient with superficial femoral artery pseudoaneursym was treated in Hospital Umum Sarawak. Age ranging from 22 years old (youngest) and oldest 77 years old. There is 3 male and 3 female. All patients were subject of a procedure via femoral artery catheterisation. 4 patients underwent surgical intervention and one of it had a PTFE graft done, however 2 other patients was treated conservatively and one of if underwent angiogram and stenting. All patients have a positive results postoperatively with good return of motor function, however one of the patient passed away due to other medical condition.

DISCUSSION
A painful mass over the femoral area should heighten the clinician’s index of suspicion for a possible of pseudoaneurysm. Therefore the early diagnosis is paramount to prevent further complication of the pseudoaneurysm. Although surgical repair was the standard method of management, non surgical methods of treatment have beed developed. From our 6 patient treatment management have been tailored to the patient condition and situation. Therefore superficial femoral artery pseudoaneurysm management depending on individual clinical background, availability of a trained surgeon and facilities or imaging support, and the characteristics of the pseudoaneurysm itself.
INTRODUCTION
The incidence of parathyroid carcinoma in renal hyperparathyroidism is remote at 0.005%. Due to the indolent nature of parathyroid carcinoma and its high preponderance for local recurrence, a high index of pre-operative suspicion of parathyroid carcinoma is of paramount importance. This case report highlights the subtle clinical features seen in our 24-year-old end-stage lupus nephritis patient that were red herring to a possible parathyroid carcinoma diagnosis.

CASE REPORT
A 24-year-old young woman was referred surgical treatment of renal hyperparathyroidism. Pre operative biochemical results revealed hypercalcemia of 3.48mmol/L, markedly elevated intact parathyroid hormone (iPTH) of 486pmmol/L and alkaline phosphatase of 821IU/L. Pre operative neck ultrasound and CT scan both identified a grossly enlarged left inferior parathyroid gland of 2.6 x 2.4cm. A neck exploration was performed and intra-operatively we were able identified four parathyroid glands. Subsequent histology report showed two glands were of hyperplasia morphology with one of the gland (the left inferior parathyroid) identified as parathyroid carcinoma. It was completely excised with no capsular invasion. The other specimen of presumed to be parathyroid tissue was in fact a thymus. Her post operative calcium and iPTH had returned to normal 6 months later.

DISCUSSION
Clinical differentiation of parathyroid adenoma from carcinoma at presentation and its management following a retrospective diagnosis is a challenging discourse among endocrine surgeons. Astute clinical judgments ensure an appropriate planning of surgery either by simple excision or complete en-bloc resection along with ipsilateral thyroid lobe, lymphatic tissues and thymus gland if signs of local invasion is present.

For cases in which the diagnosis was made after a simple excision, especially with presence of invasion to adjacent tissue, re-operative surgery is recommended.
CANDY CANE ROUX SYNDROME: A CASE REPORT

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Roux-en-Y Gastric Bypass Surgery is one of the most common bariatric procedure which has several common post bypass surgery complications such as nutritional deficiencies, development of marginal ulcers, anastomotic leak or strictures. Candy Cane Roux Syndrome is a rare presentation of post Roux-en-Y Gastric Bypass Surgery it may be under reported due to its non-specific presentations. Candy Cane Roux Syndrome is characterized by an excessive length of non-functional Roux limb that is more than 4cm long. Patient may present with non-specific abdominal symptoms such as nausea, vomiting, abdominal pain or GERD. We present the case of 39 year-old female who underwent Laparoscopic Roux-en-Y Gastric Bypass Surgery 2 years ago whom presented with intermittent post-prandial abdominal pain and GERD, which does not resolved with conservative management. An upper GI contrast study shows the preferential flow of the contrast into the redundant blind Roux limb hence the diagnosis of Candy Cane Roux Syndrome was established. Subsequently a revision surgery of Laparoscopic Revision of Roux-en-Y Gastric Bypass with Candy Cane Resection and Hiatal Repair was done, 9cm long Candy Cane redundant limb was resected with stapler, which result in complete resolution of her abdominal pain. The recommendations are resection of the redundant Roux limb more than 4cm should be performed once the diagnosis has been established in symptomatic patients. OGDS and upper GI contrast study are the standard of practice to assess and diagnosed Candy Cane Roux Syndrome. Surgeon should minimize the length of the blind Roux limb during the primary surgery as a preventive measure of Candy Cane Roux Syndrome. Attending team should have high index of suspicion of diagnosing Candy Cane Roux Syndrome due to its non-specific presentation hence the reason behind its under reporting.
THE MANY FACES OF SKIN SQUAMOUS CELL CARCINOMA: CAULIFLOWER GROWTH AT THE BACK OF NECK

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INTRODUCTION
Squamous cell carcinoma (SCC) is the second most common form of skin cancer. It's usually found on areas of the body damaged by UV rays from the sun or tanning beds.

CASE STUDY
Here we presented an 54 years old male with swelling over nape of neck since birth, progressively increasing in size past 1 year, associated with contact bleeding. Lesion bears a size of a tennis ball, with cauliflower like growth with multiple keratotic spikes. Patient underwent incision biopsy at first, and histopathology showed epidermal inclusion cyst. Subsequently patient underwent wide local excision despite finding of histopathology, and the resected specimen showed well differentiated squamous cell carcinoma. Resected margin clear. Patient was referred to Oncologist for further management.

DISCUSSION
The initial presentation of cutaneous squamous cell carcinoma (SCC) includes a history of abnormal growth in a sun-exposed area, which in this case coincide with patient occupation as a paddy field worker.

Incidence usually higher after 50 years old. CTCA squamous cell cancer staging include the size, local invasion and lymph nodes involvement. This patient fall in CTCA Stage 2.

Treatment for squamous cell carcinoma depends on the size, location and aggressiveness of the tumor, as well as your personal preferences. Surgery is the primary treatment for squamous cell carcinomas. For SCC with local or distant spread, adjuvant radiotherapy and chemotherapy might be needed.

Invasive SCC has the potential to recur and metastasize. The five-year rate of recurrence of primary cutaneous lesions is 8%, and the five-year rate of metastasis is 5%.

CONCLUSION
SCC presented with multifaceted features, renders diagnosis of this disease becoming more challenging and difficult.
Intussusception is define as telescoping of proximal part of intestine into its distal segment. In children, etiology is mostly idiopathic in the absence of lead point. Patients usually presented with symptoms of intestinal obstruction.

Here we present a case of a 4 months old, term baby boy who presented with 2 days history of fever associated with diarrhea and red current jelly stool and symptoms of intestinal obstruction. Urgent ultrasound abdomen revealed ileocecal intussusception. Our attempts of hydrostatic reduction under US guidance failed. Child underwent laparotomy and manual reduction. During this surgery, it was unveiled that patient had concurrent midgut malrotation. Hence, Ladd’s procedure and appendicectomy was performed after manual reduction of intussusception.

The presence of intussusception with malrotation is known as Waugh’s Syndrome. This was first described in 1911, by Waugh and Lond that intestinal malrotation predispose to intussusception in view of the ascending and descending colon relatively unfixed to posterior wall and it is free which may provoke to ileocecal intussusception. There is no incidence reported however there are 33 published studies reported there is 76 children diagnosed as Waugh’s syndrome. There is one study which reveal about 40 percent of patient noted to have malrotation and intussusception.

Waugh’s syndrome is rarely reported in literature. Incidence is low as cases may go undiagnosed with increasing success in closed reduction method. However, it provides us with a conundrum as to should we correct this malrotation.
PROLIFERATIVE TRICHILEMMAL CYST: BENIGN? MALIGNANT?  
TWO CASES REPORTING FROM HOSPITAL SULTANAH BAHIYAH

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INTRODUCTION
A proliferating pilar tumor (PPT), also known as proliferating trichilemmal cyst, is a rare neoplasm arising from  
the isthmus region of the outer root sheath of the hair follicle. Trichilemmal cysts are common intradermal or  
subcutaneous cysts (5-10%), 2% of these cases will develop into proliferating trichilemmal cysts.

CASE REPORTS
Case No.1: 22 years old Malay gentleman presented with a infected swelling of anterior abdominal wall of  
6cm x 5cm, undergone emergency excision biopsy on May 2016, and specimen sent for histopathology showing  
proliferative trichilemmal cyst with clear margin. Post op patient defaulted follow up.

Case No.2: 81 years old Chinese Lady with growth 8cmx8cm from scalp for 9 months, associated with on/  
off bleeding. Incision biopsy done showed proliferating trichilemmal cyst, at May 2014. Subsequently patient  
underwent wide local excision with split skin graft on September 2014. Histopathology result showing squamous  
cell carcinoma, well differentiated, with no skull and deep margin invasion.

DISCUSSION
PTT is more commonly seen in women, found in areas with excess hair growth. Metastasis from malignant PTT  
is rare. A clinic pathological study divided PPT into three groups based on degree of stromal invasion and the level  
of cellular atypia. Group I - no infiltration of surrounding stroma and minimal nuclear atypia, considered as benign  
tumors; Group II - composed of multiple lobulated and bosselated expansive masses of squamous epithelium and  
filled centrally with amorphous debris and pilar keratin. Group III - invasive, cytologically anaplastic and therefore  
considered malignant. PTT usually confused with squamous cell carcinoma, which is showed in case no. 2.

CONCLUSION
Pillar tumour still remains as rare entity and poorly understood in term of management.
RETROSPECTIVE REVIEW OF METASTATIC BREAST CANCER IN YOUNG FEMALE IN HOSPITAL SULTAN ABDUL HALIM (HSAH)

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INTRODUCTION
The aim of this study is to review the characteristic of breast cancer in young and old age group who were diagnosed with metastatic breast cancer in Hospital Sultan Abdul Halim (HSAH).

METHODOLOGY
103 patients (n=103) who were diagnosed with metastatic breast cancer from our Hospital Database from June 2007 to December 2016 were included in this study. Young female is defined as age of less or equal to 40 years old (≤40 years old) at diagnosis of metastatic breast cancer. The variables were analysed for the characters of breast cancer that might associated with young female. A chi square, Fisher’s exact and Mann-Whitney tests are used.

RESULTS
From the sample, 18 patients (17.8%) are young female. Out of this group, 4 patients are those who are less than 30 years of age (22.2%). The youngest patient diagnosed with metastatic breast cancer from our data is 23 years old. No difference in characteristics of breast cancer found between young and old age group in term of ethnic group, Bloom-Richardson grading system, and presence of lymphovascular infiltration, ER status, PR status, C-erb B 2 status, triple negative tumour and TNM staging during diagnosis.

CONCLUSION
There is no significant difference in characteristics of breast cancer between young and old age group found in this study. This is most probably due to small sample size of the study.
CHRONIC ABDOMINAL PAIN IN ADULT: INTOUSCUEPTION MIGHT BE THE CAUSE

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BACKGROUND
Intussusception is defined as the invagination of one portion of the bowel into an immediately adjacent portion. Intussusception is rare in adult typically caused by a pathologic lead point, frequently involves malignancy, and is rarely diagnosed preoperatively.

CASE REPORT
I had a case of 43 years old Malay lady with underlying stage 2 uterine carcinoma underwent TAHBSO in 2010. She had multiple visits to health centres due to abdominal pain since 1 year ago. Pain is localised at paraumbilical and left lumbar region, aggravated by meal which had been worsening for the past 4 months, associated with loose stool. Otherwise no fever, no vomiting, no loss of weight. On examination, conscious, not septic looking, hydration fair, not anemic, lungs clear, tender at paraumbilical and left lumbar. Initial abdominal x-ray showed dilated small bowels. Chest x-ray no air under diaphragm. Blood parameters within normal limit. Proceeded with Ct abdomen noted ileo-ilia intussuccetion causing small obstruction with suspicion of bowel ischaemia hence proceeded with laparotomy. Intraoperative finding noted there was intussusception, 50cm from ileocaecal junction proximal bowel is dilated and distal bowel collapsed. Unable to reduce the intussusception. Specimen was dissected and noted there is a tumour in the intussuscepted bowel. HPE revealed inflammatory fibroid polyps. Patient upon review during follow up claims no more abdominal pain, already referred to Gynaecology team.

