

**Annual Spring Scientific Meeting**

**Sri Lankan Medical and Dental Association in the UK.**

**Sunday 1st May 2016, Heathrow, London**

**Welcome Message from the Scientific Organising Committee**

Dear Colleagues and Friends,

It is indeed a great honour and pleasure to welcome you to the Annual Spring Scientific Meeting of the Sri Lankan Medical and Dental Association being held in London this year. We are delighted to have Professor Sir Sabaratnam Arulkumaran as the chief guest and main speaker, and an array of other experts as speakers in our exciting programme today.

This is an opportunity for young medics of Sri Lankan origin to showcase their work. Therefore, the enthusiasm and interest shown by young doctors to present their scientific studies at this meeting is most welcome. Their work was of high calibre and it wasn’t an easy task to select them for presentations and for publication here. We wish them well in their careers, and hope they will continue to be proud of their Sri Lankan heritage, and support this Association.

We will do our best to make this meeting of high scientific value and hope that you will enjoy an educationally stimulating session today

 With best wishes,

*Supul Hennayake, Udara Kularatne*

*Mahendra Gonsalkorale Rasieka Jayatunga*

**Programme for the SLMDA Scientific sessions**

**Theme: “Prevention is better than cure”.**

**08:30-9:00: Registration and Breakfast**

**Session 1: Chair:** Prof D.Y.D Samarawickrama & Mr Ajantha Jayatunga

**09:00-09:30:**

*Prevention of cardiovascular disease and sudden cardiac death*

**Dr Kulasegaram Ranjadayalan**, Consultant Cardiologist

**09:30-10:00:**

*Healthy smiles leading to better lives.*

**Dr Menaca Joji**, Principal Dentist, Educational Supervisor

**Session 2: Chair***:* Mr Supul Hennayake & Dr Udara Kularatne

**10:00-11:30**: **Junior Forum (6 oral presentations)**

1. Standardisation of Paediatric Handovers- a quality improvement project using IPASS.

Dr Samanthi Wilegoda, Specialty Doctor in Paediatrics, Russells Hall Hospital, Dudley. UK.

1. Day case Laparoscopic cholecystectomy may be safe in patients with high BMI.

Dr M.N.M. Nuzair. SpR in UGI Surgery, Russells Hall Hospital, Dudley.

1. Mapem. Demonstration and development of a medical smartphone app by Doctors for Doctors.

Dr Kapil Amerasinghe, Speciality doctor CESR, Emergency Medicine. Royal Derby Hospital.

1. Ovarian teratoma associated with anti-NMDA (N-Methyl D-Aspartate) receptor encephalitis.

Dr L. Nellihela, Evelina London Children’s Hospital, Guy’s and St Thomas NHS Foundation Trust.

1. Understanding Health Inequalities in Kent

Dr Wikum Jayatunga,. Public Health ST1 Registrar, Public Health Department, Kent County Council

1. Patient Centred Care in Obstetrics and Gynaecology

Dr Piyanga Athauda Foundation HO Year 1, Addenbrooke’s Hospital, Cambridge,

**11:30-11:50: Tea and poster viewing**

**11:50-12:05: Evaluated Posters (5)**

1. Herpes simplex encephalitis following anti-TNFα therapy for Crohn’s disease

Dr Nishani Jayasooriya, ST3 Gastroenterology, Broomfield Hospital, Chelmsford.

1. Are patients more likely to present with Psychiatric disorders during certain times of the year than others? – A two year study.

Dr Sanjay Manohar, FY1 Elderly Medicine, QE Hosp, Birmingham.

1. Ischaemic Fasciiitis (Atypical Decubitus Fibroplasia) –A rare tumour in children mimicking a soft tissue sarcoma.

Dr L. Nellihela,. Evelina London Children’s Hospital, Guy’s and St Thomas NHS Foundation Trust.

1. The impact of a Surgeon with special interest on the outcome of day case Laparoscopic Cholecystectomy; Experience over five years.

Dr Eranda Karunadasa (SpR in General Surgery). Russells Hall Hospital, Dudley.

1. HealthSketch – Making health information more engaging

Dr Wikum Jayatunga .Public Health ST1 Registrar,), Public Health Department, Kent County Council.

**Session 3: Chair:** Dr Veerasiri Punchihewa & Prof Mahesh Nirmalan

**12:05-12:20:**

*Grant Project –Chronic Kidney Disease and mental health.* **Dr Asanga Fernando**, Consultant Neuropsychiatrist

**12:20-12:55:**

*Prevention of Chronic Kidney Disease****.***

**Dr Vipula De Silva**, Consultant Nephrologist &

**Dr Nalinga Yasanga Silva**, Senior Lecturer, Faculty of Medical Sciences, University of Sri Jayewardenepura.

**Session 4: Chair:** Mr Allistair Solomonsz & Dr Sathi Ariyanayagam

**12:55-13:25**:

*Psychosis- early intervention to improve health outcomes.*

**Dr Aruni Molagoda**, Consultant Psychiatrist

**13:25-14:05:**

**Guest Lecture.**

***Human rights and health with illustrative cases.***

**Professor Sir Sabaratnam Arulkumaran**

**14:05-14:15**:

Awards and closing.