CONCLUSION
Intussusception in adult is rare but the diagnosis is important as it may change our management. Initial diagnosis is delay as adhesion colic is the diagnosis. Patient should be done CT scan first before concluding the diagnosis of adhesion colic as patient had previous history of surgery.
INTRODUCTION
The aim of this study is to determine factors associated with survival rate of metastatic breast cancer in Hospital Sultan Abdul Halim (HSAH).

METHODOLOGY
72 patients (n=72) who were diagnosed with metastatic breast cancer from our Hospital Database from June 2007 to May 2015 were included in this study. The variables were analysed using multiple logistic regression.

RESULTS
From the sample, patients with survival of more than 2 years are 30 patients (41.1%) as compared to patients with survival of more than 5 years; 9 patients (12.5%). Median age for patients whose survival of more than 2 years is 53 years as compared to those who succumb to the disease in less than 2 years, 50.5 years. No factors found to be associated with the survival rate of more than two years or less than two years during logistic regression study namely the ethnic group, Bloom-Richardson grading system, ER status, PR status, C-erb B 2 status, TNM staging and type of metastases.

CONCLUSION
There is no significant associating factors found in this study. This is most probably due to small sample size of the study.
PATTERN AND EARLY TREATMENT OUTCOME OF ABDOMINAL INJURIES IN HOSPITAL PAKAR SULTANAH FATIMAH MUAR

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By the year 2020, 8.4 million of people will die per year from injuries and motor vehicle accidents; and abdominal trauma is responsible for 10% of all the traumatic deaths. With progressing civilization, the profile and pattern of abdominal trauma is changing. This study was conducted to look into the pattern and early treatment outcome of abdominal trauma in our local setting and to compare the data with other available national and international data. This is a prospective and observational study. From 1 February 2017 until 1 February 2018, records of patients with abdominal trauma were collected from the day they were admitted to final outcome of management at discharge or death. Data analysis were done using IBM® SPSS® Statistics Version 22.

Forty-nine patients were admitted with abdominal trauma. The majority was male (87.8%) and Malay (61.2%). Mean age was 31.6 years old (range 3-75). The most frequent type of abdominal trauma was blunt trauma (95.9%); its most common cause was motor vehicle accident (85.7%). The most common associated injuries were chest injuries (44.9%), followed by skeletal and soft tissue injuries (40.8% and 26.5% each). FAST were done on 89.8% of patients, CECT scan (61.2%) and ultrasonogram (18.4%). The liver was injured in 49.0% of patients, spleen 49.0%, bowel 14.3%, and kidney 12.2%. Fifty-one percent of patient had single abdominal organ injured, 16.3% had 2 organs and 24.5% had 3. The majority of patients were treated non-operatively (61.2%). Four patients were transferred to another tertiary hospitals for further management and one requested to be transported to a private hospital. Four patients died of polytrauma (8.2%).

Consistent with previous studies abdominal trauma is commonly associated with other injuries but most can be treated non-operatively. The overall mortality rate among abdominal trauma patients in our series was comparable with other centers.
We presented two cases of xanthogranulomatous cholecystitis following emergency open cholecystectomy that were posted as gallbladder empyema.

Intraoperatively, it was a difficult cholecystectomy that took longer hours of operation that the gallbladder assimilated as a carcinoma one.

We were surprised that the histopathological examination report revealed a xanthogranulomatous cholecystitis, thus that explained the difficulty of the operation however it was a good findings for those two patients.

Hence, we were presenting the disease course and its pathogenesis with the reference to worldwide data.
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.
A RARE ENCOUNTER OF MALIGNANT SOLID PSEUDOPAPILLARY NEOPLASM WITH METASTASIS AND RECURRENCE

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INTRODUCTION
Solid pseudopapillary neoplasm (SPN) is a rare neoplasm of the pancreas. It has a wide variability and indeterminate nature of behavior which are poorly understood, some have quoted as saying it’s a benign neoplasm with malignant potential. SPN usually shows an indolent behavior, only rare cases recur and/or metastasize after complete resection.

CASE REPORT
This is a case of metastatic and recurrent SPN in a 30-year-old Chinese lady with a history of SPN of distal pancreas, diagnosed in 2001 (14-year-old), she underwent distal pancreatectomy and splenectomy in 2001. Subsequently in 2003, right hemihepatectomy was performed for her due to liver metastasis. She was well with no symptom but a screening CT 3 phase of liver in 2018 showed evidence of recurrent metastatic lesions at segment IV and III. Decision was made and an elective metastasectomy performed with findings of soft tumours at segment IVb and III. Histopathology’s report of the resected tumours was metastatic solid pseudopapillary neoplasm at segment IVb and focal nodular steatosis at segment III. Patient had an uneventful postoperative recovery and well until follow-up at our clinic.

DISCUSSION
SPN is a rare pancreatic neoplasm with fewer than 1000 cases reported in literature. It occurs mainly in women (85-90%) in the second to fourth decades of life. Many SPNs are incidentally found on diagnostic imaging for unrelated diseases. A recent study has shown that in asymptomatic patients, SPN comprises up to 9% of pancreatic incidentalomas. Although usually benign, it can be aggressive with invasion of local structures and even metastatic potential (10% to 15% of patients). Distant spread occurs most commonly to the liver and peritoneal cavity.

CONCLUSION
Due to its poorly understood, unpredictable natural history of disease and biological features, SPN need to be follow-up closely and diligently.

REFERENCES
A 2 YEARS EXPERIENCE OF SARAWAK GENERAL HOSPITAL, SUPERFICIAL FEMORAL ARTERY PSEUDOANEURYSM

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INTRODUCTION
A Pseudoaneursym or false aneurysm is a collection of blood leaking from a damaged arterial wall (1). The incidence of iatrogenic pseudoaneursym after femoral artery catheterisation is reported to be up to 1% to 2% (4). Femoral artery is the vessel of choice for most endovascular arterial interventions (2) while iatrogenic pseudoaneursym involving the superficial femoral artery commonly due to percutaneous procedure performed by cardiologist and intervention radiologists (3) and those due to trauma are uncommon.

METHOD
Patient with superficial femoral artery pseudoaneursym of the femoral artery diagnosed via ultrasonography and computed tomography angiogram from december 2016 till january 2018 in Hospital Umum Sarawak.

RESULTS
A total of 6 patient with superficial femoral artery pseudoaneursym was treated in Hospital Umum Sarawak. Age ranging from 22 years old (youngest) and oldest 77 years old. There is 3 male and 3 female. All patients were subject of an procedure via femoral artery catheterisation. 4 patients underwent surgical intervention and one of it had a PTFE graft done, however 2 other patients was treated conservatively and one of if underwent angiogram and stenting. All patients have a positive results postoperatively with good return of motor function, however one of the patient passed away due to other medical condition.

DISCUSSION
A painful mass over the femoral area should heighten the clinician’s index of suspicion for a possible of pseudoaneursym. Therefore the early diagnosis is paramount to prevent further complication of the pseudoaneursym. Although surgical repair was the standard method of management, non surgical methods of treatment have beed developed. From our 6 patient treatment management have been tailored to the patient condition and situation. Therefore superficial femoral artery pseudoaneursym management depending on individual clinical background, availability of a trained surgeon and facilities or imaging support, and the characteristics of the pseudoaneursym itself.
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PATTERN AND EARLY TREATMENT OUTCOME OF ABDOMINAL INJURIES IN HOSPITAL PAKAR SULTANAH FATIMAH MUAR

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Forty-nine patients were admitted with abdominal trauma. The majority was male (87.8%) and Malay (61.2%). Mean age was 31.6 years old (range 3-75). The most frequent type of abdominal trauma was blunt trauma (95.9%); its most common cause was motor vehicle accident (85.7%). The most common associated injuries were chest injuries (44.9%), followed by skeletal and soft tissue injuries (40.8% and 26.5% each). FAST were done on 89.8% of patients, CECT scan (61.2%) and ultrasonogram (18.4%). The liver was injured in 49.0% of patients, spleen 49.0%, bowel 14.3%, and kidney 12.2%. Fifty-one percent of patient had single abdominal organ injured, 16.3% had 2 organs and 24.5% had 3. The majority of patients were treated non-operatively (61.2%). Four patients were transferred to another tertiary hospitals for further management and one requested to be transported to a private hospital. Four patients died of polytrauma (8.2%).

Consistent with previous studies abdominal trauma is commonly associated with other injuries but most can be treated non-operatively. The overall mortality rate among abdominal trauma patients in our series was comparable with other centers.
INTRODUCTION
Primary thyroid lymphoma (PTL) is a rare entity and is defined as a lymphoma involving only the thyroid gland or the thyroid gland and regional lymph nodes without contiguity or metastasis of other areas at the time of diagnosis.

CASE REPORT
51 year old male presented with complained of fever for the weeks duration which associated with obstructive symptoms, dysphagia and shortness of breath. He also had anterior neck swelling over 4 years, loss of apetite and weight and heat intolerance. Clinically anterior neck swelling size 36cm X 10cm diffuse swelling, move with deglutition. Multiple lymph node palpable over bilateral axillary and inguinal area matted. CT imaging was done noted enlarged of thyroid gland with multiple site lymphadenopathy. He was then underwent excision biopsy of lymph node and FNAC was done, resulted diffuse large B-cell lymphoma - non germinal centre type (Non GCB). Chemotherapy of cyclophosphamide, doxorubicin, vincristine and prednisolone (R-CHOP) was started to this patient showed respond well to treatment.

DISCUSSIONS
Thyroid lymphoma are rare case reported with few randomized studies diagnostic and therapeutic guidance. New immunohistochemical and molecular techniques have improved the diagnostic accuracy with corebiopsy limiting the role of surgery. The treatment should first include the control of local disease with radiotherapy and/or surgery combined with chemotherapy to control obscure or disseminated disease. Palliative surgery may be needed to relieve airway compression symptoms. Under these circumstances, surgery should be performed by a specialized surgeon to decrease the associated morbidity. The prognosis of patients depends on the histological classification of the tumor and the stage of the disease.

CONCLUSIONS
Thyroid lymphoma is a rare disease which must be evaluated and treated individually, since there is not a consensual therapeutic approach.
Pancreatic injuries are rare, with an incidence of 0.4% of traumas presenting in both adult and paediatric populations. The rate of pancreatic involvement maybe closer to 10% in cases of significant blunt trauma, and the morbidity associated with these injuries can exceed 60%. In view of associated high morbidity and mortality, pancreatic injury requires early diagnosis and appropriate management. Computed tomography (CT) scan remains the method of choice for diagnosis of pancreatic injury. The management of blunt pancreatic trauma (BPT) has been controversial, with some suggesting selective observation and others advocating immediate exploration to prevent delayed induced escalation in morbidity and death. Hereby we are reporting a case of 17-years-old gentleman who developed BPT, was successfully managed conservatively and subsequently managed the late sequelae via minimally invasive technique.
SURGICAL SITE INFECTION RATES FOLLOWING GASTROINTESTINAL SURGERY IN A TERTIARY GOVERNMENT HOSPITAL: A 3-MONTHS PROSPECTIVE STUDY

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INTRODUCTION
Surgical site infection (SSI) is the most common healthcare-associated infection (HCAI). It is associated with substantial morbidity and mortality. It imposes severe demands on healthcare finances. The majority of SSIs are preventable. This study aims to determine SSI rates following gastrointestinal surgery in a tertiary government hospital.

OBJECTIVES
To determine SSI rates following gastrointestinal surgery.

METHODS
A 3-month prospective study was conducted in the surgical department. All adult patients undergoing elective or emergency gastrointestinal surgeries were included and followed up to 30 days postoperatively for SSI. Surgeries with an indication that is vascular, gynaecological, urological or transplant are excluded. Caesarean surgeries are excluded in this study.

RESULTS
185 patients were identified and 19 (18%) of them were recorded to have SSI within 30 days postoperatively. Overall, 66 (61.7%) operations were clean-contaminated, 25 (25%) operations were clean, 3 (2.8%) operations were clean and 13 (12.1%) operations were dirty. SSI rate is found to be the highest in the contaminated surgery.

DISCUSSIONS
This study showed a SSI rate of 18% which is not comparable to the average SSI rate in several studies conducted which is 4%. In this study, we also found that there is a positive relationship between SSI and preoperative anaemia. Besides, this study also shows statistically significant relationship between SSI and conversion from laparoscopic to open surgery. The limitations of this study are small sample size and the inability to follow up every patient 30 days after surgery.

CONCLUSION
SSI rates following gastrointestinal surgery in department of general surgery, Hospital Tuanku Ja’afar, Seremban was found to be higher than the average rate globally.
Chronic congestive hepatopathy occurs due to hepatic vein congestion and resembles a sliced nutmeg on portovenous phase of computed tomography of the liver. A “Nutmeg liver” is a rare entity that is most often seen secondary to chronic cardiac lesions causing right-sided heart failure and if left untreated, may lead to liver cirrhosis (colloquially addressed as ‘cardiac cirrhosis’). When detected, the goal of treatment of congestive hepatopathy is to treat the underlying cause and support the patient haemodynamically.

We present the case of a 12 year-old girl from Northern Malaysia who presented with acute onset of breathlessness and fever with one-month history of dull, right iliac fossa pain. She was intubated for respiratory distress and admitted to high-dependency ward. Post-resuscitation, she was found to have right atrial filling defect, chronic congestive hepatopathy changes and a large renal artery pseudoaneurysm on CT Thorax, Abdomen and Pelvis. Patient was subsequently referred to a Rheumatologist for suspected systemic thrombosis who later diagnosed this patient with Protein C deficiency (Protein C: 41.6 (70-142)).

We conclude that adequate initial resuscitation, early recognition of congestive hepatopathy changes and involvement of Multidisciplinary team of experts are crucial in the diagnosis and treatment of our ill patient till recovery.

REFERENCES
Phyllodes tumors are rare fibroepithelial tumors, accounting for less than 1% of all breast tumors. Phyllodes tumor in children and adolescent is even rarer. The median age of occurrence of this disease is usually 40-50 years old, although the youngest reported case is in a 6-year old girl. It is classified into benign, borderline, and malignant, based on the microscopic feature of the stromal component. Regardless of whether it is benign, borderline or malignant, it has a high tendency for local recurrence. These biphasic tumors are rarely bilateral, and in that event, they tend to be asynchronous. With that in mind, we would like to report a case of bilateral borderline phyllodes tumor in a pre-menarcheal 12-year-old girl, including its preoperative diagnostic difficulties, and subsequent management.
BETWEEN SCYLLA AND CHARYBDIS: PERFORATED GASTRIC CANCER WITH UNDERLYING SYNCHRONOUS RECTAL CANCER

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INTRODUCTION
The incidence of synchronous colorectal cancer (CRC) with gastric cancer (GC) is reported to be 3-5%. A perforated viscus from an underlying malignancy poses a great challenge, having to choose between managing the life-threatening peritonitis and achieving oncological resection if possible.

METHODODOLOGY
We report a case of a perforated malignant gastric ulcer in a patient with underlying rectal cancer.

RESULT
A 76-year-old male presented with a one-day history of severe epigastric pain with abdominal distention and fever. He had been diagnosed earlier with mid-rectal adenocarcinoma (cT2N0) and was scheduled for elective anterior resection the week after his current presentation. His ECOG performance status was grade 2. He was septic on admission with a tender and guarded abdomen. Investigations showed leukocytosis, type 1 respiratory failure and his CXR showed free air under the diaphragm. He underwent exploratory laparotomy after initial resuscitation. Intra-operatively there was generalized peritoneal contamination with a 5 x 2cm perforation at anterior antrum from an underlying gastric ulcer. The mid-rectal tumour was localized with no apparent liver or peritoneal metastases. In view of the gross contamination, acidosis and high inotropic support required, a decision was made for damage control surgery in which a staged partial gastrectomy was performed without reconstruction. He was subsequently resuscitated and optimized in ICU post-operatively, followed by ante colic Roux-en-Y gastrojejunostomy reconstruction and Hartmann’s procedure 48 hours later. He made an uneventful recovery and was discharged well on the sixth post-operative day. The histopathological report revealed pT4aN0/9 mixed type gastric adenocarcinoma and pT3N0/20 moderately differentiated rectal adenocarcinoma with clear resection margins on both specimens.

CONCLUSION
Prompt resuscitation and treatment of peritonitis is crucial in patients with perforated viscus and underlying malignancy. Oncological resection should be the aim after initial damage control surgery.

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Breast Cancer (BC) is the most common cancer among Malaysian residents based on the Malaysian National Cancer Registry Report (MNCR) 2007-2011. Approximately 1 in 20 Malaysian women develop BC.

OBJECTIVE
This study provides a ten-year overview of BC in Sarawak General Hospital (SGH).

METHODS
This is a retrospective study of patients with BC within the year 2007 to 2017. Data was obtained from patients’ medical records, operative notes and histopathology reports.

RESULTS
A total of 1181 patients were included. The median age of presentation was 52 years old (range: 17-91 years old). Peak age of presentation was within 50-59 years old age group (N=376, 31.8%). Most involved women presented with breast lump (N=908, 76.88%). Majority of patients presented with Stage II disease (44.6%). A significant amount of patients still present late; Stage III (27.17%) and Stage IV (9.9%). A staggering 835 patients (92.37%) had invasive/infiltrating ductal carcinoma based on histopathology type. There was a predominance of Luminal A molecular subtype (44.59%) as compared to Luminal B (24.28%), HER-2 overexpression (11.3%), and Triple negative (19.83%). A total of 166 patients were given neoadjuvant chemotherapy. A total of 224 (19.96%) and 845 (75.31%) patients underwent Breast Conserving Surgery (BCS) and non-BCS respectively. 22 patients were reported to have recurrence.

DISCUSSION AND CONCLUSION
BC remains a major clinical and scientific challenge. Multimodality approach has became an integral part in management of BC which includes neoadjuvant chemotherapy, surgery, adjuvant chemoradiotherapy and hormonal therapy. Advanced or metastatic BC, however, is not curable. Emphasis must be directed towards early detection. It is thus important to reenforce better strategies in promoting breast cancer awareness among Malaysian population.
CHRONIC OBSTRUCTIVE AIRWAY DISEASE AND AORTIC ANEURYSMS

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OBJECTIVES
Chronic Obstructive Airway Disease (COAD) has been identified as a risk factor in abdominal aortic aneurysmal formation. However, the relationship between COAD and Thoracic Aortic Aneurysms have yet to be determined. In this meta-analysis, we aim to decipher the pooled proportion of COAD in TAA.

METHODS
A systematic search of the literature was performed to elicit the relationship of COAD and TAA. Data from population-cohort and case-control studies were extracted to compute a meta-analysis of proportions using the Freeman-Tukey double arcsine transformation. 95% confidence intervals (CI) were determined by Clopper-Pearson method.

RESULTS
5 population-cohort studies and 4 case-control studies met eligibility requirement and were included in the analyses. 27.3% (95% CI 20.7-34.6) of patients with Thoracic Aortic Aneurysms were determined to have COAD. 63.6% of TAA patients were smokers. The prevalence of smokers and COAD demonstrated a non-negative relationship when metaregression was performed (β=0.2750, 95% CI -0.3076 -0.8576).

CONCLUSION
TAA and COAD are demonstrate an association with each other, with smoking history as a possible confounder.
BLEEDING DUODENAL DIVERTICULUM - A RARE OCCURRENCE OF UPPER GASTROINTESTINAL BLEEDING

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Duodenal diverticulum is a rare case of upper gastrointestinal bleeding. It accounts for 0.14% of all upper gastrointestinal bleeding cases. Duodenal diverticulum rarely developed complications which occur in 1-5% of patients. Duodenum is the second most common location of intestinal diverticulum after the colon and most commonly occurs at the 3rd and 4th portion of duodenum. Bleeding diverticulum can be treated endoscopically or surgically. Transcatheter Arterial Embolization has also been reported as one of the treatment modality.

In this report, we present 4 cases of massive bleeding from the duodenal diverticular in elderly patients aged between 60 to 80 years old. All 4 patients presented with symptoms of fresh per rectal bleeding and/or hematemesis and period of hypotension. Oesophagogastroduodenoscopy was done in all 4 cases which showed duodenal diverticular with active bleeding. Bleeding was successfully arrested via endoscopic clip in one patient. Two patients required suturing of bleeder at neck of diverticulum together with diverticulectomy. Transcatheter arterial embolization was carried out in one patient. Diverticulum was located at the 3rd part of the duodenum in 3 patients and at the 2nd part in one patient.

Duodenal diverticulum which accounts for minor portion upper gastrointestinal tract bleeding usually presents with massive bleeding. It can be successfully treated with various available modalities including surgical resection and suturing.
THE 3Ds IN MANAGING MALIGNANT PRIMARY LIVER TUMORS IN PREGNANCY : THE DILEMMAS, THE DIFFICULTIES AND THE DISMAY

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Occurrence of primary malignant liver tumours during pregnancy is rare. Worldwide, less than 100 cases that had been reported so far since it was reported in 1957.

It is an aggressive condition with poor overall prognosis to both mother and fetus. Estrogen elevation and immune suppression are the influential factors that could contributed to its aggressiveness.

There was no evidence based guidelines on the optimum management for this problem. Timing of delivery and tumour resection must be balanced between fetal maturation and risks of tumor rupture that should be taken into an individual basis.

We presented a case series of two unfortunate young ladies who had non noticeably carried both fetus and liver tumors until their second trimester of pregnancy.

We highlighted the difficulty in tailoring the appropriate management of these two ladies with two different types of malignant liver tumors since the beginning of diagnosing, options of imaging, subsequent fetal delivery timing and mode and course of the disease throughout admission until the patient was discharged that had been approached multidisciplinary with our limited experienced.
INTRODUCTION
Gastrointestinal lipomas are benign tumours that arise from adipocytes within the intestinal mucosa. Colonic lipomas are uncommon adipose neoplasms with a reported incidence of 0.2-4% of cases.

CASE REPORT
59 year old female presented to us with complaint of epigastric pain for a month. It was associated with passing out of blood & mucous in stool. Physical examination was unremarkable. Colonoscopy revealed a huge fungating mass at the caecum. Initial biopsy showed ulcerated mucose without dysplasia. CT staging revealed a circumferential heterogenous wall thickening at the caecum with fatty component without distant metastases. This patient underwent right hemicolecotomy. The biopsy from the specimen showed a soft polypoidal mass at caecum (30 x 28 x 23mm). Microscopically it exhibit a submucosal lesion composed of lobules of uniform mature adipocytes.

DISCUSSION
Gastrointestinal lipomas are benign tumours that arise from adipocytes within the intestinal mucosa. Colonic lipoma are more frequent in the ascending colon and caecum (60-70% of the cases) and left colon lesions are more frequent in men. The majority of colonic lipomas (90%) are located at the submucosa and few have been documented at the subserosal level. Colonic lipomas are usually asymptomatic. They generally become symptomatic when they are larger than 3-4cm. Abdominal pain and alteration in bowel habits such as diarrhoea or constipation are the most common clinical presentation of these tumours. Larger lipomas may cause symptoms due to mechanical interference causing intussusception or superficial ulceration of the mucosa covering the lipoma causing bleeding. Colonic lipomas have certain colonoscopic features such as intact mucosal elevation over the lipoma and the ‘naked fat sign’. They might have a firm fungating mass with ulceration and necrosis raising doubts about their malignant nature. Treatment is by surgery or endoscopic resection.