Mr Supul Hennayake & Dr Champa Sumanasuriya

**1415-1445: Lunch**

**Key speakers: Biographical notes (in Alphabetical order)**

**Sir Sabaratnam Arulkumaran.** Currently,Professor Emeritus of Obstetrics and Gynaecology, St George’s University of London from Jan 2013 (was Professor & Head of O&G 2001-2013). He is a product of Jaffna Central College and University of Ceylon. He has been in clinical practice for over 37 years and in research and teaching for over 25 years. Among the plethora of honours in his illustrious career are; Foundation Professor of O&G, St George’s Medical school; Founding Chair, University of Nicosia (2014 onwards); Visiting Professor, Institute of Global Health Policy Innovation, Imperial College, London (2012 onwards); Former President of FIGO (International Federation of Obstetrics & Gynaecology) – (2012 - 2015); of British Medical Association (BMA) June 2013- June 2014; of the Royal College of Obstetricians & Gynaecologists (RCOG) of the UK (2007-2010); Recipient of DSc from University of London (2013), Colombo (2014) and Lund, Sweden (2014); Recipient of Hon Fellowships from the American, Pakistan, Sri Lankan, Indian, Australian and NZ colleges of O&G, Royal College of midwives UK; Hon membership of Canadian, German, Spanish, Malaysian and Japanese societies of O&G & National Academy of Sciences, USA.

He was knighted in 2009 for services to Medicine and Health Care.

He is the Author of over 270 peer reviewed indexed publications; author or editor of 32 books; author of over 175 book chapters; Editor in Chief of ‘Best Practice and Research in Obstetrics & Gynaecology’ and web based free learning resource – Global Library of Women’s Medicine - ‘www.glowm.com’.

**Dr Vipula De Silva.** Consultant Nephrologist, Epsom & St Helier NHS trust (ESTH) and Croydon University Hospitals NHS trust (CUH).

He was appointed in 2005 after completing training in the South Thames nephrology training programme. He is Lead clinician for Croydon dialysis unit and drove the commissioning and development of the Purley dialysis unit and is Lead clinician for renal IT, renal anaemia and renal bone disease at ESTH. He is Local PI for UK calciphylaxis study at ESTH (ongoing). Previous research: Local PI for hematide studies at CUH - 2006 to 2009. (Synthetic protein with strong erythropoietin like activity). He is the Clinical tutor for medicine at CUH and local training programme director for core medical training at CUH.

**Dr Asanga Fernando BSc (Jt Hons), MBBS, MRCPsych, FHEA, PG Dip (Clin Ed).** Asanga has recently undertaken his first Consultant post as a Liaison Psychiatrist specialising in the psychiatry of Cancer at a busy London teaching hospital. He is actively involved in several innovative projects relating to medical education and simulation. He has previously worked as a leadership fellow at NHS England and has contributed to policy and pioneered inter professional training schemes for staff managing mental and physical health comorbidity. He is also involved in research and teaching on global mental health, and in psychiatry in general, has published in peer reviewed journals, and has prizes at national level for simulation. He completed his BSc (Hons) (2001), MBBS (2005), MRCPsych (2010) and Dip Clin Ed (2014) in London. He has a strong interest in Global Mental Health, and is a founding member and healthcare strategy director of ‘ARC – Achieve Real Change’ – a volunteer led organisation which focuses on promoting clinical and educational development in Sri Lanka

**Dr Menaca Joji BDS (India) 1997, IQE (Eng.) 2004, MFDS RCS (Eng.) 2004, PG Cert (Dental Ed.) 2015** Principal Dentist, Smile 32 Dental Practice, Southall, Middlesex since 2007 and an Educational Supervisor for the London Dental Education and Training, Health Education England since 2012. She qualified from Bangalore University, India in 1997. She taught undergraduates at the Department of Restorative Dentistry in Bangalore until 1999. After her move to the UK, she was in a training post in Restorative dentistry at Lister Hospital, Stevenage for 18 months. Being passionate about improving oral health in local communities, she set to pursue her career in general dental practice since 2004. She gained her Membership of The Faculty of Dental Surgery of Royal College of surgeons in 2004. In pursuit of her teaching and training she gained Postgraduate Certificate in Dental Education from the University of Bedfordshire in 2015 and is currently undertaking a Diploma in Restorative Dentistry at Royal College of General Dental Practitioners. Her special interests are in Periodontics, Endodontics and Oral Surgery. She has taught in the training programme organised by the West Midlands Deanery for Overseas qualified Dentists seeking Registration in the UK. She believes in providing gold standard dentistry to all and has led the team at Smile 32 Dental to achieve the BDA Good Practice Award and maintain it for the past 4 years. She is committed to improving oral health through preventive care and takes part actively in various outreach events and television health programmes regularly.

**Dr. Aruni Molagoda; MBBS, MD (Psy), MRCPsych.**

Aruni is a Consultant Psychiatrist in general adult psychiatry. She is a graduate of Peradeniya University, Sri Lanka and did her postgraduate studies in Psychiatry at the PGIM in Sri Lanka. In addition to clinical practise as a general adult psychiatrist she was also a lecturer in Psychiatry at the University of Kelaniya, prior to emigrating to the United Kingdom in 1997. After completing her membership examinations in the United Kingdom she worked for six years in ‘substance misuse’ sub-speciality and has good experience in managing patients both in the community and inpatient settings. She worked for West London, Central North West London and Oxford Health NHS Foundation Trusts prior to assuming her current post. More recently, she obtained a postgraduate certificate in medical leadership to assist with her advancing career.