CONCLUSION
Colonic lipomas are rare tumours of the gastrointestinal tract. Accurate preoperative diagnosis is difficult to obtain. Surgery remains the treatment for large lipomas with gastrointestinal symptoms.
IN SEARCH OF THE BLACK SWAN: SOLITARY RECTAL ULCER SYNDROME OCCURRENCE IN HOSPITAL PULAU PINANG FROM JANUARY 2013 TO DEC 2017

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OBJECTIVE
This is a retrospective study to find solitary rectal ulcer syndrome (SRUS) in Hospital Pulau Pinang with the information segregated to age, sex, ethnic, clinical presentation, and management in this hospital.

METHODS
Data is collected via the hospital records software known as the General Surgery Online (GSO), along with the Histopathology results and radiology imaging and follow up data via the Surgical Outpatient Department records. The data is tabulated with the program Microsoft Excel.

RESULTS
15 patients were identified from 9867 entries between January 2013 and Dec 2017. 2 age groups were distinguished of high occurrence, the young age group 20-40 years, \( n=6 \) and elderly 60-80 years \( n=5 \) Female predominates males; 11 patients are of Malay ethnicity followed by 2 Chinese, 1 Pribumi, and 1 patient from Pakistan. Main symptoms are lower gastrointestinal bleeding (46%), altered bowel habit (20%), abdominal pain (20%), and rectal protusion (13%); 26% remained asymptomatic. Most patient remained well under conservative management.

CONCLUSION
Solitary rectal ulcer remains as a rare, benign disease, and the findings in Hospital Pulau Pinang only revealed of 15 patients in a 5 year span period. There are 2 distinguish age groups, young 20-40 years, and elderly 60-80 years.

REFERENCES
Mastectomy (Nipple Sparing or Skin Sparing) followed by immediate reconstruction has been advocated as an effective treatment option for patients with early-stage breast carcinoma. It minimizes deformity and improves cosmesis through preservation of the natural skin envelope of the breast. 16 patients with operable breast cancer with immediate reconstruction (autologous/synthetic or combined) from 2016-2017 from Hospital Selayang were included. The median age was 43 (age range from 29-57) Patient satisfaction with the outcome of surgery was assessed using a questionnaire based on components from the Breast-Q module assessing satisfaction and quality of life. Histological analysis showed pure ductal carcinoma in situ (DCIS) in 5 patients and invasive carcinoma (+/- DCIS) in 10 cases. The surgical margins were clear in all cases. There was no delay in time to commencement of adjuvant therapies. Overall survival was 100%. The incidence of flap necrosis/loss, implant loss, wound infection, hematoma requiring surgical evacuation and nipple necrosis was 0%, 0%, 6.25%, 0% and 18.75% respectively. The median patient satisfaction score was 37 (range 20-48) in terms of aesthetic and 37 (range 20-45) in terms of patients general confidence in social setting. Mastectomy (Nipple Sparing or Skin Sparing) and immediate reconstruction for operable breast cancer is associated with a high level of patient satisfaction and low morbidity. The procedure seems to be oncologically safe, even in patients with high-risk (T3 or node-positive) carcinoma. The latter needs to be confirmed with greater numbers of patients and longer follow-up.
AN UNSUAL PRESENTATION OF MALROTATION IN ACUTE APPENDICITIS IN ADULT: A CASE REPORT

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INTRODUCTION
Appendicitis is a common surgical condition. The diagnosis could be further obscured by underlying undiagnosed anatomical anomalies, for instance intestinal malrotation. Midgut malrotation is a foetal anomaly resulting from the failure of rotation around the axis of the superior mesenteric artery and subsequent retroperitoneal fixation. It is a rare condition with an approximate incidence of one in 500 live births. 85% of cases have been estimated to present in the first two weeks of life. Presentation at adulthood is rare.

CASE REPORT
21 year old male presented with complained of right iliac fossa pain for two days duration which associated with fever and anorexia. He also complained of loose stool one episode and vomiting for five episodes. Otherwise, no alteration of bowel habit or obstruction. Clinically abdomen tender at macburney’s point, mildly distended and no peritonitis. Abdominal xray was showed no dilatation of bowel. He was underwent for emergency open appendicectomy converted to laparotomy, intra-operatively noted dilated small bowel proximal of internal herniation of small bowel with duodenal junction at right iliac fossa. Ceacum and ascending colon was found over the left side of abdomen. Small bowel was released at herniation side. Post operatively, he was well and discharged home.

DISCUSSIONS
Intestinal malrotation occurs in early foetal development. However might happend in an adult but is rare. It is the failure of the normal 270° counterclockwise rotation of the midgut. At four weeks, the embryological gut exists as a single tube, suspended anterior to the superior mesenteric artery (SMA). The midgut enlarges rapidly beyond the capacity of the peritoneal cavity, herniating into the umbilical cord at six weeks. Within the cord, it rotates 90° counterclockwise around the axis of the SMA. This brings the third and fourth parts of the duodenum across to the left of the midline, behind the superior mesenteric artery. The mid-gut returns to the abdomen at the tenth and twelfth week. During this time, it continues to rotate a further 180° counterclockwise, bringing the ascending colon to the right side of the abdomen with the caecum lying immediately below the liver. The caecum descends into its normal position in the right iliac fossa, pulling the colon with it. Subsequent fusion and anchoring of the mesentery occurs. The third and fourth part of duodenum is fixed in the retroperitoneum, supported by the ligament of Treitz. The caecum is bound to the lateral abdominal wall by peritoneal bands. When any of the above sequent of events fails, the duodenojejunal flexure may freely hang from the foregut, at the right side of the abdomen. The caecum may be abnormally mobile or lying in the left iliac fossa as seen in our case report. This may result in dangerous conditions like intestinal obstruction or intestinal ischaemia of secondary to volvulus.

CONCLUSIONS
Appendicitis is a common surgical condition with various clinical presentations. In cases where peritonism is elicited elsewhere other than the right iliac fossa, clinicians could bear in mind the possibility of underlying intestinal malrotation, as this could be the first presentation of this rare congenital condition.
INTRODUCTION
Phyllodes tumors are uncommon fibroepithelial breast tumors that are capable of a diverse range of biologic behavior. In their least aggressive form, they behave similarly to benign fibroadenomas which leads misdiagnosis at early stage of the disease. Phyllodes tumors make up about 0.3 to 0.5% of female breast tumours, with the peak incidence occurring in women aged 45 to 49 years in Malaysia.

CASE SCENARIO
This is a case of a 46 year old woman, with long standing diabetes mellitus type 2 and hypertension, presented with a lump at the upper outer area of her left breast, which was about 5cm x 5cm at the time of admission, resembling benign characteristics. Previously, the patient was a known case of Phyllodes tumour diagnosed 4 years ago with similar presentation of breast lump and she underwent left breast mastectomy and immediate reconstruction. Currently the lump has similar characteristics as the previous episode, a biopsy was done and the result was consistent with the previous one. She was advised for excision of the lump. Specific breast examination showed the presence of a mass of about 7cm in length and 7cm in width, non-tender, firm in consistency, well defined margin, mobile and was not fixed to the underlying pectoralis muscle around the upper outer quadrant of the left breast.

MANAGEMENT
Patient underwent surgery for wide local excision of left breast tumour. A wide local excision was performed; about 1-2cm margin, deepened till pectoralis major muscle. Noted tumour recurrence till distal most of rectus muscle (previous flap). Drain was inserted and dressing applied. The tumour was sent for histopathological examination (HPE).

CONCLUSION
Proper management is crucial in Phyllodes tumours because of their tendency to recur and malignant potential in some of these tumours. Surgical management is the mainstay in preventing the local recurrence in Phyllodes tumours by adequate local excision of the breast lump.
PRIMARY ESOPHAGEAL ADENOCARCINOMA WITH COLONIC METASTASIS CASE REPORT: METASTASIS OR DUAL PATHOLOGY

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Oesophageal carcinoma is among raising malignancy in Malaysia. However oesophageal malignancy with distant metastasis involving colon is a rare entity. Literature reported limited cases of primary oesophageal adenocarcinoma with colonic metastasis which makes it rare.

A 65 years old Indian guy with underlying DM/HPT/dyslipidaemia presented to SOPD with progressive worsening of dysphagia and constitutional symptoms for <1/12. Patient denies smoking or alcohol ingestion. Clinically patient was cachexic looking with no prominent lymphadenopathy. Abdominal examination unremarkable. Patient underwent ogds and noted midoesophageal fungating tumour, distance 28cm from incisor with the length of lesion 5cm. Unable to pass stomach as the lumen was constricted. Biopsy taken and noted adenocarcinoma. Staging CT showed no distant metastasis. However during PET scan, noted focal FDG hyper metabolism at the ascending colon due to villous adenoma/synchronous tumour. Colonoscopy noted polyp at the hepatic flexure measuring 0.5 x 0.5cm completely removed. HPE polyp was metastatic oesophageal carcinoma (adenocarcinoma). Subsequently patient placed trumpet stent for enteral feeding and referred to oncology centre for palliative chemotherapy.

In view of its rare entity, oesophageal carcinoma with colonic metastasis provides a big challenge in term of management. Additional investigation like immunohistochemistry analysis complemented with imaging like PET scan will assist in diagnosis. It would help to clarify is the malignancy dual entity or metastasis in origin. Immunohistochemistry study could provide additional information to determine the primary lesion. Importantly MDT discussion might yield a positive outcome in delineating the next course of treatment.

Colonic metastasis from oesophageal adenocarcinoma is rare, and associated with poor prognosis. There are no definite features in terms of location, histological differentiation etc. that contribute to colonic metastasis from primary oesophageal adenocarcinoma. The goal of treatment is palliative and data from our and other case report support use of chemotherapy and radiotherapy for symptoms improvement and disease control.
A RARE CASE OF ANTERIOR ABDOMINAL WALL DESMOID TUMOUR IN A 32-YEAR-OLD LADY

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Here we have a 32-year-old lady with underlying psychosis for investigation who presented with an anterior abdominal wall mass. CT scan showed a left rectus abdominis muscle lesion; differentials included desmoid tumour, haemangioma, neurogenic tumour and endometrioma. A wide local excision of the anterior abdominal wall mass with posterior component separation and mesh repair was done in Bintulu Hospital and the histopathological report revealed that it was a desmoid type fibromatosis with clear margins. Post-operatively, patient had wound dehiscence however recovered well. Now the patient is under our follow up and she is awaiting her appointment with Radiotherapy Unit in Sarawak General Hospital, Kuching, for further management. The treatment of desmoid tumours remains enigmatic due to its rarity. Non-surgical treatment resulted in diverse and unpredictable outcome and is considered to be an opportunity in patients with unresectable lesions or for adjuvant therapy. Radical resection with clear margins remains the principal determinant of outcome with the risk of local recurrence.
BLUNT TRAUMATIC AORTIC INJURY: A CASE OF THORACIC ENDOVASCULAR REPAIR (TEVAR)

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Blunt traumatic aortic injury carries a high risk of mortality. The traditional mode of management with open surgical repair or medical management often leads to significant morbidity and mortality. The advent of TEVAR offers many advantages including the avoidance of thoracotomy, single-lung ventilation, aortic cross-clamping and left heart or cardiopulmonary bypass. In addition, it is a shorter procedure and can be performed in relatively unstable patients. We present the case of a young male patient involved in a motor vehicle accident who sustained multiple injuries including a thoracic aortic dissection and underwent TEVAR in our centre.
NUTMEG LIVER - IF FOUND, RESUSCITATE ADEQUATELY, INVOLVE EXPERTS EARLY AND INVESTIGATE THOROUGHLY

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Chronic congestive hepatopathy occurs due to hepatic vein congestion and resembles a sliced nutmeg on portovenous phase of computed tomography of the liver. A “Nutmeg liver” is a rare entity that is most often seen secondary to chronic cardiac lesions causing right-sided heart failure and if left untreated, may lead to liver cirrhosis (colloquially addressed as ‘cardiac cirrhosis’). When detected, the goal of treatment of congestive hepatopathy is to treat the underlying cause and support the patient haemodynamically.

We present the case of a 12 year-old girl from Northern Malaysia who presented with acute onset of breathlessness and fever with one-month history of dull, right iliac fossa pain. She was intubated for respiratory distress and admitted to high-dependency ward. Post-resuscitation, she was found to have right atrial filling defect, chronic congestive hepatopathic changes and a large renal artery pseudoaneurysm on CT Thorax, Abdomen and Pelvis. Patient was eventually referred to a Rheumatologist for suspected systemic thrombosis, who diagnosed her with Protein C deficiency (Protein C: 41.6 (70-142)) and maintained her on systemic anticoagulation.

We conclude that adequate initial resuscitation, early recognition of congestive hepatopathic changes and involvement of Multidisciplinary team of experts are crucial in the diagnosis and treatment of our ill patient till recovery.

REFERENCES
SAGITTAL SINUS THROMBOSIS POST-APPENDICECTOMY IN PAEDIATRICS: A RARE OCCURRENCE

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INTRODUCTION
Cerebral venous sinus thrombosis (CSVT) is a condition that mostly affects young adults and children. Main cause is infection and followed by dehydration, hypercoagulable or states, prothrombic risk factors and other chronic conditions.

CASE REPORT
We report a 12-year old girl who presented with fever, diarrhoea and right iliac fossa pain. Upon initial assessment, patient was alert but severely dehydrated and septic-looking. With the suspicion of perforative appendicitis, laparotomy and appendicectomy was performed. Post-operatively, GCS remained E1VtM1 and pupils became unequal 4mm/2mm. Computed tomography (CT) brain showed vasogenic oedema at the right cerebral hemisphere and midline shift of 0.8cm. Magnetic resonance imaging (MRI) brain showed partial thrombosis of superior sagittal sinus and leptomeningeal enhancement at bilateral fronto-temporal region. Patient’s condition was complicated by thrombocytopenia (platelet 36), coagulopathy (international normalised ratio (INR) 1.56) and sodium that was increasing. After correction, a right decompressive craniectomy was done. Intraoperatively, it was noted that brain was tense and hyperaemic with tortuous cortical vessel and thickened arachnoid matter. IV heparin was initiated but withheld due to bleeding tendencies. As part of the work-up, no vegetation was detected on echocardiogram, thrombophilia screening was normal and no evidence of other source of sepsis. After rehab, child regained GCS 15/15 was discharged well. After 1 year, child was able to ambulate independently and cranioplasty was performed without any complications.

DISCUSSION
There are several theories to explain this complication. Firstly, sepsis with dehydration which can promote thrombus propagation. Secondly, meningitic features from MRI could also be a contributing cause. Finally, this patient had no prothrombic risk factors, anaemia or other chronic disorders which is important to rule out. As a conclusion, it important to understand that most causes of CSVT are usually treatable and with early detection and treatment, its mortality and morbidity may be reduced.
PHOTOGRAMMETRIC AND AESTHETIC PROPORTIONS ANALYSIS OF THE MALAY MALAYSIAN WOMEN’S FACE

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BACKGROUND
Facial anthropometric analysis is indispensable to facial plastic surgery planning. The goal is to obtain an aesthetically pleasing result that is congruent with the patients’ ethnicity and gender-specific features. The current increase in demand for facial procedures coupled with a paucity of local data prompted us to conduct a facial analysis study in Malay Malaysian Women (MMW). Our aims are threefold: (1) to establish normative anthropometric measurements of the MMW face, (2) to compare differences from established North American White women (NAWW) norms, and (3) to analyze aesthetic proportionality of the MMW using the ideal facial proportion indices - the neoclassical canons. Additionally, we aim to construct a composite image for the MMW face.

METHODS
This is a cross-sectional indirect anthropometry study involving evaluation of facial photographs. We obtained standardized frontal and lateral facial photographs of 108 randomly selected, healthy MMW between the ages of 18 to 35. For each face, we measured 24 standard anthropometric parameters using Adobe Photoshop. Results were compared with the published NAWW norms and the neoclassical canons. We constructed a composite face of selected MMW faces using FantaMorph computer software.

RESULTS
We established a detailed normative facial anthropometric data for the MMW. We found significant differences between MMW and NAWW in 20 of 24 measurements (p<0.05). The MMW face rarely fits the five neoclassical canons proportions (range: 0-16.7 % validity). We found significant differences in all canons and their variations between the 2 populations (p<0.05). We present pictographic representations of these findings.

CONCLUSIONS
Facial measurements and proportionality in MMW are significantly different from NAWW and the neoclassical canons. These previously defined tenets of facial proportions based on Caucasian features are unreliable guides for our sample. The dataset and proportional relationships presented here might serve as a template for facial analysis in women of Malay descent.
PECULIAR CASE OF CHILD WITH SPINAL CORD LESION MIMICKING INTRAMEDULLARY TUMOR TURN OUT TO BE SPINAL CORD ABSCESS: A CASE REPORT

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Intramedullary spinal cord abscesses are infrequently encountered in everyday neurosurgical practice. Hart reported the earliest documented spinal cord abscess in 1830. Since then, fewer than 100 cases have been reported in the medical literature. Intramedullary spinal tumours are rare, representing 4-10% of all CNS tumours and less than 10% of all paediatric CNS neoplasms. They account for 20% of all intraspinal tumours in adults and 35% of all intraspinal tumours in children. Best modalities to diagnose such lesions is MRI and various lesions may mimic intramedullary tumours. Here is a case of 3 years old child who presented with gradual neurological deficit started from lower limb weakness to acute urinary retention, were MRI findings suggestive of Intramedullary lower thoracic cord lesion with lower cord oedema (Differential ependymoma, epidermoid cyst) but intra-operatively turn out to be intramedullary abscess.
A RETROSPECTIVE STUDY ON HEPATOBILIARY TUBERCULOSIS IN SARAWAK GENERAL HOSPITAL FROM (AUGUST 2015 TILL FEBRUARY 2018)

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INTRO
Tuberculosis is rising in Malaysia and extra pulmonary tuberculosis represents 14% of patients with tuberculosis. Hepatobiliary tuberculosis (HB TB) is rare but has devastating consequences. This retrospective study is to study the epidemiology of patients with HB TB and the management as well as outcome of our patients.

METHODS AND MATERIALS
Patients were identified using Endoscopic Retrograde Cholangiopancreaticography (ERCP) and tuberculosis data. 13 patients were identified from August 2015 till February 2018.

OBJECTIVE
To study the epidemiology, management and outcome of patients with HB TB.

RESULTS
There were 13 patients in our study. 11 males and 2 females. Majority of the patients were male aborgines staying in rural areas 9/13 (69.2%). Our patients age ranges from 29 to 58 with a median age of 47 years old. 7 patients had prior pulmonary TB (53.8%). Patients mainly presents with jaundice (76.9%) and abdominal pain (38.5%). 12 patients have liver cirrhosis mainly Child’s Pugh A (53.8%). 7 patients have isolated hepatic TB and 6 with miliary TB. All patients had a computed tomography scan of the abdomen. Diagnostic methods for our patients include 7 with image guided liver biopsy, 4 diagnosed with TB with a positive involvement of liver and biliary system on CT scan and 2 had a laparotomy biopsy. 12 patients underwent Endoscopic Retrograde CholangioPancreatography (ERCP), 2 underwent Percutaneous Transhepatic Biliary Drainage (PTBD) prior to ERCP and 1 only with anti TB medication. All our patients took anti TB medication for at least 6 months. 1 patient pass away due to liver failure.

FOLLOW UP
All patients were followed up for a duration of 6 months to 1 year and those alive are still under our follow up.

CONCLUSION
HPB TB is rare entity but it has high morbidity in regards to complications it causes ascending cholangitis and liver failure. A high suspicion is important especially in our region where TB is endemic. Early diagnosis and prompt treatment helps improve outcome.
INFLAMMATORY BOWEL PERFORATION DURING IMMUNE RESTORATION IN HIV- INFECTED PATIENT; A RED HERRING IN ABDOMINAL TRAUMA

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PURPOSE
We report an unusual case of small bowel perforation.

CASE
A 22 year old HIV-seropositive male who is receiving HAART therapy for 2 years with normal CD4 count, presented with acute abdomen 2 days after RTA. Laparotomy revealed cocooned small bowel, shortened mesentery with multiple small bowel perforations. Small bowel resection with primary repair of perforations was performed. The repair was unsuccessful and he underwent 2 more laparotomy washout and repair before finally having an enterostomy and peritoneal drainage after which he recovered well. Histopathological finding revealed severe serositis with no evidence of CMV or Tuberculosis.

Immune reconstitution inflammatory syndrome (IRIS) is a known condition after successful treatment of HIV infected patient with HAART. The most common description of IRIS is a paradoxical clinical deterioration despite immune recovery. However, due to its myriad of presentations, diagnosis remains a problem. Immunopathologic small bowel perforation caused by immune reconstitution is a novel presentation after HAART treatment. Current theory on the mechanism of IRIS involves combination of underlying antigenic burden, successful immune restoration after HAART and host genetic susceptibility to an exuberant response of an external stimulus. Risk factor for IRIS are atypical presentation, decreasing plasma RNA, increase blood count CD4 after HAART, spontaneous resolution of disease, male sex and younger age, all of which were present in our patient.

We postulated that this patient had developed subclinical spontaneous inflammatory bowel perforation which had sealed while the “blunt trauma” from RTA served only as the red herring in this case. Without understanding the underlying pathological process, a “hysterical” haste to suture repair perforation may result in more damage. Do not delay, Diversion, Drainage and Deal with the source. Simple as it may seem yet requires profound understanding of the underlying pathophysiology, these clinical lessons learned over centuries must not be ignored.
UTERINE SQUAMOUS CELL CARCINOMA WITH BREAST METASTASIS

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INTRODUCTION
Breast metastases from distant carcinoma are infrequent, and uterine squamous cell carcinoma is rarely the primary lesion.

CASE REPORT
We are reporting a case of a 46 year old lady who presented to gynecology department for uterine tumor. Patient initially was referred from Hospital Kemaman for severe back pain with anasarca. On examination noted bulky uterus at 14 weeks with adnexal mass, matted left supraclavicular lymph node and a palpable left breast lump. Proceeded with CT thorax abdominal pelvis noted enhancing mass involving uterus, bilateral ovaries and urinary bladder with bilateral hydroureteronephrosis. Along with that also incidental findings of a left breast lesion with lung nodules. Biopsy from the left breast, left supraclavicular lymph node and pipelle sampling shows squamous cell carcinoma. Patient’s condition deteriorated and complicated by bilateral massive pleural effusion. Patient as intubated however subsequently expired due to respiratory failure.

CONCLUSION
The diagnosis of breast metastasis usually signify disseminated disease. The treatment is usually palliative and it is based on systemic therapy tailored to the primary cancer, sometimes completed by comfort loco-regional treatment of the breast lesion. Prompt diagnosis is necessary as different primary would have result in different chemo treatment.
POSTOPERATIVE PAIN FOLLOWING TOTALLY EXTRAPERITONEAL LAPAROSCOPIC INGUINAL HERNIA REPAIR - SELF GRIPPING MESH VS. STAPLE FIXATION: A PROSPECTIVE DOUBLE BLINDED RANDOMIZED CONTROLLED TRIAL

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BACKGROUND
Laparoscopic totally extra peritoneal (TEP) repair of inguinal hernia has been a standard of care for most tertiary centers for treatment of inguinal hernias. However, the immediate post-operative pain remains a main issue for the patient.