She currently works for East London NHS Foundation Trust (ELFT), a leader in quality improvement (QI) in the Health Sector, and is looking at new ways of delivering enhanced quality care for mental health service users in diverse settings. She has a special interest in developing the primary-secondary care interface (Liaison) for mental health service users and their carers and is excited by the opportunities unfolding ahead. She teaches medical students, foundation year doctors, psychiatry trainees and multidisciplinary team colleagues including third sector voluntary agents. In the past she was the Equality and Diversity lead for the addictions and offender care directorate, Ealing sector. She is the academic secretary for the Sri Lankan Psychiatrists Association (UK) and is a member of the diaspora committee, Royal College of Psychiatrists

**Dr Kulasegaram Ranjadayalan MD, MPhil, FRCP,** is currently a Consultant Cardiologist at Newham University Hospital, London. He qualified from Sri Lanka in 1979 and obtained the MD (Medicine) in Sri Lanka in 1985. He went on to get his MRCP (UK) in 1987, MPhil (Lon) in 1994, FRCP (Ed) in 1997 and FRCP (Lon) in 2000. He was appointed as Consultant Cardiologist at Newham University Hospital, London in 1994. His special interests are coronary artery disease, open access chest pain clinics, heart failure, arrhythmias and syncope. His research interest is coronary artery disease.

**Dr W.A. Nalinda Yasanga Silva. MBBS, PhD.** He is currently working with Dr Vipula De Silva and is a Senior Lecturer in the Department of Physiology in the Faculty of Medical Sciences, University of Sri Jayewardenepura. His PhD thesis was “Association between endometriosis and heavy metals in a group of Sri Lankan women of reproductive age”. He was awarded the prestigious *Murugesar Sinnetamby* *oration* 2014 by the Sri Lanka Medical Association for the manuscript titled “Endometriosis and Metalloestrogens: Defining a Sri Lankan paradigm”.

**Abstract O1*-* Quality improvement project- ORAL**

**Title:** Standardisation of Paediatric Handovers- a quality improvement project using IPASS

**Presenter**: Samanthi Wilegoda, Specialty Doctor in Paediatrics, Russells Hall Hospital, Dudley. UK.

**Introduction:** Miscommunications are a leading cause of adverse events in hospitals. EWTD has increased the number of handovers over 24 hours and it is imperative that the handovers are standardised to minimise communication gaps. IPASS is an evidence-based, standardized approach to teaching, evaluating, and improving handovers that is widely used in North America and is being introduced in UK. IPASS is a mnemonic:

* Illness Severity
* Patient Summary
* Action List
* Situation Awareness & Contingency Planning
* Synthesis by Receiver

**Aim:** To standardise patient handovers with a view to improving patient safety.

**Method:** Handovers were initially assessed by using standardised observations and by collecting responses on survey monkey from doctors of all tiers. The need to standardise the handovers was recognised. IPASS was then introduced. Small workshops, PowerPoint presentations, wall charts and pocket cards were used to teach IPASS. Handover format was changed as per IPASS. Handovers were re-evaluated after 6 months.

**Results:** With IPASS, identification of the sickest patients was increased by 23% and provision of action plan for all patients was improved by 24%. The contingency plan was made for most of the sick patients and gaining the situational awareness became sort of a practice in the unit after introduction of IPASS. Out of all respondents, 74% thought that IPASS overall improved the handovers.

**Conclusion**: IPASS improved the handovers. It is now being introduced into the Trust induction for all the doctors. An e-learning module is also being prepared for the benefit of final year medical students from Birmingham University.

**Abstract O2: Audit- ORAL**

**Title:** Day case Laparoscopic cholecystectomy may be safe in patients with high BMI.

**Presenter:** M.N.M. Nuzair (SpR in UGI Surgery), C. Sellahewa Eranda Karunadasa, Sajith Ranathunga, Russells Hall Hospital, Dudley.

Background: The purpose of this study was to assess the association between Laparoscopic Cholecystectomy and adverse outcomes in high BMI patients. Studies done on this regard are inconclusive

**Methods**: This study is from retrospective data of all consecutive day case cholecystectomies performed by a single surgeon at our hospital between April 2011 and October 2015. Patients were categorised according to World Health Organisation BMI categories. The primary outcome was Length of Hospital Stay (LOS) and secondary outcomes were readmission due to pain, bleeding, intra-abdominal collection, pancreatitis, damage to bile ducts and bowel.

**Results:** Number of patients who underwent Laparoscopic cholecystectomy were 880 with a male: female ratio of 24.7%: 75.3%. There was no statistical difference in LOS among patients with a Normal BMI (0.46 days), patients with Obese BMI Class I and II (0.42 days) and patients with Obese BMI Class III (0.54 days). Conversion to open cholecystectomy was needed in 2.7% (24) of all patients, 3.1% of patients with a normal BMI, 2.3% of patients in Obese BMI Class I and II, and 0.9% of patients in Obese BMI Class III. Overall complication rate for all patients was 6.4%, 4.6% for patients with a normal BMI, 7.1% for patients in Obese BMI Class I and II, and 6.4% of patients in Obese BMI Class III. The average BMI of all patients operated was 30.3 and the average BMI of all patients with increased LOS was 31.0.

**Conclusion:** Day case Laparoscopic cholecystectomy is safe and can be offered for patients with high BMI.

**Abstract O3: Demonstration of new medical technology-ORAL**

**Title:** Mapem. Demonstration and development of a medical smartphone app by Doctors for Doctors and a discussion on the role of social media and smartphone applications on continuing medical education.

**Presenter:** Kapil Amerasinghe, Speciality doctor CESR, Emergency Medicine. Royal Derby Hospital.

**Aim:** Demonstration of new medical technology and discussion of process and impact on personal education and development.

**Discussion:** I would like to discuss the role of smartphone applications and social media in modern medical education including postgraduate education; how it has impacted the field of emergency medicine (including the impact of #FOAMed), its potential to positively impact other areas of medicine and its benefits including improved efficiency of learning, easier and regular access to more up to date, validated information and the importance of embracing it on the road toward consultancy training and beyond.

This part of the discussion will touch on a number of invaluable and useful freely available resources which would be of invaluable benefit to anyone interested in acute or emergency medicine.

I would also like to discuss my role in the development of a sophisticated smartphone app (mapEM) and how we are turning it into a community resource. I would discuss how it has been immensely beneficial to my personal medical education and given me tools and insight into developing necessary leadership, organisational, team-working and postgraduate management skills plus the benefits towards revalidation and demonstrating continued professional development. This would be followed by a discussion on how other Doctors can get involved and contribute to the medical education community whilst improving their personal and professional development in a structured and accredited fashion.

**Abstract O4: Case report-ORAL**

**Title:** Ovarian teratoma associated with anti-NMDA (N-Methyl D-Aspartate) receptor encephalitis

**Presenter:** L. Nellihela, R.Singh, D Drake, N.Bouhadiba Evelina London Children’s Hospital, Guy’s and St Thomas NHS Foundation Trust.

**Aim:** Anti-N-methyl D-aspartate receptor (NMDAR) encephalitis is a para-neoplastic, immune-mediated encephalopathy described recently. It is frequently associated with an underlying ovarian teratoma. We present the first case in U.K with of an ovarian teratoma in a 7 year old child who presented with acute encephalitis due to anti-NMDA receptor antibodies. Following successful laparoscopic excision, regression of the encephalitis and improvement of the cognitive faculties were noticeable.

**Method:** Previously fit and healthy girl presented with acute onset of cognitive disturbances. She was suspected of having an infective encephalopathy. She had negative cultures. Electroencephalography reported diffuse background slowing with suspected encephalopathy. Extensive autoimmune screen was sent and Anti-NMDA receptor antibodies were positive. Brain MRI was unremarkable. Whole body MRI (looking for occult malignancy), found a right adnexal lesion consistent with ovarian teratoma. Laparoscopy proceeded with 10mm and two 5mm ports. There was no salvageable healthy ovarian tissue left on MRI and on examination. The Left ovary was normal and there were no other lesions. The Right ovary was excised using harmonic scalpel. Specimen retrieved using endobag without leak or spillage. (The video film is presented)

**Results:** There were no post-operative complications. The patient continues to have neurological care and was progressively recovering her cognitive functions. The pathology confirmed the diagnosis of mature cystic ovarian teratoma with neural tissues and no immature component.

**Conclusion:** Auto immune encephalitis due to ovarian teratoma are extremely rare in children. This is the first reported case in U.K. Laparoscopy to excise these lesions provides safe access, better assessment of the lesion, the other ovary, and intra-abdominal organs.

**Abstract O5:** **Public Health Project**-**ORAL**

**Title:** Understanding Health Inequalities in Kent

**Presenter:** Wikum Jayatunga,. Public Health ST1 Registrar, and Rachel Kennard Senior Information Analyst, Kent County Council, Public Health Department.

**Introduction:** The association between socioeconomic deprivation and poor health is well established. The last major national review into Health Inequalities ‘Fair Society, Healthy Lives’ (The Marmot Review, 2010) advocated for action to address the so-called social determinants of health, such as education, employment, living standards and the built environment. Given budget challenges facing public health, we set out to better understand deprivation in Kent and its relationship with health outcomes.

**Method**: IMD (Indices of Multiple Deprivation) is a national scoring methodology for deprivation applied over small geographical areas called LSOAs (Lower Super Output Areas), each of around 1500 inhabitants. We compared common health and social outcomes against deprivation decile for the 902 LSOAs in Kent. The measures chosen were: school-readiness, GCSE results, over-crowded accommodation, unemployment, crime, living environment, smoking prevalence, alcohol-related premature mortality, mental wellbeing, long term disability, premature mortality rates, mortality rates, and life expectancy.

**Results:** The gap in mortality rates between the most deprived and least deprived remains unchanged in Kent over the last decade. All variables analysed were strongly correlated to deprivation. Interestingly, the majority of variables exhibited a logarithmic rather than linear correlation with deprivation, with increasingly poor outcomes in the more deprived deciles.

**Discussion:** The Marmot review proposes the concept of ‘proportionate universalism’ – that is, looking to address the needs of all, but proportionate to their level of need. Our analysis indicates that for the majority of measures, the outcomes are very much worse in the more deprived areas. We have mapped the 88 LSOAs that feature in the most deprived decile in Kent and will be using this mapping to inform more targeted public health campaigns and service commissioning, to better tackle health inequalities in Kent.