METHODS
A randomized controlled patient and evaluator-blinded study was conducted among patients eligible with an uncomplicated unilateral inguinal hernia in University of Malaya Medical Centre in Malaysia from December 2015 to June 2017. Patients were randomized to either receive a SGM (ProGrip - Medtronic) or a light polypropylene mesh fixed with stapler (ProTack - Medtronic). Main outcomes measured were pain score on Visual Analogue Scale were(VAS) at 1 hour, 1 day, 2 weeks, 6 month post operation. The total operative time, mesh deployment time and postoperative complication was also recorded.

RESULT
Total 72 patient where randomly assigned to SGM and AF. 36 underwent lap TEP with SGM and another 36 with SF. Mean VAS at 1 hour post op 3.56 vs. 3.11 (p=0.22), 2 hour post op 3.0 vs. 2.66 (p=0.23), Day 1 post Op 2.5 vs. 2.39 (p=0.76), 2 weeks post op 1.19 vs. 1.00 (p=0.38) and 6 months post op 0.35 vs. 0.25 (p=0.52). The mesh deployment time and total operative time for both the SGM and SF group also showed no difference statistically which is 424s vs. 548s (p=0.21) and total operative time which is 80.5min vs. 83.9min (p=0.53).

CONCLUSION
There is no difference in post op pain either using SGM or SF. However SGM is safe to use with minimal complication.
CANCER AUDIT FOR 2 YEARS (2016-2017) HOSPITAL SARIKEI, SARAWAK

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INTRODUCTION
Effectiveness of General Surgery Department of Hospital Sarikei to diagnose and treat cancers.

OBJECTIVES
2 years review of cancer incidents in Hospital Sarikei with respect to demographic, type of cancer and treatment.

METHODOLOGY
A retrospective review was conducted for all cancer patients presented to Hospital Sarikei. Their demographics, cancer pathology and treatment were analysed.

RESULTS
There was 85% increment of cancer detection from 2016 to 2017. Age group of 60 and above were the majority of cancer cases (53%). Gender distribution was equal. Iban race predominated the cancer registry with 47%. Comparison between 2016 and 2017, there was a drastic improvement of all cancers detection except breast cancer. Colorectal cancer detection grew by 200% (9 to 24). Gastric cancer registered 7 new cases in 2017. Thyroid cancer registered 3 new cases in 2017. Breast cancer however only registered 8 new cases compared to 12 on previous year. For all cancers registered, 39 of 65 agreed and received treatments. 40 % refused treatment.

DISCUSSION
Colorectal and gastric cancers had documented a surge in detection because of the availability of endoscopic services in Hospital Sarikei. Our endoscopic waiting time is less than a month. On contrast, breast cancers detection was reducing because there is no mammography facility available in Hospital Sarikei. The nearest Mammography facility is 1 hour away. The refusal of cancer treatment was mainly due to advancing age, poor social economic status and poor social support.

CONCLUSIONS
The cancer audit of General Surgery Department of Hospital Sarikei had achieved a satisfactory standard, despite some shortcomings.
INTRODUCTION
Abdominal trauma is the third most frequently injured body region. About 25% of them require abdominal exploration. Penetrating abdominal trauma commonly requires operative intervention due to risk of obscure life-threatening injuries.

METHODOLOGY
A case report of a 29 years old male driver, who had a road traffic accident. He lost control of his car and was thrown out from his car. A rusty metal rod pierced through his right flank. At the Emergency Department, he was hemodynamically stable and there was no sign of peritonitis. A CT abdomen was ordered and showed a rod passed through the subcutaneous layer of the right gluteal region, sparing the muscles and the peritoneal cavity. In addition to that, he also suffered a grade III right renal injury and grade 1 splenic injury.

RESULT
Foreign object removal and wound debridement were accomplished without complications. Other injuries were treated conservatively. He recovered well after the surgery.

DISCUSSION
Penetrating abdominal trauma consisted of 7% of all abdominal injury. All penetrative abdominal injury required exploratory laparotomy because the degree of injuries inflicted by penetration is difficult to assess. However, in our case, penetrative abdominal injury had been treated a simple surgical procedure. CT had ruled out any injuries to vital organ by the rod. Therefore, a simple removal of foreign body and wound debridement had saved him.

CONCLUSIONS
The penetrating abdominal injury is a critical abdominal injury that can result in mortality and morbidities. However, for this patient, he had a lucky escape because the rod had missed his vital organs. CT played an important role in deciding the management of this patient.
AGGRESSIVE GASTRIC MALIGNANCY IN A YOUNG PATIENT WITH G6PD DEFICIENCY: A CASE STUDY

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BACKGROUND
Previous biochemical and cohort studies have shown that communities with G6PD deficiencies have shown lower incidences of malignancies. However, this case of ours showed that patients with G6PD may tend to have very aggressive cancers, which manifest at younger ages, and are difficult to manage.

THE CASE
We report a case of a 20 year old gentleman with G6PD deficiency who presented to us with Upper GI Bleeding. Endoscopy showed diffuse cancer of the stomach, with radiographical evidence of lymph node and liver metastasis. Laparoscopic staging confirmed its bulkiness and inoperability. Histopathological study showed poorly differentiated adenocarcinoma. He was palliated with chemotherapy, but developed severe reactions due to oxidative stress, and succumbed to his disease within 4 months of diagnosis.

DISCUSSION
We discuss he effects of oxidative stress on gastric patients with G6PD deficiency, in terms of their management. We look at literature to describe the aggressive nature of these cancers, and its relationship with G6PD deficiencies.

CONCLUSION
Though rare, patients with G6PD deficiency tend to have much more aggressive stomach cancers.
SEVERE PANCREATITIS COMPLICATED WITH WALLED OFF PANCREATIC NECROSIS (WOPN) AND COLONIC FISTULA: A GENERAL SURGEON’S CONUNDRUM

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Pancreatitis is a spectrum of disease which ranges from a simple acute pancreatitis to necrotizing pancreatitis which carries higher mortality rate. Local complications which commonly associated with pancreatitis include pancreatic pseudocyst and walled off pancreatic necrosis (WOPN). In the extreme end of spectrum of pancreatitis complications is development of gastro-intestinal fistula. It is an uncommon complication which carries high morbidity and mortality but unfortunately it is underreported by medical journals. This study reports a patient who had multiple admission for severe pancreatitis within 4 months in our center. She initially referred to us for severe pancreatitis and CT abdomen (September 2017) revealed necrotizing pancreatitis. She was then admitted to ICU for close observation. CT abdomen was repeated after 1 month (October 2017) and it revealed necrotizing pancreatitis with collection over subhepatic and left para-colic gutter, extending from left iliac fossa to left hypochondral region with septations and debris within. Hence, we proceeded with US guided percutaneous drainage and drained out 160ml pus from right side and 60ml pus from subhepatic. Repeated CT abdomen (January 2018) revealed residual fluid collection with suspected colonic fistula over sigmoid and caecum. This suspicion was confirmed with barium enema study. Ultrasound guided percutaneous drainage of intra-abdominal collection revealed fecal material. Patient subsequently undergone laparotomy, loop ileostomy and open drainage. Patient had stormy recovery post-operatively but eventually she recuperated and was discharged home. This study will be discussing the prevalence, pathophysiology and management options in approaching such surgical dilemma.
OLIVE OIL AND HISTOACRYL GLUE: A CASE SERIES ON THE LIFE AND COST SAVING MARRIAGE

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BACKGROUND
Histoacryl glue injection is the current recommended endoscopic management of fundal varices. It is normally mixed with a lipid-based diluent to slow down polymerization and allow for injection. We report a series of cases in which olive oil was used instead of lipiodol.

CASE SUMMARY
We report 28 cases; where olive oil was used as a diluent instead of lipiodol. All these patients had olive oil mixed histoacryl glue injected into the fundal varices endoscopically. These patients included those with bleeding and non-bleeding varices, emergency and elective endoscopies as well as of all etiologies. All patients had recoveries like those mixed with lipiodol, no allergic or untoward incidences and the injection process was similar.

CONCLUSION
This case series would be a precursor for definitive studies on olive oil as a more cost-effective alternative to lipiodol, as a diluent agent for histoacryl in the management of fundal varices.
SITUS INVERSUS TOTALIS: A CASE STUDY ON THE CHALLENGES FOR ERCP AND STENTING

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BACKGROUND
Situs inversus totalis happens when the organs of the body are located in the opposite half to that of other individuals. This happens approximately once in every 100000 life births. We report on a case of a patient with ascending cholangitis with Situs inversus, requiring ERCP stenting.

THE CASE
We report on a 38 yo gentleman with situs inversus totalis who presented with ascending cholangitis. Ultrasonographically proven to have CBD calculi, with his gallbladder on the left and CBD radiating medially to the left. He underwent ERCP and stenting, of which he recovered well and is planned for a repeat ERCP, stone evacuation, followed by a laparoscopic cholecystectomy.

THE PROCEDURE
The patient was put in a right lateral position for the ERCP with all maneuvers done in mirror to that which was usually done. One of the main challenges was determining the direction of ascend of the guidewire, as the duct positions are not well mapped.

CONCLUSION
ERCP in a situs inversus patient is rare, and proper mapping of the biliary tree should be done prior to any procedures.
A RARE CASE OF DYSPHAGIA: OESOPHAGEAL COMPRESSION CAUSED BY GOUTY TOPHI

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BACKGROUND
Dysphagia may happen due to intra and extra luminal causes. We report the first case of a gouty tophi causing external compression.

THE CASE
A 51-year-old gentleman, presented to us with a 6-month-history of worsening dysphagia, generalized body weakness and severe weight loss. He had a background of metabolic syndrome with severe gouty arthritis of large joints. We noted a large mass arising from the sternoclavicular joint, giving the appearance of a neck mass, and extended retrosternally. There were several tender enlarged large joints as well. He had signs and symptoms of hyperthyroidism. OGDS showed oesophageal compression from an external source, and no intraluminal pathologies. Tumour markers were all negative. Imaging revealed a mass arising from the sternoclavicular joint causing compression of the oesophagus, confirmed by barium swallow and OGDS. A biopsy of the lesion revealed urate crystals, suggesting a gouty tophi. His symptoms improved with Allupurinol.

DISCUSSION
We discuss this as a very rare case of dysphagia and external compression of the oesophagus. We also raise questions on the possibilities of intra-oesophageal deposition of urate crystals.

CONCLUSION
Rare causes of dysphagia has to be considered in patients with metabolic syndrome.
AN ERCP IN TIME SAVES LIVES: A CASE SERIES OF EMERGENCY LIFE SAVING ERCPs

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BACKGROUND
Septic Shock from Ascending Cholangitis can cause mortality and morbidity, especially in susceptible patient populations. We look at a series of cases in which rapid decompression of the CBD obstruction via ERCP had allowed for rapid recovery of the patient.

CASES
31 patients had presented to us with sepsis due to ascending cholangitis. These patient were admitted with cardiovascular compromise and organ dysfunction. Diagnosis was confirmed clinically and ultrasonographically. Of these patients, 12 had required ventilation and ICU admission. The patients underwent bedside ERCP, with stenting of the common bile duct done for decompression. All of these patients had the ERCPs done within 24 hours of admission. All these patients made recoveries of septic parameters within hours 24 hours of decompression and the 12 ICU patient were extubated within 3days of decompression and transferred out. None of these patients suffered long lasting organ dysfunction.

DISCUSSION
We discuss the role of emergency ERCP in secondary prevention of mortality and morbidity in patients with septic shock from Ascending cholangitis. These cases open doors for the establishment of a unified guidelines on door to ERCP time for such patients.

CONCLUSION
Rapid decompression of the CBD via bedside ERCP and stenting greatly improves outcomes of patients with septic shock from ascending cholangitis, and should be made a standard of care of such patients.
CHRONIC ANEMIA: A RED FLAG FOR UNDIAGNOSED COLORECTAL CANCER

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CASE REPORT
Multiple polyps (polyposis) is known to be a predisposing factor for carcinoma. Familial adenomatous polyposis (FAP) is known to have multiple adenomas in the colorectum. Yet, they commonly have other gastrointestinal manifestations, such as duodenal adenoma and adenomatous polyps. We would like to report an interesting case on colon carcinoma with single duodenal polyp.