**Abstract O6: Literature Review-ORAL**

**Title:** Patient Centred Care in Obstetrics and Gynaecology

**Presenter:** Piyanga Athauda Foundation HO Year 1, Addenbrooke’s Hospital, Cambridge, Rohna Kearney, Consultant Urogynaecologist, St Mary’s Hospital, Central Manchester University Hospitals NHS Trust.

**Introduction:** Patient Centred Care is defined as making patients equal partners in planning, developing and assessing healthcare to ensure that it is appropriate for their needs. The Health Foundation describes seven modalities through which Patient centred Care can be put into practice, i.e., Self-Management, Telehealth, Health Literacy, Shared Decision Making, Integrated Care, Patient Access to Medical Records and Personal Health Budgets.

**Aim:** To evaluate the extent to which Patient Centred Care is practiced and assessed in the field of Obstetrics and Gynaecology through these seven modalities.

**Methods:** Literature searches were performed for each of the seven modalities of Patient Centred Care. Search was filtered to the field of Obstetrics and Gynaecology and limited to articles in the English language and published from the year 2000 to 2014.

**Discussion:** The highest number of interventions/projects used the modalities of Self-Management and Telehealth and none for Personal Healthcare Budgets. The UK has a high assessment rate, with 8 of the 10 interventions/projects being assessed for patient centredness. There were no articles relating to Telehealth, Integrated Care, Patient Access to Medical Records as well as Personal Health budgets in the UK. Worldwide, only 38% of all interventions/projects were assessed. Most assessments were carried out using focus groups, face-to-face and telephone interviews, and questionnaires. None of the interventions/projects used validated tools to assess patient centredness.

**Conclusions:** Worldwide, Patient centred Care is practiced through most modalities, except Personal Health Care Budgets, with an assessment rate of 38% for patient centredness. While interventions/projects in the UK are limited to a few modalities, a much higher assessment rate is present. There is a need for more interventions to be implemented with Patient centred Care in mind. Further assessment of such interventions using validated tools must be used to ensure Patient Centred Care

**Abstract EP1: Case report-EVALUATED POSTER PRESENTATION**

**Title:** Herpes simplex encephalitis following anti-TNFα therapy for Crohn’s disease

**Presenter:** Nishani Jayasooriya, ST3 Gastroenterology, Broomfield Hospital, Chelmsford.

**Introduction:** Immunomodulators have transformed the treatment of inflammatory bowel disease (IBD) but are associated with an increased risk of opportunistic infections.

**Case description:** A 21 year old male with a diagnosis of ileocolonic Crohn’s disease presented with a 10 day history of fever and generalised headache. He had a history of relapses despite azathioprine and therefore infliximab was commenced. Once symptomatically improved, adherence became patchy and he used prednisolone to avoid attending infusions. Family members noted behavioural change and dysphasia prompting presentation. Clinicians found pyrexia and tachycardia. He appeared agitated with no focal neurological deficit or meningism. There were deficits in memory, recognition and mild nominal dysphasia. Blood tests showed an elevated leucocyte count. CT head was normal. HSV-1 DNA was detected in CSF. A diagnosis of encephalitis was made and intravenous acyclovir commenced. Magnetic resonance imaging (MRI) brain demonstrated asymmetric bitemporal high signal changes, consistent with HSV encephalitis. Subjective improvement in memory and MRI was noted following treatment. However, abdominal symptoms worsened. Ileocolonoscopy showed ulceration, skip lesions and stricturing of the sigmoid colon and caecum. MR small bowel enteroclysis demonstrated thickening of terminal ileum. In view of the grave implications of recurrent HSE, we elected to defer immunosuppression and manage further symptomatic flares surgically.

**Discussion:** This is the first reported case of HSV encephalitis occurring with anti-TNFα for IBD, in the setting of triple agent immunosuppression. Early diagnosis and prompt prescription of anti-viral therapy are key, requiring a high index of suspicion from acute care providers and physicians managing IBD.

**Abstract EP2: Literature review-EVALUATED POSTER PRESENTATION**

**Title**: Are patients more likely to present with Psychiatric disorders during certain times of the year than others? – A two year study

**Presenter**: Sanjay Manohar, FY1 Elderly Medicine, Queen Elizabeth Hospital, Birmingham.

**Background:** The Incidence of individual psychiatric disorders have been attributed to seasonal variations in the past but it is not known if these patterns correspond to an overall increase in presentations to hospital at certain times during the year. The purpose of this study is to analyse the presentations into hospital to see if such patterns exist in a hospital based liaison psychiatric service.

**Methods:** In a 26 month period from August 2013 to September 2015, 8164 referrals were made to a liaison psychiatric service. These individual cases were matched to the time and day of the week the referrals were initially made, and analysed.

**Results:** There seems to be a pattern of peaks and troughs throughout the consecutive years. The incidence of psychiatric presentations in hospital are at their lowest (P= 0.04E-5) in January 2014 (228) and February (245) in both years. With peaks of presentation in April 2014 (335) and May 2014 (359). During the week (P= 0.015E-72) there is a rise in presentations at the start of the week on Monday followed by a steady decline with referrals being lowest at the weekend

**Conclusions:** There results show a seasonal trend in the presentations of psychiatric disorders in hospital- this can somewhat be attributed to change in seasons. The numbers of referrals also seem to follow a steady pattern with the peak being earlier on the week but this could be due to the way teams are run in the hospital where the need for non- urgent psychiatric referrals are reviewed by the individual teams earlier on the week post weekend.

**Abstract EP3: Case Report-EVALUATED POSTER PRESENTATION**

**Title**: Ischaemic Fasciiitis (Atypical Decubitus Fibroplasia) –A rare tumour in children mimicking a soft tissue sarcoma

**Presenter:** L. Nellihela, H Mundy, D Kufeji. Evelina London Children’s Hospital, Guy’s and St Thomas NHS Foundation Trust.

**Introduction:** Ischaemic fasciitis is rare in the paediatric age group with only a few cases reported in the literature. It is important to recognise it as it is easily confused with a soft tissue sarcoma.

**Case report:** We report the case of an 11 year old girl with severe neurological impairment secondary to Niemann Pick-C disease who presented with a rapidly enlarging and infiltrating mass on her left shoulder region which was thought to be a malignant lesion. Physical examination revealed a non-tender irregular firm/hard mass attached to underlying muscle, measuring 8cmX8cm. CT scan showed an infiltrating lesion with no evidence of distant spread. Excision biopsy was carried out under a general anaesthetic. At surgery the lesion was found to be hard and infiltrating with no clear margin. Histology confirmed the mass to be ischaemic fasciitis, also known as atypical decubital fibroplasia.

**Discussion:** The underlining pathology in ischaemic fasciitis is thought to be due to reparative or regenerative response of soft tissue to longstanding pressure. This lesion can easily be confused with soft tissue sarcoma.

We highlight the key features of this rare condition and discuss the radiological and histological diagnosis including a review of the literature with particular reference to children**.**

**Abstract EP4: Audit-EVALUATED POSTER PRESENTATION**

**Title:** The impact of a Surgeon with special interest on the outcome of day case Laparoscopic Cholecystectomy; Experience over five years

**Presenter:** Eranda Karunadasa (SpR in General Surgery), C. Sellahewa, M.N.M. Nuzair, Sajith Ranathunga., Russells Hall Hospital, Dudley.

**Objective:** There is a wide variation of day case laparoscopic cholecystectomy rates among NHS trusts across England. The BADS target is 60% while the best performers are achieving above 70%. The current national average is about 48%. [1] Our trust had a less than 3% day case laparoscopic cholecystectomy rate prior to appointing a surgeon with a special interest in day surgery. A surgeon with day case interest has transformed the way we deliver day case laparoscopic cholecystectomy service in our hospital.

**Method:** A retrospective audit was performed at a busy district general hospital, based on a single surgeon's experience. A total of 991 cases of elective Laparoscopic Cholecystectomies were included, using case notes from January 2011 to December 2015. Length of stay was determined, as well as factors that may affect the rate of day case admission including ASA grade, BMI, Age and Gender.

In this 5 year period, the surgeon’s day case rates of 32%, 52% 74% 77% and 73% respectively, increased the Trust's over all day case laparoscopic cholecystectomy rate above the BADS recommended 60% with a 30 day readmission rate of 5%. The results were also consistent with current anaesthetic recommendations that high BMI, ASA and Age are not absolute contraindications to day case surgery in expert hands and with appropriate resources.

**Conclusion:** This implies that by appointing a single surgeon with a specialist interest in Laparoscopic day case procedures and utilising available resources, a greater proportion of patients experience same day discharge without compromising the quality of care.

**Abstract EP5: Health Literacy project-EVALUATED POSTER PRESENTATION**

**Title:** HealthSketch – Making health information more engaging

**Presenter:** Wikum Jayatunga (Public Health Registrar ST1, Vinesh Patel, (Anaesthetics CT1 Trainee), Daniel Wang (Medicine CT1 Trainee), Kent County Council.

**Background:** We noticed that our patients were not engaging with written health information sources (such as leaflets or websites). Therefore, we set out to make health information more dynamic and engaging, using the opportunities of digital multimedia and the internet.

Educating patients and the public about medical conditions is key to influencing changes in lifestyle, health behaviour, and self-management. The time clinicians have to educate patients is limited, so additional health information resources have an important role. Yet in our experience, many patients fail to engage with written information from leaflets or websites, owing to their complexity and dry unattractive nature.

**Project:** We set up a project called ‘HealthSketch’ to work closely with an animator and create health explainer videos in the ‘whiteboard animation’ style, an increasingly popular way of explaining complex ideas in a simple and fun way. Taking great care over the research, scripting, and storyboarding of the video, we aimed for a high quality of animation and voiceover, that could be understood by anyone, regardless of age, education, background, ethnicity etc. We also created a distinct brand and presence across social media.

Our first video was a concise and easy-to-understand overview about Stroke. Receiving wide praise from viewers and Stroke charities around the world, it now features on many of their websites, receiving over 75,000 views on YouTube. We have also created videos about COPD and Turner Syndrome. We are hoping to create a series of videos to improve health literacy, embracing digital multimedia and social media to create ‘patient information leaflets for the 21st century’.

**Abstract P1- Audit - POSTER**

**Title:** Variables Which Affect the Duration Of Laparoscopic Hysterectomy – A Four Year Study

**Presenter:** Sarah Manohar, 5th Year Medical Student, University of Manchester.

**Background:** There are many factors which affect the duration of laparoscopic Hysterectomies but it is not known which of these factors most influence the duration of surgery. The purpose of this study is to analyse the effect of the size of the uterus, previous surgeries and Body Mass Index on the duration of all laparoscopic hysterectomies performed by one consultant over the period 2012-2015.