A 31-year-old lady, presented with chronic anemia since the age of 25, developed sudden onset of abdominal pain, predominantly at epigastric. She denied history of per rectal bleed and denies any family history of malignancies. She had previous history of admission for anemic symptoms and transfused with blood products. Clinically patient was alert and conscious with mild pallor. Abdominal examination noted tenderness at right iliac fossa with vague mass at epigastrium.

Her peripheral blood film noted to be hypochromic microcytic anemia. CT abdomen showed large intraluminal mass in caecum and ascending colon with multiple enlarged lymph nodes in right iliac fossa. Colonoscopy noted distal transverse colon fungating lesion occupying ¾ of the lumen, endoscopically not obstructed. From OGDS, multiple sessile polyps from D1D2 junction till D3 and single large pedunculated polyp in D2. HPE found poorly differentiated colon adenocarcinoma and duodenal tubular adenoma (low grade dysplasia). Subsequently, on table OGDS, right hemicolecotmy, duodenotomy and polypectomy done.

Patient presented with prolong anemia should be always suspected for colorectal malignancy despite the age and sex factor. Despite relative young age with female gender, patient has the elicit the anemic symptoms for more than 5 years. Thorough investigation with proper history taking will help the physicians to diagnosed patient at appropriate time.
JUNCTIONAL TUMOUR EPIDEMIOLOGY A SOUTH EAST ASIAN PERSPECTIVE

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INTRODUCTION
Junctional tumours of the gastro oesophageal junction (GOJ) and the oespho gastric junction (OGJ) are being encountered more clinically in our current healthcare setting. This study will focus particularly on the epidemiology of GOJ and OGJ tumours that occur within the Malaysian context.

METHODS
A cross sectional single centre epidemiological data analysis was done. Data pertaining to the gastroesophageal junctional tumours was collected via the Computerised Operating Theatre Documentation System (COTDS). Simple descriptive statistical analysis was applied to determine the epidemiology of the above-mentioned tumours.

RESULTS
In total between the years of 2007 and 2017 the total number of patients that were admitted for gastroesophageal tumours totalled 63. We observed that gastroesophageal junctional tumours primarily affect males vs. females, (84.13% vs 17.47%). In terms of ethnography the distribution observed was 35 Malay (55.56%), 20 Chinese (31.75%) and 8 Indian (12.69%). The age range most affected by gastroesophageal junctional tumours was 50-55 years of age.

DISCUSSION
We ascertained that our local data appears to fit international trends for predominance of males being afflicted by gastroesophageal junctional tumours vs. women. In terms of ethnography the distribution of those affected by this particular disease appears to mirror the ethnic distribution of Malaysia. This mirroring is logical considering that ethnically the Malay population vastly outnumbers the Chinese and Indian population.

CONCLUSION
This study concluded that junctional tumours follow a racial line, and can be targeted for public health primary preventions.
ASSOCIATION BETWEEN HYPERTENSION AND INCIDENCE OF PEPTIC ULCER DISEASE AMONG LOCAL POPULATION

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AIM
To determine association between hypertension and incidence of peptic ulcer disease among local population.

METHODOLOGY
This is a retrospective cross sectional study of all patients who underwent oesophagoduedenoscopy (OGDS) in Hospital Enche Besar Hajjah Khalsom, Kluang Johore from January 1 to 31 December 2017. Data on demographic distribution and OGDS findings were collected. Data was analyzed with SPSS version 24. Fisher’s exact test was performed to determine association between hypertension and peptic ulcer disease.

RESULTS
Total of 300 patients who underwent OGDS in 2017 were included in this study. Mean age was 57.79. 62% of the patients were male (186) while females were 38% (114). Among patients who underwent OGDS, Malay patients were highest (174) followed by Chinese (91), Indian (34) and other race (4). Peptic ulcer disease was commonest diagnosis (258 patients). 117 patients had underlying hypertension while remaining 187 patients had other underlying illnesses. PUD incidence among Malays was 58.1%, Chinese 30.3%, Indians 10.3% and other race had 1.3%. 107 hypertensives patients were diagnosed with PUD, of them 73 were Malays. Incidence of PUD among female patients is 33.4%, while in male 53.6%. Fishers exact test indicated that incidence of peptic ulcer disease in hypertensive patients are significant with p value 0.034.

CONCLUSION
This study shows that hypertension is associated with incidence of peptic ulcer disease in our local population. The results emphasize the importance of appropriate prevention and management of peptic ulcer in hypertensive patients.
BACKGROUND
Appendicitis is a rare diagnosis in the very young patients, or infants. This is in lieu of its shallow anatomy and the nature of feeds of infants. We report a case of perforated appendix in infancy.

CASE SUMMARY
We received a 5 month old boy with inconsolable cry, vomiting and poor oral intake for 3 days. His abdominal signs were non specific, and was thus initially treated as intussusception. During attempted hydrostatic reduction, free fluid was noted in the abdomen, which prompted a laparotomy, which confirmed the findings of a perforated appendix. Upon further questioning, the parents confirmed early weaning of formula feed to soft diet.

DISCUSSION
We discuss the rarity of appendicitis in infancy. A postulation was made towards the relationship between diet and the risk of appendicitis in infants.

CONCLUSION
Though rare, appendicitis should remain a possible diagnosis even for patients in their infancy.
A 72 years old Malay gentleman, with known case of colon carcinoma with liver metastasis, had a right hemicolectomy done in 2013. Histopathological findings revealed a neuroendocrine tumour of ileoceleal region Grade III - low grade malignant potential with lymph nodes metastasis pT3 pN1. Chromogranin A was strongly positive. Colonoscopy in 2016 reveals no evidence of recurrence. Unfortunately, he refused adjuvant therapy and subsequently defaulted follow-up. The patient represented in 2017 with an abdominal mass. A CT scan revealed a hypervascular mesenteric mass with involvement of adjacent small bowel associated with focal large bowel dilatation which was highly suggestive of recurrent neuroendocrine tumour. We are presenting a case of neuroendocrine tumour of the ileoceleal region which relapsed. In this case we will be discussing about the incidence of relapse of neuroendocrine tumour and measures that can be done in detecting recurrence during follow-up after the postoperative period.
OBJECTIVE
To establish the benefits of bariatric surgery and body contouring in morbidly obese patients with metabolic syndrome.

METHODS
The patients presented in these 2 case reports were morbidly obese with body mass index (BMI) of above 40kg/m² with underlying type 2 diabetes mellitus, hypertension and dyslipidemia. Both patients have undergone bariatric surgeries; a mini gastric bypass and a sleeve gastrectomy in patients A and B respectively and were both referred to UiTM Specialist Centre for surgical body contouring. Patient A underwent abdominoplasty and brachioplasty whereas patient B underwent a similar abdominoplasty with bilateral breast reduction. Their respective weight, BMI, blood pressure, glycemic indices such as fasting blood glucose level and HbA1c and their lipid profiles were properly measured before and after surgical procedures. These patients were also meticulously followed up throughout the years to observe changes in their metabolic components and their respective data were tabulated.

RESULTS
Patient A had a weight regain and increase BMI, whereas patient B had deranged lipid parameters post -bariatric surgery. However, both patient A and B showed improved BMI, glycemic indices, blood pressure and lipid profiles post body contouring surgery. Diet and exercise were equally important to improve long-term physical and psychological well-being.

CONCLUSION
Bariatric surgery and body contouring should not be viewed as two separate entities, in fact it should be considered as two stages of a holistic comprehensive multidisciplinary approach for morbidly obese patients with metabolic syndrome thus, improving their physical health, self-esteem and quality of life.
OBJECTIVE

Classically breast cancer (BC) treatment and prognosis is based on the American Joint Committee of Cancer (AJCC) staging system. TNM has been the basis of AJCC staging system and it is purely based on the anatomical extent of the tumor. However, biological markers (BM) have been proven to affect the prognosis of BC patients and influence the response to therapy. The AJCC8 has incorporated BM into the Prognostic Staging System. This includes estrogen receptors (ER), progesterone receptors (PR), human epidermal growth factor receptor2 (HER2) and tumor grade. The objective of this study is to analyze the migration of stage groups from AJCC7 to AJCC8 in our local population.

METHODOLOGY

This is a retrospective cohort analysis study sampling from UMMC BC Registry Database and SJMC BC Registry Database for Malaysian patients newly diagnosed between 2013 and 2015. Patients with incomplete dataset and non-epithelial cancers are excluded. Patients are staged into AJCC7 and AJCC8 stage groups. Migration of stage groups are then analyzed with descriptive statistics in SPSSv20.0.

RESULTS

A total of 1590 complete data sets were collected. 767 (48.24%) patients had no change in stage groups. However, 823 (51.76%) of patients had a change in stage groups. 32% (523) were up staged and 18.87% (300) were down staged.

CONCLUSION

With the application of the AJCC8 Prognostic Staging System, a majority of BC patients will have a change in their stage. However further study is required to determine if there is a change in the survival as the Prognostic Staging System assumes that all patients have access to optimal treatment.
INTRODUCTION

'Single night stay' is a concept of overnight hospitalization after surgery with the intended aim of discharging patients the following day.

OBJECTIVE

This study was done to determine the proportion of patients successfully discharged after a newly introduced single night stay protocol and possible factors contributing to early discharge.

METHODS

Patients planned for a unilateral modified mastectomy who were less than 75 years, ASA 1 or 2 and willing to be discharged with drains were recruited. Preoperatively, patients were educated regarding early discharge, drain care and taught relevant physiotherapy exercises. Successful discharge was defined as discharge home on postoperative day 1. Patients were allowed discharge if deemed fit and able to demonstrate care for drain. Patients were reviewed as out-patients on postoperative day 3 and day 5 for drain removal. Data was analysed by separating patients into successful discharge group and unsuccessful group.

RESULTS

75 patients were recruited over a 17 month period. 63 (84%) patients were successfully discharged after a single night stay and average postoperative stay was 19.5 hours prior to discharge. In the successful discharge group: common complications were seroma (60%), drain related complications (22%), wound complications (11%) and readmission (3%). Complications in between both groups were not statistically significant. Univariate and multivariate regression analysis with variables such as age ($p=0.15$), T-staging of the tumour ($p=0.95$), operating time ($p=0.74$), education level ($p=0.22$) and hand dominance compared to site of surgery ($p=0.71$) did not show a statistical significance affecting successful discharge.

CONCLUSION

Single night stay is a feasible option for patients undergoing modified radical mastectomy and is an option for surgical administrators to reduce length of hospital stay.
RARE CASE OF PRIMARY MALIGNANT MELANOMA OF CERVIX WITH DISTANT METASTASIS

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One percent of all cancers is due to malignant melanoma. Primary malignant melanoma of the cervix occurs in less than 2% of all malignant melanoma cases. They generally have poor prognosis due to late diagnosis and aggressive nature of the tumour per se. We report a case of a 68-year-old woman who presented with complaints of abdominal pain and post-menopausal bleed for 1 month with fungating mass with fleshy and necrotic tissue, occupying the cervical area until lower third of vagina.

Contrast Enhanced CT (CECT) scan of thorax-abdomen-pelvis revealed large enhancing cervical mass with local infiltration into lower part of uterus and lower one-third of the vagina. The mass was associated with significant parametrial fat stranding and regional nodes involvement. There were metastasis to lungs and liver as well. Histopathological examination of the mass in cervix revealed sheets of tumour cells exhibiting medium sized nuclei to enlarged pleomorphic nuclei with prominent nucleoli alongside abundant melanin pigments. Immunostaining revealed positive for S100, HMB45 and vimentin, which were diagnostic of malignant melanoma.