**Results:** There was a statistically significant overall reduction in the duration of surgery performed by the consultant over the 3.5yr study (p= 0.00642). Factors such as BMI and uterine size also increased the length of surgery although this was not found to be statistically significant. There was only one significant complication in this case series.

**Conclusion**: laparoscopic hysterectomy is an effective way of performing hysterectomy with minimal complications. There is a positive correlation between the duration of surgery and the uterine size. But perhaps the most important factor is the Surgeon's experience on its own. Certainly, this is what our case series reflects.

**Abstract P2: Case report- POSTER**

**Title:** Portal cavernoma with features of portal hypertension secondary to Protein C & S deficiency

**Presenter:** Shobhavi Randeny, International Training Fellow, Sandwell and West Birmingham NHS Trust.

**Aims:** The development of portal cavernoma is the replacement of the single portal vein by multiple torturous veins due to thrombosis. Even though rare, the importance of consideration of underlying congenital clotting anomalies such as Protein C &S deficiency is the aim.

**Methods:** A 17 months old girl was admitted with increasing abdominal distension and bilateral leg oedema. She had returned to the UK from Pakistan 2 weeks back, where she was treated for diarrhoea and vomiting for 12 days with intravenous fluids and Ceftriaxone. There was no contact history; her birth was unremarkable, no significant past medical history. The most remarkable finding on examination was gross ascites and pallor.

**Results:** Initial blood tests confirmed anaemia. She had an Ultrasound scan which confirmed ascites and associated splenomegaly, but the intra-hepatic portal veins were not visualised. She did not improve with initial supportive management which lead to progression to tertiary care.A CT scan showed a cavernous transformation of the portal vein with thrombosis of the splenic and inferior mesenteric veins and multiple varices at the distal oesophagus, around the gallbladder, rectum and along the stomach’s lesser curvature.

Endoscopy showed ulceration at the fundus and portal gastropathy, oesophageal varices at the lower oesophagus and at the gastro-oesophageal junction, two of which were banded. Clotting screen showed reduced Protein C (0.43U/mL) and Protein S (0.65U/mL).

**Conclusion:** Portal cavernomas are rare. It is more prevalent in developing countries where umbilical neonatal sepsis and dehydration is more prevalent. Literature review highlighted only 2 other children with portal cavernoma secondary to Protein S and/or C deficiency. There are no similar reported cases in a child less than 8 years old.This child’s diarrhoea and vomiting led to dehydration and the development of portal cavernoma and thrombosis as she was deficient in Protein C & S. Portal cavernomas and thrombosis though rare have multiple serious consequences and should therefore be part of the differential for children with clinical evidence of portal hypertension.

**Abstract P3: Case report- POSTER**

**Title:** Osteoporosis Pseudoganglioma as a variant of Idiopathic Juvenile osteoporosis- Case Report

**Presenter:** Shobhavi Randeny, K.A.W. Karunasekera and R. Hettiarchchi. Sandwell and West Birmingham NHS Trust.

**Aims:** After excluding all the known causes of decreased bone mineral mass, Idiopathic Juvenile Osteoporosis should be considered as a diagnosis in children who present with symptoms suggestive of osteoporosis. IJO has Autosomal recessive inheritance, manifested by variable age at onset, low bone mass, fractures in childhood and abnormal eye development.

**Method:** An 11 years old boy, of second degree consanguineous parents presented with history of chronic back pain for 3 months. He was born at term with a normal antenatal period; however both his eyes were underdeveloped. He had multiple fractures following minor trauma since birth, the most recent one being a fractured femur.No associated red flag signs such as bladder or bowel incontinence, loss of appetite or loss of weight. No family history of frequent fractures, childhood or adolescent osteoporosis, osteogenesis imperfecta, gross skeletal anomalies, rickets, discoloured sclera, or early onset of hearing loss. Normal past medical history, not on medication affecting bone metabolism. A pre-pubertal child, general examination including white sclera and normal teeth and normal hearing. Spine was normal in appearance, no deformities, but it was tender to palpation, mainly below T12 level. No associated sensory impairment.

**Results:** Blood results revealed raised inflammatory markers the ESR, Liver, renal functions, blood gas & electrolytes were within the normal range. Bone profile revealed mildly raised ALPO4, but normal calcium and phosphate. The most remarkable finding was marked osteoporosis of the Thoracic & Lumbar spine with compression of vertebral bodies, but no para spinal masses, fractures, dislocations or evidence of osteoarthritis. MRI scan of the spine revealed marked loss of height of the vertebrae from T2 level downwards; no spinal cord compression or fractures. He was treated with Vitamin D 400IU/daily, calcium supplements and weight bearing exercises with physiotherapy.

**Conclusion:** Even though rare IJO and its variants should be considered in the differential diagnosis in children who are presenting with low bone mass and recurrent fractures.

**Abstract P4: Case report- POSTER**

**Title:** Rare presentations of Common cocci in Childhood

**Presenter:** Shobhavi Randeny, Rani Wasla, Nick Makwana, Internatuional training fellow. Sandwell & West Birmingham Hospitals NHS trust

**Background:** We report two rare presentations of bacterial infections in childhood caused by common bacterial pathogens.

**Aims and Results:** 1: A 7 year old boy presented with right shoulder and left knee pain associated with fever. There was no history of trauma. Neurological examination was normal and meningeal signs were absent. There was tenderness over the joints with restricted movements.

Investigations revealed raised inflammatory markers. Blood culture, throat swab, antistreptolysin O titre, and rheumatoid factor were negative. Fluid aspirated from both joints was blood stained, demonstrated a white cell response and culture grew Neisseria meningitidis. Immunological tests were within normal limits. He was treated initially with IV flucloxacillin and subsequently changed to ceftriaxone to enable home therapy.

 2: An 8 month old boy was admitted with a 2 day history of fever, cough and vomiting. He developed generalised seizures. He was drowsy, febrile and noted to have low blood glucose levels. His GCS gradually deteriorated and he required ventilation. Subsequently he became oliguric. He had raised inflammatory markers with low white cell response. A second CT scan on day 5 revealed bilateral subdural effusions. Blood investigations revealed a low platelet count with microangiopathic haemolytic anaemia, deranged clotting and worsening renal function confirming HUS. His blood and CSF culture grew Streptococcus pneumoniae. He was commenced on IV cefotaxime on admission and completed 21 days. He recovered but continues to have ongoing complications.

**Discussion:** Primary arthritis is a rare manifestation of meningococcal disease, especially in the paediatric population, and can easily be missed. Primary meningococcal arthritis should be considered in the differential diagnosis of any acute septic arthritis. HUS is a rare but a severe complication of invasive pneumococcal infection. A high index of suspicion is required in order to start early treatment and aim to try and improve the clinical outcome.

**Abstract P5: Case report-POSTER**

**Title**: Repetitive tongue movement causing a malignant-looking lingual ulcer : a rare paediatric entity

**Presenter:** Irantha Karunaratne, Specialist Registrar Paediatrics, Manouri Senanayake, Consultant Paediatrician, Sandwell & Birmingham Hospitals..

**Introduction:** Neonatal teeth and disordered development are recognized causes of this rare paediatric condition called Riga-Fede disease which is characterized by a chronic lingual ulceration resulting from trauma to ventral surface of tongue in babies. Infants with neuro-developmental disorders are more prone due to their repetitive to and fro tongue movement against natal teeth.

The appearance of the lesion raises concern among parents and clinicians of a malignant process even though the condition is benign.

**Case history:** We present an eighteen-month old male with Down syndrome (with a developmental age of 9 months), presenting with an ulcerating lingual mass on the ventral surface of his tongue which had progressed relentlessly over six months. The ulcer was non tender, indurated, not bleeding and was in apposition with two natal teeth in lower central dentition. (Figure 1) There was no regional lymphadenopathy but the ulcer was causing concerns as it mimicked a malignant lesion.

A clinical diagnosis of Riga-Fede disease resulting from raking movements of the tongue against natal teeth was made. His mother was reassured and lesion resolved gradually following extraction of natal teeth.

**Discussion:** Risk of aspiration and interference with breast feeding are the common indications for extraction of natal teeth. This case highlights the added indication for early consideration of extraction, i.e. significant disordered development. **Key words:** Riga-Fede disease, Down syndrome, natal teeth. Figure1: **Ulcer on ventral surface of tongue and natal teeth** 

**Abstract P6**: **Case report-POSTER**

**Title**: Thoracoscopic resection of a distal oesophageal duplication cyst in a 10 month old infant.

**Presenter:** L. Nellihela, M.Agrawal, D Drake, N.Bouhadiba Evelina London Children’s Hospital, Guy’s and St Thomas NHS Foundation Trust.

**Aim**: The literature related to thoracoscopic excision of oesophageal duplication cyst (ODC) is sparse and so far it has not been reported in the UK. We are reporting a successful full thoracoscopic resection ODC in a ten month old infant.

**Method:** A baby boy weighing 2.8Kg was born at 38 week gestation. Prenatal ultrasonography had shown an intra-thoracic cystic lesion. Ultrasonography on day 2 of life suggested a possible bronchogenic or duplication cyst. Upper GI contrast at 3 months of age showed an extrinsic indentation of the distal oesophagus by a cyst but no communication with the oesophageal lumen. MRI scan at the age of 6 months confirmed an ODC.

At 10 month, under general anaesthesia, a thoracoscopy was performed with 5mm three-port system. A camera was inserted via a 5-mm trocar at the sixth intercostal space, between mid-axillary to posterior axillary lines. The other two 5-mm trocars were positioned at the fifth and seventh intercostal spaces, in the mid axillary line. A cystic mass was found at the distal oesophagus to the right side of the oesophagus. Complete resection of the cyst was carried out without damaging the oesophagus using hook and scissors. The vagus nerves were clearly identified and preserved, the cyst was excised completely and intact and muscular defect closed with 4 0 vicryl continuous stich. Cystic fluid was aspirated to allow retrieval. 10Fr chest drain inserted and connected to an underwater seal.

**Results:** The patient was discharged on the third postoperative day without complications. The pathology confirmed the diagnosis of foregut duplication cyst with no evidence of neoplasia. The video film is presented.

**Conclusion:** We recommend thoracoscopic approach to resect ODC. It provides good access and better visualisation of the cyst by magnification. Patients have a shorter hospital stay with good cosmetic outcome.