Using the clinical features supported by the investigations, a diagnosis of primary malignant melanoma of cervix stage VIB was made. IV Dacarbazine was initiated but she died only after 2 cycles of chemotherapy.

There is no standard treatment protocol for malignant melanoma of cervix in view of rarity of the disease process. Surgical approach is usually chosen. Case series studies appear to be viable option to formulate a working protocol for this rare condition, which comes with certain mortality.
SETTING UP AN ANIMAL WORKSHOP - THE ASSC EXPERIENCE

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INTRODUCTION
The Advanced Surgical Skills Centre (ASSC) of University Kebangsaan Malaysia Medical Centre is a world class skills and simulation centre which serves as a platform for training among healthcare professionals of various background. Animal workshops introduced since 2013 have been key in providing an authentic training to its participants given its similarity in terms of anatomy and tissue dynamics hence improving surgical training delivery.

METHODOLOGY
This is a descriptive study where we retrospectively reviewed the necessary preparations, hence a model required to organise an animal workshop and its receptiveness among participants.

RESULTS
There is an increasing trend in both the number of animal workshops organised in ASSC and the number of participants joining these workshops on a yearly basis.

DISCUSSION
The ASSC utilizes animals such as porcine, sheep and dogs. Key factors required to organise an animal workshop includes necessary instruments that should remain exclusive to each animal, facilities like an animal holding/prep room, a fully functioning simulation lab with operation theatre facilities and environment, Majlis Fatwa Kebangsaan approval to be Syariah compliant and a reliable clinical waste company to handle their disposal in a selected manner. Sufficient manpower and a functioning team comprising of veterinarians, surgical skills manager, lab assistants and administrative officers are required to run these workshops successfully. To ensure the model is well functioning, good teamwork and efficient communication is of utmost priority.

CONCLUSION
The ASSC’s animal workshops is successful and popular among healthcare professionals who seek to improve their skills and performance. We recommend its continuation for the years to come and if possible, more centres to adapt this model to improve the delivery of surgical education in the region.
Intussusception is a process in which a segment of intestine invaginates into the adjoining intestinal lumen, causing bowel obstruction. It typically involves the small bowel and less commonly the large bowel. The cause in children is typically unknown while in adults a lead point is often present. Intussusception is an emergency requiring rapid treatment. With early diagnosis, appropriate fluid resuscitation, and therapy, the mortality rate from intussusception in children is less than 1%. If left untreated, however, this condition is uniformly fatal in 2-5 days. This is a case report on 1 year 5 months old malay boy who are previously well had an ileoileal intussusception with ileal mass as a lead point.
INTRODUCTION
Hurlte cell carcinoma (HCC) of the thyroid is a rare form of differentiated thyroid cancer, with an incidence of 2-5% but a mortality of 9-28%. Treatment guidelines are loosely based on those for differentiated thyroid ca. We present a case of metastatic, recurrent Hurlte cell cancer of the thyroid and the challenge in treatment options.

CASE REPORT
Our patient is a 70 year old Chinese man who presented with an indolent mass on the left side of his neck in September 2016. Thyroidectomy was performed and full HPE was consistent with a Hurlte cell carcinoma with AJCC staging pT2N0M0. RAI was not performed as he defaulted his follow up and had a local recurrence in October 2017. He then underwent a radical neck dissection in December 2017 and intra-operatively was noted to have unresectable lymph nodes that were adherent to the aerodigestive tract. Following second surgery, he had a WBS and RAI ablation done but experienced another local recurrence within less than a year. A second RAI scan showed no uptake. A restaging CT showed lung and bone metastasis. We then referred him to our oncology team who have planned for a PET scan for him.

DISCUSSION
HCC have the highest incidence of metastasis among differentiated thyroid carcinomas and recurrent HCC are considered incurable. Treatment of HCC can be divided into minimally or widely invasive HCC; low, intermediate or high risk as per ATA guidelines. Surgery is the mainstay of treatment with the intention of cure. There is a role of RAI, cervical radiation, targeted and systemic therapy in HCC. Recent trials with Sorafenib and Lenvatinib in RAI refractory differentiated thyroid cancers, as is the case of our patient, have been promising. The usage of PET scan has markedly improved surveillance and influenced diagnosis.

CONCLUSION
Management of HCC is still controversial. There is a need to assemble national data so as to facilitate a large multi-institutional study and form a specific treatment guideline.
Necrotizing fasciitis is a rare but serious infection of the deep fascia causing rapid tissue damage, systemic toxicity, and with a delay in treatment - severe morbidity and mortality. We report a case of necrotizing fasciitis of the anterior abdominal wall, originating from a perianal abscess which was missed on presentation and its consequences thereafter.

Our patient is a 45 year old Malay gentleman with an underlying history of hepatitis C and hypertension, who presented to us with a 1-week history of being unwell, with fever and generalized abdominal pain. On presentation he is drowsy, abdomen was tender mainly over the right iliac fossa, and blood investigations show acute renal failure with severe metabolic acidosis. His brother offers a history of a peri-anal abscess which was drained by a local GP. On inspection of the perineal region there was a necrotic patch but no pus seen. On DRE there was no elicited tenderness or bogginess. We proceeded with an ultrasound abdomen which was inconclusive due to obscuring “gas shadows”, presumed to be bowel gas. On the pretext of a perforated appendix, we proceeded with an exploratory laparotomy which found unhealthy muscle layers - sloughy and ischemic looking with no extension into the intraperitoneal region. Post operatively he was admitted into ICU where his septic parameters did not resolve and a CT done showed air pockets in the pelvis, bilateral testis, right rectus, gluteal pyriformis and internal oblique muscle. He underwent an EUA and extensive wound debridement, and eventually a diversion colostomy by post op day 5. Currently he is in the general ward, with ongoing local debridements and local dressings daily.

Necrotizing fasciitis should be suspected in patients with rapid deterioration and symptoms of sepsis that are disproportionate to clinical findings. Aggressive debridement, wound care, appropriate antibiotics, diversion colostomy and an attention to nutrition is imperative. In our case, a higher and earlier index of suspicion and CT would have made a difference in his management.
Gastrointestinal stromal tumours (GIST) are the most common mesenchymal tumours of the GI tract. Symptomatic GIST commonly present with bleeding, obstruction and rarely perforation. We present here a case of acute abdomen who was found to have a perforated duodenal GIST and multifocal deposits in the abdomen.

A 50 year old man presented with abdominal pain of one day duration. Clinically he was anemic and septic, abdomen guarded and blood gasses showed acidosis. Chest radiography showed pneumoperitoneum and we proceeded with an exploratory laparotomy on the same night. Intra-operatively noted gross bilious contamination, a perforated duodenal ulcer measuring 0.5 x 0.5cm with no obvious features of malignancy as well as multiple extraluminal grape like tumours (largest 6cm) in the hepatic and splenic flexure mesocolon, and distal ileum mesentery. The duodenal ulcer was repaired and the nodules excised accordingly. Rest of intra-abdominal organs were unremarkable. Post-operatively he was warded in the ICU. Eventually the HPE of the nodules showed a high grade GIST (spindle cell type, mitotic figure 15-16/50hpf, positive CD117, Ki67 proliferative index of 20%). Unfortunately he succumbed to his insults by post op day 7 and passed away in ICU.

DISCUSSION
Less than 8% of GIST presents with perforation and these perforations are usually attributed to replacement of bowel wall by tumor cells, tumor embolization leading to ischemia, necrosis and thence raised intra-luminal pressure. Perforation lowers the 5 year survival and adjuvant therapy with Imatinib is recommended. Ideally metastatic GIST should be managed with tyrosine kinase inhibitors (TKI) but in our patient surgery was unavoidable as he presented with peritonitis. Should he have recovered, a full staging PET-CT is warranted followed by adjuvant TKI.

CONCLUSION
Although emergency presentations of GISTs are uncommon, the diagnosis should be kept in mind especially in patients who have atypical parameters upon presentation (eg. Anemia or ascites).
SPONTANEOUS KIDNEY RUPTURE: A RARE SURGICAL EMERGENCY. AN EXPERIENCE IN A NON-UROLOGICAL CENTER

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Spontaneous kidney rupture is a rare clinical entity. A 49 year old man with underlying right staghorn calculus and left ventricular aneurysm on warfarin presented to the emergency department with a sudden onset severe right flank pain. Initial formal ultrasound was reported as pyonephrosis with staghorn calculi. Subsequent CT revealed right kidney perinephric hematoma with evidence of active extravasation with multiple calculi and mild to moderate hydronephrosis. Emergency right nephrectomy under high risk consent was done after failed conservative management. Patient was discharged well. Nephrolithiasis with concurrent hydronephrosis rarely presents as spontaneous kidney rupture. When conservative management fails, emergency surgery is warranted.
PARATHYROID SCINTIGRAPHY WITH SPECT/CT IN LOCALIZING AND ASSISTING SURGICAL APPROACH OF A PARATHYROID ADENOMA ARISING FROM AUTO-TRANSPLANTED PARATHYROID TISSUE IN FOREARM. A CASE REPORT

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INTRODUCTION
Total parathyroidectomy with forearm implantation is a common treatment approach in symptomatic hyperparathyroidism. Adenomatous transformation of an auto-transplanted parathyroid tissue, although rare is an important diagnosis to consider when evaluating persistent hypercalcemia. Forearm graft adenoma can be localized by parathyroid scintigraphy. Addition of SPECT/CT provides reliable and accurate anatomical localization, improved detection sensitivity and interpretation confidence.

CASE REPORT
A 37-year-old man, known end-stage renal disease with history of hypercalcemia secondary to tertiary hyperparathyroidism, complained of bony pain and muscle cramp. He underwent total parathyroidectomy with right forearm auto-transplantation of one of the excised parathyroid glands. In the current presentation, his iPTH was elevated of 4295pg/ml. Neck ultrasonography and 99mTc-MIBI parathyroid scintigraphy using dual-phase method were performed but failed to localize any lesion in the neck, mediastinum or forearm. Due to high clinical suspicion, surgical exploration of the neck was performed but failed to identify any lesion. His serum iPTH was however persistently elevated (18,730pg/ml). A repeated dual tracer subtraction of 99mTc-pertechnetate and 99mTc-MIBI and single tracer dual-phase 99mTc-MIBI parathyroid scintigraphy with SPECT/CT acquisition of the forearm were performed and it showed focal uptake at the right forearm with no demonstrable uptake in the neck or mediastinum suggestive of parathyroid adenoma in the right forearm. Focus USG of right forearm revealed a lesion highly suggestive of implanted parathyroid gland. Excision biopsy of auto-transplanted parathyroid gland on the right forearm was carried out and a parathyroid adenoma was retrieved from the brachioradialis muscle of the right forearm.

CONCLUSION
Albeit rare, adenomatous transformation of an auto-transplanted parathyroid forearm graft should be considered in recurrent secondary hypercalcemia and utilization of parathyroid scintigraphy provides greater sensitivity in detection of parathyroid adenoma of the auto-transplanted graft and subsequently improved surgical outcome.
GALLSTONE ILEUS: A RARE ETIOLOGY OF INTESTINAL OBSTRUCTION

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Intestinal obstruction is one of the commonest surgical emergencies that may present in emergency department. In less than 1% of the cases of intestinal obstruction, it is caused by mechanical obstruction of impacted gallstone. Gallstone is the infrequent complications of cholelithiasis with choleduodenal fistula. Our patient is 69 years old lady with underlying hypertension, presented with history of abdominal pain, vomiting and unable to pass motion for 2 days. Examination of per abdomen revealed abdominal distension, tenderness over suprapubic with hyperactive bowel sounds. Abdominal radiograph showed ‘stacked coin’ appearance ie small bowel dilatation. Patient subsequently undergone laparotomy and intra-operative findings showed 2 pigmented gallstones causing mechanical obstruction 20cm from ileo-caecal junction. She had good post-operative recovery and was discharged home. This study will be discussing pathophysiology and surgical management options in approaching intestinal obstruction secondary to gallstone ileus.